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MDCCCL.

siological research. But we need not seek further for proof of my proposition than the well known fact that all close investigators of physiology have found it necessary to institute experiments of an essentially pathogenetic character (such as the division of nerves, removal of portions of the brain, &c. &c.), for the express purpose of unravelling the mysteries of certain less obvious functions. It would not be difficult to prove that no system of therapeutics can be true which is not founded upon the three correlative sciences mentioned above, and I think moreover that it is capable of proof that of all the various methods of healing which have been offered to the world homœopathy alone is based equally upon all the three. We have had many and various methods of treatment professedly founded upon pathological research; we have had numerous suggestions for the cure of disease which owe their origin to physiological investigation, and we meet with not a few modes of practice which trace their parentage to pathogenetic phenomena; but these are all for the most part one-sided, and as I before mentioned, I know of no system except homœopathy which is distinctly founded upon these three sciences conjointly.

In a science of such extent and complexity as practical medicine it is not surprising that we should occasionally meet with exceptions to the most apparently universal laws, and hence it behoves us to examine carefully how far any one law is capable of embracing all phenomena, and how far it may be advisable to take into our consideration laws of much less extensive operation, but which within their own limits exercise important functions, and necessitate certain modifications in practice. Again: we frequently meet with results of the same character which are traceable to the most diverse causes; for example, we repeatedly meet with cures of the same disease under the most opposite and apparently contradictory methods of treatment; and this should equally lead us to examine whether, in addition to the one direct law of healing, there are not other methods by which disease may be subdued, and by reference to which these apparent anomalies may be brought within the limits of explicable phenomena. And thirdly: so long as there exists a formidable array of diseases which have

hitherto baffled all our efforts to remove, it behoves us to examine well every possible method of treatment, so that in the event of one resource failing us we may be in circumstances rationally to bring other means to bear upon the hitherto unconquered foe.

With these few remarks by way of preface, I will at once proceed to consider the more immediate subject of this paper; and I would in the first place call my reader's attention to the following statement, which I believe to be capable of demonstration, and hence to deserve the appellation of a general law, viz.—

As in the healthy body, viewed physiologically, there are three kinds of action continually in operation, viz. the dynamic or vital, the chemical, and the physical, so we find the same three existing in disease. And again: *As on the healthy body certain agents are capable of producing pathogenetically three different kinds of action, viz. the dynamic, the chemical, and the physical, so in therapeutics these three methods may be successfully employed for the eradication of disease.*

It is not my purpose at present to institute any comparison between the relative efficacy or propriety of these three forms of treatment, though I hope to do so before leaving the subject, but simply to shew that such actions really exist, and that true cures are capable of being effected by each and all of them. It is the truth, but not the whole truth, to assert that every action in the body is essentially vital: to speak accurately on this subject we should say that all the actions of the body are under the control of peculiar laws, which in the absence of a more accurate term we denominate vital; but it is at the same time true that the materials constituting the animal frame are subject to certain chemical and physical laws, which, though controlled, are not rendered inoperative by the more peculiar laws of vitality. Let us take an example.—Secretion is distinctly a vital process; its normal performance depends essentially upon the integrity of the secreting organ, and the result is of a kind which no cunning alchemy can imitate artificially; nevertheless, the secreting organs cannot effect chemical transmutations; if we know the character of the constituents from whence the

organ receives its materials, we can with absolute certainty define the character of the secretion itself. If the organ receives no phosphatic compounds, for example, the secretion cannot contain phosphates and so forth. Again: if any organ secretes a fluid more rich in azote than the blood from which its materials are derived, we know with equal certainty that a proportionate quantity of carbon will find its way into some other secretion, so that the normal proportion of these two constituents of blood may remain undisturbed. Once more: we know that chemical incompatibles cannot co-exist in a fluid, even although this fluid enter into the composition of a living being; oil will not mix with water unless there is an alkali present to saponify it; and acids and alkalies cannot be mingled without neutralizing one another.

A great deal has been written about the impossibility of our proving any chemical facts connected with living substances, since we cannot apply our re-agents until their vitality has been extinguished, and it is the fashion of some to assert that it is only at the moment of death that the elements return under the dominion of chemical laws, all of which were inoperative during the period of their vitality: now, without entering upon the discussion of this subject—which, after all, amounts to nothing less than a gratuitous assumption, since the Vitalist has no more power to prove his position than the Chemist has to give evidence to the contrary—I think it will not be difficult to shew that for all practical purposes it is a matter of perfect indifference which of the two opinions be correct. When reasoning about vitality, we frequently confound together the living being viewed as a whole and the parts thereof which may be said to be truly alive. For example: when speaking of a living man, we include in our conception not only the living solids, but all the fluids and secretions of the body which have still some purpose to serve in his œconomy. But when examining minutely into the laws of vitality, we shall find that no fluid is, properly speaking, endowed with life: the secretions once formed are no longer living, in the true sense of the word, and the blood itself possesses no life beyond that of the corpuscles which it contains, the liquor sanguinis being

obviously non-vital. It is impossible, in a short paper like this, to give all the reasons and proofs of this statement, but I trust enough may be said to shew that we may exclude all truly living portions of the organism from our consideration, and yet leave an ample field wherein the chemist may exert his prowess and arrive at conclusions of much practical value. Whatever may be the exact state of combination of the elements of an organism during its life, and to avoid confusion, we must limit our consideration to life as exhibited in organic cells alone, since all the more compound organs include both living and dead materials, we know with certainty that the elements which it contains after death can be all traced "*ab externo*," or in other words a cell is never found on examination to contain any substance the elements of which were not presented to it from without during its lifetime. This being the case, it follows that since we can ascertain with precision all the elements which a living being receives or comes in contact with from without, and can analyse all the materials which it throws off, and, lastly, can ascertain the most exact concordance between the sum of the elements received and the joint amount of those thrown off, and those which are found to exist in the organism itself after death,—we can with perfect safety conclude, in any given case, that the difference between the elements received and those given off, will represent with accuracy the nature and relative proportion of the elements composing the living cell itself. We know for a fact that by withholding any required element we can either modify the cell or prevent its growth or formation; and we also know that such modification will be found to have taken place when, the received elements remaining unchanged, a difference is observable in the character or proportion of those thrown off. Thus the beginnings and the endings of all vital processes come within the sphere of chemical investigation; and this being the case, we may well consent to leave the process itself in obscurity, since it is evident that we cannot influence it chemically in any other way than by adding to or subtracting from the elements received from without. Again: it is capable of proof that no function is ever performed in the animal œconomy which is not accompanied by the des-

truction of a certain portion of the acting organ, and this destruction, together with all the subsequent changes consequent thereon, is always in strict accordance with the ordinary laws of chemistry, and admits of a careful investigation and satisfactory explanation in the laboratory. The most accurate physiological researches have proved that all active organs are composed of organic cells which undergo rapid development and death, and I believe it is only during the actual lifetime of the cell that its elements are removed as it were beyond the sphere of ordinary chemistry. During the process of development it appears highly probable, if not certain, that the organic matter composing the cell is shielded by the peculiar laws of life from the usual laws of chemical affinity; but this protection is afforded for a short time only, after which the ordinary chemical affinities re-assert their predominance, and as a consequence the organization of the cell is destroyed, and its composing elements, entering into new combinations, are carried off by the circulation, and ultimately removed from the system in an inorganic form. The great error of the pure chemist, in his physiological investigations, appears to be that he imagines that the chemical changes which he is enabled to trace, actually constitute the functions themselves, and he thus attempts to reduce the organism to a well ordered, though intricate laboratory, whereas the fact is that the functions are altogether beyond the pale of chemistry, while at the same time the laws of chemical affinity are made use of to perform the servile work of bringing the necessary materials in the first instance, and clearing away the rubbish after the work is done. Or in other words, Nature, ever economic of her instruments, employs the peculiar laws of vitality only to perform such portions of the necessary work as chemistry would fail to accomplish, while she gladly avails herself of chemical affinity in every instance where it can be made an help meet for the required purpose.

The same kind of argument may be pursued with respect to the physical laws which stand in relation to the animal œconomy; these are all pressed into the service, and made available in many important processes; nevertheless, they obviously act under the guidance of the peculiar laws of living bodies, and

are modified and controlled thereby. In short the whole case may be briefly stated as follows.—Within the organism there are three series of actions perpetually going forward, viz. vital, chemical, and physical, and these three are regulated by the laws peculiar to each, while at the same time the arrangements of the complex machinery are so exquisitely perfect that laws apparently the most antagonistic act in perfect harmony, and each performs its allotted task within limits so accurately defined, that they cannot be deviated from one hair's breadth without the production of some abnormal change. Strictly speaking, none of these three sets of laws predominate over the others, but Infinite Wisdom has so harmonized them, that so long as the organism retains its health there is neither confusion nor interference.

However accurately the chemist may be enabled to explain that the results of any given process are in exact harmony with the ordinary laws of chemical affinity, he is constrained to acknowledge that the changes themselves are inimitable. For example, he can prove to a nicety that the elements of *choleic acid* (the essential proximate principle of bile), and those of *urate of ammonia* (the peculiar constituent of urine), form when taken together precisely the proportion which is found to exist in blood, with the addition of a little oxygen; and hence he argues not unwisely that blood, or rather the effete matter of the tissues which possesses the same chemical constitution as blood, becomes broken up during oxydation into these two important secretions, viz. bile and urine. But though he has thus demonstrated that the results of the functions of the liver and kidney are in strict accordance with chemical principles, and has, moreover, shewn us the important practical fact that these two secretions are complementary to one another, the process itself by which these changes are effected is as much a mystery as ever, and for this simple reason,—because, although ordinary chemical affinities are taken advantage of in effecting the result, the determination of the process itself is under the guidance of laws differing altogether from those which regulate the changes in dead matter. Blood readily combines with oxygen when exposed to its influence out of the body; but who

ever heard of its splitting up into bile and urine without the intervention of hepatic and renal life?

I must hasten, however, to consider how far the same three classes of laws assist in the production and maintenance of disease; or in other words, to ascertain whether the processes of pathology are capable of being subdivided into those which are severally under the control of vital dynamics, chemistry, and physics. A person is engaged in bruising the leaves of the Rhus Toxicodendron, and after a while his face begins to tingle, and shortly a number of vesicles make their appearance; a second individual dips his hand accidentally into boiling water, and a blister is the result; and a third employs himself at some unwonted manual occupation, and ere long finds that an effusion of serum has taken place at the various points where the pressure of the instrument was most severely felt. We have here, therefore, three examples of blistering resulting from three very different causes: in the first instance the action is purely vital, the Rhus Toxicodendron has no perceptible effect upon dead animal matter, and is yet capable of producing vesication on the skin of those exposed even to its vapour; in the second instance we have chemical as well as vital changes, since the high temperature is capable of separating the epidermis from the cutis vera, independent of the vitality of the parts exposed to its influence,—but we have at the same time a true vital process superadded, viz. the effusion of serum between the detached surfaces; and in the third case, the physical effect of friction has produced the same result, viz. a separation of the cuticle from the true skin, to which here also is superadded the vital process of effusion. Again: a portion of Tartar emetic ointment is rubbed into the healthy skin, and in a few days a number of pustules make their appearance; or, a small fragment of Caustic Potass is retained in contact with the surface, and after a while it melts and dissolves a certain portion of the subjacent integuments, and the surrounding parts begin to secrete purulent matter; or, thirdly, a person receives a severe blow from some heavy body, and in a few days an abscess results. In these three instances we perceive one common element, namely the secretion of pus, but the exciting cause has differed

in each: in the first example, as in the former series, the action is purely vital,—for Tartar emetic ointment has no particular effect upon dead animal matter; in the second, chemical action exhibits itself,—for the Potass would equally dissolve the tissues when deprived of their vitality; and in the third, the mechanical effect of the blow destroyed the tissues, and the severed portions acted as foreign bodies and kept up the irritation, from whence arose the suppurative process. I must, however, once more call especial attention to the fact, that the resultant process is equally a vital one in all three cases; the suppuration that occurs after the application of Caustic Potass, or in consequence of an injury, is just as purely a vital process as that which takes place in small-pox or after the inunction of Tartar emetic; the important difference consisting in the exciting causes, which in the instances adduced were severally dynamic, chemical, and physical, and not in the result, which is the same in all. We cannot, I believe, over-estimate the importance of this distinction, as it seems to me to lie at the root of more than half the disputes which are continually arising between the vitalists on the one hand and the iatro-chemists and mechanical physiologists on the other; the former always contemplating the process itself, while the latter from the nature of their pursuits, are continually led to examine merely the causes and effects, and finding these to accord with their general principles, are too apt to overlook the vital nature of the process by which the chemical or mechanical cause produced its chemical or mechanical result. They appear to forget that in the living body, there lies between the cause and the thing done, the *doing of it;* and this important link of the chain is at all times and in all cases *purely vital.* The chemist appears to forget that when a series of complex ternary and quaternary compounds meet together they may undergo a variety of interchanges, all of which are equally in accordance with ordinary chemical laws, and that it requires the superaddition of a new law to insure in every case the selection as it were from this variety of a certain definite change, and to regulate the performance thereof: and the vitalist, on the other hand, appears too much to overlook the fact, that the functions are dependent, for their normal performance, upon the supply of certain chemical

compounds, and upon the absence of all interfering chemical affinities.

I trust that I have now said enough to shew that there exist in the healthy body three kinds of actions, viz. vital, chemical, and physical; and also, that disease may be produced in three distinct ways, viz. vitally, chemically, and mechanically: and I hope I have also shewn how these three actions are not independent of, but subordinated to each other. Let us now enquire how these actions can be influenced from without. It is of great importance to remember, that while the vital or dynamic relationship of the body is capable of being influenced by external agencies of almost every possible kind, the chemical and physical processes are to a much more limited extent under the power of external changes, *and these changes are all naturally embraced within the limits of hygiene.* Insufficient or improper food, for example, may create disease, produced by an alteration in the chemical elements of nutrition. The absence of salt may thus prevent the necessary changes which occur between that substance and Phosphate of Potass as it exists in animal food, and which changes are so essential in the process of sanguification;* or a deficiency of proteine compounds may give rise to atrophy, or their excess produce a lithic acid diathesis; or again, an undue use of non-azotized food may cause an unhealthy accumulation of fat. It is no doubt true that, especially in the three latter instances, the results are only partially chemical,—nevertheless, they owe their origin to an alteration in the chemical nature of the elements of nutrition, and are capable of being cured by simply correcting this defect. Again: a change in the normal physical conditions of the body may be produced by the want of exercise, or by the state of the atmosphere; and the resultant diseases will find their cure in the removal of these physical causes. From a contemplation of such facts, the chemical and mechanical physiologists have endeavoured to build up what has appeared to them a rational therapeia, by investigating the chemical changes which characterize various diseases, and then prescribing such substances as are likely to correct these; and having in the

* See Liebig's *Chemistry of Food.*

process of their examination met with some instances which seem fully to corroborate their views, they have been vainly encouraged to hope that further investigation is all that is needed to enable them to cure every disease chemically;—than which, I believe, there could not be a greater fallacy. To illustrate this, however, we must first examine into the complex action which remedial agents are capable of exerting on the animal œconomy. For this purpose let us take an example—*carbonate of magnesia.* Let us suppose this remedy taken by a person suffering from dyspepsia with acidity, and let us further imagine its administration to be in the simple form of suspension in water: what will occur in such a case? On reaching the stomach and mingling with the acid products of the fermenting food, a purely chemical process is performed—the acids are neutralized, the Magnesia is converted into a soluble salt, and as regards the patient he is at once relieved from the discomforts produced by the presence of fermenting food in his stomach. I would remark, in passing, that it is not my purpose here to offer any opinion as to the nature of the relief afforded, viz. whether it is palliative or curative, nor as to the propriety of such a mode of treatment, as these points will fall to be considered further on,—all I wish to do here is simply to relate facts. On leaving the stomach, this solution of the Magnesian salt produces a peculiar physical effect during its passage through the intestines, which has been carefully examined by Professor Matteucci.* It has now been fully demonstrated, that when the intestinal canal contains any fluid, the peculiar processes, discovered by Dutrochet and known by the names of endosmose and exosmose, are at once set up between the fluids in the bloodvessels and that in the intestines. Now Matteucci has demonstrated the interesting fact, that solutions of many neutral salts, including those of Magnesia and others which have been found to act as aperients, increase materially the rapidity of this process, and seem to facilitate the passage of the fluids from the bloodvessels into the intestinal tube; and thence it follows that in the case above mentioned, as the Magnesian solution travels onward, the capillaries which are spread over the mucous membrane

* See *Brit. and For. Med. Rev.* April 1847, p. 390.

pour out an unusual proportion of their contents, and thus increase the bulk of fluid, which on reaching the termination of the digestive tube passes off in the form of diarrhœa. Here then we have two distinct actions produced by Carbonate of Magnesia, viz. first, a purely chemical neutralization of the acid contents of the stomach, and secondly, an increase in the physical process of exosmose,—both of which actions could be imitated under similar circumstances in the laboratory. But these are not the only, neither are they the peculiar actions which Magnesia is capable of producing on the living subject: if, for example, we give this same substance (Carbonate of Magnesia) to a healthy female, in doses sufficiently small to prevent its producing the above chemical and mechanical changes, and if the doses are repeated at short intervals for some little time, so as to sustain and develope its peculiar or specific pathogenetic influence, we shall perceive a totally different effect; there will be no perceptible changes in the chemical constitution of the contents of the stomach, neither will the intestinal capillaries pour forth an unusual quantity of fluid, but we shall find the uterine organs taking on a peculiar action. The menses will probably appear from eight to fourteen days too early, and the flow become much too copious, while the fluid itself will lose its healthy hue and become dark and acrid, or more like pitch than healthy blood; and during its flow the patient will be tormented by pains all over the body, but especially in the head and teeth.

It would be easy to multiply examples similar to the above: for instance, all the alkaline and earthy carbonates are capable of producing the same chemical and physical results, and thus far resemble each other; but in addition to this general resemblance each one is capable of producing a series of peculiar dynamic symptoms, or in other words of giving rise to peculiar vital actions, which are essentially different in every case, as is well illustrated by our provings of *kali carbonicum, natrum carbonicum, ammon. carb., calcarea, baryta carbon., strontian,* &c. &c. We must however pass on from these, and examine more closely, and to some extent endeavour to analyse the more purely dynamic actions of remedies, as we shall find that here

also the process is very complex, and requires careful and discriminating subdivision in order that it may be rightly understood.

Experience has shewn that if a healthy person takes a certain quantity, varying of course in different cases, of any of the following substances, viz. Colocynth, Scammony, Jalap, Rhubarb, Senna, or Calomel, an increased action of the bowels will be the result; and moreover, the importance of which will appear by and bye, this increased action will equally take place whether the above substances are taken singly or all mixed together. Now it is worthy of note that the purging in all the above instances is a purely vital process, having no analogy whatever to that produced by the neutral salts, and being altogether incapable of imitation out of the body, and yet it cannot be accurately termed a specific action, since it is shared in common by so many substances, and is so little interfered with by admixture. Careful investigation however will shew that the increased action of the bowels in all the above cases constitutes only a very small portion of the effects which these remedies are capable of producing; and that besides this, which might be termed their crude action, there exists an extended series of morbid phenomena, which are in each case peculiar to the remedy giving rise to them, and which may therefore with propriety be termed their more refined action. Colocynth, Jalap and Rhubarb, for example, all give rise to sundry pains in the abdomen; but yet these pains differ essentially from each other, and are moreover each accompanied by peculiar and characteristic sensations in other parts of the body. We thus perceive that the purely dynamic actions of remedies are capable of subdivision into two distinct classes, which might be variously denominated. Viewing for example the two classes of phenomena as illustrating respectively the general though superficial resemblances, and the special and individual peculiarities which occur in the effects of the medicines, they might be termed *genico-dynamic* * and *idio-dynamic;* or recognizing the fact that these resembling actions are almost always produced on the parts wherewith the medicines come in contact, while the peculiar and more refined actions shew themselves over the system

* From γενικος, generic.

at large, we might divide them into local and general actions; * or again, considering that the one class of phenomena, viz. the more crude actions, are very much more under the influence of the dose administered than the refined influences, they might with justice be termed respectively *poso-dynamic* and *physio-dynamic* effects. Of these various names however I prefer the first, since they indicate the most important distinction between the two sets of phenomena.

A little consideration will suffice to show that the practitioners of the ancient school of medicine have confined their attention almost exclusively to the *genico-dynamic* actions of their remedies, while the *idio-dynamic* have either been unheeded or utterly unknown by them. As this is, in my opinion, a fact of great significance, the more especially as affording a clue to the explanation of many of the controverted points between the old and new schools of medicine, I trust my readers will excuse my entering somewhat fully into it. In all the ordinary works on Materia Medica, the remedies are classed according to their visible effects, and nothing is sought for beyond a general resem-

* It is an interesting fact, that the views expressed above have been independently arrived at by myself, and the author of the very interesting paper on "The Dose critically investigated," which appeared in the last volume of this journal. If my readers will turn to that article they will find that the author speaks of two irritabilities, a *general* and a *special*, which exactly harmonize with my views of the two-fold dynamic action of drugs. In this paper the author, who is one of the most successful exponents of the peculiar physiological views of the late Dr. Fletcher, has deduced from these the explanation of the different action of our remedies. While on the other hand, without having ever seen any of Dr. Fletcher's works, I have been imperceptibly led to adopt his ideas; and reasoning up from pathogenetic phenomena have arrived inductively at the very same truths, which the author of the above paper has so clearly expressed.

[*Note by Dr. Drysdale.*—As the author of the paper referred to, I take the opportunity to express satisfaction at finding, that Dr. Madden here comes to conclusions almost identical with those contained in my paper, though arrived at by a different road. At the same time I think it is a great pity that Dr. Madden and all other thinking practitioners of homœopathy should not have made themselves masters of the principles laid down in Dr. Fletcher's Physiology and Pathology. These principles lead directly to homœopathy as the method of therapeutics naturally harmonizing with them, and it would save a great deal of time and superfluous intellectual labour if practical homœopathists would ascertain by examination, whether they could not start from them as the base of their subsequent theoretical speculations on many of the most interesting parts of homœopathic practice.]

blance, and we thus find them arranged as "Purgatives," "Diuretics," "Emenagogues," "Expectorants," "Sedatives," "Tonics," "Deobstruents," "Antispasmodics," &c.; but it will be at once perceived that two most important facts have been overlooked in this arrangement: 1st. the specific differences which exist between the individual members of each class; and 2nd. the distinction between *pathogenetic* and *curative* actions. Owing to their knowledge of remedies being derived chiefly from clinical experience, the practitioners of the old school have naturally grounded their opinions regarding their action upon the visible effects produced in certain diseases; but in this manner it was impossible to discriminate between the direct effects of the medicine and the reactions of the diseased organism; for instance, purgation, diuresis, and sedative action may be, and generally are, direct pathogenetic effects of the drugs, whereas "tonics," "deobstruents," and "antispasmodics" are clearly terms expressive of the curative results produced by remedies whose primary and direct effects are in such cases unseen. I am persuaded that this loose mode of reasoning about the actions of remedies, from their effects on disease, in place of submitting them to the test of direct experiment upon persons in health, lies at the root of most of the vague and incorrect notions regarding therapeutics, which have so effectually retarded the progress of practical medicine. It has been often remarked, and with truth, that if any practitioner, no matter what his previous views might be, would institute a careful series of direct experiments on the action of remedies upon the healthy body, he would inevitably arrive at a conviction of the truth of homœopathy, because he would at once perceive that all the curative effects of his remedies were associated with a power to produce in health the symptoms which they removed in disease: tonics would be found to weaken and exhaust; deobstruents, to cause congestion of the glands; and antispasmodics, to produce spasms. In the absence of all this knowledge, however, it is not surprising to find that the doctrine of *contraria contrariis* has gained currency. One who has been in the habit of giving aperients for constipation, diuretics where the action of the kidneys is deficient, and sedatives to relieve pain, and who has moreover ascertained that these three actions

can be produced in cases where their opposites did not pre-exist, for example, that laxatives will purge though there were no previous constipation; under these circumstances, I repeat, it is by no means extraordinary that the practitioners should conclude that tonics, antispasmodics, and the like, produced these effects in a somewhat similar manner; and for the same reason the doctrine of *similia similibus* must of necessity grate upon their ears. There exists however another serious obstacle to the recognition of the principle of homœopathy in the usual classification of the Materia Medica, and it is this—drugs being associated according to their general resemblances only, and their refined actions being unknown, it is not uncommon to hear practitioners denying the correctness of the homœopathic law, because they find that any astringent selected promiscuously will not cure any given case of constipation, or that all purgatives are not equally efficacious in removing diarrhœa; thus totally overlooking a point which I shall advert to particularly hereafter, viz. that the law of *similia similibus* applies with accuracy and certainty only to the *idio-dynamic* actions of medicines—while the coarser resemblances found to pertain between the genico-dynamic actions of various drugs are seldom to any extent available in homœopathic practice. This absence of all accurate knowledge of the idio-dynamic or peculiar actions of medicines accounts for very much of the incredulity manifested by our allopathic brethren respecting the accuracy of Hahnemann's provings; never having tested experimentally his statements, and never having looked for such refined distinctions in the effects of drugs as are to be found in every page of the *Mat. Med. Pura*, they at once set down as imaginary all the symptoms which are descriptive of more definite sensations or effects than purgation, diuresis, diaphoresis, and the like; and they talk very learnedly about the well-known fact, that by simply fixing the attention upon any part of the body we can call forth certain sensations without the taking of any medicine. Such arguments, however, will have little weight with those who have had any personal experience in the proving of remedies, for I am satisfied, from my own experience, that it is by no means difficult to distinguish in all important respects between symptoms traceable to the drug and those which occur spon-

taneously. It appears to be forgotten by these sage reasoners that although we may not have been in the habit of analysing or thoroughly realising all the changing sensations to which our bodies are subject, we have, nevertheless, repeatedly *felt them*, and on their recurrence, when our mind is directed specially towards them, we undoubtedly realise them more vividly, but yet they come upon us as old acquaintances,—whereas when we are suffering from the influence of any medicine we at once perceive that our sensations are altogether *novel and unusual.*

Our posology is, however, the greatest obstacle to our obtaining a fair hearing from the practitioners of the Galenic school,—and, setting aside for the present all controversy respecting high and low dilutions, and advocating merely the necessity for administering our remedies, generally, in doses smaller than those usually had recourse to by our opponents, let us see how far their prejudice against the minuteness of our doses is dependent upon this absence of knowledge, on their part, of the specific differences which exist between the actions of various remedies included by them under the same denomination. If the homœopathic law had been universally true with reference to the genico-dynamic or crude actions of drugs, so that all purgatives, for example, in simple virtue of their power of increasing the frequency and amount of the alvine evacuations, were capable of curing every species of diarrhœa, it would have been impossible that the law should have remained so long unrecognized; but, on the contrary, when we consider that in order to elicit the homœopathic action of a remedy there must be an accurate correspondence between its idio-dynamic effects and the peculiar symptoms of the individual case to which it is applied; and when, moreover, we recollect that as regards most remedies the practitioner is entirely unacquainted with these specific and characteristic peculiarities, it is no longer surprising that the law of similarity should to a great extent have escaped detection. In consequence of this want of knowledge regarding the true relation which subsists between the pathogenetic and curative actions of remedies, physicians were induced to theorise upon the nature of disease, and then to explain the action of

their medicines in accordance with their theoretic views, and the mind being thus led off into the attractive, though delusive path of speculation, it has wandered so far into cloud-land, and peopled the region of its investigations with so many favourite fantasms, that the simple truth appears far too crude and homely to be entertained by such transcendentalists, and we are gravely told that its tendency will inevitably be "to destroy all scientific progress in medicine, and to degrade the minds of those who practice it"!! The practitioners of the ancient school of medicine having only sought for aid in the cure of disease from the crude and general effects of their remedies, have been naturally led to adopt large doses from the simple fact that *the genico-dynamic action of medicine is always in direct proportion to the dose administered.* To tell a man who only prescribes aperients for the sake of purging, and sedatives for the purpose of allaying pain, that, within certain limits, the smaller the dose the more powerfully will it act, can have no other effect than to prejudice him against your opinions. It is no doubt true that he has often found, in prescribing "tonics," "antispasmodics," &c., that a moderate dose acted more satisfactorily than a larger one, but he can generally bring some ingenious theory to bear upon the case, and explain away the difficulty; and having a much more accurate knowledge of such direct actions as purgation, diuresis, &c., than of the curative effects of tonics, antispasmodics and the like, it is not surprising that in attempting to generalize his views we usually find him referring to such direct actions as types of the whole; whereas, as I have already shewn (p. 15), there exists no true resemblance between them, since the direct action of aperients and the like is essentially pathogenetic, while antispasmodics, tonics, deobstruents, and others of this class, derive their name, not from their direct action, but from the curative effects resulting from their employment. But we shall be enabled more fully to understand why our ideas respecting posology appear so unreasonable and incomprehensible to allopathic practitioners if we realise to ourselves the various conditions essential for the purpose of eliciting the idiodynamic action of any remedy. Next to the discovery of the homœopathic law itself, the most brilliant of Hahnemann's achievements has, to my mind, been the detection and practical

illustration of the conditions required for the development of the specific action of medicines, both in the healthy and diseased organism. If we give a massive dose of any drug, we have at once a *repulsive* action, as it were, set up, one of the frequent consequents of which is the rejection of the substances beyond the limits of the organism; under such circumstances it is obvious that the genico-dynamic properties of the drug are the only ones of which we can obtain any knowledge, and this will accordingly be the case with that large class of substances which are capable of producing purging, vomiting, or diuresis. As regards the class of "sedatives" again, we cannot judge accurately respecting their idio-dynamic action from the effects of a large dose, since in such a case the narcotic effect paralyses for a time the whole nervous system, and thus obscures all the other phenomena consequent upon their primary action. Acrid substances again, when given in large doses, produce so much local mischief that the symptoms resulting therefrom, and which in all probability will not differ from those produced by a similar local injury received in any other way, become mixed up with the specific symptoms of the drug, and mar the result.

It is obvious, therefore, that if we desire to study the idio-dynamic actions of drugs we must moderate the dose so as to avoid this repulsive action. Now the matchless experiments of Hahnemann have proved to us that by giving repeated small doses of a medicine—the experimenter at the same time avoiding all conditions which might interrupt or obscure its action, we give rise to what might with a certain degree of propriety be termed a *receptive** action, in contradistinction to the *repulsive* effect above mentioned, wherein the organism yields to the insidious action of the drug in a manner precisely analogous to that in which it yields to the effects of any morbific miasm to which it is continuously exposed; indeed the two conditions are essentially analogous, the sole difference being that in the

* I am aware that the term *receptive action* may be objected to as not strictly correct, seeing that the symptoms constituting both actions, viz. the *repulsive* and the *receptive*, are the same in kind, though differing in degree; nevertheless, there is a comparative distinction, inasmuch as the *repulsive* action frequently occurs before the morbific agent gains access into the organism, while the *receptive* action takes place after complete absorption of the drug.

proving the analogue to the miasm is artificially produced, and can be modified at pleasure, whereas in zymotic diseases the morbific agent is usually altogether beyond our control. This plan of bringing the system slowly, and gently as it were, under the influence of a medicinal agent, by the repeated exhibition of small doses, gives rise to a series of symptoms which, I believe, will be found in every respect the most trustworthy and available in the practical working out of the homœopathic law of cure. I cannot help thinking that several reasons might be adduced to prove that the symptoms obtained from the employment of massive doses must always be impure, and consequently less to be relied upon in practice. I do not, of course, mean to deny that certain symptoms which are of great value in practice require for their production the employment of large doses, but these all belong to the genico-dynamic class, such as vomiting, purging, narcotism, and the like. What I mean is, that we can never obtain the peculiar and individually characteristic symptoms of a remedy unless we prove it by repeated small doses; for example, *Arsenic*, *Cuprum*, *Mercurius corrosivus*, and *Veratrum*, all produce vomiting, with cramps and coldness of the surface, and I should therefore be quite at a loss which of these four to select as the remedy in any given case of cholera, had not the provings by means of repeated small doses made me acquainted with certain specific differences between them. It must not be supposed, however, from these remarks, that I am advocating the proving of remedies in infinitesimal doses; far from it: the objections against such a method of experimentation are numerous and weighty, as may be gathered from the remarks I shall have occasion to make hereafter on the regulation of the dose. All that is required in most cases to render such a proving trustworthy is to reduce the dose to such a point that the repulsive action before alluded to may be avoided; there is, however, one class of remedies where a still further diminution of the dose is necessitated, from a different cause, viz. such substances as are capable of entering into chemical combination with the normal constituents of the body, and forming therewith compounds which can take a part in the ordinary functions of the œconomy. I have already attempted

to explain (see *Brit. Jour. of Hom.*, Vol. VI, p. 221) how it happens that moderate doses of remedies of this class, such as *Natrum muriatrum*, *Kal. carbonicum*, &c., may be taken under certain circumstances for almost any length of time without giving rise to any perceptible pathogenetic effects; it follows, therefore, that to obtain the idio-dynamic symptoms of such substances, they must either be given in doses too small to act chemically, which would necessitate the employment of infinitesimal quantities, or they must be administered under circumstances which will prove least favourable for the development of their chemical action. From what I have advanced above, it would appear, that in order to understand fully the pathogenetic effects of any remedy, two sets of experiments must be performed: 1. With large doses, so as to give rise to the *repulsive* action of the organism against the reception of the drug, in which way we obtain information respecting its genico-dynamic properties; 2. With frequently repeated small doses, the quantity being regulated according to the effect produced, while it is always kept below the point at which repulsive action becomes manifest (aperients and emetics, for example, must be given in doses too small to purge or cause vomiting), and the repetition must be steadily persevered in until the system gives distinct evidence of suffering; the administration of the drug should then cease, and the course of the symptoms be watched closely, and on no account interrupted by the exhibition of any other medicine, or even by a fresh dose; in this latter way we obtain a correct insight into the idio-dynamic or receptive action of the remedy, or in other words we produce a general in place of a local drug disease. In applying the results of such experiments to practice, it is obvious that the suggestion made by Dr. Black, in his interesting paper on posology (*Brit. Jour. of Hom.*, Vol. VIII, p. 224) is most important, viz. when we desire to cure a disease whose symptoms correspond to those produced by large doses of a medicine, the dose selected should be comparatively large; whereas if the symptoms of the disease correspond with those developed by smaller doses, the higher potencies will be found applicable; or, to reduce the above to language in accordance with the views I have expressed, we must use comparatively

large doses when we desire to apply the *genico-dynamic* effects of a drug homœopathically, whereas the *idio-dynamic* effects will be most advantageously obtained by the use of very small quantities. If our allopathic opponents would carefully examine the subject they would perceive that our minute doses are less unreasonable than they at first sight appear to be, seeing that in the minute individualizing which is necessary for the successful application of the homœopathic law we have usually to be guided chiefly by the idio-dynamic symptoms of the drug, and if these should minutely correspond with the symptoms of the disease to be treated, the receptivity of the system to the action of such a remedy will be found so great that a very minute quantity will prove sufficient to produce a curative reaction.

Having thus laid the necessary foundation, as it were, respecting the fourfold action of medicines, we are now prepared to consider the practical question, whether all these several actions, viz. the chemical, the mechanical, the genico-dynamic, and the idio-dynamic, can be made available for the cure of diseases—I must reserve the consideration of this, however, for a future occasion.

(*To be continued.*)

A FEW NOTES ON A FEW MEDICINES.

By Dr. Chapman,

Vice-President of the British Homœopathic Society.

(*Continued from Volume VII. page* 515.)

Copaivæ Balsamum.

This is one of those medicines the specific use of which in allopathic practice is confirmed by our provings and practice. Long before the writer adopted homœopathy he had been in the habit of directing the introduction of a bougie, smeared with Copaiva, two or three inches up the urethra, for the cure of gonorrhœa. The Balsam was at the same time given internally. The same practice has been pursued since he adopted homœopa-

thy; and he generally finds it successful. Of course the bougie is not introduced while there is much acute urethritis.

He has used this medicine and Cubebs in no other disorder, excepting gonorrhœa. He believes these two medicines will be found efficacious for the cure of this complaint, whenever it is taken at the very commencement, and the patient will submit to absolute rest in a recumbent posture, as the condition of a speedy cure.

Crocus Sativus.

This remedy has been used by him chiefly for uterine hæmorrhage, and in a case of epistaxis. It seems to be a medicine of great promise in some forms of mental disease. He has had no opportunity of trying it, but one of his friends, now unhappily in seclusion, had for several years before the paroxysm of insanity, which ended in the obscuration of his intellect, amounting to imbecility, several of the symptoms for which Crocus is remarkable. In the midst of serious conversation on business, in his own family, on the exchange, in his counting-house, at church, (though he was a sincerely pious man,) he would have fits of immoderate laughter, for which he could not in any way account. The laughter was foolish, improper, immoderate, indecent, depriving him of the power of articulation for a considerable time; tears would flow down his eyes as in streams. It was a convulsion of laughter. In other respects he was well. A son of this gentleman, now at college, has from boyhood been affected in the same manner, laughing immoderately, indecently, unaccountably, on the gravest occasions—and getting himself into all manner of scrapes through this strange habit. Taking this as the characteristic symptom, in connexion with the remainder of the picture of mental disorder, exhibited in the pathogenesy of Crocus, it cannot fail to be a valuable remedy in the treatment of mental affections.

It would be a very important measure to have a retreat for the homœopathic treatment of those suffering from nervous and mental disorders. It is believed that many of those who are now considered incurable might be cured, if the proper homœopathic treatment were added to the excellent system of Hygiene,

which is adopted by most of those now engaged in treating this class of patients.

Of the extraordinary effects of subtle medicinal influences on the deeper functions of the human organism, there are so many instances on record, as to warrant our confident belief that these influences in the right amount, rightly directed, would have the most beneficial action on what are called mental diseases. It is believed that, after a few generations, what is called the hereditary tendency to such affections, might be entirely overcome. While on this subject, though the cases bear no direct relation to *crocus*, it may be very interesting to the psychological student to see how the principle of life—the mind—call it what you will—is influenced by medicinal agents, especially of the narcotic kind, acting even only on the air-passages of the patient.

Mr. H. embarked on board of a sloop in one of the ports of Cuba. He went to sleep in the cabin, which was full of large packages, but was harrassed by wild and frightful dreams, and suddenly awaked about midnight, bathed in a cold dew, and totally unable to speak or move. He knew, however, perfectly where he was, and recollected everything that had occurred the preceding day; he could not make any bodily effort whatever, and tried in vain to get up, or change his position. The Watch on deck struck *four bells*, and he counted them, though it seemed to him he did not hear the beats but received the vibration through his body. About this time a seaman came into the cabin with a light, and carried away an hour-glass without observing the sufferer. Shortly after a pane of glass was broken in the skylight, and he saw the fragments of glass drop on the floor. These circumstances, which really occurred, are mentioned to shew that Mr. H. experienced real sensations, and was not still under the influence of perturbed dreams. His inability to move was not accompanied by any pain or uneasiness, but he felt as if the principle of life had entirely departed from his frame. At length he became totally insensible, and continued so till an increase of the wind made the sea a little rough, which caused the vessel to roll. The motion, he supposes, had the effect of awakening him from his trance, and he contrived somehow or other to get up and go on deck. His memory was

totally lost for about a quarter of an hour; he knew that he was in a ship, but nothing more. While in this state he observed a man drawing water from the sea in buckets, and requested him to pour one on his head. On the seaman's doing so, all his faculties was immediately restored, and he acquired a most vivid recollection of a vast variety of ideas and events which appeared to have passed through his mind, and to have occupied him during the time of his supposed insensibility. All this singular constitutional derangement had arisen from a copious inhalation of the fumes of tobacco: the packages in the cabin were full of that narcotic; the sloop was laden with it.—Howison's "Foreign Scenes."

Mr. Howison, who has described his own case, goes on to say:—"I should not have been so particular in noticing these circumstances had I not heard something analogous to them from a German oculist, whom I met with in Havannah. The old man observed, that Digitalis, Belladonna, and other plants of a similar kind, possessed peculiar properties, which were not generally known even by the medical profession. 'When administered,' he said, 'in a peculiar way, they could be made to act so powerfully and directly as sedatives, as to destroy all sensibility and voluntary motion, without affecting the animal life, or impeding its necessary action and function; but with this peculiarity, that the mind or soul did not participate in the *comatoseness* that affected its mortal tenement, but was more than usually active and excursive. On these occasions,' he said, 'the individual under such narcotic influence, had at the time no perception of the mental activity. His body had an animal existence, without sensation, and nothing more. But when the effect of the narcotic was dispelled either by any counteragency or by time, the patient recovered from his lethargy; and active life, memory, will, and intelligence, returned, with a perfect knowledge of all the operations and employments which his mind had gone through, from the moment of losing his perception to that of his reviving to the full conciousness of life.'"

The German gave his explanation of this strange condition, and then related to Mr. Howison the following case, which had come under his own observation.—

"While in Germany, he had resided some months in a town which was the seat of one of the minor Universities. He had apartments in a lonely house at some distance from the suburbs. The occupants were the proprietors of the house—an old man and his wife—and in addition to himself, a medical student, who lived in a very retired and singular manner. Mr. Engel (the relater of the case) and the medical student boarded as well as lodged with the old couple, so that a certain degree of intimacy grew up between them. Engel quickly discovered that his acquaintance was no common character. In him reserved manners and a melancholy deportment were combined with a wildness and extravagance of ideas that sometimes approximated to madness. His conversation was abrupt, and had nothing of common place; for he never talked except when urged to do so by some emotion; and he often made dark allusions, and expressed thoughts of such a mysterious and startling nature, that they seemed almost superhuman. He evidently avoided society as much as possible, never going into town except to attend the lectures, and always returning home as soon as they were over.

"In addition to his apartments in the house he had engaged for his exclusive use a small detached building, about 20 yards off. He kept the key of this place, and never allowed any one to enter it. But he shut himself up regularly in it at an early hour on a certain night every week, and remained in seclusion till the middle of the following day; when he came forth he was always ghastly, haggard, and dejected. But, notwithstanding, he never failed to commence writing very busily, continuing to do so for several hours together. He then seemed relieved, and resumed his usual habits and appearance till the mysterious evening returned.

"Engel's curiosity was excited, and the more so as his companion showed every disinclination to gratify it, and repelled his hints and inquiries in the most decided manner. He also felt an interest in the young man, who was evidently in a declining state of health, and very unhappy. He had once too caught a glimpse of the interior of the out-building, and had seen in it a board placed against the wall in a sloping direction, and clamped

at its lower end so as to prevent its sliding forward. There was also a large trough full of water, and a number of phials and some chemical apparatus.

"One night, when the student was in his mysterious apartment, Engel was impelled by irresistible curiosity to ascertain how his friend was employed. The windows were too high to enable him to see what was passing within the room, but he contrived to climb up the wall, and to obtain a view of the interior of the apartment. It was lighted by one lamp, which hung from the roof, and the form of the student was stretched on the board already mentioned. He looked pale, stiff, and ghastly; his eyes, though only half-closed, being dim and fixed in their sockets. Engel thought him dying or dead, and his first impulse was to force open the door, and hasten to his assistance; but on observing things more attentively, he became almost convinced, from the state of the apartment, and the position of his friend, that his insensibility was the effect of design. He, therefore, continued to watch the body, which exhibited no symptoms of life, though the faint flickering of the lamp sometimes almost deceived him into the idea that it moved, and that the countenance began to acquire animation. After waiting some time longer, Engel withdrew and went to bed. The day advanced to noon without the student's appearing—but at last he entered the house hurriedly, went into his own chamber, and shut himself in.

"The week following Engel forced a way through one of the windows into the apartment, when his friend was again in his state of death-semblance. On approaching the body, he found the surface cold, the pulsation of the heart scarcely perceptible, and the breathing very feeble and protracted. Engel could not withdraw as the door was locked and the key removed; and the face of the wall so smooth that he could not climb it so as to escape through the window. He was thus a prisoner in that strange room with its strange occupant.

"The midnight hour, the loneliness of the place, the mysterious condition of his friend, and the ghastly appearance of his body, as seen by the glimmering of a dim and unsteady light, excited an undefined awe and apprehension. He wished his

friend to revive, yet he almost feared to encounter him, conscious as he was of having acted the spy, and viewed him in the situation which he evidently desired should be a secret one.

"In trying to trim the lamp, Engel contrived to extinguish the light. Some hours after the student began to give signs of returning animation. Engel heard a succession of deep-drawn sighs, and soon after saw his friend raise himself up, and lean his head on his hand. He gradually gained his erect position, and staggered across the room, and the next moment a loud plunge took place. He arose from the bath in a state of complete resuscitation, and appeared for the first time to observe that the lamp was extinguished. Seizing a tinder-box he struck a light, and Engel stood disclosed before him. His astonishment was great, but it soon yielded to displeasure, and he demanded angrily to what cause he owed such an untimely visit. Engel dealt sincerely with him, confessed his curiosity, and explained the manner of his ingress. His friend was appeased.—'Why,' said he, after a short pause, 'should I refuse to explain the scene you have just witnessed, for it has nothing of guilt in it? I am only sacrificing my health and life to intellectual enjoyments; and health and life may surely be used at pleasure by one so disunited from the world as I am. You must know that some years ago I accidently discovered that certain plants possess peculiar powers over the mind and body, emancipating the former, as it were, from the thraldom of the latter, and enabling those who employ them to enter, for a time, into an existence almost purely spiritual. You see on that table various preparations of Hemlock, Fox-glove, Deadly Nightshade, and other narcotic herbs. I am in the habit of occasionally using these to produce the effects I have described, and you have recently seen me under their influence. It would be impossible now to go into particulars, but you must be convinced from what you observed while I lay on that platform, that my body was then the seat of the simplest powers of life only—in short, that my spiritual part had fled, or at least lost all sympathy or connexion with my corporeal. At present I have no recollection of anything during that period, but a short time hence a flood of ideas and images of the most vivid and wonderful description

will rush upon my mind. Many of my experiences of this sort I have entered in a book, with the contents of which I may, perhaps, one day make you acquainted. I will tell you more when we next meet, but in the mean time I wish to be left alone."

"Very soon after this the poor student was found dead in his mysterious apartment, stretched on the board: he had fallen a victim to his love of experimental philosophy, and of imaginative existence. The manuscripts, containing his experiences of his unnatural and induced state of being, could not be found.

It is hoped that this case will not be deemed irrelevant to the point in question, the influence with which certain substances are endued for acting on the more noble, subtle, and mysterious parts of our complicated being. Such influence may be used in the curative, as well as in the destroying direction. The case of this German student may remind the reader of that of Colonel Townshend, recorded by Dr. Cheyne: though the Colonel could bring on the suspended animation without the use of narcotics.

The case is so very interesting, that it may be introduced in this place. Dr. Cheyne thus relates it.—

"Colonel Townshend, a gentleman of honour and integrity, had for many years been afflicted with a nephritic complaint. His illness increasing, and his strength decaying, he came from Bristol to Bath in a litter, in autumn, and lay at the Bell Inn. Dr. Baynard and I (Dr. Cheyne) were called to him, and attended twice a day, but his vomiting continuing still incessant and obstinate against all remedies, we despaired of his recovery. While he was in this condition, he sent for us one morning; we waited on him with Mr. Skrine, his apothecary. We found his senses clear, and his mind calm. His nurse and several servants were about him. He told us he sent for us to give us an account of an odd sensation he had for some time observed, and felt in himself, which was, that, composing himself he could die or expire when he pleased, and yet by an effort, or somehow, he could come to life again; which he had sometimes tried before he sent to us. We heard this with surprise; but as it was not to be accounted for from common principles, we could hardly

believe the fact as he related it, much less give an account of it, unless he should please to make the experiment before us, which we were unwilling he should do, lest in his weak condition he should carry it too far. He continued to talk very distinctly and sensibly above a quarter of an hour about the surprising sensation, and insisted so much on our seeing the trial made that at last we were forced to comply.

"We all three felt his pulse first—it was distinct, though small and thready; and his heart had its usual beating. He composed himself on his back, and lay in a still posture for some time. While I held his right hand, Dr. Baynard laid his hand on his heart, and Mr. Skrine held a clean looking glass to his mouth. I found his pulse sink gradually, till at last I could not feel any by the most exact and nice touch. Dr. B. could not feel the least motion in his heart; nor Mr. Skrine perceive the least soil on the bright mirror he held to his mouth. Then each of us, by turns, examined his arm, heart, and breath, but could not by the nicest scrutiny discover the least symptom of life in him. We reasoned a long time about this odd appearance as well as we could, all of us judging it inexplicable and unaccountable; and finding he still continued in that condition, we began to conclude that he had indeed carried the experiment too far, and at last were satisfied that he was actually dead, and were just ready to leave him. This continued about half an hour. As we were going away, we observed some motion about his body; and upon examination, found his pulse, and the motion of his heart, gradually returning; he began to breathe gently, and speak softly. We were all astonished to the last degree at this unexpected change, and after some further conversation with him, and among ourselves, went away fully satisfied as to all the particulars of this fact, but confounded and puzzled, and not able to form any rational scheme that might account for it. He expired between five and six o'clock that evening."

Crotalus Horridus. Rattle-snake Poison.

The writer remembers reading, in an old Medical Magazine, the case of a woman who was a housekeeper to a gentleman

who had, among other objects of natural history a rattle-snake in a jar in spirits of wine. The woman was dropsical; her recovery was despaired of. By mistake she on one occasion took some of the spirits of wine in which the rattle-snake was kept. She had considerable distress after her potion, but to the astonishment of the doctor, entirely recovered from her dropsy. The case shall be looked for, and published in some future number, as an interesting exemplification of the homœopathic doctrine.

Some years ago when he was in British Guiana, he had an opportunity of learning, by report, some of the symptoms and external appearance of a man who died from this poison. There was no necrotomy.

A negro had the power of receiving the poison of this reptile without any seeming injury from it. But on one occasion, when he was drunk, he performed his exhibition before sundry wondering spectators. (It was the same rattle-snake he had provoked to dart at his hand on previous occasions.) On this occasion he went to his pallet, and fell asleep, but soon awoke in great distress—with swollen tongue, and great swelling of his body. He soon died—but after much suffering. It is well known that there is an herb, which the Indians apply topically, and are said to chew as an antidote to this poison. The negro on former occasions was said to have been provided with this remedy; but on his last, fatal experiment, being drunk, he had either forgotten that he was without the antidote, or having it he forgot to use it—or at least, to use it in time.

Aretæus recommends that persons afflicted with elephantiasis (the Arabian leprosy), should feed on the flesh of vipers. He relates the case of a man suffering from this terrible calamity, who, drinking of wine from a cask in which a viper had ensconced itself, drank to satiety to forget his affliction or end it; indeed, seeking at once the end of his life, and of his disease. He got drunk, and lay like one dying on the ground. After he rose from his drunken lethargy, his hair and his nails fell off, and all his members began to waste: but after awhile he had new hair and nails, and new healthy flesh, and cast his skin as the snake its slough, and became quite a new man. Aretæus says, that the report of this case should not be considered as

fabulous; for, that one ill should be expelled by another, is probable; and there is nothing abhorrent to reason in the supposition that the vital force may renew the flame of life from a feeble spark amid the ashes of a seeming decay.

The value of Lachesis is now well ascertained as a remedy; there is little reason to doubt that Crotalus will be found useful. It seems worthy of trial in *hydrophobia*, after Belladonna, Hyoscyamus, or Stramonium, of course in accordance with the symptoms of the individual case.

If he had the opportunity the writer would give it in the disease of Africans, called the "yaws"—frambæsia, and would try it in cases of Arabian leprosy. He has no experience of it at present.

It has been recommended for yellow fever, and typhus. It is, perhaps, worth trying in *tinea favosa*; and in those obstinate yellowish-looking, suety ulcers, which resemble the *yaws*.

Cuprum Metallicum.

The writer's experience of this remedy has been chiefly in cases of *epilepsy*, and of *lepra vulgaris*. He thought it useful in the epileptic cases, and has found it decidedly curative in those of the common lepra of this country. He has tried it, as well as the other preparations of copper, in chronic diarrhœa, especially in cachectic persons.

Cuprum Aceticum.

He has already recorded a case of scarlet fever, in which this preparation was very useful—there being incessant restlessness, with delirium. He has used it, with decided benefit, in several cases of nervous apoplexy—one of these cases recovered.

Drosera Rotundifolia.

His experience of this medicine in hooping cough, is that, no doubt, of all his colleagues. He has often found it very useful, and often been disappointed. He has generally used it after Belladonna and Ipecacuanha—in the convulsive stage. But after eight years' homœopathic practice, he has the gratification

of being able to say that he has not known any death from hooping cough, its complications, or its sequelæ, among those that have been treated homœopathically, and his experience in reference to this complaint has been rather large. Some five years ago, the mother of a numerous family was on a visit to her relatives in London, or its neighbourhood. She took her children with her; but after some weeks, she sent back to Liverpool three out of seven. In a day or two they had hooping cough; and the children in London began to have it at the same time. The children treated homœopathically were cured in about six weeks—Drosera being the chief remedy. Those who were in London were treated allopathically; at the end of six weeks were brought to Liverpool—still in the convulsive stage—they were then treated homœopathically, and in three or four weeks were convalescent.

In the cough of adults, resembling the convulsive stage of hooping cough, Drosera has been given with decided benefit.

It has been used with decided advantage in the barking cough of young persons approaching the age of puberty, before or after spongia. There has been in such cases a tendency to phthisis.

Dulcamara.

The writer has again to subscribe to the truth of the provings of this medicine, of its efficacy in sudden colds, owing to damp or cold air, in whatever way these have been manifested. He has verified this in his own person repeatedly. Seven years ago, he was called to see a patient, in Westmorland: he was anxious to return, and in order to accomplish this, he was obliged to ride on the outside of the mail some dozen miles in a *Westmorland rain.* Despite of out-coverings and an umbrella, he was wet to the skin. He took Dulcamara, and escaped all ill effects. A few days after, he was exposed to a *drizzle,* and simply had his over-coat damp. He took no Dulcamara, and had a severe catarrh. He has repeatedly, both in himself and others, verified this virtue of Dulcamara, in preventing the ill effects of exposure to damp or wet.

In catarrh, rheumatism, diarrhœa, and other affections, which

could be traced to damp, *dulcamara* has been used by him with excellent effect.

He has used it in various skin diseases, especially in herpetic affections, with advantage.

Elaterium. Wild Cucumber.

This remedy was used by Aretæus and his predecessors for angina. The writer thinks it should be much more used than it has been for diarrhœa and cholera. It bears a close affinity to Veratrum in some of the symptoms which mark it as a remedy for cholera. The nausea, vomiting, and purging, are well known characteristics of Elaterium. It relieves cramps and suppression of urine. There are well authenticated cases in which this medicine has caused a milder kind of cholera, and, according to our law, it should relieve such.

He has known it used with good effect in diarrhœa.

Euphorbium.

Some years ago a gentleman had a severe cough, which troubled him day and night, so as to interrupt his sleep. The cough was dry, and there was little or no expectoration, while it lasted. Besides the cough, scarcely a symptom could be got from the patient. He only knew that he coughed incessantly, and was worn out by it, and had obtained no relief from anything that was given him to relieve it. After this suffering had gone on for some days, when he had become quite tired of his doctor, and his doctor of him—he said that when he coughed, he had stitches which seemed to proceed from the pit of his stomach to both sides of the chest. Euphorbium was given to him with immediate relief, and in a day or two he was quite quit of his cough.

It has been used also with benefit for red inflammatory swelling of the cheek, with the sensation of burning heat.

Euphrasia.

The very name of this remedy, Eye-bright, attracts our attention to it as having some specific virtue in relation to the visual organ. Dr. Jackson wrote a very good paper on it in the Medical and Physical Journal, (1810,) which is worth consulting.

The writer has used it with great benefit for specks on the cornea.

At the beginning of this year, a boy was brought to him, who had for years suffered from strumous ophthalmia. He had abscesses on the jaws; the intolerance of light was excessive; profuse lachrymation. He had been recently mercurialised; and had at first, Sulphur, Hepar, and Nitric Acid: after a month or two, he could bear the light in the right eye, the affected one. There were large specks on the cornea. When he was last seen, they had nearly entirely disapppeared. After the three remedies that have been mentioned, he had only Euphrasia.

The writer has also used it with great advantage for fluent coryza.

Ferrum Metallicum.

He has used this medicine with decided advantage for patients who were in an anemic condition, and especially in chlorosis. He has employed it in the triturations chiefly, and given it in rather large doses. He believes it to be homœopathic to chlorosis.

He has known recently two cases of hæmoptysis, occasioned by over-doses of this agent. A gentleman had pneumonia, for which he was bled by the surgeon who saw him in the first instance. He wasted, and continued to have more or less cough, without expectoration. He was advised to travel about, and if his cough lingered, to leave England, before the winter, for the West Indies, where he had resided some years. Instead of travelling about, he put himself under the care of a fashionable physician, who gave him large doses of the Protoxyde of Iron. For a few weeks he gained flesh rapidly: he lost his cough: and his previous medical adviser was laughed at for his apprehension that he might become phthisical. While still taking the Iron in large doses, he one day had hæmoptysis to a most alarming extent. He was sent by this fashionable doctor *to his native air*, in the North of England, to die—and he died in a few weeks.

A young lady in her twenty-first year, of great beauty and high family, had, the beginning of last winter, a cough. She was attended for some weeks by an excellent homœopathic phy-

sician, a friend of the writer, under whose treatment she was doing well. But her family thought she was not getting well fast enough; so she was transferred to the care of a celebrated allopathic physician. He pressed her with Iron, on the supposition that the catamenia were not sufficient, or not sufficiently regular. The cough not the less continued: but as she was taking a good deal of medicine, in a gross form, her friends were satisfied. She was at that time in bloom and beauty. But as the cough continued, her friends became uneasy, and asked the doctor, if he had no apprehension of her lungs. "Not the least," was his reply, "if she had any tendency to pulmonary disease, I have given her Iron enough to have killed her long ago." He advised that she should go to the sea-side, and continue the Iron. She went, and a few days after considerable hæmoptysis ensued; and though this has ceased some weeks, she is becoming phthisical, and has to go abroad for the winter.

The corollary is, that in abuse Iron will occasion hæmoptysis; and that it may be used, *more nostro*, with advantage for this loss of blood.

The writer is inclined to think, that the Iodide of Iron will be found to be a very valuable medicine; but it yet has to be proved. As an allopathic practitioner, in former days, he found more advantage from it in chlorotic cases, than from any other medicine. The Muriate of Iron, has certainly a specific action on the urinary passage. This he knows from its use, when he practised allopathically.

Filix Mas.

He has tried this medicine and Granatum in several cases of tænia: but has never noticed any benefit from either. He has only known one case of tape-worm cured, by the homœopathic treatment; and that cure was effected with Tansey. Two grains of the Extractum Tanaceti were given twice a day. The worm was completely expelled; and the patient has been quite well for several years. He has two patients at present under treatment for this affection: but neither of them has taken the Tansey sufficiently long to enable him to decide on the ultimate result.

(To be continued.)

CASES OF ACUTE INFLAMMATION OF THE LUNGS.

By William Henderson, M.D.,

Professor of General Pathology in the University of Edinburgh.

Having, during the earlier period of my homœopathic practice, felt very much the want of a guide in the treatment of the more severe and dangerous inflammations, in common I suppose with all who make their first trials of the improved system without the advantages of an experienced clinical teacher and the opportunities of study afforded by an hospital, I venture to think that the following cases may be of service to practitioners of homœopathy at the outset of their career. The student and young physician are liable to feel not a little perplexed by such instructions as they find for the treatment of acute inflammatory diseases in practical works on homœopathy. Not only is the choice of the remedy somewhat difficult to determine, in the absence of personal experience, but the strength of the dose and the frequency of its repetition, as well as the length of time during which one medicine should be employed, in the hope of its proving useful and while its beneficial action is not yet apparent, are each points on which the deliverances to be found in books are both contradictory and otherwise embarrassing. While Hahnemann and his earlier disciples recommend the highest attenuations as specially suited to acute diseases, homœopathists of the present day are divided on the subject, some prescribing the high or middle attenuations, others the lowest; and while some advise the dose to be repeated frequently, others enjoin the propriety of waiting till one dose has exhausted its action, or till an increase of severity in the symptoms follows the mitigation produced by the first dose, or till the aggravation which the first dose has occasioned has gone off, before another dose is given. Again, while some give two medicines in alternate doses, others condemn the practice of having recourse to a second remedy until the first has done its work.

All this cannot but perplex the young practitioner, unsettle

his confidence in whatever course he may have finally adopted, and render him anxious and unhappy when conducting the treatment of an important inflammation. In particular, those who have previously practised according to the old rules, and have had sad experience of the obstinacy with which a severe inflammation will resist the serious depletions and the heroic doses which they inculcate, are apt at first to feel very nervous and apprehensive when they submit a dangerous acute inflammation to the seemingly inactive, because unostentatious, means of their new method; and any doubt regarding the soundness, homœopathically, of the conclusion they have arrived at respecting the remedy, the dose, and the frequency of its repetition, adds greatly to the sum of their anxieties. They naturally incline to the lowest attenuations and to the frequent doses, but are alarmed at the alleged danger of aggravating the malady by adopting them, and if they follow a middle course, give moderate doses at somewhat lengthened intervals, and watch the effect, a steady increase of the disease may leave them at a loss to know whether the remedy is not too powerful or not powerful enough; or if the disease remain stationary after many hours, their difficulty may be to determine whether they have chosen the right remedy or the right strength. To such beginners the following cases may be serviceable in various respects. In the first place they will show that, even in the hands of a beginner like themselves, employing homœopathic remedies, in his first cases at least, in no very skilful fashion, a very dangerous inflammation in very bad subjects took a much smoother course, and came to a speedier and more favourable issue than he or they had been accustomed to witness in similar cases allopathically treated. They will shew also that there is very rarely danger of serious aggravations from the lowest dilutions or from frequently repeated doses, and that giving two remedies in alternate doses is compatible with safety and a reasonably speedy cure. They will *not* shew that the lowest dilutions are the best suited for the treatment of acute pneumonia, or that frequent doses are either necessary or the best, or that the alternation of remedies is the wisest plan that can be followed; but they do shew that these various means and methods are safe and effectual to a

most satisfactory degree. I was induced to employ the lowest attenuations because I believed that both by reasoning and experience they can be proved to be the strongest, and to be on that account the most suitable for acute inflammations. I gave them in frequent doses on similar grounds, and I gave them for the most part alternately, because there can now be no doubt (though Hahnemann thought otherwise) that two agents, whether medicinal, contagious, or poisonous, may and often do act at the same time on the same person, each producing its own specific effects.

I shall add to these prefatory remarks only this: that the following are not a *selection* of successful cases, but all the cases of pneumonia treated by me since the publication of the *Enquiry into the Homœopathic Practice of Medicine*, with the exception of two rather slight examples in which the disease was of small extent, and of which I have preserved no notes.

Case I.

Pneumonia in the second stage, affecting two-thirds of the right lung, and complicated with delirium tremens. Almost well in eleven days; relapse from exposure to cold. Cured.

A spirit dealer. Aged 36.

26*th November*, 1845. I saw him at 10 A. M. He is of rather a spare habit, and of a pallid, unhealthy appearance; is notoriously addicted to dram drinking, and frequently intoxicated; his hands are habitually tremulous, and his gait unsteady or infirm, even in his soberest condition.

He began to be affected with his present illness on the 23rd. In addition to general feelings of illness, he became sensible on that day of a considerable increase of a cough to which he had been long subject. He had been much exposed to cold and wet after having been overheated, the day before. He has continued since the 23rd to cough frequently and to expectorate a little. He has had also sleepless nights since then, and has talked a great deal for the last two nights, generally of his occasional occupations as a hackney-coachman, often fancying himself engaged in them. Last night, especially, he was very talkative and fanciful, and tossed much about in his bed. He took opening medicine on the 24th, which operated, and has kept his bed and taken no intoxicating liquor since the 23rd.

Pulse 90, full and firm. Temperature moderate. Tongue loaded and yellow. No stool to-day. Hands tremulous, and his manner quick and agitated. No appetite. Considerable thirst.

There is a good deal of pain in the right side, just below, and a little to the right of the mammilla. It is increased on full breathing and on coughing. From about the middle of the right scapula downwards the percussion sound is dull; it is also dull on the lateral aspect of the side, as far forwards as a line drawn from the middle of the axilla. The respiratory sound is pretty strongly bronchial, and there is a sharp, slightly tremulous bronchophony over the dull part. There are no rattles on this space during ordinary breathing, but by full inspiration a few small mucous rattles are produced. At the borders of the dull part there are subcrepitant rattles during ordinary inspiration. The respiratory murmur is everywhere else over the chest pure and distinct. The respirations are 24 in the minute. None of the expectoration has been preserved.

One dose of Nux vomica 6, to be taken now; and afterwards
Nux vom. 3 gtt. ss. every hour.

9 *p. m.* Did not get the tincture sent for till two o'clock. Since the dose taken at 10 A. M. he has not been restless, has had several hours' sleep, and has talked much less than formerly, though in the same strain. Since half-past two has taken the medicine nearly every hour.

Expectoration, in moderate quantity, is frothy and rusty in a slight degree. Pulse 90, soft, and considerably smaller. Some mucous and subcrepitant rattles on the dull part during ordinary inspiration. Pain much the same. No stool. Tongue yellow and pasty.

Bryonia 1 gtt. i every hour for three doses; then every two hours.

27*th*, 9 *a. m.* Slept pretty well till about 5 this morning; he then insisted on getting up, talking fancifully as before, but was persuaded to go to bed again. Pulse 86, of moderate size and strength. Has perspired a good deal, and his skin is still moist. Tongue yellowish and dry. No stool. Considerable thirst. Hands still tremulous. Is quiet and rational.

No pain in the chest but when he coughs forcibly, and then in the same place as before. Respirations 26. Pretty abundant subcrepitation on the dull parts. The dulness has not extended.

Phosphorus 2 gtt. ss. every hour for four doses; then every two hours.

10 *p. m.* At 5 P. M. the phosphorus was omitted, as the pulse had risen to 96 and had become full, and the cough had become

more frequent. Expectoration moderate and rusty. Skin moist and warm. Much restlessness; gets often out of bed; talks much of imaginary objects and occupations.

He has had four doses of Aconite 6 since 5 o'clock, and his pulse is now 90. Respirations 26.

Bryonia 1 and Nux vom. 6, alternately every hour, or every two hours if he should sleep.

28*th*, 8 *a. m.* A very restless and noisy night. Slept none, and got out of bed often. Pulse 100, soft and not full.

Above the upper limit of the dulness formerly described, there is much crepitation as far as the summit of the lung. On the dull part some small mucous rattles.

Phosphorus 2, every hour.

After 12, noon, this was alternated with Belladonna 3 every hour, as he became more and more excited, noisy, and restless. As no change had occurred by 10 P. M. Nux vomica 2, every hour, was ordered. Very soon after the first dose he became quiet and manageable, and continued so for four hours, but without sleep.

29*th*. I was called to visit him at 2 A. M. and found him in a very excited state. He insisted on walking about the house in his night clothes, and shouted and struggled violently when attempts were made to restrain him. For three hours more he continued in the most excited state, and it was with difficulty that two men could keep him in bed. At length he seemed to become exhausted by his exertions, and after a short period of quiet he fell into a sound sleep, soon after 5 A. M.

1 *p. m.* Continues asleep, tossing his arms about at times. Has become roused by my feeling his pulse, and is quiet and collected.

Pulse 90, rather small. Dulness of percussion and bronchial sounds as before on the right side; the rattles on the highest part of back are the small mucous. Cough moderate.

Phosphorus 2, every two hours.

9 *p. m.* Pulse 108, full and soft. Skin hot and dry. This state of the pulse and skin was noticed at half-past 3 o'clock, by which time he had had two doses of the phosphorus; he has had none since. Does not cough much. Occasional twitchings of the hands and arms.

Phosp. 2, Bryonia 1, both in tincture as formerly, and alternately every hour and half.

30th, 9 *a. m.* Two hours after the last report the pulse had

fallen to 90. He has slept quietly almost all night, disturbed only to take his medicines. Has coughed scarcely any. No expectoration. No twitchings. Pulse 88, soft and moderate. Skin cool. No stool.

Percussion sound on the right back is less dull; numerous small mucous and subcrepitant rattles during ordinary breathing in the dull parts and around. Bronchial sounds still audible. Has taken food.

Phosp. 2, every two hours.

4 *p. m.* Pulse 76. Breathing slow and natural. No uneasiness.

Continue.

1*st December*, 9 *a. m.* Coughed frequently during the night. Slept better, but no delirium. Pulse 84, considerably fuller. Physical signs as yesterday.

℞ Alcohol Sulphuris gtt. i; Aquæ ℥iii. A teaspoonful every four hours.

7 *p. m.* Pulse 72, soft and small. Has slept a good deal; coughed little. Expectoration moderate, and tinged red.

Continue.

3*rd.* Yesterday morning was ordered Phosphorus 6, four times a day.

Pulse 60. Cough moderate; expectoration tawny, with some tinge of blood here and there. Subcrepitation abundant and general on the right back, from the spine of the scapula downwards. Bowels moved yesterday, for the first time, by a little castor oil.

Resume the Sulphur.

7*th.* Was out of bed and dressed yesterday, and his medicine was discontinued. The chest is restored to its natural state, except for about a hand's breadth at the lower part of the right back, where percussion sound is still a little impaired, and there are a few mucous rattles. No expectoration.

On the 14th, in consequence of renewed exposure to cold, and overfeeding, he had some return of pain and impaired percussion sound on the right back, and his pulse rose to 90. Under the use of Phosphorus 6 he recovered rapidly, and on the 18th was at his work.

Remarks.—The history of this case affords a very decided instance of aggravation from Phosphorus. The dose was evidently too strong, and to this may be justly attributed the increased severity of all the symptoms between the afternoon of

the 27th and of the 29th; as well as the rise of the pulse, and the increased heat of the skin, on the evening of the 29th, after these and other symptoms had improved by the discontinuance of the medicine for nearly two days. It would appear, however, that after a time tolerance of the remedy becomes established: for the same dose repeated every two hours, on the 30th, was attended only by continued amendment. I cannot doubt that the case would have proceeded more satisfactorily had the doses been weaker at first, and less frequently repeated.

Case II.

Pneumonia in the second stage, occupying half of the left lung. Cured in less than seven days.

27th November, 1845. A stout female child, aged two years and a half.

I was called to see her at 9 P.M. She had been affected for five days previously with cough and fever, which latter had been partially subdued by Aconite, so that the day before yesterday she had been supposed considerably better. Yesterday and to-day, however, she has been much worse.

I found her in a state of high fever; the pulse was 140, the breathing very rapid, and the cough frequent. She was also very restless and distressed looking.

Rather more than the lower half of the left back was perfectly dull on percussion, and over the whole of that space a very dry and strong bronchial respiration was heard, and an equally intense bronchophony. There was no rattle.

Ordered Bryonia 1, and Phosphorus 2, in tincture, half a drop for a dose, alternately every hour for four hours, then every two hours.

28th, half-past 8 *a. m.* Coughed frequently during the night, and was very fretful and restless. Pulse above 140, not feeble. Breathing and physical signs as last night. Has taken some food.

Aconite 1 gtt. i, now. In half-an-hour Phosph. 2 gtt. i, and again in another half hour. Afterwards in alternate doses every half hour.

1 *p. m.* Has coughed much less. Slept a good deal, and is sleeping now. Respiration 54, and pulse 135, soft.

Continue.

10 *p. m.* Has slept an hour at a time without coughing. One natural stool. Urine free. Was inclined to be playful in the after-

noon. Physical signs remain unchanged. Pulse 152. Skin very moist.

Alternate the medicines every hour.

29*th*, 3 *a. m.* Slept well till within the last hour. Coughed little. Pulse under 120, soft and moderate. Respirations less frequent. Skin moist.

Continue.

12 *noon.* Is much less oppressed than yesterday, and is out of bed and dressed. A small viscid rattle, in small quantity, on the dull part. Bronchial sounds continue. Has complained repeatedly of pains in the bowels.

Tart. Ant. 1, every half hour, for three doses, then every hour.

In the evening Phosph. 2, was alternated with the Antimony every hour and half.

30*th*, 9 *a. m.* A good night, little cough. Pain of bowels, and a green watery stool, this morning.

Mercur. 6, now and in two hours.

8 *p. m.* No pain of bowels since mid-day, and no stool since morning. Is cheerful and inclined to walk. Has taken food repeatedly. Pulse 120, skin moist. Tongue clean.

Alcohol Sulph. gtt. i, Aquae ℥iii, a tea spoonful every four hours.

1*st December.* An excellent night; is up and running about. No stool. Coughs rarely. Pulse 108. On the left back an occasional sonorous rattle, and a marked decrease in the bronchial sounds.

Continue.

4*th.* Has continued to improve rapidly. There is now no difference between the two sides of the chest in percussion-sound, or other physical signs. Pulse 80. Cough gone.

Case III.

Spasmodic asthma, chronic bronchitis and emaciation, finally double pneumonia and pleurisy. The acute diseases cured in twelve days.

25*th November*, 1845. An unmarried lady, aged 60.

She had applied to me three weeks before, on account of a pectoral complaint with which she had been affected for nine months. It had begun in consequence of exposure to currents of cold air, and from the first assumed the character which has distinguished it throughout.

About 3 o'clock every morning she was roused from sleep by a sense of oppression in the chest, obliging her to sit up. The attack continued usually for two hours, and was attended by much wheezing noise in the chest. She has also had all along a short cough and expectoration of frothy mucus.

Her general health has declined very much; she has become emaciated, pale and feeble. Her pulse was habitually 90 since her illness began.

While under treatment for these chronic ailments her acute illness commenced.

Evening. I have been sent for to see her in consequence of her having suffered since morning from acute pain in the left lumbar region, between the last rib and the crest of the ilium; in the feet, and several joints.

The lumbar pain is particularly severe, and is increased by pressure, moving, or breathing. Skin hot, and pulse 120. In the chest only a few small mucous rattles exist in the left scapular region, where they have been audible since I first saw her three weeks ago.

Aconite 6, Bryonia 3, alternately every hour or two,
as she happens to be awake or not.

26th, 8 *p. m.* The medicines have been continued, and she has been much easier all day. Pulse now 104, soft. Has perspired some. Skin cooler. Much less pain in the back, even on turning in bed, &c., and none in the joints. Has not had her paroxysm of asthma this morning, but is more troubled with cough.

Continue Acon. 6; and Bryonia 1, in tincture,
alternately every hour.

27th, 9 *p. m.* On examining the chest this forenoon, I found a good deal of subcrepitant rattle at the lowest part of the left side posteriorly. At present the rattle is audible only on full inspiration. The percussion-sound is much impaired for about a hand's-breadth at the same place, and both the voice and respirations are distinctly bronchial. A good deal of cough during the day, and considerable expectoration of frothy mucus, not discoloured. Pulse 90, moderate. Bowels open. Some rheumatic pain in one shoulder.

Bryonia 1, Phosph. 1 (both in tincture) alternately every hour
for four hours, then every two hours.

28th, 9 *a. m.* A quiet night, with very little cough, and sleep for two hours at a time. Perspired a good deal. Expectoration scanty, yellowish and frothy. No asthma. The impaired percussion sound

as before, and small mucous rattles scanty. Some larger rattles higher up. Tongue moist and nearly clean. A little pain in loins and shoulders. Pulse 96.

Continue every two hours.

8 *p. m.* Since morning has had pain, increasing to a severe degree, at the lowest part of the right side posteriorly. Pain also on pressure on the three lowest ribs, and acute pain on fully inspiring or coughing. Pulse 120, full and soft.

T. Acon. 1, Phosph. 1, alternately every hour.

29*th*, 10 *a. m.* Much suffering from the pain in the right side. A harsh sonorous rattle masks every other sound at the seat of the pain. Subcrepitation at the lowest part of the left back. Pulse 120. A restless night.

T. Acon. 1, T. Bryonia 2, alternately every two hours.

8 *p. m.* Pain easier. Cough less. Slept for two hours in afternoon. Is sweating profusely. Pulse 110.

Continue medicines every three hours.

30*th*, 9 *a. m.* A good deal of pain in the right axilla during the night. All the pains now much less. Coughs little. Has perspired gently all night.

Fully more than the lower third of the right side, posteriorly, is much impaired on percussion, and both voice and respiration are there distinctly bronchial. No rattle even on fully inspiring. On the left side percussion sound is satisfactory, and a soft murmur is audible mingled with some small mucous rattles at the part formerly dull. Pulse 114, soft and moderate. No stool since 26th.

T. Bryon. 1, T. Phosph. 2, alternately every hour.

Half-past 8 *p. m.* Has slept a good deal, and not got medicines very regularly. It has been observed by both patient and attendant that she has coughed more soon after every dose of Phosphorus. She has had, therefore, only three doses of it. Very much less pain than yesterday, and only under right scapula. Little cough all afternoon and evening. Perspired freely. Pulse 94, soft. Respirations 28. Numerous subcrepitant rattles on the dull third of right side. Bowels moved by a little oil.

Bryonia 1, every two hours.

1*st December*, 4 *p. m.* During the night occasional pains in right axilla, and under scapula. Coughed a good deal, and expectorated frothy mucus.

Has had Phosphorus 1, every two hours since 9 in the morning. Pulse then 104.

Pulse 104, full and soft. Impaired percussion-sound nearly as high as the middle of the right scapula, and round towards the axilla. Mingled crepitation and subcrepitation abundant on the part recently become dull. Scanty subcrepitation below. Bronchial sounds as before. A strong creaking friction-sound at the lower angle of the right scapula, and considerable pain there. Respirations 30. Cough and expectoration moderate.

Omit medicines.

9 *p. m.* Pulse 96, soft. Respirations 30. Skin warm and moist. Tongue rather dry.

Phosph. 4, T. Bryon. 3, alternately every two hours.

2nd, 9 *a. m.* Feels very much better. Frequent and sound sleep. Pulse 88, moderate. Respirations 28. Still remains of pain on full breathing. Skin moist and warm. Tongue white. Percussion-sound on the right side considerably improved. Scanty small mucous rattles there, and the bronchial sounds indistinct. A few small mucous rattles only on the left side inferiorly. No stool.

T. Bryoniæ 3, and Phosph. 4, alternately every two hours.

On the 4th, the percussion-sound was nearly natural all over the right back; on the 5th, but a shade less resonant than on the healthy parts of the left, and an obscure friction-sound alone masked somewhat the nearly pure respiratory murmur. On the 8th not a vestige of disease could be detected. Occasional doses of Phosphorus 6, were continued till then. On the 12th she was able to be out of bed. Pulse was 76, and had had no return of her asthma then nor for three months after, and no cough, while she gained flesh and strength.

Remarks.—The occurrence of the pleuro-pneumonia on the right side, in this case, after that on the left was improving, appears to have had some connexion with the rheumatic character of the whole acute disease. The illness commenced with symptoms of acute rheumatism in the joints and back, and it is probable that the ordinary tendency of rheumatism to affect different parts in succession shewed itself here, in the internal as well as in the external disease.

Another case very similar to this in the steps by which the disease became developed, occurred to me soon after. The subject of it was a married lady, aged 53. She had been affected

for five or six years with catarrh, and had become a good deal reduced in health and strength. While under treatment for the chronic disease she met with some slight exposure to cold, and was seized in the night of the 30th December, with violent lumbago on the left side. I saw her next morning still suffering severely; her pulse 112, and skin hot. She got Aconite 3, every two hours, and the morning after her pulse was 100, though the pain was still acute. Her husband was no homœopath, and wished for a consultation with some physician of his own way of thinking, which I declined. The case was handed over to Dr. Alison, from whom I learnt three days after that she continued to suffer as before. I related to him the particulars of the last case, and directed his attention to the state of the lungs. The same afternoon pneumonia was discovered at the lower part of the left lung. The lady died on the tenth day of her illness, and examination of the body showed that the inflammation had affected both lungs, one to a small, the other to a considerable extent, as in the instance I have narrated.

Not long after, a case very similar, in the symptoms with which it commenced, again occurred to me. Its history follows:

Case IV.

Acute lumbago; moist pleurisy followed by pneumonia on left side; dry pleurisy on the right side; subsequently considerable pleuritic effusion on the left, and pericarditis. Cured.

2nd April, 1846. A widow lady, aged 62. Is of very spare habit, and dark complexion.

8 *a. m.* Has been restless and feverish for several days. In the course of last night was seized with intense pain in the left lumbar region, and since one in the morning has had no rest. The pain extends from the last rib downwards, and forward for a hand's-breadth from the spine. On full breathing the suffering is excessive, as if a knife were thrust into the part. Pressure also increases it very much. Percussion-sound, &c., on the back are quite natural. Pulse 96, full and firm. Skin hot. Tongue clean. Much thirst. No stool for three days, and is habitually costive. Has had Aconite 1, repeatedly yesterday.

Tinct. Bryoniæ 3, every half hour for four doses, then every hour.

As she felt no relief, Rhus 3 was given every half hour for four doses, then every hour, commencing at half-past 1 P.M.

3rd, 9 *a. m.* Was much easier last evening for several hours. During the night the pain shifted to the front of the left hypochondrium, but since morning it has again shifted to its former seat, where it is very severe on motion or pressure.

Pulse 96, full and firm. No stool. Much thirst. No cough. Percussion-sound on the left back is very decidedly impaired at the lower part, very gradually improves upwards, and is scarcely quite good on the middle of the back. There is no respiratory sound over a space equal to a hand's-breadth at the lowest part, and only a few small sharp rattles there on drawing a full breath. Tenderness exists on a part of the same space. Thrill of the voice over the same extent imperceptible. No ægophony. At the lowest part of the right back there are a few sharp mucous rattles, and no sensible dulness.

Tinct. Acon. 3, Tinct. Bryon. 3, alternately every three quarters of an hour.

Half-past 4, *p. m.* Pulse 94. full and firm. General moisture of the skin. Pain less severe; indeed none except on moving.

Dulness very decided over the lower half of left back; no sound audible there on ordinary breathing, but a few small viscid rattles on fully inspiring. Much thirst.

Tinct. Acon. 1, Bryon. 1, alternately, every three quarters of an hour.

10 *p. m.* Has slept soundly most of the evening; roused only for her medicines. Skin moist; pain only on moving and full breathing, at lower part of left back and lumbar region. Thirst. No stool. Pulse 90, soft and smaller. No cough.

Continue.

4th, half-past 9, *a. m.* A tolerable night, with sleep. No stool. Pulse 100, soft and moderate. Skin moist. Pain shifted to front of left hypochondrium, where there is also tenderness on pressure, and a catching stitch on full inspiration.

The dulness on left back continues the same, and now on full inspiration there is abundant crepitant rattle over almost the whole space. Voice sharply bronchial at the upper part of the dull space. The same signs extend round to the lateral aspect of this side. Small mucous rattles at lowest part of right back, as before. No cough. Respirations 30.

Phosp. 2 (decimal attenuation, made from a solution of Phosphorus, consisting of 1 grain to 160 drops of Ether*), every three hours. T. Aconit. 1, every hour in the intervals.

5th, 10 *a. m.* A good night, with sleep. Still the catching pain in front of left hypochondrium. Pulse 96, soft and moderate. No stool, no cough. Tongue white and moist. Respirations 30.

Moderate crepitation all over the dull space on left back and lateral aspect, as high as the inferior angle of the scapula. Sharp bronchophony also in the same parts, and bronchial respiration. The right as before.

Phosph. 2 (as before); Tinct. Bryon. 1. Alternately every hour.

Aconite 1 was substituted for the Bryonia in the evening, and the alternate doses were ordered every hour and half.

6th, half-past 10, *a. m.* A restless night. Skin alternately hot and dry, and moist.

Pulse 94, soft and smaller. Respirations 32. Chest in all respects as at last report, except that the rattles are more subcrepitant, and have extended a little upwards, on the left.

Tinct. Aconit. 1, every hour, for two doses; then Phosp. 2, every third hour, and so on. To have an enema.

In the evening Bryonia 1 and Phosph. 2 were ordered, alternately every hour and half.

7th, half-past 8, *a. m.* An excellent night. Pain still in left hypochondrium, or rather above it; pretty smart on full inspiration. Respirations 32. Pulse 94, soft and not full. Skin cool and moist. Less thirst. Headache and pain of eyes. Enema acted gently.

No extension of the physical signs in the chest. Bronchial sounds less distinct. Subcrepitation considerable on the dull parts.

Tinct. Bryon. 1, two doses for one of Phosphorus 2; an hour between the doses.

8th, half-past 9 *a. m.* An excellent night, with sound sleep. Pulse 90, soft and moderate. Skin moist, and temperature moderate. Respirations 28. Pain of side almost quite gone, only a little tenderness in front. Percussion sound improved about and below angle of scapula, rattles scanty, and bronchial sounds less distinct.

On the lower part of right back, over a space of two or three inches, vertically, there is a distinct friction sound, chiefly during

* The ordinary mother tincture contains 1 grain of phosphorus to 100 drops of ether.

expiration, and a little mucous rattle on inspiring. No pain, and no decided impairment of percussion sound.

Tinct. Bryon. 3, Tinct. Phosph. 2, alternately every hour and half.

Aconite 2 to be substituted for Bryonia in the evening.

9*th*, *noon*. Pulse 90, moderate. Physical signs remain unchanged. No pain.

Phosph. 2, every fourth hour. Aconit. 2, every hour in the intervals.

10*th*, 11 *a. m.* A good night. Pulse 86. Respirations 30. Percussion sound has considerably improved on left; bronchial sounds obscure, and rattles rare. On the right the friction sound still audible during expiration, but not so harsh. No cough. Little thirst. Skin cool.

Acon. 2; Phosph 2. Alternately every two hours.

11*th*, *noon*. A good night. Pulse 94. No cough. No stool for three days. Physical signs much as yesterday, with the exception that for about four fingers' breadth at lowest part of left back there is no sound whatever, while percussion sound is dull, and that the *frottement* on the right is still less distinct. To have an enema.

Tinct. Rhus 2, Sulph. Alcohol, alternately every hour and half.

Bryonia 1 instead of Rhus during the night.

12*th*. An excellent night. Pulse 92, soft. Respirations 34. Friction sound almost gone. Physical signs on left remain the same.

Cont. Bryonia and Sulph.

13*th*. Slept well. Right side quite well. On left, dulness remains for a hand's breadth at lowest part, and there is absence of sound on breathing and speaking. A return of pain on left hypochondrium and left side of loins.

Tinct. Arnic. 3; Alcohol Sulph. Alternately every two hours.

14*th*, *noon*. Pain has increased at the lower part of left side. Pulse 96, pretty strong; skin hot. Left back has percussion-sound almost dull up to the inferior angle of scapula, and there is no thrill of the voice and no respiratory sound over the whole space. The pain on this part of the chest is increased by pressure and by full breathing. No cough. No stool.

Tinct. Aconit. 3, every hour and half.

15*th*, *noon*. Pulse above 100, and full. Has perspired freely. Pain of side and back much less. No extension of dulness on percussion. To have an enema.

Continue Aconite every 2 hours. Phosph. 2, once in six hours.

16*th*. No pain even on full breathing. The physical signs remain

the same. The heart beats with unusual force against the side. Pulse 108. Bowels open.

Omit. Med. till the evening; then Arsenicum 6, every four hours.

17*th*, 9 *p. m.* Pulse 110, small and soft. Respirations 36. No pain. Physical signs on left are stationary. Skin hot.

Aconit. 3; Bryon. 3. Alternately every two hours.

18*th*. A quiet night. Pulse 108, moderate. Physical signs of effusion on left side more extended. Ægophony about lower angle of scapula. Dulness and absence of all sound and thrill below.

Mercurius 1, every two hours.

10 *p. m.* Four hours ago became affected with acute pain about the middle of the sternum, and extending thence across to the left shoulder. It still persists, and prevents free breathing. The lower half of sternum is tender on pressure. The heart beats decidedly more to the right of its former situation, being scarcely sensible on the left of the sternum. Its action is regular, but unusually strong. A distinct, but not strong or rough friction sound, or rustling, accompanies the movements of the organ, sometimes single, sometimes double. Pulse 106, moderate.

Tinct. Spigeliæ 2; Arsenic. 3. Alternately every hour and half.

19*th*, 9 *a. m.* Perspired profusely in the night, and continues moist. Pulse rose to 120, and is now 110, small and weak, and intermitting at rare intervals. No pain in front of chest since morning. Respirations 40, and free. Rustling friction-sound distinct over most of the region of the heart. It still lies to the right of its proper site. Dulness of left side of chest posteriorly and laterally remains.

Spigelia 1 drop (of a solution of a drop of the mother tincture to 20 of Alcohol), alternately with Arsen. 3, every hour and half.

20*th*, 10 *a. m.* Slept two or three hours. Pulse 98, moderate and regular. Skin moist. Heart's action and sounds calm and natural. Respirations 36.

Continue the medicines till night.

21*st*. An excellent night, with quiet sleep. Pulse 98, moderate. Chest not examined.

Arsen. 3, every two hours till the evening, then every third.

22*nd*. Slept well. Pulse 96. Heart's action moderate and regular. The physical signs of effusion on the left side remain unchanged.

In the evening Digitalis (1 drop of mother tincture to 20 alcohol) two drops every third hour.

24th. The Digitalis has been continued till this morning. The pulse was noticed early to-day to be very rapid and irregular, and she got no Digitalis since 5 A. M. Pulse now (11 A. M.) very small, irregular and unequal, and between 130 and 140 in the minute. Heart's action vigorous often, but unequal; its sounds normal. Respirations 36; countenance and voice good, and no appearance of distress. The signs of effusion in the chest remain stationary.

During the 25th, 26th, and 27th, the pulse was 150, regular, small and distinct, while the heart's action was unusually vigorous. No alarming symptoms presented themselves; the state of the chest, &c. remained stationary. A succession of medicines were tried to reduce the pulse; Opium, Phosphorus, Arsenicum, Spigelia, in frequent doses, and all without apparent effect. On the 28th the pulse had come down somewhat rapidly to 120, and on the 29th it was 84; Pulsatilla 1, every two hours, having been prescribed on the 27th. The subsequent treatment consisted chiefly of Sulphur O., Mercurius, and Phosphorus 3, to remove the remaining effusion and probable condensation of the lung, and it was not till the beginning of June that every trace of disease had disappeared.

Remarks.—The rheumatic element in this case, by giving rise to a succession of inflammatory affections, made it unusually tedious. Yet the history bears a strong testimony to the advantages of homœopathic treatment; double pleurisy, pneumonia, and pericarditis, in a feeble woman of 62 years of age, forming nearly as formidable a series of maladies as could well occur. Of such a case, tedious as it was, it may be said that the alternative, supposing the slow progress of the recovery to be made an objection to the homœopathic practice, was either a difficult cure under homœopathy, or certain death under allopathy.

Was the remarkable state of the pulse noticed on the 24th owing to the frequent doses of Digitalis continued for thirty-two hours?

Case V.

Pneumonia of the upper part of right lung, advanced to the second stage. Cured in ten days.

12th December, 1846. A married lady, mother of several children, and aged 50.

Habitually pretty healthy, and in good condition.

On the morning of the 10th I was called to see her, and learnt that after exposure to cold, while driving the day before, she had felt chilly, and feverish afterwards; and in the course of the night felt acute pain in the right side of the back close to the spine. The pain still continued at the time of my visit, and was increased on full breathing, and extended between the spine and lower angle of the scapula. Her pulse was 120, sharp and firm. She seemed a good deal distressed, and anxious.

She was desired to take Aconite 1, and Bryonia 3, a drop of each alternately, every hour for a time, and then every third hour.

By the evening of yesterday her pulse was down to 108. She had had no perspiration; had begun to cough a little since the morning, but without expectoration; the pain remained; the bowels were regular.

I examined her chest carefully at and below the seat of the pain, and could discover no sign of disease in the lungs or pleura.

Medicines continued.

At 10 this morning (12th,) I saw her again, and found her pulse 106, moderate; her cough not frequent, short, and without expectoration, and a sibilant wheeze merely at the lower angle of the scapula and where the pain was.

The medicines were ordered to be taken hour about.

At 8 *p. m.*, the pulse was 100, small and soft; skin cool; a good deal of oppression in breathing; cough more frequent and attended by a little expectoration, which she said was tinged of a brownish red. On examining her chest there were discovered at, and for a little distance below, the inferior angle of the scapula, some very viscid subcrepitant rattles, not very numerous. The parts above were not examined owing to the quantity of clothes she had accumulated about her chest, and which she was very averse to have removed, from an excessive apprehension of catching cold. Respirations were 26.

Acon. 1, and Bryon. 3, alternately every hour.

14*th*. Yesterday morning pulse was 104, small and soft; skin cool. Perspiration in bursts during the night, not copious. She had slept little; had continuance of pain in the back on attempting to breathe fully. Respirations 28. Chest apparently the same.

The same medicines were continued.

This morning at 10 o'clock, the pulse was 106, rather full and firm. Skin cool. Cough rare, short, and attended by a little yellow

frothy expectoration. The pain was so much abated as to cause little uneasiness.

Finding the lower parts of the chest afforded no clue to the nature of the illness, I at length got the upper parts undressed, and at the upper fourth of the right back, above the seat of the pain, observed strong bronchophony and bronchial respiration, dull percussion-sound, and on full breathing a copious subcrepitous crackling.

She was given T. Acon. 1 (decimal attenuation), a drop every hour for two hours, and then alternately every half hour, with Bryonia 1.

7 *p. m.* A quiet and comfortable day. No pain on full breathing. Skin moist and cool. Pulse very variable in frequency owing to nervous apprehension; at one time 130, a little after 112, and by-and-by 106. (She is naturally very nervous and apprehensive). Respirations 22. Tongue very white. No uneasiness anywhere.

Phosph. 1, (decimal, made from a solution of Phosphorus containing 1 grain to 160 drops of ether), one drop every third hour. Bryonia 1, one drop twice in the intervals.

15*th*, 10 *a. m.* Pulse from 100 to 112 at different times, small but firm. Respirations 28. Tongue moist and cleaning. Physical signs on right back remain much the same. Is perspiring pretty freely.

Tinct. Acon. 1 (decimal) every hour for two doses,
then Phosph. 1, and so on.

11 *p. m.* Has slept for an hour repeatedly. Expectoration scanty, tinged reddish. Face a little flushed. Is very desponding. Respirations 30. Pulse 116, moderate. Skin natural. No extension of the physical signs on the right back, and no abnormal sounds elsewhere. Bronchial sounds on the dull part less intense, and more abundant, and softer subcrepitation covers the whole space.

Phosph. 1; Bryonia 1 (decimal), alternately every two hours.

16*th*, 4 *p. m.* Had a quiet night, but little sleep. Pulse 114, soft and moderate. Respirations 32. No uneasiness. Little cough, and scanty clear expectoration. Bronchial sounds continue to decrease in intensity.

Continue.

17*th*, 9 *a. m.* A rather restless night. Skin warm and moist. Much flatulence. Respirations 26. Breathing easy. Pulse 96, soft. Copious subcrepitation after coughing, at the diseased part, and bronchial sounds still less distinct.

Continue both medicines till evening, then omit Phosphorus.

18th, 9 *a.m.* Little sleep. Pulse 80, soft. Has perspired very considerably. Scanty frothy expectoration. A soft murmur mingles with the scanty subcrepitation on the right back; voice merely more resonant there, and percussion improved.

Tinct. Bryonias 2, every two hours.

19th, noon. Pulse 80. No distinct traces of condensation remain; voice not more resonant, respiratory sound soft and pure.

To take Sulphur 3, for a few doses.

A protracted nervous attack soon followed her recovery, distinguished by sleeplessness, agitation, and much excitement. It passed off entirely in a few weeks.

Case VI.

Two thirds of the left lung in the second stage of pneumonia. Cured in six days.

15th December, 1846. 10 *a.m.* A female servant, aged 35. General health good, and of robust habit.

Had been quite well on going to bed on the night of the 13th, but about 3 A.M. of 14th, awoke with pain in the left side. She has been rather accustomed to dram drinking.

Pulse 96, moderately firm, and not particularly full. Skin hot. Respirations 30. Coughs frequently, and expectorates, but has kept none of the expectoration. There is sharp pain on inspiring, rather towards the front of left side below the mamma.

Behind on the left side of chest there is considerably impaired percussion-sound at the lower part, gradually subsiding into the normal sound a little above the inferior angle of the scapula. On the same space there is copious subcrepitation on inspiring. At the lowest part of the right side posteriorly, there is a little coarse subcrepitation. Some catarrhal rattles throughout the chest on both sides.

Tinct. Aconit. 1 (decimal attenuation), a drop every half-hour.

At 4 *p.m.* The pulse was 112, soft. The Aconite was ordered to be taken every hour.

Half-past 11 *p.m.* Little or no cough. Still some pain on quick and full breathing. Pulse 102, soft and moderate. Respirations 24. Has perspired moderately. Skin cool and moist. Has slept from time to time.

Percussion sound dull for fully three fingers' breadth above the

lower angle of the left scapula. No bronchial respiration, only a few subcrepitant rattles, and these only occasionally. A little small mucous rattle on the lower part of right back. Catarrhal rattles gone, and murmur of respiration pure and normal over the chest generally.

Tinct. Aconit. 1 (as before), 5 drops to a tumblerful of water.

A tablespoonful every two hours.

16*th*, *Half-past* 8 *a. m.* Pulse 104, moderate. Skin warm and moist. Coughed a good deal at times. No expectoration. Pain still pretty sharp on the left side on full breathing.

Percussion sound dull over two-thirds of the left back. Feeble sound of respiration there on ordinary inspiration, and no rattles; but after coughing, and then breathing fully, pretty copious subcrepitation is audible all over the dull part, and scantily up almost to the top of the back. Occasional catarrhal rattles over other parts of the left side. None on the right.

Bryonia 1 (decimal), 5 drops to a tumblerful of water. A spoonful every two hours.

Half-past 4 *p. m.* Pulse 106. Abundant crepitation on lower half of the left back, with bronchial respiration; subcrepitation above up to the top of the chest. Percussion sound impaired still higher on the back. Respirations 26.

Bryonia every hour.

Half-past 11 *p. m.* Pulse 96. Is quite free from uneasiness. Skin cool. Little cough, and no expectoration. Respirations 24.

Above the middle of the left back the subcrepitation is mingled with respiratory sounds, not bronchial; and percussion sound is less impaired. Below, subcrepitation general; and bronchial sound less intense.

Bryonia 2 (decimal), a drop every hour and half.

17*th*, 10 *a. m.* Pulse 84, small and soft. Almost no cough, and no expectoration. Respirations 20. Skin cool. No stool since the 15th.

Percussion sound dull at the lowest third of the left back; improved above. At the lowest third, crepitation is pretty abundant—both behind and round towards the lateral aspect. Subcrepitation on the parts above gradually decreasing in abundance up to the top, and mingled generally with respiratory murmur.

Continue Bryonia 2, every two hours.

18*th*, 9 *a. m.* Slept well. Coughs none. No pain. Pulse 84. Skin cool. No stool.

Percussion sound but a shade less satisfactory on the left side than the healthy right, except for nearly a hand's breadth at the lowest part, where it is still a good deal impaired. Scanty subcrepitation on the previously dull parts, more abundant at the lowest part. A soft respiratory murmur everywhere but at the latter.

Continue.

19*th, noon.* Pulse 72. No uneasiness. No rattle in the chest, except at the lowest part of left side, where subcrepitation is very scanty, mingled with soft respiratory murmur. Percussion sound remains a little impaired over a small space at the very lowest part.

Omit medicine.

22*nd.* Was out of bed yesterday, feeling perfectly well. The chest presents no abnormal sound.

Case VII.

Pleuro-pneumonia affecting nearly three fourths of the right lung; arrested in the first stage. Cured within eight days.

26*th July*, 1846. 2 *p. m.* A full, flabby woman, in good circumstances, and mother of a large family; aged above 60.

Yesterday forenoon was affected somewhat suddenly with chilly feelings, weakness, nausea, and vomiting. Soon afterwards, pain began in the right lumbar region, and became gradually acute. She went to bed, and has been much affected with pain, restlessness, heat, thirst, and occasional vomiting, all last night and to-day.

She had been feeling poorly for several days, and a week ago, had got thoroughly drenched with rain.

Skin very hot; pulse 116, full and firm; countenance expressive of pain; acute pain between the last rib of right side and the crest of the ilium—so severe on moving, that she cannot stir without groaning, and increased also on attempting to breathe fully. No cough, and no abnormal sound in the chest or on percussion. Bowels open yesterday.

Tinct. Aconit. 1 (centesimal), a drop every two hours.

27*th, noon.* Has taken only five doses of medicine, the last at eleven last night. Pulse under 100, firm still, but less so. Skin much cooler. Has not perspired. Pain in lumbar region not less on moving. Slept but little. Tongue white and clammy.

On the right back there is a general inferiority in the percussion sound, not amounting to dulness, as compared with the left, except

for about a hand's breadth at the top. Inferiorly on the right back there is, during full inspiration, some subcrepitant rattle, but on ordinary breathing merely a lower respiratory murmur than natural. At the middle of left back, there is very distinct subcrepitation, almost amounting to crepitation, and from this point up nearly to the spine of the scapula.

No cough but after forcibly inspiring. No expectoration. No pain of chest. No abnormal sound in front or on the left side. Respirations 36. Occasional nausea.

Resume Aconite 1, now, and in an hour, then every two hours.

8 *p. m.* Has been perspiring, gently and generally, for some hours. Moves in bed and sits up with more ease. The pain has extended up to the lateral aspect of the right side. Pulse 96, much altered, soft and compressible, and less full.

Percussion sound more decidedly impaired over two-thirds of the right back. No perceptible sound over this space till after a forced cough, then copious crepitation from the middle of the back up nearly to the spine of the scapula, and below the middle of the back remote and very feeble breathing sound, and occasional scanty subcrepitation.

Countenance has a placid cheerful expression. Less thirst. No stool. Still some nausea at times.

Tinct. Aconit. 1; Bryonia 1; alternately every hour.

28*th*, 9 *a. m.* Has taken the medicines regularly, having had little disposition to sleep. Has not perspired much. Moves and sits up without pain. Pulse 90, soft and rather small. Skin cool and moist. Respirations 36. No cough. Tongue clammy. Thirst nearly gone.

Percussion and auscultation nearly as yesterday; the former impaired all down the right back from the spine of the scapula—chiefly at the lower part, and there it is dull. Rattles more subcrepitant, and chiefly above the middle; sounds obscure below.

Continue Acon. and Bry. alternately every hour and half.

9 *p. m.* Pulse 82, soft and moderate. Has perspired little. No stool. Respirations below 30.

Continue medicines every two hours.

29*th*. Little sleep. No cough. Tongue still whitish. No thirst. No stool. No pain. Perspired little. Pulse 76, moderate.

Percussion sound improved above; subcrepitation considerable,

but only on fully inspiring. No bronchophony or bronchial respiration.

Bryonia 1, a drop every four hours.

30*th, noon.* Little sleep. Gentle perspiration. Pulse 72. One stool, from a little castor oil.

A general improvement of percussion sound; on full inspiration, copious soft crackling, like a moist respiratory murmur, over more than half the right back inferiorly; none, by more than two inches, so high as formerly, and instead, pure respiratory murmur.

Sulph. 3 gr. 1, every six hours.

31*st.* Nearly in all respects as yesterday: the subcrepitation confined to the end of a full inspiration, and the percussion sound improved.

Continue.

2*nd August.* Slept well. Has taken some animal food to-day. No cough. Pulse 66.

Right back scarcely less resonant than the healthy left on percussion. Scanty subcrepitation almost confined to the lower third, and to the end of a full inspiration.

Continue Sulph.

4*th.* Some sense of weakness; in all other respects well, both generally and locally, yesterday and to-day, and has been out of bed both days.

Case VIII.

Pneumonia in the second stage affecting three-fourths of the right lung. Previous chronic bronchitis. The acute disease overlooked at first. Cured in three weeks.

10*th December,* 1847. *Half-past* 8 *p. m.* An unmarried lady, aged 60, spare, sallow, and habitually in delicate health, chiefly owing to chronic bronchitis, and always worse in winter.

She had for about a week been complaining, like many others, with the symptoms of influenza, at present epidemic, but was not particularly ill till the 5th, at which time she became affected with a stitch in the right hypochondrium, an occurrence to which she was subject.

I was asked to see her on the 6th, and found her hot; not much annoyed with the pain; coughing considerably, and her pulse 120. As she was often affected in much the same way, an examination of the chest was not made with any degree of care; she was directed

to take Tincture of Aconite, 1st dilution, every hour or so, and left in charge of a relative who had studied medicine. Next day she appeared somewhat better, but had nausea and cough still as formerly. She was directed to take Ipecacuanha, 1st dilution, alternately with the Aconite every hour or two.

I did not see her again till to-night. I find her pulse 108, soft and moderate; skin moderately warm, not moist; respirations 30; cough frequent, and often in severe fits; pain on the right side very inconsiderable. She has had no medicine for nearly two days. Bowels moved to-day. Expectorates a considerable quantity of clear starchy mucus.

On the right back the percussion-sound begins to be impaired very near the top, gradually becomes more so downwards, is very sensibly so at the middle of the interscapular space, and from this level all below is quite dull on this side of the chest, both behind and on the lateral aspect. On the dull parts there are strong bronchophony and bronchial respiration, both inspiration and expiration being intensely tubular. On making a full inspiration a few sharp subcrepitant rattles are heard at several points on the same parts; and some sibilant and some small mucous rattles at the top and in the axilla. On the other parts of the chest a few sibilant and sonorous rattles occur here and there; and the percussion sound is good.

Tinct. Aconit. 1, a drop every three hours: Bryon. 1, a drop twice in the intervals.

11*th*, 11 *a. m.* Has got little sleep in consequence of the coughing. Pulse 98, soft and moderate. Respirations 30. Expectoration as yesterday. Bowels open.

The physical signs remain the same, only there is a little extension upwards of the dull percussion sound, and no rattle on the dull parts on full breathing.

No severe pain, but a diffused soreness over the right side of the chest.

Continue.

12*th*, 11 *a. m.* For the last twelve hours has had the medicines every two hours, alternately. Pulse 104, soft and moderate. Cough and expectoration much the same. Feels and looks composed and comfortable. The physical signs remain stationary. Respirations 26 to 28.

Phosphorus 3 (ordinary preparation), a drop every hour for two hours, then every two hours.

13*th*, 10 *a. m.* A good night; coughed, however, pretty often, and expectorated moderately the same colourless mucus, not viscid. Pulse 98, full and soft. Skin cool. Respirations 28. No stool for two days.

The physical signs are little changed; subcrepitation moderate after coughing.

Tinct. Bryon. 1; T. Phosph. 3, a drop, alternately, every hour till evening, then every two hours.

14*th*, 10 *a. m.* A good night. Cough and expectoration moderate. Pulse 80. Respirations 24. No uneasiness.

Percussion sound slightly improved over all the right back and lateral aspect, the lowest third excepted. The improvement is very marked on the interscapular region, and on the scapula. Bronchial sounds less intense. A few fine mucous rattles after coughing, on the parts affected.

Continue.

15*th*, 4 *p. m.* More cough during the night, and to-day. Expectoration also more considerable, though of same character. Pulse 90. Some heat of skin.

Percussion-sound improved still more, and all over the previously dull parts. Bronchial sounds no longer audible above the lower angle of the scapula, and less intense elsewhere. A few small mucous rattles are heard generally over the right back.

Tinct. Acon. 1, Phosph. 3, alternately every two hours.

16*th*, 3 *p. m.* Has slept much, and quietly. Skin cool. Cough less frequent. Pulse under 90, moderate. Physical signs the same.

Tinct. Bryoniæ 1, Tinct. Phosph. 3, alternately every hour and half till midnight, then only on waking.

Subsequently Bryonia, Phosphorus, and after the 21st, Alcohol Sulphuris, were given; the last alone till the 30th. On that day the pulse was 74, and the signs of pneumonia gone. The disappearance of the physical signs had been gradual and steady from day to day. The frequency of the doses was lessened to four times a day latterly.

Case IX.

Pleurisy with effusion at first, subsequently pneumonia, affecting above two-thirds of the lung, on the left side. Both cured in ten days.

January 24*th*, 1849, 12 *noon.* A lad, aged 15 years, from Jamaica,

the son of a woman of colour. He is tall and thin. Has been in this country for eight years.

He has had some cough for three weeks, and occasional pains in the right side of the chest, but has not been confined to the house, and has undergone no medical treatment. Was out skating all day on the 22nd, and had rigors and headache in the evening. Yesterday he was feverish all day; has had no pain in the side, but some in the right shoulder.

The skin is very hot. Pulse 120, full and firm. A very frequent short cough, without expectoration. Tongue clean and moist. Bowels open yesterday.

When he sits up in bed a marked difference is observable between the two sides of the back on percussion. The sound on the right is considerably impaired, chiefly below over a third of the back, becoming gradually better as examination is extended upwards, and becoming quite natural about the spine of the scapula. The respiration-sounds are also different on the two sides, being obscurer, not so clear and sharp on the right, over the greater part of the back, where also a few small sonorous rattles are indistinctly heard. No Ægophony. On lying on the face the percussion-sound on the right back becomes immediately clearer, and corresponds with that on the left.

Tinct. Acon. 1, a drop every hour.

25th, noon. A restless night; much troubled with short dry cough. Pain, not severe, on the lower part of the right side, laterally, on full inspiration. Impaired percussion-sound more complete at the lowest fourth, or so, of the back. Otherwise the physical signs are as yesterday.

Pulse 120, still full and firm. Skin hot. No perspiration hitherto. Respirations 40. Tongue furred. A good deal of thirst.

Tinct. Acon. 1, Tinct. Bryon. 1, a drop, alternately, every hour.

26th. A better night; slept much in the evening. Pain of side felt only on coughing. Skin cooler. Pulse 116, smaller and soft, but with a jerking as after large bleeding. Less cough. Respirations 40. Percussion-sound does not become so completely clear on lying on the face. No rattles.

Continue.

27th. Slept much last evening. Coughs little. No pain in side. Pulse 118, pretty full, but very soft. Respirations 36. Skin hot and dry. Mouth parched. Much thirst, as heretofore, for cold water.

Bowels moved daily, twice since yesterday. No expectoration. Physical signs much the same.

Continue.

28*th*, 1 *p.m.* Slept frequently yesterday afternoon, little in the night. Respirations 36. Coughs more frequently. No pain. Pulse 118, soft and moderate. Skin hot and dry. Tongue dry, dark and hard in the middle.

Percussion-sound the same. On first sitting up from lying on the back subcrepitation is abundant and distinct over more than half the right back, the respiratory sounds harsh and approaching the bronchial character. These signs cease after he has sat up for a little, and are replaced by a dull and obscure breathing sound. On other parts of the chest the sounds are normal.

Tinct. Acon. 1, Tinct. Bryon. 1, a drop every half hour.

8 *p.m.* Has taken nearly twice the quantity of the medicine ordered at each dose. Has felt sleepy all the afternoon, and complained of seeing objects he knew were not present; and has had much giddiness. Pulse 118, very soft and small, even feeble. Skin hot and dry. Has coughed frequently in short gusts, and expectorated a little clear mucus. Three stools to-day, loose. Tongue dry.

On first sitting up from the recumbent posture, subcrepitation is copious over nearly two-thirds of the right back; and respiration is decidedly bronchial at the middle of the back. These sounds become less distinct after he has sat up for a few minutes, but do not cease to be heard. Reclining and rising, alternately, produce these effects always in succession.

Tinct. Bryon. 1, Tinct. Phosph. 1, (made from etherial solution containing 1 grain to 160 drops, a drop to 100 of alcohol), a drop of each, alternately, every hour.

29*th*, 10 *a.m.* Had got three doses when he fell asleep about 11 last night, and did not awake till 5 this morning. Has had three doses since. Feels much better. Pulse under 100, soft and moderate. Skin slightly moist and warm. Respirations 30. No cough during the night, and very little since. No pain. One stool this morning. Mouth much less parched, and less thirst. Tongue dry, but of natural colour. Has never sweated. No giddiness, and no optical illusions.

Up to near the spine of the scapula there is copious and rather fine subcrepitation, feebler at the lowest fourth, but very clear and close to the ear all above. Coarser subcrepitation over a third of the lateral aspect. Voice unusually resonant over the greater part of

the right back; and the percussion-sound very much impaired over this region as high as the spine of the scapula, and over a third of the lateral region.

Continue medicines alternately every hour and half.

30*th*, 11 *a. m.* Having slept well during the night he has had seven or eight doses only of medicine since last evening. Skin quite cool. Pulse 76, small. Respirations 24. Tongue clean and moist. No thirst. Scarcely any cough, and no expectoration. Percussion-sound distinctly improved on the scapula, and a little below it. On fully inspiring there is a harsh respiratory sound mingled with copious coarse subcrepitation over all the diseased parts on the back, and lateral aspect. A diffused bronchophony over the same from nearly the spine of scapula down.

Continue medicines alternately every two hours.

31*st*. Slept well and took no medicine during the night. Pulse 72. Respirations 24. Coughs seldom. No expectoration. Physical signs nearly as yesterday. Bowels open. Appetite craving.

Sulph. 3, one drop every four hours.

1*st February*. Continues in much the same state.

Continue Sulph.

3*rd*. Continues to feel very well. Pulse, respirations, appetite, bowels, all natural. Resonance of percussion almost natural all over the right back, except at lowest part for a hand's-breadth, where it is still considerably impaired. Inspiratory sound harsh, but pure almost to the end, when there are a few small mucous rattles. No cough.

To have some soup, and to-morrow an egg, and next day fish.

Continue Sulph.

7*th*. Has been out of bed for the last two days, and eating meat to dinner. Chest quite well now, and for several days.

Case X.

Pneumonia in the second stage affecting half of the left lung. Emaciation; and third stage of pulmonary consumption on right side. Acute disease cured in twelve days.

17*th April*, 1849. A boy, aged 9. Has for two years been labouring under pulmonary consumption of right side, succeeding hooping-cough. The upper part of the right lung, posteriorly, has for a long time presented pectoriloquy, and cavernous rattle and respiration, signs which have also been long audible under the right clavicle.

He is very thin, delicate, and feeble looking. Coughs and expectorates habitually a good deal, and his pulse is seldom below 90.

He has had more than usual cough and expectoration for several days, and has been getting some homœopathic medicines from his mother.

To-day (1 P. M.) his pulse is 120, firm; his face is flushed, skin hot, and breathing rapid. Coughs and expectorates very considerably; the expectoration a yellowish mucus.

Percussion-sound is quite dull from an inch above the lower angle of the left scapula downwards, and occasional mucous and subcrepitant rattles are audible all over this space. Respiratory sounds obscure.

Tinct. Acon. 1 (decimal), Bryonia 2, a drop alternately every half hour.

18th, 1 *p. m.* Slept well all night, and had his medicines rarely since late last night. Respirations 36, less frequent than yesterday. Pulse 108, soft. Face not flushed. Skin cooler. Percussion-sound the same, rare subcrepitation in ordinary breathing, minute crepitation pretty abundant on fully inspiring. Has coughed and expectorated much less.

Continue medicines every half hour all day.

19th, noon. Slept well; coughed moderately, and expectorated little. Pulse 96. Percussion-sound improved at the upper part of the affected space. Rattles as yesterday.

Tinct. Acon. 1 (decimal), Phosph. 1, a drop alternately every hour.

20th, 2 *p. m.* An excellent night. Pulse and respirations as yesterday. Percussion-sound still further improved, and rattles only at the end of full inspiration. Bowels open. Takes food with relish.

Continue medicines every two hours.

He continued to improve slowly, and in a week all trace of the pneumonia was gone. Sulphur 3, was given for a few days after the other medicines were discontinued.

Case XI.

Pneumonia in the second stage affecting three-fourths of the right lung. Delirium tremens. Cured in eleven or twelve days.

24th August, 1849. A spirit dealer, between 30 and 40 years of age. A robust looking man.

I had been asked to visit him on the 20th, in consequence of his having become affected with delirium tremens. He had had no sleep for three nights, his hands and lips were tremulous, his manner agitated and nervous. Pulse accelerated. He was subject to cough and expectoration. He got some Aconite, and on calling next day I found that he had gone to the sea to bathe, and had slept none. I saw him next on the 22nd, and learnt that he had been taken home the day before in a highly excited state. He was still so, and was kept in bed with difficulty, and had slept none. I gave him Aconite 1 (decimal) a drop every hour, and on calling on the 23rd found that he had gone to sleep at 7 A. M.; and was still sleeping.

Half-past 3, *p. m.* Pulse 108, full and firm. Skin hot. He coughs much, and has an acute stitch in the lower part of the right side. Expectorated a frothy, viscid mucus tinged with blood.

Percussion-sound dull on the right back from the spine of the scapula all the way down, and over half the lateral aspect of the side. Bronchial voice and respiration over the whole of this space. Little rattle of any kind, chiefly small mucous rattle on full breathing, on the dull parts generally, at the upper limit of the dulness subcrepitation.

Tinct. Acon. 1 (decimal), Phosph. 1, a drop alternately every two hours.

I had to leave town the same afternoon, and committed the case to the care of Dr. Lyschinski, who reported as follows of the symptoms and treatment during the 25th, 26th, and 27th, as well as on the evening of the 24th.

Half-past 7 *p. m.* Pale, dejected, much twitching of the hands, general restlessness. Skin hot and dry. Pulse 112, full, rather soft. Respiration hurried and short. Cough with white frothy tenacious expectoration. Constant pain in the right side of chest below the nipple, striking through to the back on coughing.

Continue the medicines, Phosphorus every four hours, Aconite every hour in the intervals.

25th, morning. A sleepless and restless night till four this morning. Awoke at 6 o'clock bathed in perspiration, which still continues very profuse. Looks much better. Pulse 84. Skin soft and cool. Much annoyed by cough, and expectorates a good deal. Respirations natural.

Continue the same medicines every two hours, alternately.

26th. Had a fit of delirium this morning, and tried to get up in

order to go out. Has had some refreshing sleep since, and feels better. Pulse 72. Tongue very much loaded, white; no pain in the chest, less cough.

Nux vom. 3, a drop every four hours.

27*th*. Keeping better. At night had visions of imaginary objects. Tongue improving.

Continue Nux vom.

28*th*. He is quiet and cool. Pulse 72. Cough and expectoration much less. The percussion-sound is considerably impaired still, but is not dull; it is improved especially at the higher parts. Coarse subcrepitation general over the space on which the impaired percussion exists. No distinct bronchophony anywhere, but a much stronger vibration sensible to the hand, when he speaks, on the right than on the left back.

Bryonia 1 (decimal) a drop every four hours.

30*th*. Over most of the right back the percussion-sound continues impaired, and the vibration of the voice stronger, though both are improved somewhat. Coughs and expectorates less.

Phosph. 1, a drop every four hours.

1*st Sept*. Chest improved, but still the remains of former signs in a considerable degree. Is out of bed, and has been in his shop on business.

Sulph. 3, a drop every four hours.

4*th*. Percussion-sound only a shade less resonant on the right side. Scanty small mucous rattles here and there. Coughs and expectorates as he habitually does. Has been out to-day.

Continue Sulph.

I did not see him again till the 10th, when I found his chest free from every sign of the recent attack. Since the 4th he had been occupied in his customary way, and had been out daily.

I stated at the beginning of this paper, that the cases comprised in it are all the cases of pneumonia treated by me since the publication of my "Enquiry." Perhaps I should add that, during most of the first twenty-four hours of the acute illness of which he died, I attended a late eminent Baronet. He had been for two or three weeks convalescent from a severe attack of scarlet fever, when he became affected with the common dropsical symptoms that frequently succeed that disease, in a very ordinary degree. While going on favourably enough under this new

ailment, he was suddenly seized one evening with a very alarming affection of the chest. He had taken rather a hearty dinner of animal food, for the first time for four or five days, and had afterwards gone to sleep. On being roused an hour or two subsequently he complained of oppression in breathing. This gradually increased till in a couple of hours he was suffering extremely from difficulty of breathing, attended by great flatulent distention of the stomach. I found him, about half-past nine at night, apparently dying. He was literally bathed in cold sweat, his lower and upper extremities cold as marble, his pulse rapid and extremely feeble, and his appearance of suffering and prostration excessive.

In this extremity the first object was to endeavour to prevent the speedy dissolution which appeared impending, and for this purpose brandy and ether were liberally administered, and heat applied to the body and limbs. He slowly rallied from his critical situation in the course of two or three hours; and though the stimulants became less requisite, they were still needed from time to time, so that I thought it vain to trust to a combination of homœopathic remedies with them, the more especially that the case seemed so very obscure and complicated that I contemplated a consultation with an eminent allopathic physician. I accordingly prescribed the allopathic treatment that appeared to be indicated, and in the course of the afternoon following the commencement of the attack, virtually resigned the treatment into the hands of Dr. Alison. He continued the same remedies, added a few doses of calomel and opium, and a blister to the chest. Nothing did any good, and the sufferer somewhat suddenly and unexpectedly expired within forty-eight hours from the commencement of the attack.

That chronic disease of the heart, with spasmodic asthma and congestion of the lungs, formed elements of this painful illness, was very obvious. The dulness on percussion in the region of the heart was so much extended, and the sounds of the heart's action were so indistinct, that Dr. Alison supposed that there must have occurred effusion into the pericardium. Any minute and satisfactory examination of the chest was precluded by the constant state of suffering from breathlessness, and the noise

which issued from the mouth and air passages during the laborious respiration; but that there was no effusion into the pleurae during the first twenty-four hours of the illness, and no pneumonia of the lower parts of the lungs, I satisfied myself by repeated examination. I made no particular examination afterwards.

On inspection, after death, the heart was found a good deal enlarged, soft and flabby; the upper lobes of both lungs, to a moderate extent, in an early stage of inflammation, yet partially condensed; there was much frothy serum throughout the lungs, and about two pounds of fluid in the left pleura, with a small flake of lymph. The kidneys were congested, and harder than natural apparently owing to some chronic disorder.

The successful issue of so many unpromising cases of pneumonia, complicated with pleuritic effusion and other evils, which I have witnessed under purely homœopathic treatment, induces me at times to regret, perhaps without sufficient reason, that I could not see my way clearly to the adoption of the same practice in this instance. It is easy to perceive now that the remedies employed were almost useless, and it is not unnatural to conjecture that *perhaps* the other treatment might have succeeded.

THE VERDICT OF MANSLAUGHTER AGAINST MR. PEARCE INVESTIGATED.

"Death from the mere privation of food," observes Mr. Taylor in his excellent work on Medical Jurisprudence,* "is an extremely rare event; although if we were to form an opinion from the verdicts of juries, its occurrence would not appear so uncommon in this (London) and other populous cities."

We have now to give our readers, in as few words as possible, the particulars of a recent case in which a London Coroner and Jury found that death had been caused "by the want of proper food and nourishment," and, that the medical attendant (who

* Manual of Medical Jurisprudence, 2nd Edit. p. 686.

had advised a strict regimen) was, in consequence, "guilty of manslaughter." He was afterwards tried at the Old Bailey on the ground of this verdict and acquitted; but as all the witnesses examined at the trial had given evidence also before the Coroner and his Jury, who had thus ample means of knowing the whole facts which we have now to state before asking our readers' judgment, it will not be necessary to specify in regard to each particular, whether it was first stated at the trial or also before the Coroner. Accumulating then the whole evidence here disclosed, we shall give a short abstract, pledging ourselves to observe the greatest possible accuracy. The only full report of the case which we have seen, and it appears to be a *verbatim* report, occurs in the number for November last of the "Journal of Health and Disease," and there seems no reason whatever to doubt its substantial accuracy.

On Saturday the 8th September last, Mr. Richard David Pearce was seized with violent cramp and pains in the bowels. On the following morning, about 11 a.m. (9th,) Mr. Richard Harris, a Member of the Royal College of Surgeons, was sent for in great haste, and "found the patient suffering from unequivocal symptoms of cholera. There was vomiting, purging, cramp, anxious cadaverous countenance, low and feeble condition, collapse; and in the latter part of the day, suppressed urine. All that day he was in the greatest possible danger, just as if he had been going to die." Understanding that the poor dying man had a brother in the medical profession, Mr. Harris very naturally requested to see him, and met him in consultation the same evening; but finding that he recommended the homœopathic method of treatment, Mr. Harris said that he knew nothing about that system, and must leave the case in the brother's hands, which he did apparently without any reluctance; but continued his visits as a friend at the brother's request. Next day he found the patient better. It was on the night of Sunday the 9th that Mr. Charles Thomas Pearce, who had been, during four years, a Student of Medicine at University College, London, and had also been a Lecturer on the Physical Sciences in that Institution, by the patient's express desire, took charge of his brother in almost hopeless circumstances. He attended assiduously until the night of Wednesday the 12th, when he was disabled from personal attendance by a severe attack of cholera; but he continued to prescribe, along with Dr. McOubrey,

a homœopathic physician, until the evening of Sunday the 16th. During this period the patient must have revived greatly, for he had walked in the garden on the 15th, and was able to write to his brother on the 16th. After being in the garden he had a relapse—became much worse, and died on the 18th. On the day before his death, Mr. Davis, a medical man, was sent for, and found him extremely emaciated and in a state of exhaustion; next morning he was dying. As in these circumstances a Coroner and Jury found that the deceased died not from *cholera* but from *starvation*, it will be necessary to state further what food was given, during his illness, to this collapsed cholera patient between the commencement of his brother's attendance, (at 9 p.m. of the 9th,) and his death on the 18th. On the 11th, he had arrow-root and gruel; on the 12th, gruel, tea, and toast; on the 13th, beef-tea, either three or four times, and once with toast; on the 14th, beef-tea; on the 15th, beef-tea; on the 16th, beef-tea (quantity not stated in these instances); on the 17th, Mr. Davis was sent for, and by his directions brandy and water, beef-tea, milk and chalk mixture were given; on the 18th, the patient died. On a *post mortem* examination by this Mr. Davis, it appeared that there was great emaciation; about one half ounce of fluid in the stomach, which also shewed inflammatory spots; the gall bladder was empty; the lungs, liver, and kidneys were congested; the intestinal tube *was not opened*, but was stated to be empty.

The verdict of the Jury was in the following terms:—

"That the said Richard Pearce, on the 18th September, 1849, then and there died; and the Jury further say that the death of the said Richard Pearce was caused by a want of proper food and nourishment; and that he was prevented from taking any food or nourishment by the directions of and instructions of Charles Thomas Pearce; and that the said Charles Thomas Pearce did improperly and unskilfully treat and manage the said Richard Pearce for the cure of a natural disease: and that the said Charles Thomas Pearce is guilty of manslaughter."

In consequence of this verdict Mr. Pearce was arrested, and committed to Newgate for trial; and only liberated on bail after some days' confinement. When the charge was brought before the Grand Jury they ignored the Bill; but in consequence of the verdict of the Coroner's Jury, Mr. Pearce could be fully discharged only by a trial, which came on at the Old Bailey, before Mr. Justice Maule, on the

27th October last. The indictment charged Mr. Pearce with "killing his brother, Richard David Pearce, by neglecting to order him, in his professional capacity, a sufficient quantity of nutritious food to keep him alive."

After two witnesses had been examined for the prosecution, the case was given up, and Mr. Pearce liberated.

Thus at last Mr. Pearce has been fully acquitted of the cruel, preposterous charge of having been the guilty cause of his brother's death; and the unfitness of such a Coroner and Jury for the investigation of such a case, is beyond all question demonstrated. There has been an atrocious blunder somewhere. A diligent four years' Student of Medicine, and Lecturer on Physics, learns that his brother has been seized with cholera, and is requested to consult with the surgeon who in the hurry of the moment had been called to attend the case. He is informed what treatment had been adopted, and the surgeon tells him he considers the case a desperate one, and asks suggestions. The student advises the homœopathic method of treatment as now the only hope; the surgeon replies, that, not being acquainted with it, he cannot undertake it, but will be glad to see it tried. He attends assiduously to his all-but dying brother, and so successfully that during the three days of his treatment there is great improvement. He can attend no longer, for he has himself taken cholera, and his own life is in danger; but he persuades a medical friend to visit his brother, and, in concurrence with him, as well as his own frailty will admit, continues to advise in the case. The directions given are disregarded by the patient's attendants:—food is administered in violation of the most express injunctions; too much, and not of the right kind; the patient in a fit of obstinacy exposes himself to cold; takes coffee; has a relapse, and dies in the hands of another surgeon, who had been called to attend the day before death.

Well, in such a case one might safely say that the student had done what he could; he had undertaken with the entire consent of the patient, and certainly without any remonstrance on the part of the medical attendant, out of whose hands he received the case, the medical charge of his brother in almost

hopeless circumstances; whom he left unquestionably better than he found him. He had treated the case with anxious care and with much more than average science; and had his directions been faithfully observed, it may be he should have saved his brother's life. At any rate, surely he had disinterestedly done his best, and was well entitled to the thanks of his brother's relatives, though they might not approve his treatment. For thanks, there is a charge of manslaughter; for recompense, incarceration in Newgate.

We repeat, there has been an atrocious blunder somewhere; and there is a deep public interest to enquire where: if the past cannot be recalled, the future may be better guided.

In this enquiry we, of course, leave out of view private and professional animosities; we have to consider only public proceedings. It may be a great inconvenience that a house should be divided against itself in the matter of medical practice, but with that we have nothing to do; nor however discreditable and injurious professional hostility may be, have we any sudden cure for it. It can only be remedied by the prevalence of a better spirit, more just and charitable. We are now examining the proceedings of a public court, in which there has been gross and disastrous misconduct, which never can be excused by alleging private enmity or professional jealousy. It is the high office of Law to protect us from these and all such influences, for in this sense, also, the Law is not made for the righteous but for the wicked; and to allege the wickedness of the original wrong-doer is no defence for the administrator of justice, who has made himself the tool of the offender, and the instrument of cruel wrongs to the well-doer. Again, one of the great uses of all Courts, from the Coroner's upwards, is to secure the lieges against hurt from prejudice and false ignorant judgments; and any public officer who shews himself so ignorant, or so malicious, or so feeble as to countenance and urge to an injurious result the very prejudices which it was his duty to combat and control, has pronounced himself disqualified, and ought to be discharged. How far the Deputy Coroner, Mr. Membury Wakley, comes under this rule, we shall see by and bye; at present we only state the rule.

A great wrong has been done to Mr. Pearce; we have to enquire by whom? Now, before bringing under review the different parties to this atrocious proceeding, it may be well to say a word on the general system under which it has occurred. There is much truth in Mr. Pearce's remark, that a jury of tradesmen are not qualified to pass judgment in a purely medical case; and this obviously increases the responsibility of the Coroner, to whom the Jurors will naturally look for instruction and guidance. Should he, through ignorance or spite, misdirect them and lead them into a false judgment, he cannot throw the blame on them: they only "execute the villany he taught them." There may be good ground, too, for the preference which seems to be indicated by the Editor, in a note to Mr. Beck's Medical Jurisprudence, (p. 263, Ed. 1825), for the system in use in Scotland, where no public charge is made until the case has been privately investigated and fault has been found by the Lord Advocate or his Deputies. It seems a great hardship that (as in the present case) a medical attendant, by refusing the usual death certificate, can subject the friends and other medical advisers (of whom perhaps he is envious) to all the annoyances of a coroner's inquest. But although the system might bear reform, still taking into view the admirable reverence for human life, and the honest jealousy of secret enquiry, so characteristic of the English mind and institutions from which the system we are considering is derived, it is rather to be anxiously watched in its administration than blamed in its principle; and in practice an English Jury with fair play will generally come to a right judgment. We shall try to discover why in the present case the jury erred so extravagantly.

Now there are obviously three elements of the judgment:—the evidence, the Coroner's observations on it, and the qualifications of the jury. The error may be traceable to one or more of these. 1. The evidence may be defective or false, and, notwithstanding the best efforts of the Coroner and jury, may lead to a wrong conclusion. 2. The evidence may be good and sufficient, and the jury sensible and patient, yet led to a false judgment by the influence of an ignorant or prejudiced Coroner. 3. The evidence may be good, and the Coroner's direction excel-

lent; but a stupid or wrong-headed jury may give a verdict in the teeth of both.

The enormous blunder in the case we are considering, seems to have received something from each of these three sources of error; there was (probably) some prejudice on the part of the jury; not a little bad evidence; and gross mis-direction.

The charge against a medical attendant of having caused the death of his patient by starvation, is just one in which a jury are likely to be credulous through prejudice. Knowing only that men in health like themselves are daily consumers of beef-steaks and such food, they are easily persuaded that a sick man (although, in fact, utterly incapable of profiting by that generous English diet) has been in a few days starved to death on arrow-root and water-gruel.

It may be profitable, if we can find space and leisure, to state a few facts and quote opinions from some of the best writers on the subject, (we have quoted one at the beginning of this article), shewing, for the information of those of our readers who may not have directed attention to the matter, that death by starvation is a much rarer thing than the vulgar suppose, and is by no means to be reached by one or two days' abstinence from food. In the mean time we must proceed to justify our statement that there was evidence given before the jury, calculated to mislead them.

We shall refer only to the evidence of Mr. Davis, described in the Report simply "as a medical man." Our readers will recollect that he had been called in for the first time the evening preceding the day on which the patient died. He deponed before the Coroner that he then found the patient extremely emaciated and in a state of exhaustion, craving for food: from which he formed and confidently expressed the opinion that the patient was sinking *from want*, although well knowing that there had been cholera; *purging* so violent that the patient had been moved fifteen times before he was called in, that the dejections were *white* and *frothy*; and although he could hardly be ignorant that there was also *vomiting*, that being one of the reasons for sending for him.

Such a man was not likely to be diverted from his *conclusion*

(it would be mockery to call it *judgment*) by any facts that might come after, (an opinion violently formed, in absence or in defiance of facts, will also subsist without them); and he accordingly found confirmation of it in the *post mortem* examination. He found great emaciation, and, as stated, in answer to a question by the Coroner, no fat; the gall-bladder empty; the lungs, liver, kidneys, and right side of the heart much engorged; the stomach shewing inflammatory spots, and containing about one half ounce of brownish fluid; the intestines empty (they were not opened).

These appearances, he stated explicitly, in all material points *correspond with those found in cases of death by starvation.* Here, at least, is an articulate statement which we have the means of examining; let us see what truth is in it.

Referring then to two of the best recent works on the subject —by Mr. Beck and Mr. Taylor*—we find they concur in describing the appearances after death from starvation as follows: "Body much emaciated; eyes red and open; stomach and intestines empty and collapsed, but otherwise healthy; the gall-bladder much distended with bile, and this fluid found scattered over stomach and intestines; lungs, heart, and great vessels connected with these organs, collapsed and destitute of blood; liver small (*Taylor*); a peculiar fœtid acrid odour exhaling from the body, although death recent."

Now of all these indications, the only *two* found by Mr. Davis (according to the fullest report we have of the inquest) were *emaciation*, and *emptiness of the stomach* (and intestines, though the last cannot be spoken to with any accuracy, not having been opened); all the other appearances which he found were, according to the authorities we have referred to, not only not favourable, but most distinctly negative to the opinion he gave. The gall-bladder was empty; it ought to have been distended even to bursting: the heart, lungs, and liver, were much engorged; they ought to have been empty and shrunken: the stomach was inflamed; it ought to have been healthy. Then where were the redness of eyes, and peculiar fœtid odour? Alas! alas! Mr. Davis. But while these appearances never

* *Beck's Medical Jurisprudence* (ed. 1825), p. 317. *Taylor's Medical Jurisprudence* (2nd ed. 1846), p. 687.

attend death by *starvation*, they are all found (although not all in every case) in the *post mortem* examination after death by *cholera*.

M, Batty* observed that the *emaciation* was as remarkable during the short time that elapses in cholera, as it is in the longer one of phthisis. The heart, lungs, and larger vessels, are frequently distended with blood; † the stomach is variously affected, frequently showing marks of inflammation, or spots of ecchymosis; ‡ no fæcal or other solid matters are found in the intestines, and traces of any matter apparently descended from the stomach very rare; § the liver is commonly gorged with blood; ‖ the gall-bladder sometimes empty.¶

What are we to think of a man who looks for *fat* about the body of one who has been for ten days in a death-struggle with cholera; and cannot see that constant vomiting and purging will pretty well explain (without the hypothesis of starvation) empty stomach and intestines? What can he suppose vomiting and purging to mean? Was there no wiser friend to remind him that it was *his* fault if the patient wanted food, and by no means Mr. Pearce's; and that *he* must account for the disappearance of all the beef-tea, milk, brandy and water, and chalk-mixture, which had been given by *his* directions during the last night of the patient's life? But he found the patient *craving* for food, therefore he gave it! How fortunate the miserable victim of *delirium tremens*, with an undeniable *craving* for brandy, will think himself to fall into the hands of a doctor who makes the patient's depraved appetite the measure of its indulgence! In a higher point of view, what are we to think of the man who, knowing nothing whatever of the morbid anatomy in cases of starvation but what every coal-heaver in London knows—that if one have no food he gets thin, and that if nothing has been put into the stomach and intestines there will be nothing found there—comes unblushingly before a jury in the assumed character of a man of science, and pretending a knowledge which he has not, makes himself the instrument of

* See Dr. Rutherfurd Russell's recent work on *Epidemic Cholera*, in which are large quotations from the best observers of this disease, p. 157.

† *Op. cit.* p. 154. ‡ p. 165. § p. 155. ‖ p. 156. ¶ p. 164.

the cruellest, basest injustice! But we have done with Mr. Davis, and have established (we hope to the satisfaction of our readers) our second point—that there was not a little *bad evidence* in the case, calculated to mislead the jury.

In the third place, as to the Coroner; he shewed himself (if the report be at all correct) prejudiced and ignorant far beyond the jury and Mr. Davis. At the end he tells the jury (what was quite apparent throughout the proceedings) that "he feels strongly on the case." Although the enquiry turned on the question whether the deceased died of *cholera* or of *starvation*, he saw no necessity for examining the medical attendant out of whose hands Mr. Pearce received the (apparently) dying man; and when forced to receive, has hardly patience to listen to his opinion that the deceased died of *cholera*. When Mr. Davis shews a disposition on cross-examination to retreat from the rash position he had assumed, the deputy-coroner, with zeal worthy a bottle-holder, forces him up to the scratch again: he shall not bate a jot of his testimony. Does Mr. Davis persist in shrinking back, and depone that it was hunger and disease together that caused the congestion? "It's all one," says the coroner. Homœopathy has nothing to do with the matter, in the coroner's view, when Mr. Pearce proposes to examine homœopathic physicians to prove his method of treatment to have been scientific; but suddenly becomes every thing when the unknown dreaded word can be used to influence a jury as ignorant as himself. He tells them that the deceased died from want of food, and "had been treated homœopathically;" adding, "I believe I can say with truth Homœopathy is looked upon by all the professional and intellectual men in this country as quackery."

Of course such a man as Mr. Membury Wakley seems to be is not likely to have any acquaintance with the state of medical opinion in this or any other country. Of the extent of his reading we know nothing. We had done him the injustice to suppose that he might have got as far as the *Lancet*—his father and principal being its editor—but it would appear we are wrong; for he could hardly then have made so remarkable an exhibition of ignorance on the morbid anatomy of starvation,—

an instructive case on that subject, quoted by Mr. Taylor, being contained in the *Lancet* for March, 1838.

Disregarding the opinion of Mr. Harris that cholera was the cause of death, and the evidence of Mr. Kelsall (who deponed that he had treated many patients just as Mr. Pearce treated his brother, and with eminent success); dwelling upon every circumstance that might seem unfavourable, making light of all that might seem favourable to Mr. Pearce, and interpreting with exaggeration the doubtful always adversely to the accused; pressing his views on the jury with most unscrupulous urgency, it seems to have cost the Coroner much labour and the assistance of his beadle to obtain from them the verdict which has been treated with well-deserved contempt by another jury in a higher Court; for we are told that the jury were more than two hours and a half in deliberation, "during which time the coroner was called in, and remained with the jury together with the beadle for thirty-six minutes." How soon and ignominously was this *chef d'œuvre* of Mr. Membury Wakley's—this verdict, which it took him three days to gather materials for, and with the assistance of a like-minded beadle and jury two hours and a half to construct—doomed to perish! Brought before a sensible jury and Mr. Justice Maule the enquiry soon ended; his lordship observing, "How any man could be found to say that the defendant is guilty of manslaughter I cannot conceive. It appears he was called in in a desperate case, and that he did every thing it was possible to do under the circumstances." Probably Mr. Serjeant Wilkins was right in suggesting as the explanation "that the indictment was merely an attack on the homœopathic system;" but of this our readers are now in a position to judge for themselves. Every right-minded man must sympathise with the victim of this glaring injustice: no doubt steps will be taken to prevent the repetition of such Wakleyian exhibitions.

MR. RAMSBOTHAM'S CASE OF HYDROPHOBIA.

Of all the diseases to which the human frame is liable, there is none so full of horror as hydrophobia. When we consider the apparently trifling cause against which we can use no precaution,—a scratch not greater than a pin might inflict—the long period of delusive tranquility or dreadful uncertainty—it may be months, and is always weeks,—the suddenness of the attack when the disease appears, the terrible combination of the most appalling symptoms that mark its course, and the almost absolute certainty of the fatal catastrophe, we cannot wonder that every case which occurs should excite a wide popular interest: nor can it surprise us that the rumour of a cure of this horrible malady should be met with scepticism by the profession, although it may be eagerly believed and circulated by the vulgar; and while we cannot admire the spirit in which the recent case has been investigated by some of the medical journals, we readily admit that the importance of the fact, and the enormous apparent improbability against it, warrant a thorough sifting of every reputed cure of a disease which has hitherto baffled the most diverse and energetic treatment that ingenuity could devise. Plouquet, in his *Literatura medica digesta,* has enumerated more than a hundred and fifty substances, comprising the most virulent poisons, mineral, vegetable, and animal, which have been tried, and yet, says Dr. Williams, "there is no instance of any patient or animal suffering from this disease having recovered." While we give due weight to the great authorities upon this subject, we must not allow our minds to be too strongly biassed against the possibility of successful treatment, for we have heard similar statements of diseases which we know are curable. Dr. Sutherland maintains that true cholera is always fatal. He wont admit a case to be cholera until it has presented symptoms indicating approaching death. He does not deny that it may be cured in its incipient stage, but affirms that it cannot be certainly recognised in that stage. In the same way the difficulty of recognising the first

and probably curable stage of hydrophobia has probably given rise to an exaggerated notion of the utter hopelessness of all treatment of the complaint. After hazarding these preliminary observations, to put our readers on their guard against too ready an acquiescence on the one hand, and too absolute incredulity on the other, we may now proceed to a statement of the case.

On the 6th of last June a mad dog, at Queenshead, bit four men and an ass. Of these the first who was taken ill was Henry Greenwood. This was upon the 4th of July. On the 5th he complained of headache, soreness of throat, and an indescribable sensation over all his body. He was seen by Dr. Currie upon the 7th, who bled him and applied a blister to the back of his neck. He was seen by Dr. Inglis and Mr. Fawthrop on the afternoon of the 8th, and died that night in convulsions. He had no particular dread of water, and swallowed liquids, though with difficulty, two or three hours before his death. The second victim was James Bairstow, who was in his usual health till Saturday the 28th of July. He then began to feel pain in the bitten part, extending to the arm and head; he was irritable and unwell the following day, and at 4 o'clock on the Monday morning he began to rage, and was seen by Mr. Fawthrop at 5 o'clock, and by Dr. Inglis at 9 o'clock of the same day. He died at 3 o'clock that afternoon. Let us observe here, in passing, that Dr. Inglis only saw the last hours of these unfortunate men, and had no opportunity of observing the previous stages of the disease.

The ass was bitten on the 5th of June, and became very unruly on the 31st of July, biting at everything within its reach, and lacerating its body with its teeth, till it was a dreadful spectacle. The poor beast was seen by a veterinary surgeon, who pronounced it to be rabid, and ordered it to be shot, which sentence was accordingly carried into immediate execution.

James Hopkinson was bitten by the same dog upon the 6th of June. He was intoxicated on the 29th of July, and on the following day had an attack of vomiting. He went to his work the next day, and continued well till the 2nd of August, when he began to feel an aching pain like rheumatism in the bitten arm. The pain continued to spread up the arm; and on the 3rd he walked to Colne, a distance of nearly twenty miles, for what is called the Colne medicine, which he took on the morning of the 4th. He walked back the same

day, and was much exhausted on his arrival. He was seized with shivering, and went to bed about nine o'clock. He had not been long in bed when convulsions came on, which lasted for a quarter of an hour: there were spasms in the arms, legs, and trunk. He passed a restless night, with great heat and perspiration. The same symptoms returned, though with greater severity, the following afternoon, which was Sunday the 5th of August. He was seen by Mr. Ramsbotham between three and four o'clock of the following morning, Monday the 6th of August, who thus describes the condition he found him in. "His face was flushed; the countenance expressing great anxiety, and a peculiar brightness of the eyes; intense thirst, which drinking in no degree allayed. He complained of a parched feeling in the mouth, and was continually endeavouring to moisten his lips with his tongue. I examined his mouth, which seemed to have a plentiful supply of saliva. There was no unnatural appearance under the tongue, which was covered with a white fur. The throat was red and congested, but he complained of no pain in it. The aching pain in the limbs was now a subject of great complaint, it followed the course of the nerves, was very bad in the neck, and he said he felt sure that unless it mended he would be choked. This sensation extended to the chest, and produced a great feeling of anxiety there. He had no dread of water, but complained of difficulty of swallowing, not from sore throat, but as if something met the water in the throat. Pulse 76, full and jerking. He got a dose of Lachesis 5th dilution, and in the course of a quarter of an hour he felt better; he afterwards got Belladonna 3rd dilution. From this time he steadily recovered, and by noon all the symptoms of hydrophobia had disappeared. At this date (1st December) he continues quite well, working daily at a stone quarry."

Let us now scrutinize the symptoms of this case, and try to ascertain whether it really was one of incipient hydrophobia or not. If not: What was it? Dr. Inglis, who is at great pains to disprove the affirmative proposition, supplies us with some conjectural explanations of the cause of the symptoms. He ascribes them to the previous debauch, to fatigue and rheumatism, and we may add that it might have been hysteria simulating hydrophobia. A week had passed since Hopkinson was drunk, and in the interval he had been able to work at his usual occupation for two days, and to walk a distance of forty miles — so we may fairly presume he had got pretty well

free from the consequences of his intemperance. Fatigue of itself could produce none of the symptoms narrated: it could, however, and certainly would strongly predispose to the development of any latent disease. Rheumatism might give rise to pain in the arm, but not to pain following the course of the nerve, nor to preter-natural brilliancy of eye, without fever; nor to spasms of the muscles; nor to difficulty of swallowing. Hysteria is rarely met with in men, and in the cases of this disease, simulating hydrophobia, the most prominent symptom is dread of water. In one related by Nugent in "An Essay on the Hydrophobia, to which is prefixed the case of a person who was bit by a mad dog, had the hydrophobia, and was happily cured," the patient, a female servant, could not bear the sight of water, not even the sound of water falling from a pump in an adjoining yard. She recovered in a few days, notwithstanding the severity of the treatment, as she nearly escaped being drowned; for Mr. Wright, an eminent surgeon and man-midwife, having had occasion to visit Mrs. Rogers, and hearing what had happened to her maid, ordered her immediately to the sea; where she was dipped till she could bear it no longer. We refer to this narrative as a curious example of hydrophobia simulated by hysteria, and the great contrast it presents to Hopkinson's. This poor girl barked like a dog, snarled, and growled, and wondered when she was to be smothered. She unconsciously over-acted the part she imagined it was her doom to play.

Since none of these hypotheses explain Hopkinson's symptoms, let us consider how far they tally with what we know to be the ordinary course of true hydrophobia.

As this disease is never spontaneously generated in the human body, in every case were it occurs it must be by inoculation—this is the only exciting cause. There is no question that Hopkinson was exposed to this. The dog was certainly mad, and he was as certainly bitten. It is not easy to determine the chances in favour of his escape after the accident. In some instances the majority of those bitten are affected with madness. Of nineteen persons bitten at Bar sur Ornain, twelve died of the usual symptoms within twelve months after receiving the wound.* Boudet mentions five persons having been bitten by a rabid wolf

* Gazette de Santé, 1813. Quoted by Williams on Morbid Poisons.

at Autun, and all of them dying mad. And of ten persons bitten in Burgundy nine died. These, however, are extreme cases, and from the whole collected instances it seems that the chances rather preponderate in favour of escape. There is no doubt that any debilitating causes acting upon the person's system at the time must augment his danger. In Hopkinson's case we have a combination of circumstances calculated to excite the germ of the disease into activity.

Let us next ascertain how far the period of latency corresponds with that generally observed. In this there is a great diversity. Discarding as fabulous the stories of Morgagni, who speaks of twenty or even forty years having elapsed, there is no doubt that there are well authenticated instances of fifteen or twenty months; and Hunter has accordingly fixed the limits at twenty-one days and eighteen months; and all writers are now agreed that forty days is the average duration of the latent stage in man. In Hopkinson's case sixty days elapsed between the reception of the poison and the first unequivocal manifestation of consequent constitutional disturbance. So far, there is no improbability against the symptoms we now proceed to consider being due to the ascribed cause; and before proceeding to a comparison of the detail of these given us by Mr. Ramsbotham, and those laid down as indicative of hydrophobia by writers on the subject, we may notice a contemptuous observation of Dr. Inglis, who observes, "that it requires not that we should look into the Cyclopædia of Practical Medicine, or *any other book*, to find out what are, and what are not, the symptoms of hydrophobia—the medical man who has ever seen a case will at once recognize that fearful complaint, even in its earliest stage; and if Mr. Ramsbotham be not even yet convinced that this was not a case let him wait until he does see one, and then I fancy he will change his opinion." The difficulties in the way of following Dr. Inglis' advice are considerable. For twenty-five years there was not a single case in Edinburgh, and the average number in London, with its population of two millions, is only one in five years. The chances against any metropolitan physician seeing a case are thus about a thousand to one. And if we are to abstain from giving an opinion till we have accumulated personal experience, it is doubtful if the existence of the disease

will ever be established. Dr. Inglis is himself an excellent illustrator of the fallacy of the opposite method. Having happened to see the expiring struggles of two hydrophobic patients, he considers himself, in consequence, entitled to pronounce judgment upon any reputed case at any stage of its progress, and disdains the assistance of the most accurate writers in medicine. His conceit and his ignorance are on the same level. Rejecting the testimony of others who have had a hundred times the opportunity of his observation, he erects himself into an infallible authority. By the same rule that he rejects, he ought to be rejected. And in consistency, the art of medicine despoiled of all the stores of past observers, must become the rankest empiricism; the only possible guide for the practitioner being his own limited experience. For our part we are fain to follow the more humble course taken by Mr. Ramsbotham, and to appeal from Dr. Inglis to those who are acknowledged as authorities in the scientific world.

The symptoms of the first stage are pains, sometimes severe and sometimes trifling, shooting up the bitten limb. In a case given by Dr. Bardsley, the pain was felt in the shoulder and neck. The pain generally follows the course of the nerves, and seems to shoot towards the heart. The patient is more depressed or excited than usual. There is chilliness and momentary flushing. These premonitory symptoms last from a few hours to a few days before the characteristic difficulty of swallowing sets in.

Such are all the symptoms given by Dr. Williams, as indicative of the first stage of hydrophobia. All these symptoms Hopkinson had, and in addition, he had difficulty of swallowing, "a symptom which distinguishes this malady from all others affecting the human frame." The resemblance between the delineation of the disease and the symptoms presented by Hopkinson, is as exact as any individual case can be to a general description, and we cannot conceive any unprejudiced person evading the conclusion that Hopkinson, when seen by Mr. Ramsbotham, was suffering from hydrophobia. The only objection of plausibility urged by Dr. Inglis, is, that it is impossible that a disease which had been "incubating" for weeks could

be so rapidly arrested, and by such apparently insignificant remedies. In reply to this, we would observe that there is no evidence whatever that the poison has any action on the system during its period of latency. There is a case recorded in the *Philosophical Transactions* (No. 445), of a boy having been bitten and afterwards cut for the stone, and the wound healing naturally, and the patient afterwards dying of hydrophobia. No doubt it is very strange that a deadly poison should be imbibed and lie dormant sometimes for many months, and all the time every function go on with perfect regularity, and then suddenly the lurking venom should begin to produce its terrible effects. But it is plain that if hydrophobia is ever to be cured, it will be during the incipient stage. We know that cholera, which is as rapid and almost as deadly, may be cut short, and there is no reason why hydrophobia may not likewise. As to the minuteness of the dose of the remedy, that is not smaller than the amount of the poison, and we do not see why the material bulk of the antidote need be greater than that of the bane. In short, there is no *a priori* objection to the rapid curability of incipient hydrophobia. And if there were no other cure on record, we should look upon this one as of itself sufficient to encourage the hope that in future, if the disease be taken in time, it will not be found less amenable to the proper specific, than any other acute disorder arising from a morbid poison.

It would have been very strange if success so unusual as attended Mr. Ramsbotham, and of a kind likely to be so widely rumoured, had failed to excite the indignation of his professional brethren. Accordingly, we find Dr. Inglis coming forward, in the most philanthropic spirit, to do all he can to undermine the character of his too successful rival. The pretext for his interference is about the most flimsy that can be imagined: The case had been reported in the newspapers as having occurred, and it was added that the man when last seen, presented no symptoms of hydrophobia. Dr. Inglis upon this, wrote to the newspapers to say, that Hopkinson never had shewn any symptom of the disease, and that the case was got up by Mr. Ramsbotham to delude the public into a belief in his powers of cure; and he alleges his reason for interference to be a desire to prevent

public panic. It certainly is not easy to see how the first statement could give any alarm even to the most timid. Four men had been bitten by this mad dog, of these, two had died; it must have been a relief to every humane person to learn that of the remaining two, one had been cured and was no longer liable to the terrible fate of his comrades, for hydrophobia is not a contagious disease, and the appearance of it in a person who was known to be "suspect" could not increase the risk of others. Had the subject been a dog instead of a man, then we could understand how it would have allayed alarm if Dr. Inglis had convinced the public that it was no case of hydrophobia. It is impossible for the most charitable mind to devise any excuse for Dr. Inglis's interference, except a wish to injure the fair fame of his brother practitioner. It would be out of place here to enter into the details of the correspondence which followed. Mr. Ramsbotham defends himself from the unjustifiable attack with the composure of conscious integrity, and the ability of a clear thinker, while Dr. Inglis, feeling himself in the wrong from the first, supplies his lack of argument by insinuating the most disgraceful imputations against his rival, which he follows up with a headlong attack upon homœopathy in general, and upon Dr. Fletcher in particular.

"It is now," says Dr. Inglis, "so far as I can remember, about eighteen years ago when Homœopathy made some little noise in Edinburgh. I was then rather fascinated with its alluring aspect: the ease with which its doctrines could be attained, and, in theory, the apparent applicability of its remedies. I was at that time a pupil of the late Dr. Fletcher: a man whom I respected for his erudite learning, and whom I loved for the inherent social qualities of his nature; but a man who, although he might be said to be a very cyclopædia, was a mere theorist,—a man who could make a fine and fanciful drawing of the nervous system, or of any other system you might wish, but who could not describe it practically upon the dead subject,—who in his study could describe disease and its treatment, but when taken to the bed-side was found wanting, nay ignorant."

As, in making this charge against Dr. Fletcher, Dr. Inglis is

merely copying others who profess no friendship for that excellent teacher, and as to the unreflecting there is a certain show of reason in it, we think it may be well to direct a little more attention to it than the insignificance of the source from which it emanates in this instance would otherwise warrant. Is it necessary that a successful investigator and teacher of a science should be also a successful practitioner of the corresponding art? So far from it, that the greatest discoveries have been made by men wholly unable to apply them. What would navigation be without the assistance of the mathematician? who, "sitting in his study," by the help of laborious calculations, describes the method by which ships are to be conducted over the pathless deep in the darkest night: and would it be reasonable, that before we acknowledged the value of such men as Nunez, Mercator, or Napier, they should shew their practical efficiency in seamanship by steering a ship from Hull to London? Will any one deny to Harvey the honour of being perhaps the very greatest physiologist that ever lived? and yet his friend Aubrey says of him, "though all his profession would allow him to be an excellent anatomist, I have never heard any who praised his therapeutic way." In fact, so far from being necessarily combined, the requisites for a great man of science and a good practitioner of art are almost irreconcileable. The habit of mind, as well as the time required for abstract thinking, for eliminating general principles out of particular instances, and for discovering and laying down those maxims by which practice is to be regulated, tend to incapacitate a man for the minute observation of trivial details, in a careful attention to which the successful practice of every art depends. The so-called practical men are little aware of the obligation they are under to the closet philosopher, whom they despise for not being able to do that which, without his previous aid, they would not even have dreamt of attempting. Besides the indispensable practical assistance afforded by men gifted with this rare and lofty faculty of philosophic thinking, there is another most important service they render to the profession with which they are associated. Thought is the great antagonist to that vulgarity of mind sure to be generated by the jealousies of pro-

fessional rivalry and cupidity, which have tended more than any other vices to lower the practitioners of our art; and it requires the constant operation of this elevating principle to prevent their degradation into mere tradesmen, and to rescue them from the contemptuous treatment they are sure to meet with from a public more enlightened than refined.

"It was in the early part of my medical education," continues Dr. Inglis, "that I formed Dr. Fletcher's acquaintance and friendship, when attending his class of Medical Jurisprudence: and it was then, as I have said, that I was, in my ignorance, fascinated by the doctrines of Hahnemann. Fortunately, however, for me, soon after I obtained a clerkship under Professor Alison in the Royal Infirmary; and it was *there*, under the supervision of that estimable and truly great man—the devoted physiologist and pathologist of wide-world-fame—at the bedside of my patients, that I was led to cast aside all the elaborate theory of Homœopathy, which when tried in actual practice is found to be utterly unavailing in the overcoming of *real* disease." So, by this account, Dr. Inglis learned Homœopathy from Dr. Fletcher's lectures on Medical Jurisprudence, and abandoned it in the clinical wards of the Royal Infirmary. Let us ask, could he have learned any system of therapeutics from lectures on Medical Jurisprudence? If after attending Dr. Traill's lectures on the same subject, he had forthwith attempted to treat patients from the knowledge thence derived and failed in the attempt, would he have ascribed his failure to the insufficiency of the system casually mentioned by the Professor, and not to his own ignorance and incapacity? His presumption in imagining he knew enough of Homœopathy to practise it, is only equalled by his absurdity in rejecting it from what he saw of Dr. Alison's treatment. For let not the reader suppose Dr. Inglis actually tried Homœopathy when clerk to Dr. Alison, this he could not do even if he had the will; what a clinical professor was dismissed for attempting some years later is manifestly beyond the power of a professor's clerk. What Dr. Inglis imagines or pretends he did in his boyish ignorance, Professor Henderson actually performed. He has published his experience of the result of his experiments in some *real* diseases: when

Dr. Inglis does the same we shall be able to judge of their comparative value. If he did not actually administer homœopathic medicines to patients under Dr. Alison's treatment, which he could only have done by deceiving his superior, for whom he expresses so profound a respect, then we should like to learn by what process of reasoning he discovered from this physician's practice that Homœopathy was "unavailing in overcoming *real* disease." He either founds his judgment on an ignorant underhand trial made by himself as a student, when he had neither the skill nor opportunity of putting the system to the test; or, without making any trial at all he gives his positive opinion as if he had, and leaves that impression upon the reader. He must either have deceived Dr. Alison then, or he must be attempting to delude the public now: and yet he has ventured to vaunt the reliance to be placed upon his statements, and to suggest that if those of Mr. Ramsbotham find credence, it is because man is "a dupeable animal." We fear from the exhibition he has made, that Dr. Inglis has learned little from that teacher whom he has thought proper to call his friend. If such a friendship really existed, it must have owed its origin to the principle of contrast: for nothing can be more unlike the product of Dr. Fletcher's clear, cultivated and masculine understanding, than the vague and frivolous ineptitudes which diffuse themselves without method and without effect over the pages of Dr. Inglis's composition. And certainly nothing could be more revolting to his moral character, than casting upon the memory of a departed friend—cut off in his prime—the paltry insinuation of being "a mere grinder." Dr. Fletcher was known to the students of his time chiefly in the capacity of a lecturer on physiology; he will be known to posterity as an author upon that subject. If he united to this the most useful task of conducting the examinations of students to prepare them for obtaining their degree, he did it in such a way as to convey far more information than was required for passing the board of examiners; and besides keeping them abreast of the science of his time, like a true tutor as he was, he inculcated general principles, and encouraged to those habits of clear and patient thinking, which outlive the occasion of his instruction, and which make the hours passed with him a source of

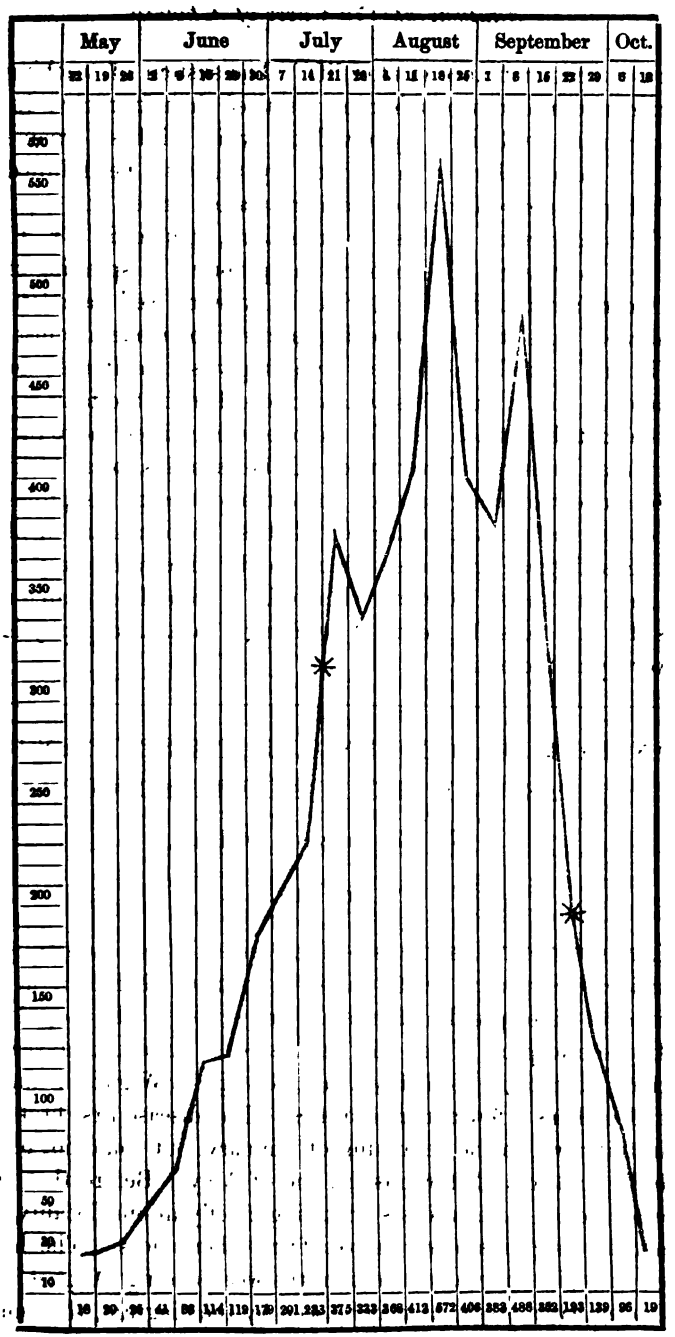
grateful remembrance in after life. The system of teaching by examination is now much more practised than formerly; in the University itself it is approved of by its highest ornaments. Dr. Fletcher elevated his office by the way he fulfilled it. Perhaps the recollection of having smarted under the exposure of his ignorance at these examinations, has made Dr. Inglis forget the lessons of refinement and propriety in speaking of his former friend and teacher, which they were well calculated to convey. As to the sweeping accusation made against Dr. Fletcher's pupils, all we can say in reply is that if they do not come up to Dr. Inglis's standard of excellence, the fault is their own, not their teacher's. For no one ever insisted more than he upon a thorough cultivation of all the faculties, so as to enable the student on entering upon the actual duties of his profession to take the fullest advantage of all those opportunities of observing and treating disease which might afterwards be given to him, the right employment whereof by a properly educated mind is the only possible means of attaining a rank among physicians worthy of the name.

ANALYSIS OF ONE HUNDRED AND SEVENTY-FIVE CASES OF CHOLERA AT LIVERPOOL,

In the Autumn of 1849.

By Dr. Drysdale.

Introductory Remarks.—The epidemic of cholera which visited Liverpool in 1849, was of a virulent character, and its ravages wide spread and great in proportion to the population. In these respects it was only surpassed in Britain this year by the epidemics in Hull, Plymouth, Glasgow, Wigan, Dumfries, and perhaps a few minor localities. The disease first broke out in this town in the beginning of January, but could not be said to be epidemic till towards the end of May. Before that there were merely isolated cases occurring chiefly in one locality, and among emigrants newly arrived from other places. The height of the epidemic was attained in the week ending August 18th, during which week, as may be seen by the diagram, the number



of deaths amounted to 572. From that time it declined, though not regularly, and disappeared about the third week of October. In connection with it nothing very striking was observed about the state of the weather, except that for some days succeeding the 9th of August the weather was very hot and damp, and there were frequent thunder storms, and during this time the epidemic rapidly reached its greatest height. On the sudden occurrence of cold weather, towards the end of September, the number of cases declined rapidly. The cases treated by us occurred at the period of the epidemic, marked by the asterisks on the diagram; in the week our first cases occurred, there were 375 deaths, and in that of the last 193 deaths in the town from cholera.

The total number of deaths in Liverpool from cholera from the 20th of May to the 6th of October was 5,098. Of these the ages were as follows:—

Below 15	1470	= 28·8 per cent.
From 15 to 50	2541	= 49·8 ditto
Above 50	1087	= 21·3 ditto

The proportion of deaths to recoveries during a period of three months, in which the issue of the cases was specially reported to the Medical Officer of Health, Dr. Duncan, was 46 per cent. The population of the town is 360,000. The total mortality by cholera was therefore about 1.4 per cent. of the population, and the total number of cases about 3.07 of the population. In between 30 and 40 per cent. of the cases there was more than one case in the same house.

The house-to-house visitation was commenced in June, and was in a complete state of efficiency in the latter part of July, from which time till the end of the epidemic 25 Medical Visitors were employed, and the infected districts were visited daily. This plan was doubtless very useful in detecting and bringing under treatment cases in a much earlier stage than would have been done without it. It had, however, also the effect of interfering very much with our cases, and greatly curtailing the number we had to treat. Many of our cases we were obliged to abandon on finding that the patients had been taking Allopathic Medicine at the same time, unknown to us. In this

epidemic, the poor eagerly availed themselves of the medical aid offered them, and there were no examples of the foolish prejudices and reports against medical men that were met with formerly. Many adhered staunchly to the Homœopathic treatment, and sent from a considerable distance to us, rather than avail themselves of the Allopathic aid close at hand.

Only one medical man died of cholera, viz. the house-surgeon of the Toxteth Park Cholera Hospital. Two other medical men engaged in attendance on cholera patients took the disease but recovered.

Preparatory and preventive measures adopted at the Homœopathic Dispensary. The committee having undertaken to procure funds for the necessary expenses, arrangements were made by the Medical Officers for meeting the disease. Notice was given to the public by bills, that the Dispensary would be open day and night for furnishing attendance and Medicine to patients. In addition to attendance on actual application, a measure was adopted, prompted by the peculiar feature of the disease, viz. its excessive rapidity, which renders the necessary loss of time in sending for medical aid of the utmost importance. This was the distribution of the appropriate remedy for the first symptoms of cholera to all poor persons who might be disposed to use the Homœopathic treatment. Accordingly, hand-bills, containing plain directions for the treatment of the first symptoms* were given along with a small quantity (about ʒ ii.) of Camphorated spirits (made with one part of Camphor to six of Alcohol) to all who

* The following is a copy of these directions, "LIVERPOOL HOMŒOPATHIC DISPENSARY, 2, Hanford Street, Mount Pleasant. Notice is hereby given that cholera patients will be attended gratuitously at their own houses on due notice being sent to the Dispensary, at any hour of the day or night. What to do on the first appearance of Cholera.—Drop two drops of Spirits of Camphor on a little sugar or into a spoonful of water, and give it to the patient every five minutes. Keep the patient warm in bed and apply hot salt, hot bricks, or bottles of hot water, to the legs and stomach. It is strongly recommended that all persons should have this Camphor ready in the house, to be used on the very first appearance of any cholera symptoms, and to be diligently persevered with until medical advice can be procured, or the patient is relieved. Those who are unable to pay will be supplied with it

might apply. The number who availed themselves of this was very great, having amounted to 1530, whose names and addresses were entered in the books. The total quantity of Camphorated spirits thus consumed amounted to about five gallons.* At first no attempts were made to try the efficacy of any prophylactic, as our efforts, if made indiscriminately, would have been lost in so large a population. But towards the latter part of the epidemic, as we observed so many cases where several patients were seized in the same house, we adopted the plan of giving pilules of Veratrum, 1st dil., to all the other inmates of the house in which a case occurred. These were given to thirty families. We had not, however, enough of cases to form any decisive opinion as to the efficacy of this plan, and in some cases the disease showed itself in other inmates of the house so soon that no time was allowed for the prophylactic to act. In one or two cases, however, the persons remarked to us, of their own accord, that the pilules confined their bowels; this of course they could not do from their primary action. We were unable to obtain any exact accounts of the result of the distribution of Camphor; but from what we know of the action of that remedy, the benefit must have been very great, and we were constantly meeting with persons who had used it or given it to their neighbours, with complete relief. Among others one testimony was peculiarly valuable. In a discussion that took place lately in the Liverpool Medical Society, on the treatment of cholera, one member who had been one of the house-to-house visitors volunteered the statement, that in his district, which happened to be the one in which the Homœopathic Dispensary is situated,

gratis, on bringing a small clean vial to the Dispensary. Other persons can obtain it, properly prepared, from Messrs. Thompson and Son, 45, Bold-street. Those who desire medical treatment from this Dispensary must not take spirituous liquors of any kind, laudanum, or any other medicine, except Camphor, until ordered to do so by one of the Medical Officers."

In private practice I recommended Dr. Malan's directions for the Homœopathic treatment of the cholera, as I found them by far the most acceptable and intelligible to the public from the plain and concise way they are drawn up.

* In addition to the Camphor thus distributed, several of the ordinary druggists in the town supplied their customers with Spirits of Camphor,

be found many of the inhabitants provided with small vials of Tincture of Camphor, and that in a considerable number of cases well marked incipient symptoms of cholera had been checked by this Camphor, administered according to the directions given along with it. Besides these measures a very large number of cases of cholerine, diarrhœa and dysentery were treated at the dispensary at all hours, in addition to those that presented themselves at the ordinary practice of the dispensary. An exact record of these was not kept, but they amounted to above 1,000. In fact, the house surgeon and dispenser, who resided at the dispensary, were beset with almost incessant applications for Camphor, or to be treated for actual illness of the above description.

The medical attendance and duties were performed by the ordinary honorary medical officers of the dispensary, Dr. Hilbers, Mr. Moore, and myself, and besides these we were fortunate enough to secure, in the capacity of house surgeon, the services of Mr. G. Stewart, to whose unwearied assiduity, zeal, and intelligence, we are glad to have an opportunity of bearing testimony.

The labour of comparing the symptoms, and drawing up the tables was shared in to a great extent by Dr. Hilbers, and we had occasional aid from Mr. Moore.

Chapter I.

We may conveniently consider the Cholera under four forms, corresponding to the pathological causes of death, viz.—1st. The asphyxial form, in which death takes place from the intense action of the exciting cause, without reaction, or any considerable amount of the characteristic discharges. 2nd. The ordinary form or second stage, in which it is caused by collapse and anemia from the quantity of discharge. 3rd. Suppression of urine. 4th. Consecutive fever. These may be best illus-

labelled "Homœopathic tincture of Camphor." Upwards of 1,000 bottles of it were also sold by the Homœopathic chemist of this town, accompanied with directions, re-printed from the circular of the British Homœopathic Association. In several of the local newspapers moreover Hahnemann's original directions for the administration of the Camphor were re-printed. From all these sources it is evident that a large number of persons were provided with this remedy.

trated by selecting well-marked examples of each, and adding a few comments.

1st. The asphyxial form.

Case 106. W. E., a healthy young man, aged 25, after having had diarrhœa for two days was seized with vomiting at 10 o'clock A. M. on the 25th August. When seen at a quarter before 1 P. M. he was found in a state of complete collapse: the skin cold, livid, and covered with clammy perspiration, imparting to the touch the feeling of soaked leather. Stools very thin, and run from him in bed. No vomiting for half an hour previously to the visit. About an hour ago he began to be cramped in the legs and arms: the forefinger bent in all its joints by the cramps, while the other fingers are only bent at the metacarpo-pharyngeal articulations. The cramps are very persistent, but not very painful. Countenance anxious; eyes not very much sunk. Excessive thirst; tongue foul. Pulse very feeble. No restlessness.

Camphor; then Veratrum.

At 5 P. M. there had been little vomiting; only twice purged since 1 o'clock. Voice feeble; skin livid and clammy; hands as if they had been long soaked in water. Violent thirst; pulse imperceptible. He moans amd gasps for breath, and complains of a violent pain which extends from the epigastrium through to the back, impeding the breathing.

Arsen. every quarter of an hour.

He died about 6 P. M.

Mrs. G. aged 63, subject to flatulent colic, had been ill of diarrhœa for several days, and whilst so affected attended as nurse our patient No. 29. She was attacked with cholera on the 4th August, and *when seen within less than half an hour*, was found in the following state at 5 P. M.—Violently cramped, shrieking out in a dreadful manner, "Lord, help me! I must die," &c. Pulse imperceptible, skin cold, and covered with clammy sweat. Eyes sunken, staring wildly; eyelids livid; face of a dirty yellowish colour; nose contracted at the apex.

Two doses of Camphor; then Cuprum acet. every ten minutes.

At 6.45 P. M. Hands drawn inwards, and she cannot open them, and otherwise still horribly cramped. Face, tongue, breath, and extremities quite cold. No pulse. Frequent vomiting and purging, but very trifling in quantity. Voice faint and whispering.

We administered four inhalations of the Arseniuretted Hydrogen, and when we left her at 8 o'clock there was some indication of reaction—the pulse was perceptible, and the breath warm, and the cramps abated. During the night the cramps recurred once for a time, then went off. The purging and vomiting scarcely occurred at all, but the collapse gradually increased, and she died about 10 A. M. on the 5th, having had neither purging, vomiting, nor cramps, and hardly any sign of life except heavy breathing for 4 or 5 hours before death.

In such cases the pathological cause of death seemed to be a stagnation or congestion of blood in the capillaries of the lungs, heart, and surface of the body (with or without a similar lesion in the brain and spinal chord), going on to arrest of the proper changes that occur between the blood and capillary vessels, and consequent death by cessation of respiration and circulation: an example of death almost in its simplest form by asphyxia.*

* Owing to the want of facilities in Dispensary practice we did not make any *post mortem* examinations. We may, however, notice here, in illustration of the here described forms of cholera, the excellent series of dissections by Lévy and Tholozan, published in No. X. of the *London Journal of Medicine.* The conclusions arrived at by these observers are as follows—

"In this rapid view of the anatomical lesions produced by cholera we find the two following facts evolved, in a parallel manner.

"1. A peculiar form of congestion, simple or accompanied with hæmorrhage.

"2. The phenomena of intestinal secretion.

"Neither of these can be considered as the predominant affection; although produced under the general influence of the same specific cause, they have each an independent progress, and are far from being of proportionate severity. On viewing these lesions with regard to their origin and extent, the choleraic congestion seems to affect an intestinal localisation; it appears with the prodromata, and proceeds sometimes slowly, sometimes with formidable suddenness. Its peculiar characters, which we have pointed out, the special alteration of the blood which accompanies it, its preference for the important parenchymatous organs,—the heart, lungs, liver, brain, and especially the spinal medulla,—make it the phenomenon which best discloses the general action of the morbific cause. Does this cause act primarily on the blood, on the nervous system, or on the walls of the capillaries, and on the tissue itself of certain organs which are affected with general or partial softening? None of these hypotheses is justified by facts. The conclusions to which the most minute anatomical investigations tend is, that cholera, instead of commencing in this or that system, attacks simultaneously all the tissues, and at the same time exercises a special and undefined action on the

In these cases the characteristic discharges had not been long continued or copious enough to contribute to the cause of death either by anemia or alteration in the properties of the blood. It is difficult to state the exact number of cases of this

blood in the capillaries. But though the verification of all these changes be essential to the pathology of cholera, and to the comprehension of the phenomena of the algide and the torpid periods, it does not aid us to understand the intimate nature of the specific cause which engenders the disease; we see, in our anatomical researches, the effects, and not the cause of the disease."

In connection with the here-noticed forms of death from cholera, may be extracted the summary of the pathological changes that take place in the *lungs.*

"Various and numerous disturbances, with simple obstruction of the capillary circulation; total arrest of that circulation; extravasation of blood; and complete alteration of the physical properties of that liquid in the most minute capillaries. The nature of the modification which the blood here undergoes is unknown; but we may say that it results from a combined action of the living solids and fluids."

In the *pleuræ* were pretty frequently subserous ecchymoses. In the heart were found: considerable distension of the right cavities, subserous ecchymoses, violet suffusion of the left ventricle, and loss of cohesion of the muscular substance. No fibrinous nuclei or plastic concretions. The blood that distends the right ventricle was generally in large brown, red, soft clots.

Spinal marrow. "We find, then, that in cholera the medulla is often the seat of very important lesions at its upper part, due regard being had to its delicate structure, and to the less important alterations in this centre of the nervous system. If these softenings and ecchymoses were met with in all cases, instead of in two-thirds, we should have an explanation of the fatality of cholera; but in some cases they are wanting. But we cannot forbear associating with these affections the nervous symptoms,—cramp, thoracic constriction, dyspnœa, vertigo, noises in the ears, affections of the sight, in the cerebral prodromata which M. Lévy has observed in a large number of cases."

The morbid appearances observed in the gastro intestinal mucous membrane and abdominal viscera may be shortly summed up as follows.—The follicles of the tongue, pharynx and œsophagus swollen and at times containing a whitish liquid. In the course of the gastro intestinal mucous membrane were found scattered more or less, through the whole extent, injected spots, of various colours, from rose tint to blackish grey, ecchymotic spots, several altered appearances of no very distinctive character, and psorentery. The last named morbid appearance is thus described in the above-quoted memoir.—

"We have given the name *psorentery* of the stomach to the appearance of small oval friable and whitish bodies, of the size of a pin's head, situated especially round the orifices, and along the small curvature. In the duodenum and upper third of the jejunum the follicles are generally larger and more projecting, rather opaline; they are surrounded by villosities, bathed and soaked with cholera fluid. In the lower part of the jejunum, and in the

form that occurred in our list, as it was not always possible to obtain a correct idea of the amount of the vomiting and purging that had occurred. We think, however, they might be estimated at 5. It is to be remarked that in these cases we had the vox cholerica, and the bleached skin. These phenomena cannot therefore be attributed to the anemic state.

Of course according to the definition of this form of the

ileum, the psorentery is whitish or pearly. Sometimes the number of follicles could be counted; at other times, among the larger ones were observed an innumerable scattering of small follicles, scarcely raising the mucous membrane. Psorentery is met with in other diseases than cholera, as in cerebro-spinal meningitis and scarlatina: but not in such a marked proportion, and the cholera fluid is wanting. The size of the glandules, and their confluence at the upper part of the small intestines, are characteristic in Cholera."

The liver was congested in about two-thirds of the cases, and contained ecchymotic spots in about a fifth of the cases.

In the brain were found chiefly rosaceous suffusion of the cortical matter, and the points and dottings in the white matter strongly marked.

"Putting aside the lesions of the membranes, as being met with in many other diseases, and hence not characteristic of cholera, we find, in the cerebral substance, a group of lesions peculiar to cholera, and not hitherto noticed. These alterations are all referable to one law. They all denote a tendency to hæmorrhage in the nervous centres. A question here arises: Do these choleraic lesions stop at the hæmorrhagic dottings, or at partial softening? May they not in some cases, as in the lungs and other organs, extend into considerable spaces, and form true foci of apoplexy and softening? The following case, in which we find all the different degrees, from congestion to capillary apoplexy and hæmorrhage, entirely removes all doubt on the subject."

A case of a very small apoplectic effusion, which took place during the collapse, is then given.

I may here also append the result of the interesting analysis of the expired air in a case of cholera The patient was a girl aged 22, and was in the collapsed state, with imperceptible pulse, &c.

		Temperature of mouth.	Oxygen.	Carb. acid.	Both together.
26th.	At 3.25 P. M.	27.2	0.1798	0.0272	0.2070
	At 4 P. M.	26.8	0.1917	0.0180	0.2097
	7.30 P. M.	31.	0.1810	0.0246	0.2056
27th.	5 P. M. Patient better and skin warm	36.6	0.1821	0.0227	0.2048

From this it appears that the coldness of the body during the collapsed stage of cholera is accompanied with a proportionately diminished consumption of oxygen, and production of carbonic acid.

(See Doèyre, *Comptes Rendus*, of the French Academy, May 1849.)

disease, viz. death without reaction, we cannot speak of any recoveries; nevertheless, in some of the cases that recovered the primary collapse seemed to have been as intense, and the reaction to have been brought about by the means used: but this must necessarily remain undetermined. To avoid ambiguity the cases and deaths we consider belonging to this form of the disease will be included among those of the ordinary form, in the general table.

We pass next to the second stage or ordinary form. Of this we may first quote a case in which excessive copiousness of the characteristic discharges was well marked.

CASE 11. J. S., a healthy woman, of temperate habits, four months pregnant, was suddenly seized, between 1 and 2 o'clock A. M. on the 27th July, with purging and vomiting, and coldness of the body. The symptoms had continued to increase till the time when she was seen by us, in spite of an allopathic draught which had been used. At half-past 10 A. M. she was found vomiting watery fluid, frequently, and especially after drinking anything; copious watery purging; excessive thirst. The skin is now hot; pulse feeble; eyes turned up. Cramps in the thighs. Countenance anxious, and livid circles round the eyes.

Arsen. 3 every half-hour.

2 P. M. Still violently vomited and purged; skin quite warm; great thirst and great pain across the stomach. Frequent cramps at the stomach and in the legs. Face much sunk.

Camphor for an hour; then Veratrum alternated with the Arsen.

At 3.30 P. M. Rather less vomiting and purging. She is roaring out from the pains of the cramps in the calves of the legs. The toes are white and shrivelled, as if long soaked in water.

Continue medicine.

At 5.30 P. M. She is very much sunk. Continually vomiting. Eyes turned up and surrounded by blue circles, and far sunk in the orbits. The cramps in the legs are constant. The bed she lies on is quite wet through, from the excessive quantity of fluid vomited, though it was changed a short time before.

Cuprum acet. 3, every quarter of an hour gr. j.

9 P. M. When seen by us (Dr. H. and myself) for the last time, we were told on entering the house that she was better, and at first sight there appeared a greater aspect of comfort about the patient. No

longer writhing with the cramps, nor disturbed by the vomiting, she was lying in bed with the clothes folded over her, and the room more clean and dry. But on a near view the delusive nature of the supposed improvement was distinctly seen. The cramps, vomiting, and purging had all ceased, and the patient was quite free from all pain. The countenance was dreadfully sunken, and the eyeballs retracted deeply into the orbits; but the eyes were bright, and she watched us with a piercing and anxious glance as she asked in a husky, whispering voice if there was any hope. Her pulse was quite gone, and her skin cold, clammy, and livid; and in all respects she was like a corpse, except the animated eye and a high laboured breathing. She died in about an hour. This presents an example of what may be called the secondary collapse, as it followed the reaction and was intimately connected with the anemic state of the blood-vessels, caused by the copious discharges.

To this may be added an example of the more painful form of the disease, in which the cramps apparently extended to the diaphragm and muscular coat of the stomach.

Case 41. E. M., a man of 50, of temperate habits, and previously healthy, had had diarrhœa for two or three days. About 8 P. M. on the 4th August was attacked with increased purging of large watery stools; about ten such stools within the two or three hours previous to being seen. About 11 P. M. began to vomit large quantities of yellowish fluid. Has been excessively weak since attacked, and several times inclined to faint. When seen, at 12.45 A. M. was found with the skin warm; pulse slow and pretty full. Tongue white; great thirst for cold water; vomiting; copious watery purging; burning heat in the stomach; vertigo. Begins to feel cramps in his legs.

Camphor as usual, gtts. ij. every five minutes.

At 1.20 A. M. he was seen again, and felt somewhat better. The medicine was continued. At 7 A. M. on the 5th, sent to say he was worse, and when seen at 8.45 was found as follows.—Extremities livid and cold; pulse 80, feeble and thready; great thirst; only twice vomited, but purging copious, and like dirty water; none however passed within above an hour. Has passed urine. Breath and tongue warm; heat in the stomach, through to the back. Great oppression of the breathing; he must be supported in a sitting posture in bed to be able to breathe; if they let him be flat he has excessive

hiccough, oppression and a violent pain through to the back and up chest. Vertigo; very painful cramps, drawing the muscles of the feet and legs into knots.

Oxalic acid 1, every twenty minutes, and one dose of Cupr. acet. 2.

At 1 p. m. cramps less severe, but the pain across the back and purging continue; no vomiting. Skin quite blue and cold, and shrivelled. Pulse just perceptible.

Arsen. every quarter of an hour.

Died soon after 7 P. M.

This case, which occurred in the earlier part of our practice, gave an example of the deceptive nature of the symptoms in the earlier stages. On the second visit he seemed a good deal better, and the symptoms did not seem at all formidable, though, as it turned out, the patient was within seventeen hours of death; and we regretted that the Camphor was trusted to so long. Indeed at first nothing could be more puzzling and disheartening than the rapid changes that took place, often (till we were more familiar with the disease,) quite contrary to our expectation, as the cases we had deemed mild were at times found almost hopeless at the next visit.

Of this stage we had many cases of recovery, even when the disease was of great severity. I may transcribe several, both as examples of cure and illustrations of the progress of the disease.

CASE 21. J. B. aged 39, a strong man. He had been ill of diarrhœa for two or three days, and took a good deal of spirits yesterday, with the intention of stopping it. About noon on the 29th of July, the purging became much worse, and he complained of faintness. About this time he was seized with violent cramps in the legs and thighs. When seen at 4.45, the pulse was feeble; skin somewhat cold; much thirst and restlessness; very frequent purging of watery liquid, but as yet no vomiting.

Camphor, gtt. ij. every five minutes.

At 5.45, cramps less violent, and he does not toss about in bed so much; he has begun to vomit, and it comes away in gushes as if squirted from a powerful syringe. Pulse imperceptible; face and upper extremities cold, and covered with clammy sweat; has not passed urine since the morning.

Arsen. 3, every quarter of an hour, and a dose of Cuprum Acet. to be interposed should the cramps return.

At 7 o'clock, P. M. pulse imperceptible; clammy coldness all over. The stools run from him continually without effort and cannot be counted.

One dose of Veratrum 2, then continue Arsen. as above.

To have whey for drink, or water as he likes.

At 9, P. M. pulse perceptible; no vomiting; less purging; eyes sunken, and surrounded by a dark livid circle. Cramps better.

Veratrum and Arsenicum alternately every half hour, 2 doses of each in succession.

At 9, A. M. on the 30th. Purging has ceased for five hours. No cramps; pulse strong; skin warm.

Cont. Med.

At 1, P. M. He continues to improve; no vomiting or purging; skin warm and covered with sweat; pulse 90; much thirst; no urine has been passed yet.

Cont. Med.

In the evening urine had been passed, and the improvement continued. The medicine was continued, but no food allowed yet.

On the 31st, at 1, P. M. All the cholera symptoms were gone; the tongue was white and coated, but cleaning at the point; he had slight pains in the legs and chest—no doubt the effects of the cramps. He wished for food and was allowed some sago.

Nux Vomica 2, every three hours.

On the 1st of August he was convalescent.

CASE 36. W. Dodd, aged 50, a man of intemperate habits; had had diarrhœa for a week. Early on the morning of the 2nd of August he became much worse, and also began to vomit, and to be cramped in the legs.

He was first seen at 4, P. M. and found cold in the face, hands, and feet. Hands, nose, lips, and chin quite blue and livid. Pulse rapid and weak; purging watery, and vomiting copiously watery, frothy matter. Tongue loaded and yellow; urine very scanty for a day or two; shivering; very severe cramps in the feet, legs, and arms; intense thirst. Ordered

Ars. 3, Cupr. Acet. 3, alt. every quarter of an hour.

9, P. M. (5 hours after). He was much the same, vomiting every five minutes; cramps very severe. Ordered

Camph. for an hour, every five minutes, then cont. preceding medicines.

11, P. M. No better; vomited seven times within the last hour; purging slightly better; cramps very frequent and severe; eyes much sunken and surrounded with a livid circle; face slightly warmer; tip of the nose very cold.

Got one drop of Ars. 2, on the tongue, and ordered Arsen. 2, alone, every quarter of an hour, but if the cramps continued so very severe Cupr. Acet. 3, to be alternated with as before.

August 3, 10, A. M. Warmer than on the preceding evening; pulse small, but distinctly perceptible; vomits continually in great gushes.

Ars. 2, Verat. 2, alt. every quarter of an hour.

At noon reaction was fully set in. He still vomited, but had passed urine in very small quantities, twice; he was occasionally cramped.

Cont. Arsen. alone.

2, P. M. After this he had only vomited and purged twice; pulse 96, feeble; forehead covered with cold clammy sweat. He got two inhalations of Arseniuretted Hydrogen in half an hour. Arsen. was continued every half hour.

5, 30, P. M. Was going on favourably; less vomiting, but great nausea; cramps occasionally; skin warmer; passed urine; complained of a pain in the pit of the stomach, which seemed to distress him very much, and he described as like heartburn.

Cupr. Acet. two doses, then cont. Ars.

8, P. M. Improving, still great restlessness; hands still cold and livid.

Cont. Ars. every hour.

Aug. 4. Hands livid, but warmer than on the preceding evening; vomited but once, purged three times; complains of great pain in the forehead and constant nausea; no urine passed.

Bell. 1.

At 1 o'clock, P. M. The headache still continued, and he had purged slightly.

Nux Vomica 2, half hourly.

8, P. M. Once purged, yellow; nausea and constant hiccough; is very faint when raised up; bitter taste in the mouth; passed urine.

Cicuta $^{3}/_{2}$. then cont. Nux 2, hourly.

Aug. 5, 11.30, A. M. Only twice purged in the night, motions scanty; urine freely passed; still hiccough, especially after drinking;

tongue loaded with yellow and white matter; hot feeling in the pharynx; pulse rather quick, but full. Ordered

Bell. every two hours.

On the next visit was found quite relieved from the hiccough and nausea, and was pronounced convalescent, though for the next two days he suffered from what he called heartburn, from eructation, foul tongue, and other signs of gastric irritation, and when swallowing had a feeling as if something rose up to check it. Nux removed these symptoms.

This case, which was a very bad one, on account of the age and habits of the patient, in addition to the severity of the attack, affords an example of the sequelæ of cholera in gastric derangement. These are not unfrequent, as may be seen by the table farther on. Indeed, it is rather surprising that such sudden recoveries as the last case, which is common enough, should ever take place after such a profound affection of important viscera.

All our cases of the second stage were not of the same degree of severity, but varied a good deal naturally, and though we had many others as intense as those above narrated, yet we had also a good many of a less severe character, that is comparatively, for they were still of a sufficiently formidable character. As an example of these, the following may be given.

Case 97. A married woman aged 41, was seized about 2, A. M., on the 23rd of August, with pain in the bowels, vomiting and purging, which continue still, 10 A.M., and the evacuations at times run from her. She has cramps in the legs; chills all over, but not deadly cold; clammy sweats; pulse quick and weak; thirst; much retching, but not copious vomiting; countenance choleraic.

Camphor as usual for an hour, then Veratrum 2, every quarter of an hour.

At 3, P. M. Vomiting and purging still continue constant; cramps slight; great thirst; skin warm.

Acid. Phos. and Arsen. were given alternately.

At half-past 8, P. M. Still much retching after drinking, but purging much less, none for three hours; much less thirst; some urine passed; slight headache and wandering.

Continue Phos. Acid. alone.

24th. At 10, A.M. No more vomiting or purging; urine passed freely; no cramps; tongue not much furred; little thirst; pulse good; and skin comfortable; much pressive frontal headache over the eyes.

Bellad. 2, one dose, then cont. Arsen. 3, secundis horis.

To have some arrow-root.

Next day, 25th. Well, except some uneasiness and rumbling in bowels, for which she got Nux Vom. with complete relief. When well, her countenance could not have been recognized by any one who had only seen her in the disease. This great change of expression was a very common feature of the disease.

We may notice shortly, a variety of the second stage, in which the phenomena do not seem sharply developed, but the disease seems of a torpid character, and lasts longer, though very often fatal.

CASE 113. Had been purged all day, the day before, and it became much aggravated early in the morning of the 27th of August. Camphor was sent. When he was seen at 8.30, A. M., he had frequent and copious watery vomiting and purging, in gushes; great thirst; cramps in legs, hands, and feet.

Cuprum Acet. then Arsen. every hour.

At 3, P. M. Less cramps; copious watery purging and vomiting; thirst; eyes sunk; pulse imperceptible.

Secale A.

At 8.30. Purging and vomiting better; severe pains in the hypochondrium; face and hands cold, but feet warm; no urine; pulse perceptible.

Bryon. then Arsen. every half hour.

At 9, A. M., on the 28th. Has had no sleep; frequent, scanty, watery, reddish coloured motions, scalding the anus; great pain across the abdomen; thirst; furred tongue; little vomiting; pulse very peculiar; the volume of the artery was large, but the beat exceedingly short and quick, and so feeble, that the smallest force compressed it; restless; cold surface; hands livid; no urine.

Arsen. 2, every half hour.

He continued much in the same state, though some urine was passed, and sunk gradually till he died at 2, A. M., having been about 48 hours ill.

Most of the cases of this kind died; those with the red purging were all fatal. One case of the kind was seen by an

allopathic acquaintance, who was inclined to doubt its being cholera from the apparently full pulse, and did not think the case a bad one. Dr. Russell, however, who happened to be passing through Liverpool, gave a very different prognosis, which was justified by the event, though she lingered three days in all, the cholera symptoms continuing. Another case lasted four days.

The number of our cases of the second stage was 110. Of these 34 died, and 76 recovered.

We now pass to a different class of cases, which may be conveniently distinguished from the foregoing by their duration. The mean duration of all forms of cholera being somewhat under three days, all the cases of the forms now to be considered were above that period. It may, perhaps, be useful to note the cases which lasted above the average, so I give the table here.

Cases that lasted above three days.

	Recoveries.		Deaths.		Total.
Protracted cholera, and gastric disorder	22	....	1	....	23
Fatal suppression of urine			4	....	4
Consecutive fever	11	....	7	....	18
					45

Chapter II.

Suppression of Urine, and Consecutive Fever.

Suppression of Urine. Of all the phenomena of cholera this may be considered the most peculiar, for though the collapse and vomiting and purging when all taken together present a physiognomy quite distinctive of the disease, yet none of these, or the other symptoms of the disease taken separately, are at all peculiar to cholera, but occur in many other diseases. But the suppression of urine may be said to be quite peculiar to cholera, as forming a symptom of vital importance in a general disease; for though it occurs to a certain extent in acute hydrocephalus, eruptive and inflammatory fevers, yet in none of these is it so long continued as to be the cause of death, as happens in diseases of the kidneys and in cholera.

As a cause of death in cholera however we cannot but think

that the suppression of urine has been considerably overrated. For during the first 24 hours of the disease we cannot conceive that much can be attributed to it, especially while such copious discharges are passing off, which have been said to contain the chief constituents of the urine. After 24 hours a great proportion of the patients passed urine, and the cases were afterwards fatal from other causes, which were themselves quite enough to produce death even were urine not secreted, and urea not carried off by the bowels. It is therefore only among the cases that lasted above three days, when the ordinary cholera symptoms had subsided that we can judge of the effect of the suppression of urine as a cause of death.

We find on analysis of 45 deaths, 29 took place within 26 hours. Of 5 that took place between that time and three days, 4 passed urine, and 1 was the worst form of cholera with bloody purging. Of 11 that lasted above three days, 7 passed urine before death.

In 4 only, out of the 45 cases, can it therefore be said suppression of urine was most probably the cause of death.

We may give several of these cases in detail as illustrations of this comparatively unfrequent mode of death.

Margt. N., aged 34, a woman of intemperate habits. She had been ill with diarrhœa for about a week, and about 5 o'clock P. M. on the 11th of August, while walking in the street she suddenly felt so faint that she was obliged to sit down on a stair. Her eyes became dim and hearing left her, and she sat for some time unconscious. Soon after recovering her senses she vomited, and has continued to do so frequently since. Purging also began about the same time. and she was purged three times on her way home, and several times since. Cramps began about 8 o'clock. She was seen at 9 P. M. and presented the following symptoms. Countenance anxious and uneasy; eyes sunken and surrounded with livid circles. Hands and face cool and damp, great restlessness. Pulse 112, feeble; tongue white, nausea and frequent retching and vomiting, purging and cramps in the legs. She has a sensation of burning heat in the stomach rising up the throat, and intense thirst. Has passed urine naturally.

Prescription—Camph. every five minutes.

At half-past 11 P. M., the cramps and vomiting and purging were more severe. The cramps have extended to the bowels.

Two doses of Cupr. acet., then Arsen. 3, every quarter of an hour.

On the 12th, at 11 A. M., the pulse 114, small, but not very feeble: skin warm except when she has the cramps, which are accompanied with cold sweat. The cramps have not been so severe during the night. The vomiting and purging of white flaky matter has continued all night, about every twenty minutes, and very copious.

Veratrum 2, every half hour.

4 P. M. The pulse was better and skin warm, but still constant vomiting and purging of flaky matters.

Ac. Phos. 1, every half hour.

Half-past 9 P. M. Only once purged. Vomited three or four times. Still great thirst. Has had frequent desire to pass urine, but has passed very little to-day. Cramps still continue in the legs and stomach and sides, where they catch the breathing. Countenance more sunk and pulse feebler. Skin warm. Tosses her arms about.

Ars. 3, half hourly.

13th, 10 A. M. Painful ineffectual efforts to pass urine, and great pain in the loins with stitches across the back. Constant nausea and retching. Three times purged. Much thirst.

Cantharides 2, every half hour.

[During this day the characteristic cholera discharges may be considered as having quite subsided.]

4 P. M. Somewhat less restless and the pulse better: only once purged and vomited. Complains of intense stitch in the region of the kidneys. Continue Canth.

7 P. M. Worse again. Purging returned, motions scanty, with great straining. Vomits after drinking. Cramps have returned. She faints often. Cold sweat on the face.

Cupr. acet. 2, every quarter hour.

9 P. M. Pulse small. She is rather cold; faints often; vertigo and noise in the ears. Still violent stitches in the back and hypochondrium, which hinder deep inspiration. Constant efforts to pass urine without effect. Frequent white scanty stools: less of the cramps again.

Belladonna 3rd dil., two doses, then Veratrum, 2nd dil. two doses, and so on alternately.

14th, 9 A. M. The stitches are gone, but still great pain in the back. Pulse very weak. Has passed no urine since the 11th.

Digitalis ϕ, every half hour.

4 P. M. Still no urine; frequent scanty stools with much straining. Increased weakness. Cann. 1.

Half-past 8 P. M. The catheter was passed in consequence of her constant ineffectual efforts, but no urine was contained in her bladder.

15th, 8 A. M. Still the straining. No urine. Face and hands cold. Pulse imperceptible; has been raving at intervals during the night. Great restlessness. Complains much of coldness of the feet. A little blood was passed by stool. Refuses arrow-root or any kind of food.

Mercurius and Belladonna alternately.

Half-past 5. Pulseless. No urine. Eyes fixed and staring. She died at 7 P. M.

J. C., aged 33. 21st August, 10 P. M. Has been irregular in his bowels for some days. His child died of cholera about a week ago, but none of the family had slept in the house since then till last night. This morning at 4 o'clock was seized with purging, which has continued very bad all day, and is now very copious and watery, and "constantly running from him." He vomited often up till about an hour ago. Violent cramps in the legs. Skin hot. Pulse strong, full and quick. Tongue coated at the root but red at the tip. He has great thirst but is afraid to drink, as he thinks the water increases the purging. Eyes sunken, and eyelids livid.

Secale A, every half hour.

12 P. M. Skin very hot. Pulse stronger and more rapid. Face red, and delirium at times; has vomited and purged four times. Cramps continue. (Had taken about quarter of a glass of brandy.)

Bellad. and Veratrum alternately.

22nd, 9 A. M. Has had very frequent motions in the night and vomiting; eyes look bloodshot. Skin hot. Has had no sleep.

Nux 1, every half hour.

During the day seemed to improve a little, and had less purging, though much dry retching and nausea.

23rd, 10 A. M. Has passed no urine. Complains of a heavy pain at the epigastrium like heart-burn. Frequent retching of sour matter. Great thirst. Mouth and lips parched. Tongue brownish. Slight pain in the region of the left kidney. Five or six stools acrid and scalding and not quite so watery.

Canth. 1.

9 o'clock P. M. Frequent purging of stools, scalding and excoriating the anus. Still the pain like heart-burn. The pain in the back continues and has gradually increased in severity. Tongue moist and coated. Pulse 96, not weak or small. No urine passed. Skin comfortable. Arsen. and Digit. alternately.

24th, 11 A. M. Symptoms the same. No urine. Continue medicine.

10 P. M. Purging of blackish acrid stools, excoriating the parts. Nausea, pulse feeble. No urine.

Merc. sol. 2, gr. i, every half hour.

25th, 10 A. M. up to 3 P. M. Restless night. Greenish vomiting, dark purging, much hiccup, epigastric pain. Pulse 80. No urine.

Cicuta 1, hourly.

9 P. M. Less hiccup. Complains greatly of the excoriation of the anus. Passed a few drops of urine. Tongue furred and dryish; drowsy: much thirst and dry retching.

Merc. corr. and Digitalis alternately.

26th. Still no urine: almost incessant hiccup: dark green purging; tenesmus: delirium: tongue dry and dark brown. 27th. The above symptoms continued till he became comatose, with stertorous breathing, and he died on the morning of the 28th, having passed no urine up till the time of his death.

[The catheter was not passed in this patient, but the region of the bladder was carefully examined from time to time but no fulness detected.]

This case is remarkable as having run a fatal course without any collapse at all. In fact, it was more like a fever; but the characteristic discharges, the cramps, and suppression of urine, admit of no ambiguity as to the diagnosis. The watery purging and vomiting changed its character and passed into the bilious and acrid at the ordinary period when cholera cases pass into the consecutive fever.

Thomas Daly, aged 35. August 13th. He began to purge about 1 A. M., and has continued all day passing watery and copious motions. About 9 A. M. vomiting commenced. About noon he was bled by an allopathic doctor. When seen at half-past 9 P. M. the face and hands and feet were cold and livid: has had severe cramps in the legs: no urine passed "for a long time." Tongue yellow coated: eyes sunk and eyelids blue. Pulse scarcely perceptible: eyes upturned. Excessive thirst: cramps in the abdomen.

Arsen. 3, every quarter of an hour, and to interpose a dose of Cuprum if the cramps are severe.

14th, 9 A. M. Much better; less vomiting, no purging. Pulse feeble; no cramps; surface warm. No urine passed.

Continue medicine.

Half-past 4 P. M. Pulse better; no purging, very little vomiting; thirst. Skin warm. Is altogether very much better, (he was dressed and considered himself quite convalescent), but no urine has been passed. Nux, 2nd dil., every two hours.

15th, morning. Has been twice purged, and vomited several times. Still no urine. Pulse weak; eyes suffused. To have some sago and brandy. Digitalis 1, every hour.

8 P. M. Pulse not weak. No urine, nor vomiting, nor stool. Breathing loud, and is in a drowsy sleep always, but can be roused without much difficulty. Continue Digitalis.

16th. Still no urine passed: more comatose, gasping; eyes half open: cannot speak: stools involuntary: skin warm, and pulse tolerably firm. Tereb. 1, Bell. 2, alternately.

17th. Died about 7 o'clock this morning.

The fourth case was very similar to the above, and therefore it is unnecessary to give it in full. The patient was free from the proper cholera symptoms between the second and third days, but the urine did not come, and she had pain below the scapulæ, and much retching. Zincum, Cantharides and Terebinth. failed to restore the urine. Her friends then called in allopathic aid, but with no better success, for she died on the sixth day.

From the foregoing it would appear, that suppression of urine, though it occurs along with the interruption of the other normal secretions that takes place in the height of the cholera, generally gives way in the same manner and about the same time that the suppression of the bile gives way, or even earlier, without any special treatment being required. But in a certain number of cases it does not give way, and then becomes the sign of a most important pathological lesion, which proves fatal in most cases. The lesion in these cases seems to be inflammation of the kidneys, chiefly seated in the tubular portion.* It would

* Kidneys. "These organs were highly congested in 25 of the algide cases, and 16 of the others; in 3 they presented, in the torpid period, an increase in size, with yellowness, of the cortical substance. The calices and pelvis

appear that the kidneys share in the capillary congestion of so many organs during the height of the disease, and in some cases

were injected in nearly all the cases; rarely ecchymosed. The tubular and mammillary substance was of a brown red, almost blackish colour, especially in the torpid cases; and yielded from the extremities of the cones, a yellowish or whitish, mucous, sometimes quasi-purulent matter. This semi-liquid substance was found in the calices, pelvis, ureters, and bladder, of different degrees of consistence and appearance. In five or six cases at least, during the period of reaction, we pressed out from the mammillæ, along with this perverted urinary matter, some very fine yellowish oily drops, which floated on the surface of the liquid. With regard to the congestion of the cortical substance, we have observed, in the algide, and sometimes even in the torpid stage, no very remarkable increase of size, but generally a slight diminution of consistence. Within the capsule, especially on the posterior surface, are seen numerous blackish red arborescences; sometimes entire portions are of a slate-blue or indigo-black colour. On cutting the cortical substance parallel to its surface, it presents a very abundant dotting of large grains, from which blood can be squeezed. The perpendicular sections present large parallel vascular lines, approaching each other from without inwards, with transverse striæ. The numerous open mouths of the vessels between the cortical and tubular substance yielded black thick blood. Are these alterations the cause of the cessation of the secretion of urine? We think so, on account of the obstruction and stagnation of blood in the capillaries. The same cause entirely or partly accounts for the presence of albumen in the urine, a phenomenon which may also occur in numerous cases under the influence of slight congestions.

"Another very important change, with which we have rarely met, is the increase of size, with yellowish transformation of the cortical substance. In a torpid case, of six days' duration, when the lesion was well marked, the kidneys presented, at the surface, very fine stellated arborisations, with ecchymotic dotting on a clear yellow ground. On section the two substances were very abruptly defined; the cortical substance was pale, yellowish, and notably tumefied, while the cones were of a brown-red colour, almost ecchymotic. The mammillæ were black, and yielded abundantly on pressure a semi-fluid, yellowish matter, with drops of oil.

"We have in Cholera, without doubt, one of the best characterized phases of albuminous nephritis. The characters of the primitive alteration of the kidney in cholera, are, well-marked hyperæmia, with cessation of the urinary secretion, or with albumen in the urine. From these, no doubt, all the changes peculiar to Bright's disease might arise, and continue during convalescence. We here see one of the points of analogy between Cholera and a great number of other affections, especially eruptive fevers. We find here also the anatomical explanation of choleraic albuminuria, which has been observed in 511 cases out of 697, in the Hôpital du Val-de-Grâce; and also of complete suppression of urine, observed in 149 cases, and of polyuria, which has been noticed in 111 cases."—Op. cit.

this does not subside with that of other organs, but continues (or is even aggravated by metastasis,) after the capillary congestion and increased secretion from the bowels have given way, and passes into inflammation, with consequent suppression of urine and death.

The mortality of this affection, as well as the influence of remedies, are questions very difficult of satisfactory answer; for in single cases we have no certain signs of the bad effects of the suppression when it has not lasted very long; and when it does not prove fatal, we cannot tell whether its yielding is to be attributed to nature or the remedies. These questions can be definitively settled, I presume, only by the observation of a very large number of cases. The number of our cases is not, I think, sufficient to decide the question respecting the influence of remedies in restoring the secretion; nevertheless, I am inclined to think, that as far as they go, our cases give a presumption in favour of the curative influence of the remedies.

The number of cases that lasted above three days in which the urine was suppressed above forty hours was thirteen. Of these, as above stated, four died. Those that recovered may be briefly noticed.

53A. A man, aged 35, whose wife died of cholera ten days before. On the 7th August, after the cholera symptoms had lasted about twenty-four hours, and there had then been no purging for nine hours, there remained at 1 P. M. constant retching after drinking; tongue whitish and rather dry; hiccup. Pulse 80, soft and not weak. Violent pain across the loins, shooting; no urine passed since the commencement of the disease. Thirst. Canth. 1, every half-hour. At 10 P. M., pain in back somewhat better; occasional hiccup; pulse good. Vomiting every half-hour, copious and watery. No urine; no stool. Tart. emet. 1 and Canth. 1, alternately every half-hour. Next morning passed urine about 7 A. M.; pain in back nearly gone; no hiccup, vomiting, or purging; had slept a good deal. Cont. med. On the 9th convalescent.

CASE 59 was a very severe case of cholera, with imperceptible pulse and severe cramps, followed by consecutive fever, occurring in a very destitute person who was very much neglected, till we sent one of our nurses. Between the second and third day, at noon,

August 12th, the vomiting became tinged with green, and the cholera symptoms began to subside, but no urine was passed. She continued for sixty hours in much the same state, with foul tongue, thirst, want of appetite, retching, little purging, and no urine. Arsen. 2 was given all this time. On the 14th, at 9 A. M. had neither vomiting nor purging. Very low and pulse very weak; skin warm. She is in a semi-stupid state. Digitalis ℚ, was given alternately with the Arsen. as before. At next visit she was found to have passed some urine, and was better, and from that time went on favourably. The urine was passed within an hour or two of her taking the Digitalis, so we cannot say whether it was instrumental in procuring that result or not.

CASE 104 was another of consecutive fever following severe cholera, through not accompanied with complete coldness. It began with watery purging, vomiting, severe cramps, shivering and fainting on the 24th August. The cholera stage passed through as usual, and the chief symptoms are detailed under Cuprum, in the therapeutic chapter. After the lapse of fifty hours from the commencement, at 8 P. M. on the 26th, the purging had subsided, the pulse good, less thirst, and had slept: but the eyes were bloodshot; there was excessive restlessness; nausea and empty retching; great pain at pubic region; no urine passed. No swelling or fulness of the bladder was detected. Bellad. alternately with Cantharides. On the 27th, at 9.30 A. M. twice purged. Pain at epigastrium, and constant nausea, with frequent retching of greenish watery matter; great thirst. Some sleep, and less pain in epigastrium, but no urine. Iod. 2 every hour. In the evening somewhat better, but still no urine, and frequent retching. Arsenic. 2 was again given every hour. 28th, at 10 A. M. Somewhat less retching and thirst, and has taken a little arrowroot; no stool and no pain in bowels, but no urine passed. K. bich. 2, was given every hour. In the evening we found she had passed a little urine in the course of the day, was better and slept much. Cont. med. every two hours. During the night she passed urine freely, and next day continued to improve, and gradually got better in a way very like the case 110, at p. 121. She had also the very red and glazed tongue like raw beef. In this case the suppression had lasted four days, and ceased while the patient was taking the K. bich.; but as we do not know the exact time after beginning the medicine, it remains doubtful whether the restoration of the secretion was not due to other causes or other remedies. It is most likely,

however, that it was not restored at all till after taking the K. bich. six or eight hours, and not fully till after twelve or eighteen hours.

The next is Case 110, narrated at p. 121. Urine was not passed at all for forty hours, during six of which he took K. bich., and then only very little was passed, and none for twenty hours more, during the most of which he took K. bich. and then the secretion was fully re-established, and the patient ultimately recovered.

Case 128 was one very similar to 94, narrated in full in the therapeutic chapter. It had the same same violent vomiting and purging, and severe cramps drawing the muscles into knots; but there was little coldness, and the skin soon became very warm, and the pulse pretty good, though not full or strong as case 94. On the 4th Sept. at 3.30, the vomiting had become tinged green, and the stools greyish, and both greatly subsided: there was nausea, retching, thirst, coated tongue, vertigo and some headache, and no urine for thirty hours. K. bich. 2 every hour. In about twelve hours urine was passed, thick and fœtid at first, and afterwards quite restored, and the case ultimately recovered, having, like 94, had the acrid, excoriating greenish stools, headache, and much fever, and ended with a measly eruption over the arms and trunk exactly like case 79, related at p. 112. The whole case lasted nine or ten days. In these two last cases the resemblance they bear to the fatal cases of suppression at part of their course renders it probable that treatment directed to the restoration of the secretion was useful, and changed the aspect of the case.

Case 149 was one of severe cholera, with intense collapse and knotted cramps. In about forty hours the disease was subdued under Arsenicum alone, and the patient had a good pulse, and had slept; occasional retching and pain at epigastrium, and no urine. K. bich. 2 every hour was given, at 9 P. M. and continued twenty-four hours, and urine was passed during the night. Next day he was better, but had the red tongue and some greenish diarrhœa, and gastric disturbance, which kept him ill for seven days altogether. This case does not throw much light on the action of any remedy for the suppression, as it might have yielded spontaneously, though on the other hand the gastric disorder, lasting longer than usual after such a complete recovery from the cholera, shows an analogy between this case and those in which the suppression was a main element.

Case 163 was one of severe cholera, with coldness and blueness of skin, altered voice, and excessively painful cramps. At 9 P. M. of the 22nd September, after forty-eight hours illness, he had greenish

frothy retching, and no purging or cramps, and pulse good, but no urine. K. bich. 2 every hour. 23rd, at 10 A. M. yellow tongue, thirst, retching and hiccup, but had passed urine a short time before—the first time for about fifty-six hours. He recovered without fever, but his case lasted in all six days.

The two remaining cases were cases of consecutive fever, in which the urine was suppressed for a time, but returned under special treatment, though the patients afterwards died from other causes.

From these cases I think we may presume there is a probability that the remedial means were useful in restoring the secretion. It is to be remarked that the last case of death was No. 102 in our list, and after that we had no death from suppression of urine. The only death that occurred with above three days duration, after that period, was one of protracted cholera, of the torpid variety described at p. 108. Though the urine did not return, yet neither did the bile nor any normal secretion, and the serous purging continued. After the four deaths above described, we directed our attention more to the subject, and determined to give an appropriate remedy early, when the characteristic symptoms of cholera gave way, and yet the urine did not make its appearance. Accordingly we generally began, between thirty-six and forty-eight hours after the commencement of the disease, to treat the kidney, if the urine had not been passed. It is quite possible, therefore, that in all the above cases the return of the secretion may have been due to nature alone, and would have happened at any rate; this can only be determined, as above said, by a large number of cases. We used the remedy in all the cases we had, and of course could do no more, and it remains therefore to others, by adding their observations to ours, to determine the question.

Consecutive Fever.

The average duration of the consecutive fever was about eight days; the shortest being five days and the longest twenty days, The two cases that lasted the shortest period were both young persons, and had the collapse in a very intense degree. In illustration of the consecutive fever it will be sufficient, I think, to narrate one of these fatal cases, and then two of the

recoveries, more protracted cases, which will display the symptoms in their further development.

CASE 38. A girl aged 8, was suddenly seized at 1, A. M., on the 3rd of August, with vomiting and purging. At 9, A. M, was cold and pulseless, and had quite the feeling of a dead body; eyes turned up, and all symptoms of intense collapse; she had no cramps throughout the whole illness; she got one inhalation of Arseniuretted Hydrogen, and Arsen. was given in solution. Twenty-four hours after she had complete reaction, and the vomiting and purging were diminished and she passed a tolerable day that day. At 7 P. M. on the 4th, she had no stool for six hours; had vomited once greenish; the skin was warmer, and of natural colour; was drowsy and had some delirium; pulse quick. Bellad. 3 every two hours.

August 5th. During the greater part of the day remained in a drowsy state, with nausea but no vomiting; passed urine in bed; started suddenly, and threw herself about; had Rhus for some hours. At 9, P. M. she had three fæcal motions; excessive restlessness, twisting and tossing about, at one time lying on her belly, at another, half out of bed; pulse quick, but distinct and regular; skin natural; she would not speak, but was sensible; some grinding of the teeth. Cont. Bellad. as before.

6th, at 9, A. M. Had tossed about the whole night, but seemed on the whole better; two yellowish stools; tongue white; slept at intervals; was perverse and refused to open her mouth; she seemed frightened and was often burying her head in the pillow; had taken some gruel without vomiting.

Cham. one dose, then cont. Bellad.

At 8, P. M. Was still restless and tossing; several yellow stools passed in bed, with screaming and consciousness; pulse steady and not rapid; skin cool; she keeps her eyes shut, and takes no notice of anything, and won't open her mouth; sighing.

Helleb. 2, every two hours.

7th August. Continued much the same, with more sighing till 2, P. M., when she was much sunk, the pulse scarcely perceptible, the skin rather cold, and she was quite comatose.

Zinc. 2, gr. i. every two hours.

In the evening at 8, P. M. the pulse was rather better, but she was still comatose, and passed stools involuntarily, and had twitchings of one side. She died on the morning of the 8th.

Case 110. A healthy man, aged 39. Had had diarrhœa for a week, but it got better and again relapsed. When seen at half-past 4, P. M. on the 26th of August, he was found with purging, which had continued since the day before; vomiting had begun at 5, A. M. that morning, and afterwards cramps came on in the legs, but not severe. Camphor followed by Veratrum had been given. The symptoms were, great thirst; vomiting after drinking; tongue warm, moist, and greyish coated; pulse quick and feeble; face cold; forehead warm; very restless, and tossing his arms about; had passed urine.

Arsen. 3, every quarter of an hour.

At half-past 8, P. M. Is warm all over, and perspiring; pulse not feeble; once purged; still frequent vomiting; great thirst, and tossing of the arms. Cont.

On the 27th he continued to improve under the Arsenicum, and in the evening of that day the cholera symptoms were mostly gone, except that no urine had been passed.

K. bich. 2, every hour.

28th, at 9, A. M. Had slept; pulse good; one fæcal stool; nausea, and acid taste, but no vomiting; in the night passed a very little urine; in the evening he continued much the same, but no more urine. Cont. Med.

On the 29th, at 9, A. M. Had one motion and passed urine along with it; pulse 72, full; tongue thickly coated; drowsiness; frequent hiccup; tenderness over the liver.

Iodium 2, every hour.

During this day he continued to grow more stupid, and speech slow and indistinct; the pulse slow; urine not passed during the day.

K. bich. as before.

30th of August. Much in the same stupid state, but passed more urine. Towards evening the pulse became full and strong, though still not quick. Bellad. 2, every hour.

31st. The pulse 75, full; was better on the whole, but still stupid and drowsy, with very slow speech, and seems deaf; two fæcal motions, and urine copious.

Bellad. 2, alternately, with Op. 1, every two hours.

1st of September. Still stupid and deaf, and seems to have pain in his throat, with difficulty of swallowing; grinding of the teeth; pulse 60, and tongue thick yellow coated, though inclined to clean at the edges. Merc. alternated with the Bellad.

Sept. 2nd. A little better, but still on the whole in an unsatisfactory state; pulse 70, pretty full; tongue brown; excessively stupid and apparently unwilling to speak; pupils dilated and sluggish; stools and urine pretty natural.

Phos. Acid. 2. every hour.

Sept. 3rd. A good deal better: slept well without tossing or grinding the teeth, is more sensible, and speaks intelligently; pulse 68, soft; eyes still heavy, and pupils contract languidly; tongue clean at point. Cont. Med.

He continued much the same for three days, the pulse still remaining slow, and the tongue gradually cleaning. On the 7th, again worse, without known cause; and tongue brown, and some bilious vomiting.

Arsen. 3.

On the 9th, was better again, and the tongue became smooth and very red and glazed, like raw beef.

China 1, every four hours.

He continued to improve, but was not pronounced convalescent till the 15th, having been in all twenty days ill.

Consecutive Fever with measly eruption.

Case 79. A. C. a healthy woman of temperate habits, aged 35. She lived in a small low roofed cellar, and had nursed her husband in the cholera for two days, and his corpse was lying in the same room with her during the better part of two days of her illness. During the night was seized with diarrhœa, and when seen at 8, A. M. on the 14th of August was purging every five minutes and vomiting frequently, and had much pain in abdomen. Camphor as usual.

At 10, very severe cramps had come on, and the vomiting and purging less frequent. Skin warm and covered with a gentle perspiration; eyes sunken and eyelids livid.

Cuprum Acet. every ten minutes.

3, P. M. The cramps still very severe; frequent watery purging, and great thirst; skin warm; pulse perceptible. She is quite deaf.

Camphor for an hour, then Arsen. 3, every half hour.

8, P. M. No purging since 7 o'clock; no vomiting; violent thirst; great pain in the left side; copious cold sweat all over; breathing oppressed; voice faint; pulse not quick, firm. Continue Arsen. No urine. 15th, 8, A. M.. Has had frequent vomiting, constant after drinking, copious and watery; tongue much furred and white;

no purging lately; spasmodic pains in the bowels; very thirsty; no urine; occasional cramps in the thighs; restlessness. To have two doses of Nux V. 1, then continue the Arsen. 3.

8, P. M. Vomiting ceased; purged three or four times; skin warm; pulse good; no urine.

To have one dose of Digitalis ℚ, then cont. Arsen.

16th, 9 A. M. Vomited three times, and passed a little urine in the night. Tongue much coated. Slept a little, and not so restless. Had passed two stools coloured fæcal but thin. This amendment continued all day; urine was passed, and she took food. The symptoms of cholera proper may be considered as having subsided, but instead of being convalescent she passed into a mild febrile state. On the 17th, 9 A. M., had passed a restless night, with one hour's sleep. During the day passed greenish evacuations; pain at epigastrium; tongue very white; bitter taste of everything; restless in the evening. She got Nux for one day, and Chamomilla next day, and continued three days much the same, improving gradually, though still with little sleep. On the 20th, again some vomiting and constant restlessness, white tongue and sleeplessness. On the 21st still no sleep, and the above symptoms continue. She got Hyoscyamus 2, every two hours, with good effect and slept well, and next day took food with relish, and was pronounced convalescent. On this day, 22nd, an eruption like measles came out on the hands, arms, back, legs and feet, the last being of a bluish red colour. The parts affected were hot and itching. It lasted four or five days, and occasioned no constitutional disturbance.

Our results in the consecutive fever are considerably different from those of our colleagues in Edinburgh, at least in respect to the number of our cases of this affection. Dr. Russell attributes the rarity of the consecutive fever in the Edinburgh cases to the absence of stimulants during the treatment of the cholera. Our treatment was exactly the same in that respect, as well as in others, and yet we have had nearly five times the number of cases of consecutive fever in our smaller number of cases. The difference must be attributed to the character of the disease. I have no means of finding out the proportion of consecutive fever under allopathic treatment. With the view of throwing some light, if possible, on the causes that determine the occur-

rence of consecutive fever after cholera, we have examined closely our cases during this cholera stage, and find the following results.—Out of the eighteen cases nine were children, and of these five died. Four cases had intense collapse, and of these three died, generally in the rapid and comatose form of the fever. Three cases had no collapse at all, and of these one died. Nine had only a moderate amount of collapse, and of these two died. In fact we may say that five or perhaps six of the cases began as a sort of fever, with little if any coldness, though the vomiting and purging were violent and serous, and the cramps severe. In eleven the urine was not suppressed at all, and of these four died. In five it was suppressed for a time, and of these two died. Six were neglected during the cholera stage, and in particular they were exposed to cold after reaction had begun. Of these five died. It thus would seem that some cases are from the beginning more a sort of choleraic fever, which continues into the consecutive fever. Neglect and improper treatment, intensity of the collapse, and the infantile age seem to me the other most powerful causes of inducing the consecutive fever.

During the fever we have noted some particulars which are given in the subjoined note.* From these it appears that this fever differs very much from typhus, and indeed from almost every other fever. The pulse was generally slow, and became slower in the course of the disease. The skin was generally

* *Symptoms in the Consecutive Fever.*

	Recoveries.	Deaths.	Total.		Recoveries.	Deaths.	Total.
Coma	4	6	10	Purging	7	6	13
Delirium	6	2	8	Hiccup	5	0	5
Pulse slow	8	4	12	Grinding of the teeth	3	3	6
„ quick	2	2	4	Sighing	3	3	6
Urine suppressed	3	2	5	Sleeplessness	4	0	4
„ not suppressed	7	4	11	Headache	4	2	6
Restlessness	10	6	16	Bloodshot eyes	3	1	4
Tongue moist	11	4	15	Dilated pupils	3	0	3
„ dry	0	1	1	Deafness	2	1	3
„ red and glazed	2	0	2	Measly eruption	2	0	2
Vomiting	10	3	13				

cool, or at least not more than comfortably warm. The tongue was generally moist. Some of the symptoms of the cholera persisted in, and complicated, some cases, such as the vomiting and purging, but these were not serous but greenish in general. The suppression of urine was also a complication the exact value of which it is difficult to determine, as in some cases it may have possibly been the sole cause of the fever. One of our fatal suppression cases was a febrile case, and several of our febrile cases which exactly resembled it are arranged among the the fevers because the urine was not suppressed till death.

In addition to the above cases, in which the disease was in the stages in which death may take place, we had a considerable number of cases which were checked in the stage of invasion. In these cases the patient was generally seen very soon after the attack, and the admirable powers of Camphor at that period were brought into play. As an example of these cases I may quote the following:

Case 66. A man, aged 38, was suddenly seized at 5 P.M. with violent vomiting, then purging of a watery character, shivering and chilliness all over and rumbling in the abdomen, with cramps in one leg. When these symptoms had lasted about two hours he got Camphor in the usual way (2 gtts every five minutes,) and in an hour was greatly better in all respects, and next morning had no complaint except great weakness.

The majority of cases in the first stage were not cured with Camphor alone, for though it checked speedily the general symptoms, yet Veratrum, or Ipec. or Arsenic, were given to remove some remaining vomiting or purging, or other symptoms.

It would be quite improper to exclude such cases from a list, in calculating the mortality from cholera, for they are genuine cases in which the poison has begun its work in the system, and would go on in a very short time to its full development: to exclude them would be to render the very perfection of our remedial powers the grounds of calling their efficacy in question. Besides it would not give a fair average for comparison with the general mortality of the town, for in striking that, I know that such cases are also included; and, indeed, from the activity of

the house-to-house visitors, the allopathic practitioners had many more opportunities than we had of seeing the cases in quite the early stage. The only difficulty about admitting such cases, is the doubt of the accuracy of the diagnosis. Here we can only say we did our best to exclude all cases at all doubtful, so much so, that we believe a considerable number of genuine cases have actually been excluded. And it must be borne in mind that in an epidemic any ordinary observer soon acquires the practised eye which enables him to distinguish readily the specific character of the disease. As an exampe of the danger of the disease in that stage, I may relate an interesting case that came within our observation. A man of middle age, who resided in a house where we were attending a cholera patient, was seized in the morning with the symptoms of invasion of cholera, less severe, but similar to the above case. He was treated with Camphor in a short time, and soon relieved. In the forenoon he told Dr. Hilbers that his occupation as a boatman of the Custom House rendered it necessary for him to go to sea that evening; he was informed by Dr. H. that the exposure might cost him his life. On our return in the evening we were told the man felt so well that he was gone to sea, and nothing more was thought of the case at that time. But, one day verified our prediction; we heard shortly afterwards that he was taken ill upon his return that night, and died the following morning.

Besides the cases of the first stage entered on our list, we had eighteen others reported and entered in the books, although not personally visited by us, as having received Camphor with curative effects for premonitory cholera symptoms. During the hurry and bustle of such an epidemic, in order as much as possible to save time, when a message came to the dispensary from a patient affected with vomiting and purging, &c., some Camphor was sent by the messenger with directions that it should be taken for an hour, when a visit was generally made; but in some cases the messenger was told to return and report progress after the Camphor had been used for an hour or so. In the above eighteen cases we heard that the patient was much better, and did not require visiting. Of course no such case

is included in our list, but it is as well to record the fact, as it helps to increase the weight of evidence in favour of Camphor.

In a certain number of cases, however, we were not so fortunate as to cut short the disease in the first stage, and it went on though seen pretty early. These were generally bad cases, occurring in persons who were exhausted by nursing their relatives in the disease, and long exposed to the morbid influence. It is also doubtful in what stage they were seen, as there is no decided line of demarcation between the stages, so we can only say approximatively that about twenty cases seen by us in the first stage passed into the subsequent stages.

We may conclude this chapter by giving a table of the mortality according to stages:—

	Recoveries.	Deaths.	Total.	Per Cent.
Second stage	76	34	110	= 30.9
Consecutive fever	11	7	18	= 38.7
Fatal suppression of urine		4	4	
Checked in the first stage	43		43	
	130	45	175	= 25.7

Chapter III.

Semeiology.

One that is only acquainted with the cholera through the information derived from books is apt to form a very erroneous notion of the disease, because in a compendious description of the disease it is necessary to describe it in its complete and best marked form, with a full development of all the symptoms ever observed in the disease. But in reality the cases of cholera differ as much from each other as do the individual cases of any other disease, and many of the most characteristic symptoms are by no means always present: so that any one resting his diagnosis on any single symptom would be very liable to be deceived. With a view to discovering the value of some of the symptoms in the prognosis and diagnosis of the disease, we registered them numerically in a certain number of cases, as is

given in the note below* In the more common symptoms here noted, the total number (for example, of the cramps) does not give the number of that symptom that occurred in our whole cases, but only the number in which the symptom has been sufficiently accurately reported to allow of the classification here given. Of the less common symptoms the number given expresses, as far as we could observe, the total number in our whole 175 cases.

From this table it appears that the severity of the cramps is an unfavourable sign, but that the muscles being drawn into knots by them is not particularly so. It appears also that children are much less liable to cramps than adults, for six cases out of eleven fatal under 15 years of age, were without cramps. The hiccup was not a bad symptom, and generally formed one of the symptoms of gastric derangement which appeared on the subsidence of the cholera symptoms. The red purging was fatal in every case. That peculiarly agonizing pain from the præcordial region through to the back seemed to depend on spasm of the diaphragm or of the heart itself, and was fatal in all our cases. It occurred in the asphyxial and intensely collapsed cases.

With the view to ascertain whether any light could be thrown on the diagnosis of the disease, or the choice of the specific remedy, by the circumstance of the order of the cardinal symptoms in the invasion, we noticed that circumstance in the 128

* *Symptoms of Cholera.*

	Deaths.	Recoveries.	Total.		Deaths.	Recoveries.	Total.
Greenish tint of complexion	4	0	4	Cramps, moderate	3	16	19
Delirium	4	7	11	" severe.....	22	24	46
Vomiting in gushes, as if squirted out	4	6	10	" in knots	4	7	11
Hiccough	2	10	12	Cases (severe or fatal) without cramps. [Of these all but 2 were children] ..	8	6	14
Epigastric pain	6	18	24	Red purging.....	4	—	4
Abdominal pain	6	30	36	Agonizing pain from region of the heart through to the back	9	—	9
Cases (severe or fatal) without coldness	2	3	5	Deafness	1	2	3
Grinding of the teeth	4	4	8				
Coma	10	4	14				

cases of which the result is subjoined.* When any other symptom is admitted, it is not that that symptom was absent in other cases, but it is admitted in these cases because it preceded the common symptoms in the order of its appearance. It would seem by this table that the first is the normal sequence, and that almost any deviation from that is a bad sign. Why the third should be such a fatal sequence it is difficult to understand.

Duration of the disease. From the subjoined table † it appears that the average duration of the recoveries was two days and fifteen hours; of the deaths, two days five hours.

* *Order of the symptoms of invasion in 128 cases.*

	Recoveries.	Deaths.	Total.		Recoveries.	Deaths.	Total.
Purging, vomiting, cramps	37	16	53	Cramps, purging, vomiting	—	1	1
(of these premon. diarrhœa	16	8	24)	Vertigo, purging, vomiting, cramps	2	—	2
Vomiting, purging, cramps	8	6	14	Fainting, purging, vomiting, cramps	—	2	2
Purging, cramps, vomiting	3	6	9	Purging, cramps	1	—	1
Colic, purging, vomiting, cramps	3	—	3	Purging, vomiting	20	6	26
Colic, vomiting, purging, cramps	5	—	5	Vomiting, purging	7	4	11
Shivering, purging, cramps	1	—	1				

† *Duration of the disease.*

	Recoveries.	Deaths.	Total.
Under 6 hours	1	1	2
" 12 "	14	8	22
" 18 "	6	6	12
" 24 "	19	12	31
" 36 "	17	4	21
" 48 "	22	2	24
" 3 days	18	1	19
" 4 "	9	1	10
" 5 "	8	4	12
" 6 "	7	2	9
" 7 "	3	2	5
" 8 "	3	1	4
" 12 "	1	1	2
" 14 "	1	—	1
" 20 "	1	—	1

Duration of the cases before treatment.

	Recoveries.	Deaths.	Total.
Under 2 hours	17	8	25
" 4 "	22	10	32
" 6 "	26	10	36
" 8 "	16	6	22
" 12 " &c.	27	7	34

Recoveries—average 7 hours.
Deaths—average 6 hours.

Duration of the cases under treatment.

	Recoveries.	Deaths.	Total.
Under 6 hours	2	5	7
" 12 "	17	12	29
" 18 "	22	8	30
" 24 "	17	8	25
" 48 " &c.	25	2	27

It thus appears that 5 fatal cases were less than 6 hours under treatment, and, in all, 17 fatal cases were less than 12 hours under treatment.

On the Stages of Cholera.

It is usual to divide the disease into three stages, viz. Invasion, Collapse, Reaction, to which is sometimes superadded a fourth, viz. consecutive fever. But according to our experience of the epidemic as it appeared here, it would be very difficult to arrange our cases in such a manner as to classify them in that way. In fact there is such a great variety in the mode of attack and course of the symptoms that it is impossible to fix on any one or two cardinal symptoms, and from their presence or absence to determine the exact stage of the disease in which the patient is. That can only be done by taking into account the whole circumstances of the case. The normal course of the disease in its simplest elements appeared to be the following. The patient was seized generally pretty suddenly with vomiting, purging, cramps and coldness, and rapid and feeble pulse; then after a longer or shorter period, a return, to a certain extent, of the heat of skin took place, but the characteristic vomiting and purging continued, and the reaction was only imperfect, the cyanotic state of the skin and obstruction of the capillaries of heart and lungs remaining or increasing. If the case recovered, the vomiting and purging and capillary stagnation of the cutaneous, respiratory and circulatory systems gradually gave way more and more, and the reaction became thus complete when it terminated in convalescence or the consecutive fever. If the case was fatal, the cyanotic state gradually increased along with the drain of blood by the characteristic discharges, and the patient died in the secondary or anemic collapse as described in Case 11 (p. 102). Thus it appears to me there are properly only two stages of cholera, viz. the invasion and the reaction; the collapse being properly a morbid state which may occur in both these stages, and not constituting a stage at all. What is usually called the second stage is, I think, in fact the stage of imperfect reaction, still accompanied with a certain degree of collapse, which may increase steadily, and often so rapidly to a great degree, that almost no trace of reaction can be detected. In a very great number of cases, however, it will be found that a certain warmth of the skin occurred during the height of the characteristic discharges, and even in the cases of the most rapid collapse an apparent attempt at reaction is shown by the slight return of warmth in the forehead or some

small part of the body, as occurred in most cases. Now in an epidemic very few cases can be observed which present all the symptoms of the disease and these succeeding each other with due regularity; for in some, when we arrive, the period is gone for looking for some of them, and in others the symptoms marking the period are either wanting or so slight and transient that they cannot be detected. This is certainly the case with cholera, and if we were to fix upon a certain small number of symptoms as marking definitely certain stages, we should infallibly fall into confusion. Thus in Case 11, (at p. 102) the skin had been cold and was warm, and the pulse quite distinct, though feeble; while in Case 21 (at p. 104), the skin was cold and the pulse imperceptible, though both were in the second stage, and the latter recovered speedily, while the former died within a few hours. Again, if we use the term collapse as designating a stage, I do not see how we can avoid confounding two different states under the same name. For surely the state of the patient in the asphyxial form described at p. 98, and which may be called primary collapse is very different from that of case 11 (at p. 102), while in the anemic or secondary collapse; in the one there being simply a congestion of blood in the capillaries with no anatomical lesion as yet formed (and therefore we may presume capable of very speedy restoration to health by any dynamic agent capable of antidoting the morbid influence), while in the other the system has been drained of blood to an enormous amount, and anatomical lesions have generally been formed, thus rendering recovery scarcely conceivable. Collapse may be present in greater or less degree from quite the beginning of the invasion up to the establishment of complete reaction, and it may vary in intensity from shivering, coldness and slight lividity of skin up to dark blueness of skin, coldness of the breath and absence of pulse, all which merely express a greater or less degree of the same state, viz., congestion of the capillaries. I think, therefore, it would be better not to use the term collapse as the name of a stage, but as indicating the severity of the attack, in the same way as we speak of the characteristic vomiting and purging, not as a stage, but as indicating the severity of the case by the quantity of fluid discharged. The second stage, therefore, which constitutes the most common form of complete

cholera may be considered the stage of reaction imperfectly developed, and accompanied by a greater or less amount of collapse. It is not necessary there should always be collapse in a marked degree to constitute this stage, as we have seen cases run a fatal course without coldness or collapse till just moribund; and indeed the cyanotic skin, the most prominent feature of collapse, is generally wanting in children. And on the other hand the collapse may occur in the first stage to such an intense degree as to prove fatal before the second stage comes on at all, as in the asphyxial form. This seems to me the scientific way of viewing the subject, but practically as the amount of collapse is such a convenient mode of expressing the intensity of the case it will generally be spoken of as an advanced stage of the disease, and it may be as well for practical purposes it should be so, though it does not give quite an accurate idea of the disease.

Chapter IV.

Etiology.

Exciting cause. We have made no observation on this subject that can add anything to what is already known; except that bearing on the question of contagion we noted a few facts that may be added to those already recorded, as a help to the determination of the question. In two cases the washing of the clothes of cholera patients was traced.—In one a woman washed the clothes of a patient, and her child took the disease and died: there was no cholera in the court, nor did it spread to herself or any one else. The other washed clothes from a distance, and died herself. In one case a woman had washed and laid out the corpse of a cholera patient, and died of the disease. In ten cases the patients had nursed cholera patients, and took the disease. Most of these were friends and relatives. Only one of our hired nurses took the disease and died. In eight families there was another patient in the same room, or the corpse of one who had died of cholera.

It is needless to go into details in these cases, as none of them singly would constitute irrefragable evidence of the existence of contagion; but added to the cases already recorded they give some additional weight to the opinion of many that the disease is contagious. The opinion which we formed

during the course of our observations is that the disease is contagious, but in a very low degree, and requiring the concurrence of a great number of favourable circumstances before that power can be manifested at all.

Predisposing causes and accessory circumstances which contribute to the mortality of cholera.

AGE.—Our mortality according to age was as follows.—

	Recoveries.	Deaths.	Total.	Per centage.
Below 15	29	11	40	= 27.5
From 15 to 50	88	17	100	= 17
Above 50	18	17	35	= 48.57
	130	45	175	

The proportion of our deaths according to age is: in the first period 24.4; in the second 37.7; in the third 37.7. On comparing this with the general mortality in Liverpool from cholera, it appears we have had rather less than our proper proportion of children, but considerably more than the proper proportion of old persons. In fact we consider that about eight of our deaths were chiefly owing to old age, for they had no chance of recovery in a disease like cholera. A disease like cholera must always kill a great many persons, when we consider that even influenza, when occurring in the aged, is a very frequent cause of death, and age gives no immunity from cholera, but perhaps even predisposes to its attack. Infancy is also a period in which cholera is very fatal, probably on account of the relatively less fluid state of the blood at that time, and altogether the smaller proportion which the blood bears to the solids of the body in children than adults.

Previous habits and state of health.

		Recoveries.	Deaths.	Total.	Per centage.
Temperate		83	4	87	10. 8
Intemperate		17	8	25	32
Previous state of Health	good	79	15	94	16. 9
	bad	15	9	24	37. 5

These tables speak for themselves as far as they go. In regard to the premonitory diarrhœa the following table exhibits the proportions carefully ascertained in all our cases.

Premonitory diarrhœa	43	15	58	25. 8
No premon. diarrhœa	87	30	117	25. 6

It thus appears that the premonitory diarrhœa was absent in 66.8 per cent. of the cases. It appears that the mortality was about the same whether it was present or not. A great deal has been said and written about the premonitory diarrhœa as an almost invariable attendant on the cholera, and also the easy curability of the disease while in that stage. Now it appears to me that neither of these two propositions is proved. In the first place our cases show a good deal more than the half without this symptom, and the presence of the diarrhœa in the remainder, which is still a large proportion, by no means proves that the premonitory diarrhœa is a stage of cholera. It merely shows one of three things, viz. first, that common diarrhœa is a very strong predisposing cause of cholera; second, that the premonitory diarrhœa is really a stage of the cholera in all cases in which it occurs; and, thirdly, that both propositions are partly true, and that in some cases the premonitory diarrhœa is really a part of the cholera, while in others it is merely a common diarrhœa, which has served as a predisposing cause to invite the attack of that disease. The last of these propositions I believe to be the true one, and that the real premonitory diarrhœa of a choleraic character so far from being frequent is, in fact, seldom met with, and that the great majority of the premonitory diarrhœas are nothing more than simple diarrhœa. My reason for this is, that in those cases which I have watched, of real choleraic, rice-water, painless diarrhœa, the cure is by no means an easy matter, and the greatest caution is needful on the part of the patient to prevent the proper cholera from being developed. In one case, merely eating some solid animal food too soon, brought back all the symptoms and the case ran on to fully developed cholera. The case we have also mentioned of imprudence after checking the first stage may be borne in mind. When, therefore, the Board of Health report of so many thousands of cases seen in the premonitory stage of cholera, by the use of a variety of simple means only a few units passed into the fully developed stage, they prove by the argument *ad absurdum* that the great mass of these cases must have only been simple diarrhœa, and though, doubtless, great good is done by the house-to-house visitation and other timely precautions, yet it is only by removing diarrhœa as a predisposing cause of

cholera, and not by curing in it the real disease in an early stage.

Previous treatment. Thirty-six cases had domestic remedies, generally consisting of whiskey and cayenne pepper, or some nostrum of the kind. Thirty-seven had some kind of allopathic medicine, either from a druggist or the cholera dispensaries. The medicines were generally opium in some form or another, or chalk or other astringent mixtures. Eighteen had had homœopathic tincture of Camphor, with more or less regularity. Sixty-seven had had no treatment of any kind before we were called to see them.

Among the *accessory circumstances* which tend to increase the mortality of cholera may be noticed as of great importance, imprudence on the part of the patients, and neglect or bad nursing from their neighbours or relatives. This was naturally to be expected in a disease of such sudden and simultaneous invasion of many persons and of such terrible aspect. Indeed, though at first no fear of contagion seemed to exist, yet in the course of the epidemic it gained ground, and the sight of so many examples of several deaths occurring in the same house at short intervals, terrified the friends and neighbours, and we have more than once found patients entirely neglected, while at the same time the door of the house was surrounded by persons attracted by a morbid curiosity, but yet afraid to go in to give even a drink of water to the suffering patients. In other cases we have on the other hand found the sick room filled with noisy and sometimes half drunk officious neighbours whom we have put out with difficulty. In either case the patient suffers greatly from want of proper nursing, and we adopted the plan used in Edinburgh of sending hired nurses to the patients' houses wherever the relatives were unable to take proper care of them. This we think a most useful plan and it was a source of great comfort to many afflicted families, in which often more than one member was sick or dying at the same time. It was not, however, always easy to get good nurses, and the occasional drunkenness and misconduct of our own nurses was sometimes a source of aggravation of the evils of the disease. As special instances of the evils of imprudence and bad nursing, we noted in one case the patient was better of cholera after the usual

remedies, when, contrary to orders he eat some solid animal food, and relapsed, and was brought through with difficulty. Another was better after Camphor, then he took a hearty dinner, when the symptoms returned and he had the fully developed cholera. In one case, a child was left by every one during the funeral of its mother, and was found by us alone, nearly naked, cold and pulseless; she had been better, but now went into consecutive fever and died. In another, a boy refused to take the Camphor, and having been brought through the disease with Arsenicum given in the water without his knowledge, was afterwards neglected owing to the rest of the family being occupied with his father, who was dying in the next room; he went out and drank water from the tap in the yard, ate cheese, &c., relapsed, and died of consecutive fever. In about a dozen other cases, needless to particularize, the treatment was mismanaged through ignorance, imprudence, or perversity, so as quite to nullify its influence for the time or altogether.

Another accessory cause of the mortality was, as may be easily conceived, the feelings of *horror and despair*, inspired by the approach of a disease so rapidly fatal, and striking often at once several members of the same household. In one family we attended, one member was attacked in the morning, and within a few hours the father, mother, and another child were likewise prostrated with the disease. On entering the house at the morning visit we found the mother moribund in one room, and in another the father, hopelessly collapsed and breathing with difficulty, but quite clear and collected in mind (as is usual), with the uncovered corpse of his son lying full in his view. Thus, in little more than twenty-four hours four members of this family, previously in good health, were carried off. Similar scenes were of daily occurrence during this period of the epidemic, and their depressing influence may be easily imagined.

Influence of a previous attack. We observed two cases of second attack during the epidemic, in which we attended the patients in both attacks. Both cases recovered.

Pregnancy. Two cases which went into the fully developed stage of cholera, both died; one recovered in the first stage.

(The concluding part, on Therapeutics, in our next.)

REVIEW.

The Parent's Guide, by J. LAURIE, M.D.

This is the fourth original work which Dr. Laurie has given to the public, and he has, besides, translated Boenninghausen's *Manual of Homœopathic Therapeutics*. He has distinguished himself among British homœopathists by his industry, and he has not laboured in vain. A large number of the friends of homœopathy in this country were first made acquainted with the new system by means of Dr. Laurie's work on homœopathic domestic medicine. This work has had a wide circulation, and a new edition of it has been called for every year since it was first published. His other works have been equally popular. We owe much to the man who has laboured so long and so earnestly to extend the knowledge and to recommend the advantages of homœopathy. The work which gives occasion to these observations is intended to assist inexperienced mothers in the rearing of their offspring. Hahnemann himself did not disdain to write a work of a similar character, and his *Handbuch für Mütter*, or Mother's Manual, published in 1798, is an excellent treatise on the physical and moral training of infants and children which Dr. Laurie would have done well to consult in writing his work, as we feel assured it would have afforded him many useful hints: for Dr. Laurie, like Hahnemann, does not confine himself to the physical education of children, but devotes a considerable number of pages to a consideration of the moral and mental training of the rising generation.

A book of this sort, if well written, and embodying the experience of careful and long continued observation, cannot fail to be useful. Dr. Laurie's book will probably lead many to reflect on subjects which hitherto have been neglected, and thus tend to produce more enlarged and more correct views on the great question of early education. He urges on mothers, and we think rightly, the necessity of attending to the manners and behaviour of their children. He rightly argues that rudeness, and want of cleanliness, and such breaches of the rules of propriety, indicate an undisciplined moral condition, which may be corrected by early care and watching. Children observe and reason much more closely, and at a much earlier period than is generally supposed. Education, therefore, cannot begin too soon. Self-will is displayed by even infants at the breast, and care taken then may gradually effect a salutary change in the temper and disposition. If Dr. Laurie's book succeeds in persuading mothers of the immense importance of commencing the moral education of their children as soon as the first signs of intelligence unfold themselves, he will have

done a good work, and will have reason to congratulate himself on the result of his labour.

The first part of the *Parent's Guide* treats of the management of the infant from the time of birth to that period when the first efforts at training may commence. In this part there are good practical remarks on nursing and weaning, on air and exercise, diet and clothing. The second part treats of "physical education, as tending to mental and moral development." In this division of the work he condemns severity towards children, as tending to alienate their affections from their parents. He describes six social duties which a child ought to be taught early: duty towards the parent, the duty of consanguinity, the duty of the younger towards the elder, the duty of the master towards the servant, the duty of wealth towards poverty, and the duty to our country. In the third part Dr. Laurie treats of "mental and moral education." He advocates the plan introduced by Mons. de Fallenberg at the Hofwyl institution, near Berne, in Switzerland, of teaching children some mechanical employment, and of developing their physical energies by means of gymnastic exercises of every description. After condemning the practice of giving children at a very early age such an education as must develop prematurely their intellects, and generally at the expense of their physical health, Dr. Laurie says—

"If the child be placed in such circumstances as to preclude the necessity of manual labour, the rest of its time should be occupied in athletic and gymnastic exercise, and in open air occupations, such as running, leaping, and the like: but in all circumstances it were as well if the attention were directed to some useful manual occupation, such as gardening or agriculture. Employments of this kind are exceedingly healthy, and tend greatly to invigorate the frame and the mind together, and to render the pupil robust and vigorous, whilst at the same time they heighten the moral aspirations and elevate the understanding. When the muscular powers have attained sufficient development, the use of implements of husbandry or of mechanical trades may conveniently be taught. The Germans have a peculiar fashion of apprenticing all their children to some trade, with the object of enabling them to produce the little presents which celebrate the advent of a new year, from their own handiwork, and it is not without example that more than one aristocratic student of Heidelberg has before now found the means of subsistence in the trade which he thus learned as a plaything. This is no mean lesson to the Englishman, who piques himself on his utilitarian system of education. The plan might be adopted without derogation to the solemn aspect of learning, and certainly without tarnishing the frivolous pursuits of vice, at our own universities."

The last part of the work treats of the diseases to which children are liable, and of their treatment. The greater portion of this division of the work has been already published by Dr. Laurie in his work on Domestic

Medicine, so we shall not make any observations on it, but refer our readers to the review of that work in the second volume of this Journal, at page 304.

The Homœopathic Hospital and College, by the Hon. A. H. M. Moreton, *Member of the British Homœopathic Association. London, Headland.*

The task bequeathed to the disciples of homœopathy by the large and influential Homœopathic Association at its dissolution, and eloquently set forth by Mr. Sampson in his address, is discussed practically in this timely and well-written pamphlet. After demonstrating by the concise and convincing arguments of well-selected facts and figures the benefits certain to accrue from a well-organized hospital and college; the author, like a practical legislator, goes at once to the heart of the question, and lays down the only plan by which this desirable scheme can be realized. We think it would be premature at present to enter into a minute detail of the best organization of an hospital, but we gladly take advantage of the occasion offered by the publication of Mr. Moreton's address, to urge upon all those interested in the progress of homœopathy the importance of a combined movement in this direction. And we fully agree with Mr. Moreton that the only way to secure for the undertaking the interest and the support of the public is to give it a broadly popular constitution. There would be no difficulty in raising the requisite amount of money if there were perfect confidence in the minds of the subscribers that the funds would be spent in the way best fitted to secure all the benefits which are to be derived from such an institution, and this confidence can be given only by leaving in their hands the entire non-medical direction of its affairs. To them should belong the nomination of office-bearers, and all duly qualified practitioners should be eligible for the post. Co-operation is the only way of securing union. Men working together come to know and esteem one another. Mutual misunderstandings give way before closer acquaintance; there is no cement of friendship like common danger and common responsibility. We earnestly trust that the public will set the example of ignoring all parties except the party for and against homœopathy, and if they do they may rest assured that before long there will be a practical union among the professional adherents of homœopathy, which shall do more to advance the cause and improve the art of medicine than has been effected by all the labour and talent of the zealous and accomplished advocates of the system.

Substantially concurring as we do in the plan set forth in this brochure, we strongly recommend it to the serious attention of every one who has the interest of homœopathy at heart, and we have little doubt it will have the wide circulation so well merited both by the liberality of its sentiments and the ability of its composition.

OBITUARY.

Dr. Ledure.

Victor Ledure was born in Paris in 1813, of opulent parents. At five years of age his constitution which had always been delicate began to show signs of rachitis, and by the advice of the most eminent surgeons of Paris he was confined until the age of twelve to an orthopædic couch, in which situation he received the elements of his education. This treatment and the deprivation of all the pleasures of childhood had the effect of communicating a melancholy tinge to his mind, which he retained throughout life. After going through the usual preliminary education of young men, he made choice of the medical profession, and pursued his studies first at Montpellier and afterwards at Paris, where he took his degree. Before this event, however, he had become acquainted with the doctrines of Hahnemann, and he afterwards pursued the practice with great zeal and assiduity. Having come in contact with M. Cabet, of Icarian celebrity, he became enamoured of his communistic doctrines, but subsequently transferred his affections to the more scientific phalansterian system of Fourier. When the cholera invaded Paris in March last, Dr. Ledure did his utmost to stay its ravages among the poorer classes, to whose aid he devoted himself with all the zeal and benevolence of his character, although he had always a strong presentiment that he should fall a victim to the pestilence. He was seized with the first symptoms of cholera on the 11th of June at midnight, and was dead the following evening at 9, the fatigues both of mind and body he underwent in his disinterested devotion to his poorer brethren having doubtless diminished his chance of recovery.

Dr. Giraud.

François Pascal Giraud was born of humble parents at a small town in the department of the Vendée, in 1793. He received the first elements of education from the Curé of the village, by whom he was deeply imbibed with religious ideas, which he retained throughout life. Having resolved to adopt the profession of medicine, he studied at the college of Rochefort, and afterwards entered the marine hospital there, where his talents attracted such attention, that a surgeoncy in the navy was offered to him before fifty other students older than himself. His mother, however, dreaded a maritime life for her favourite son, and he yielded to her wishes and went to Paris to continue his studies, where he received his degree in 1817. He wished to settle down in Paris, but his mother again opposed his intentions, and he fixed himself in Hermencault, a small town not far from his native place, where he soon gained a large practice and was in especial repute for his obstetric skill. However, in 1838, he quitted this place for Paris, and having heard a good deal of talk about homœopathy,

he resolved to put it to the test of experiment, which ended in a perfect conviction of its truth, and he became such a zealous defender of Hahnemann's doctrines, that he could not bear to read or hear any unjust criticism on them without immediately taking up the gauntlet in their defence. In the medical society of the arrondissement to which he belonged he was expelled by a vote of its members for his homœopathic tenets, along with two colleagues of the same persuasion. This unmerited and bigoted proceeding produced a profound effect on his over-sensitive mind, and his health, which had never been very robust, commenced to decline from that period, and he looked forward with satisfaction and joy to the approach of death from an organic disease of the heart from which he was suffering. On the 4th of June, however, the cholera put a more abrupt termination to his earthly career, and he died as he had lived, a devout catholic. Dr. Giraud wrote several polemical articles, and an essay on Vital Dynamism, in the *Journal de la Société Hahnemanienne;* he was a member of that society, as well as of the homœopathic societies of Madrid and Rio de Janiero.

Dr. Risueno D'Amador.

Homœopathy has to lament in the death of this distinguished individual the loss of one of its brightest ornaments. Although, from his situation as Professor of Pathology in one of the most illustrious medical schools, that of Montpellier, he could not give a free and unconstrained expression to his convictions, yet he took every opportunity to declare his acquiescence in the doctrines of Hahnemann, whereby he so excited the ire of the medical faculty that they prevailed on the then Minister of the Interior to promulgate an order expressly prohibiting all mention of Hahnemann and homœopathy within the walls of the University. In a paper read by him subsequently, before the Scientific Congress at Nîmes, of which an abstract is given in our fourth vol., he virtually renews his profession of belief in homœopathy. He was a brilliant orator, an elegant writer, a philosopher and a poet, and was held in high esteem by the adherents of the old school, although his homœopathic convictions occasionally turned the wrath of his former eulogists against him. The disease of which he died was of long standing, but he was at last cut off rather suddenly on the 3rd of August last, at Bagnère de Bigorre, a watering place in the Pyrenees, whither he had repaired for the sake of his health.

Dr. Christian Luther, of Bath.

While death has been busy with our colleagues on the other side of the channel, it has likewise found a victim in England in the person of Dr. Christian Luther. The deceased was born in 1816; after passing through the usual preparatory studies in a German Lyceum, or public school, he

studied medicine at Dresden, Jena, and Berlin; he took his degree of M.D. in 1842, proceeded to Ireland in 1844, and settled down to practice in Bath in 1845. There he introduced homœopathy, and through his exertions, professional skill, and gentlemanly bearing, caused the value of the new doctrine to be appreciated by a large portion of the inhabitants of that place and its vicinity, by whom, and by a numerous circle of friends, he was greatly esteemed and beloved. He was carried off by a typhoid fever, then very prevalent at Bath, on the 7th of October last, after an illness of fourteen days. Besides his professional skill, Dr. Luther had a remarkable talent for wood carving, with which he used to amuse himself in his leisure hours. He is succeeded in Bath by his brother, Dr. H. W. Luther, and Dr. David Laurie.

HOMŒOPATHIC INTELLIGENCE.

The Cholera in Hull.

The following is an analysis of the cases of cholera treated homœopathically in Hull last year by Dr. Atkin.

Cases treated.	Recoveries.	Deaths.
77	57	20

Mortality 25 $^{75}/_{77}$ per cent.

Homœopathists considered Lunatics.

We are informed that a bequest was made to the MacGill College, at Montreal, last year, which, if realized, may have important consequences to homœopathy. It was made by the late Dr. Fargue, for the purpose of founding and endowing a chair of homœopathy in that college, and amounted to £6000. We understand that the will is likely to be disputed by the heirs-at-law, on the ground that Dr. Fargue must have been of unsound mind to have made such a bequest. The court is likely to issue a commission of enquiry whose object will be to collect information as to the reality and value of homœopathy, and for this purpose the commissioners will probably visit England.

Homœopathy in Paris.

Great noise is being made about the introduction of homœopathy into one of our public hospitals. This procedure has given great offence, and it is said the affair will become matter of Government investigation. It has already been submitted to a committee of hospital physicians. Practically speaking, a great majority of French medical men are little better than homœopathists; that is to say, they leave the cure of most diseases almost entirely to nature. They avoid, however, the quackery of pre-

tending to administer medicines when, in reality, they give nothing active. As Dr. Johnson said to Mrs. Bozzi, "they do not flatter themselves they are making tea when they are only making water."

From the followers of Hahnemann we learn that which it is impossible to learn from the practice of other physicians—the natural course of every disease, and the power of nature in the cure of disorders.

But such knowledge is incompatible with the English system of general practice. Where the medical man is paid for his drugs, not for his science, the former must necessarily take precedence of the latter.

The abolition of this unscientific and fallacious system must be the keystone of medical reform in England. Without such a change medicine can never be elevated from a trade to a science, and, so long as a radical vice of this magnitude remains uncorrected, it seems a mere waste of time and power to occupy oneself, as the Hanover-square reformers are now doing, with the subordinate *enfantillage* of collegiate fellowships. I wish they could see how little is thought of a Court here now.—*Parisian correspondent of the Medical Times.*

Homœopathy in Vienna.

We learn from our correspondent in Vienna that the government still refuses permission to the Proving Society to hold its meetings, and this refusal will doubtless be continued as long as the state of siege lasts. Dr. Fleischmann, of the Gumpendorf Hospital, has announced a course of lectures upon homœopathy. The present editor of the *Oesterreichische Zeitschrift für Homöopathie*, Dr. Watzke, proposes publishing one more number of that Journal, and then retiring from the editorship. It will be hard to find one to supply his place efficiently. The homœopathic practitioners have been serious losers by the unsettled state of the Austrian capital, as many of the upper classes who are the chief patrons of homœopathy fled from Vienna at the commencement of the disturbance, and are only now beginning to return.

Case of supposed Hydrophobia, communicated by Dr. Cockburn, *of Dundee.*

Should the following case suit, I shall be glad to see it inserted in the Journal.

On Monday the 22nd of October, a mare was bit by a mad dog at the north mains of Castle Huntly; the dog, though at the time not suspected of being mad, was killed on the spot by the man who has charge of the mare, and the latter continuing to be quite well, the matter was forgot in a few days. On Monday the 5th November, the mare was observed to be more restless and more inclined to snap than usual, and to have lost its

appetite. On the evening of the 6th, it became very wild and restive, biting and tearing at everything. Mr. Baxter, the veterinary surgeon at Balledgerns, was sent for, and gave it some medicine; in doing so, he was obliged to have his hand in the animal's mouth: on the hand were two old sores only half scabbed over. On the 7th, the mare became quite furious, biting at every thing within its reach, even the stones of the wall, and in the afternoon of the same day it expired.

On the 8th November, about 2 o'clock, A. M. Mr. Baxter became ill, and sent for me to come and see him. Saw him at 9 A. M. and found the following symptoms: pain and burning, with a little inflammation in the sores on the hand; severe pains all up the arm; pain and stiffness of the neck; tickling soreness in the throat, causing frequent hawking and spitting; shuddering over the body, but not cold; feverish, with considerable excitement. Gave Merc. 1, to be followed by Bell. next day, if he was no worse. (The patient being nine miles out in the country could not be very conveniently seen.)

Next day he was much better, and on the 10th felt almost well. On the 11th did not feel so well, was very restless and disturbed all the day, but could not tell what was the matter. Next morning I visited him, and found the following symptoms: prickling and jumping kind of pains in both arms; pain and stiffness in both sides of the neck; pain in the back of the neck and occiput, with stiffness; giddiness and great confusion in the head; stupid and restless; irritation and tickling in the throat; copious perspiration all over the body; burning pain behind the ear, coming round behind the jaw; the papillæ on the left side of the frenum linguæ large and inflamed, but nothing like vesicle about it. Gave Laches. Next day he was much better, and in three days after was quite well, and is so at present.

Having made the subject of hydrophobia one of special investigation, I have not the slightest hesitation in giving my opinion, that the above was a decided case of that disease, not fully developed. The symptoms which are given in the patient's own words agree exactly with those given by the first authors on the subject, as being characteristic of the disease.

Dundee, Nov. 29th. SAMUEL COCKBURN, M.D.

[We confess we cannot share the confidently expressed opinion of our esteemed correspondent, that this was an instance of undoubted hydrophobia.—EDITORS.]

BOOKS RECEIVED.

Journal of Psychological Medicine, October 1849.

Journal de la Medecine Homœopathique. Vol. IV., Part 1.

Kinesipathy, or the treatment of diseases by active and passive movements, by A. Georgii. London: Baillière.

PRINTED BY W. DAVY AND SON, 8 GILBERT STREET, OXFORD STREET.

THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ANALYSIS OF ONE HUNRED AND SEVENTY-FIVE CASES OF CHOLERA AT LIVERPOOL,

In the Autumn of 1849.

(*Continued from page* 136.)

By Dr. Drysdale.

Chapter V.

Therapeutics.

Our treatment in addition to the administration of medicines was very simple. We used no medicinal external applications of any kind, and merely directed the limbs to be rubbed with the hand as constantly as possible, to mitigate the cramps and help to restore the circulation. Dry heat was also recommended in the form of hot bottles, bricks, or blankets; the patient was kept lightly covered with blankets, but no attempt was made to increase perspiration when reaction was once established. As regards dietetic regulations, all food was strictly forbidden during the first part of the disease, generally from thirty-six to forty-eight hours. This we did from the beginning, according to the advice contained in Dr. Russell's book. Our own experience afforded examples of the wisdom of the regulation, as will be seen by several cases where the dangerous or even fatal effects of deviating from it are noticed at page 136. When it was deemed safe to give food it was begun cautiously, and of the simplest farinaceous kind, such as sago, gruel, or

arrowroot. We used no stimulants of any kind during the cholera stage, and only when it was thought proper to begin with food was a little wine or brandy given, in cases where the age or previous habits of the patient seemed to demand stimulants. We have seen the irritability of the stomach greatly relieved by a little wine and arrowroot, after the characteristic discharges were subdued and there remained nausea and constant ineffectual retching.

For drink cold water was given, as much as the patient liked, in spite of the vomiting. This we found the best plan, and our experience confirms that of Dr. Mackintosh in the former epidemic at Edinburgh. We gave ice to several patients, and by most of them it was much liked, and they received the greatest comfort and relief from it. We also recommended whey for drink, and it was taken to a considerable extent in a good many cases. Though I have no sympathy with the theories of the chemical school of medicine, and have no faith in the powers of saline solutions or saline injections to make up for the loss of certain constituents of the blood by supplying them in such a crude manner, yet I think that after such a loss of balance in the constitution of the fluids of the body, which must have the tendency to produce ulterior morbid states, we ought to be careful to give the opportunity of letting this be restored as soon as the assimilating powers are able. For that reason it seemed to me a good plan to present to the stomach the proper constituents to be renewed, in a form as easily assimilable as possible. This seemed best done by giving a cheap and easily procurable natural product, such as whey, which contains all the salts of the blood, and in very nearly the proportion contained in the cholera evacuations, as may be seen by glancing at the subjoined analysis.* It is impossible to state

* Analysis of the stools in cholera, per 1000 parts—

Water, ... 980.00.

Solid constituents, 20.00 { Salts { Chloride of sodium, lactate and acetate of soda, and alkaline phosphates, 13.40. The rest fat, extractive matter, and phosphate of lime and magnesia (0.60.)

(*Simon's Animal Chemistry*, vol. ii. p. 384.)

In Becquerel's analysis the quantity of chloride of sodium in the matters

the result, if any, of this plan, as we had not a sufficient number of cases in which we could say that the whey had been steadily taken. I merely state the fact of its having been recommended, as a hint for any subsequent observers. It is possible it may have contributed to lessen the mortality of the consecutive fever in our cases.

The Medicines.

Before entering on the individual remedies employed, it may be as well to make a few remarks applicable to their mode of administration in general. We used exclusively the low dilutions, *i. e.* under 6 of the centesimal scale, but seldom even so high as that nmmber, the dilutions most commonly used being Nos. 3, 2 and 1. They were generally given in solution, but Mercurius and Secale, and a few others, were preferred in the form of powders. We often gave two medicines in alternation, but at the same time have always felt regret that we did so, and endeavoured as much as possible to dispense with that mode by giving two doses of each separate medicine in succession when two were left at the house of the patient; and when the patient lived near, so that we could see him within a short time, we only left one medicine, even though we thought it likely another would be indicated ere long.

The reasons why we disliked giving two medicines in alternation are obvious, and are felt by all homœopathists; but on the other hand there was on the side of alternation the necessity of the case, viz. our anxiety to give the best help to the patient with the means in our power, for it is not one of the least evils of a disease like the cholera, that its epidemic and exceedingly rapid character combined prevent us from giving so much time to each case as would be desirable, even if our whole time were

vomited and purged was nearly the same, and varied from 3 to 8 parts per 1000. (*London Journal of Medicine*, November, 1849.)

Analysis of milk, per 1000 parts.

Water, 928.75.
Cascin, 28.00.
Sugar of milk, 35,00.
Soluble salts, 7.95. chiefly chlorides and phosphates of potash and soda.
Phosphate of lime, 0.3.

(*Berzelius, Magendie's Physiology*, p. 520.)

devoted to the cholera patients. The disease is one which admits not of delay: but we must decide promptly on the spot, and also be prepared for a great change in the symptoms within a short time. In these circumstances it was often deemed best, as the choice was at times ambiguous between two medicines, —each corresponding closely to the symptoms, and there being the probability that a different stage would set in before the next visit—either to alternate two medicines or to give one and leave another, with directions that it should be substituted for the first after a certain time. Nevertheless we have gathered a considerable number of valuable facts from the action of single medicines. Another difficulty, also inseparable from the rapidity and epidemic nature of the disease, was that the patient was very frequently seen by different medical men in succession, and thus the treatment interrupted.

The following is a list of the medicines used by us in the above 175 cases. I give them in the order of frequency in which they were used, and also put after each the number of cases in which each was used.

Camphor in	139	cases.
Camphor alone	19	„
Arsenic	104	„
Arseniuretted hydrogen . .	12	„
Veratrum	84	„
Nux vomica	67	„
Cuprum acet.	45	„
Belladonna	35	„
Mercurius	27	„
Secale	27	„

Colocynth 16, Ipecacuanha 16, Chamomilla 15, Phosphoric acid 14, Kali bichromicum 12, Pulsatilla 13, Bryonia 14, Aconitum 14, Tart. emet. 13, China 10, Hydrocyanic acid 10, Cantharides 8, Digitalis 8, Rhus 6, Cocculus 6, Mercur. corr. 6, Sulphur 6, Iodium 5, Cicuta 5, Phosphorus 4, Oxalic acid 3, Ant. crud. 2, Zinc 2, Hyoscyamus 2, Dulcamara 2, Elaterine 2, Carb. vegetabilis 2, Ignatia 1, Helleb. 1, Arnica 1, Cannabis 1, Tereb. 2, Valerian 1, Plumb. 1, Baryt. 1, Lachesis 1, Spigelia 1,

Jatropha 1, Bismuth 1, Platina 1, Farr. mur. 1, Gamb. 1, Opium 1, Stramon. 1.

Camphor.

We have nothing to add to what is already known of the admirable effects of Camphor. It is sufficient to say that our experience of its action in this epidemic fully confirmed that of other homœopathists. It was the chief agent in the cure of those cases cut short in the first stage. Our general practice was to give 2 gtts. every five minutes for at least an hour, and after that continue it or give some other medicine as seemed right then. It is quite unnecessary to give examples of cure by it, as such are sufficiently familiar to all. Of its good effects as an intermediate remedy in the more advanced stage of the disease we had several examples, one of which may be seen in case 79, related at p. 122.

It must not be thought, however, that Camphor was invariably successful in arresting the disease, even when given quite at the beginning, for we have seen a considerable number of cases in which it went on in spite of the Camphor. These occurred chiefly in persons exhausted with nursing relatives in the disease, and exposed night and day to the unhealthy air of the sick chamber. In many, also, it was not properly taken, the doses not being followed up with sufficient regularity.

Arsenicum.

This remedy may truly be considered the chief remedy in the second stage, as Camphor is in the first. The large number of cases in which it was used sufficiently attest the reliance we placed in it. We have not any new or special indications for its use to offer beyond those taken from the materia medica, which are usually found in the hand-books, and need not to be recapitulated. We may say, however, that we seldom got such complete and definite tableaux of symptoms as are to be found in the hand-books, and were, therefore, often obliged to prescribe from the general aspect of the case, which a practised eye can, after a time, appreciate, but which it is very difficult to describe; and it was that appearance of malignity in the symptoms more than any thing notable in their name or number that made us

choose Arsenic rather than Veratrum, or any other medicine in many cases. I may give a few cases of the more marked curative action of this remedy.

Case 10. A boy aged 12, had been ill for nearly 48 hours, during which time he had had purging and cholic, also vomiting, according to report. When seen at 1 A. M. he was found vomiting and purging incessantly; extremities and face very cold, as also the breath; little or no urine passed since first seized; excessively restless; face pale and eyes sunken, surrounded by a bluish circle; great thirst; pulse feeble; no cramps. The matter ejected is watery, with dark shreds. A drop of Arsenicum 2 was given on his tongue and some left in solution, to be taken every half hour. At the next visit it was found the vomiting had ceased for several hours after the first dose, and all the other symptoms were improved. The boy recovered, passing through the consecutive fever, during which the Arsenicum was continued as almost the only medicine. During the day succeeding the above reported, he had grinding of the teeth; stupor almost amounting to coma; hiccup; wild eyes and dilated pupils, tossing about and occasional delirium.

Case 28. A boy aged 8, had been ill for five hours with vomiting of watery, slimy matters, with blackish shreds; watery copious stools; colic; sunken eyes and livid eyelids, and marked cholera countenance; lips blue and livid; face and surface cold; pulse rapid and indistinct.

Arsen. 3, every quarter of an hour.

When seen in about an hour there was a great change; the vomiting and purging had subsided; and the pulse was distinct; and surface warm; eyes still sunk, and great thirst. The medicine was continued at longer intervals, and next day he was quite well.

Case 47. A man aged 25, ill for eight or ten hours with watery vomiting and purging; tongue white; pulse small, quick and weak; face pale; eyes sunken; countenance anxious, with peculiar expression; great thirst; skin warm; burning hot pain in the abdomen. Arsen. 3 was given every half hour, and continued—with the exception of Ipec. interposed for some hours—at longer intervals till he was quite well in two days.

Case 91. A girl aged 12 had had the usual cholera symptoms for six or eight hours; had the whitish watery stools and vomiting frequently, and after all drink; great thirst, &c. After the first dose of Arsenicum the vomiting ceased, and the symptoms improved steadily from that time.

CASE 125. A man aged 26 had had ordinary cholera symptoms for about eight hours, and had had some Camphor. When seen, copious watery purging; excessive thirst; vomiting after every thing drunk; cramps in the legs, thighs, and hands; eyes sunken; tongue coated with yellowish fur; pulse rapid and feeble; skin had been very cold, but now only cool; scanty urine, with scalding in passing.

Arsen, 2. every half hour.

When seen again in five hours, the cramps, vomiting, and purging were gone, and the skin was warm. Next day this man was quite convalescent; but after eating butcher's meat on that day he relapsed, and was brought through with difficulty after seven days' illness.

The Case No. 36, at p. 105 may be referred to as an example of Arsen.

CASE 137. A married woman aged 43. At 10, P. M., September 6th. Cholera for five hours; stools frequent, copious, and watery; vomiting not so prominent; cramps exceedingly severe; great thirst; eyes sunk; face, feet, and tongue cold; pulse rapid and feeble. Despair of life.

One dose of Cupr. ac. then Arsen. 2, every quarter of an hour.

At 11, P. M. Face warmer; pulse stronger; cramps still severe, and muscles drawn into knots; otherwise the same. She then got four inhalations of the Arsen. Hydrogen, and was left with the cramps mitigated, and the other symptoms improving. Arsen. 2, was continued in solution.

At 9, A. M. on the 7th. She was decidedly better, and reaction in good progress, though the lips and hands were still bluish. The Arsen. was continued as the basis of the treatment, and she recovered well.

It is unnecessary to quote further examples of the action of Arsenic, as it is sufficiently well known.

Arseniuretted Hydrogen.

My reasons for trying this remedy, and also a description of the apparatus employed, are given in the last No. of this Journal, at p. 559.* It was used in thirteen cases; of these, nine were in a state of almost hopeless collapse, and the results

* "From the first it has seemed to me that the Arseniuretted Hydrogen was likely to be one of the most powerful agents against the disease, and I requested my colleague, Dr. Russell, to try it, as he had the first opportunity of doing so. In Edinburgh, however, the apparent difficulty of administer-

were as follows. One recovered; two recovered from the collapsed state, but died in the consequtive fever; of the rest, who also died, four had distinct revival of the pulse soon after the inhalation; and of the two remaining, in one no effect was perceived, and in the other the result is not known, as the history of the case was lost. The three cases which were not desperate, though when it was inhaled a considerable amount of collapse was present, recovered. As this remedy has not hitherto been used, I may give more in detail some notice of the cases in which it was employed.

ing it by inhalation without the conveniences of an hospital seemed an insurmountable barrier to its practical utility, so that it was not tried. As the same fear may be deterring others, I take this opportunity of detailing the plan adopted here, and by which it is found to be so easily used that even children can inhale it without difficulty, and the apparatus can be carried in the pocket and employed in the most comfortless abode.

After various trials, made with the aid of Mr. Waldie, the scientific and accurate chemist of the Apothecaries' Hall, it was concluded that the simplest plan was to disengage as small a stream of Hydrogen as would be quite sufficient to combine with all the Arsenic, in a small chamber, through which the air to be inhaled was drawn by each inspiration, instead of having a large inhaler into which a certain quantity of the gas should be introduced and mixed with air. Accordingly, the following is the plan of the apparatus now in almost daily use at our dispensary. The chamber consists of a common large milk-bottle, with the top aperture sufficiently large to allow a full stream of air to pass, so as to allow breathing comfortably; into the large side-aperture is fitted a common flexible tube with a mouth piece and ball valve, such as was used in the Æther inhalers (in fact it was the tube of an Æther inhaler, made by J. Edwards, Chemist, 12, Berry-street, Liverpool, who can furnish similar ones when required). When used, a few fragments of purified Zinc are put into the chamber, and on this is poured half an ounce of water, with one drop of strong Sulphuric acid. This is sufficient to disengage a small continuous stream of Hydrogen; and when that begins to rise, pour in five to ten drops of the 3rd centesimal dilution (aqueous) of Arsenious acid. In about a minute this will be combined with the Hydrogen and diffused (the top aperture being, for the time, closed with the finger) through the chamber and tube, and may be inhaled in a few inspirations. When used as above directed, the glass bottle can be held in the operator's hand while with the other he applies the mouth-piece to the patient's mouth. When used several times in succession within an hour or two, the Zinc and acid may be kept in action, and fresh portions of Arsenical solution added at each inhalation. Especial care must be taken to have both the Zinc and the acid quite pure, as in the ordinary state both these substances often contain Arsenic in considerable quantities."

Case 60. A girl aged 14. Her grandmother had the cholera and she went out for a doctor, about 4, A. M., on the 11th of August, and on coming in, all wet with rain, she began to vomit, and soon after to purge. She continued ill all day with the usual symptoms, which increased in spite of Arsenicum 3, which she had had for about six hours. When I saw her about 7, P. M., she presented a most ghastly picture of the collapse in its fully developed state. She lay on the floor very scantily covered, and in a draught between the window and the door, and there was no one attending her at the time, while the corpse of the grandmother lay in the other corner of the room. Some neighbours who came with us into the room gave no assistance, alleging as excuse their opinion that it was of no use as she was just dying. The face was cold, and the eyes turned up and half open; lips very blue; body cold; pulse imperceptible. She got two inhalations of Arsen. Hydrogen from the 3rd dil. of Arsenic and soon after the pulse became stronger, and she was altogether revived. After getting her more clothing and attendance, we left Arsen. 3, to be taken every quarter of an hour. She recovered from the state of collapse, but was very much neglected during the night, and died on the 16th, comatose, in consecutive fever.

Case 78. M. J. aged 19, unmarried. At half-past 10 o'clock on the 13th of August she began to be purged. Between this hour and midnight she was purged again several times, and then began to vomit. The vomiting and purging continued, and cramps came on about 1 o'clock. She got some Camphor and was somewhat relieved. When first seen at 7, A. M. on the 14th, the face, hands, and feet were cold; eyes surrounded with livid circles, and sunken and upturned; conjunctivæ injected; pulse imperceptible; clammy sweat; great thirst; and restlessness. The vomiting and purging continue, but the latter is less frequent. 11, 30, A. M., face warmer than sometime previously; pulse still imperceptible; feels somewhat better; aching pains in the loins; purged twice; and vomited not quite so severe; slight cramps have begun to affect her again.

Note by Dr. H.—At this time she was in a state of the most intense collapse. The surface of the body was bedewed with moisture, and had the unnatural warm feel, sometimes felt in the collapse stage of cholera. Her countenance was expressive of extreme anxiety, and the pulse was quite imperceptible. As a last resort she got some inhalations of the Arseniuretted Hydrogen. I saw her again in an hour, and was utterly astonished at the change. The skin was becom-

ing of a more healthy warmth; the countenance had lost, in a great measure, the distressed look; and the pulse, though weak, was distinctly perceptible; the cramps were troubling her much. She was ordered Ars. and Cupr. Acet. alt. every ten minutes.

3, 30, P. M., about two hours from preceding visit. The cramps were gone; the vomiting was mitigated; and the pulse was still feeble. 8, P. M. Pulse thin and rapid; arms and hands cold; no more purging; vomits after drinking; excessive restlessness.

15th, 9, A. M. Has slept a good deal; one watery motion; has passed urine; less restless; pulse good; still very thirsty, and vomits after drinking; had slight cramps early in the night; got one dose of Cuprum Acet., after which they ceased.

Ipec. $^1/_1$, continue Arsen.

8, P. M. Still vomiting after drinking; in other respects better; one motion; twice passed urine.

Tart. Emet. $^1/_2$, continue Arsen.

16th, 10, A. M. Excessive restlessness; pulse good; tongue half furred; still nausea, retching, greenish fluid vomited; one stool, fæcal; urine passed; bloodshot eyes.

Puls. 3, hourly

Quarter-past 8, P. M. Has slept; still retching after everything but has taken arrow-root with relish.

Ipec. $^1/_1$, Puls.

17th, 9, A. M. Vomited occasionally after taking food; purged hourly; stools yellow, watery; no pain; thirsty; passed urine freely.

8. P. M. Going on well; convalescent.

Case 131. Cholera with a considerable amount of collapse; had the ordinary symptoms, and was doing pretty well. On the afternoon of the second day, when the disease had lasted about 33 hours, he had excessive nausea, with painful, scanty retching; but still considerable blueness and coldness. He got one inhalation of Ars. Hyd. from Ars. 2 dil. The painful retching was much relieved speedily, and he went on favourably under Arsen. 8, in solution.

The revival of the pulse after inhalation was distinctly verified by each of us separately in several of the different cases.

This inhalation has never been the sole treatment in any case, as indeed it could not well be, seeing that it would require the constant presence of the medical man; nor is it necessary, as in most stages of the disease the medicine will do quite as

well in the liquid form. It is of course not recommended in any case where Arsenic is not indicated as the homœopathic remedy; but when we wish the rapid and intense action of Arsenicum in those cases where the collapse sets in very soon and asphyxia is impending, it may be used two or three times at intervals of a quarter of an hour, and then the Arsenicum (or other remedy if then indicated) can be left to go on with in the usual liquid form. In cases also in which the vomiting is very constant and the retching distressing, the inhalation might be used with advantage two or three times. I think also that it should not be restricted to desperate cases, but that it would be a good plan in almost all cases where Arsenicum is indicated during the second stage of cholera, to give the first dose by inhalation, and leave the medicine to be given afterwards in the usual way. This would not consume more time than an ordinary visit.

Veratrum.

Case 62. A boy, aged 12. Had had cholera for five hours, vomiting and purging, and very cold surface: had Camphor. When seen, still constant nausea, and there is watery vomiting on moving or drinking; watery purging; great thirst; pulse small, tongue white and loaded; skin warm; no cramps. Verat. 2, every half hour. In the evening vomiting and purging had ceased. Next day convalescent.

Case 65. A boy, aged 6. For about twelve hours, as reported, had been vomiting and purging, "is no sooner laid down from being vomited and purged than he wishes to be up again." When seen, skin cool; restless, tossing his arms about; thirst; pulse 140, not weak. Constant vomiting, especially after drinking; purging of watery stools, whitish, is like soap-suds. Verat. 3, every quarter of an hour. When seen about ten hours afterwards, the vomiting and purging had ceased; had slept and passed urine. Complained of a violent pain in abdomen, coming and going without purging. Nux 3, was given every hour. Next day he was convalescent.

Case 68. A girl, aged 9. Had had vomiting and purging for eight or ten hours. When seen, rice-water purging, vomiting, eyes much sunk, and surrounded by a dark circle. Tongue white, face pale; pulse quick and feeble. Skin moderately warm. Ordered Camphor as usual for an hour; then Verat. 1, every ten minutes.

When seen again in three hours, reaction complete; purging ceased; vomited only once.

CASE 93. A man, aged 28. Had vomiting and purging about eight hours. When seen, the vomiting and purging were in violent gushes; great thirst; pulse good; skin warm; burning pain in the abdomen. Verat. 2, every half hour. Next morning was greatly better, and the vomiting stopped; the purging only slight, and of a soapy looking liquid. Afterwards he had Phos. acid, and then Merc., and on the second day was well.

CASE 122. A man, aged 46. Had had for about six to nine hours constant copious watery purging, nausea, watery vomiting. When seen at 10 A.M. these symptoms continued, and the tongue was furred, great thirst, skin not very cold nor pulse very weak. The purging is worse than the vomiting; dysuria. Camphor for an hour, then Veratrum half hourly. At 2 P.M., had only purged once since seen. Continue. At 7 P.M., purging had ceased; vomited three times; still thirst; complains he cannot pass urine. K. bich. 2 every half hour. Next morning had passed urine; one fæcal stool and was well.

CASE 127. A woman, aged 45. At half-past 10 P.M., for six hours had had very frequent and copious watery motions. Cramps in feet and legs so painful that she was then crying out on account of them. No vomiting then, but had had before; skin warm; excessive weakness; tongue white, with yellow streaks. Next morning the purging had ceased since 5, and the cramps since 6 A.M. Towards evening she was convalescent.

CASE 133. A woman, aged 50. When seen at 1 P.M. had had vomiting and purging for about six to eight hours, but had got Camphor, which checked the symptoms; but she had then very copious frequent watery purging; vomiting not so frequent since the Camphor. Pains in the bowels. Tongue red; great thirst; skin warm and slightly perspiring. Pulse quick, not feeble. Face pale. Verat. 2, every hour. Next day she was convalescent, but relapsed and was cured again with Verat.

From the above it would appear that Veratrum was chiefly useful in those cases where Camphor had been given early, and reaction was proceeding with some vigour, but the amount and violence of the characteristic vomiting and purging were severe. It is to be remarked that in all these cases the skin was either warm, or at most, cool—never cold; and we have no well marked

instance where the Veratrum was of striking benefit where the collapse was in any considerable degree advanced. Our experience completely confirmed the estimate of Veratrum formed by our colleagues in Edinburgh, as expressed in Dr. Russell's book; and certainly contradicted what we were led to expect by the numerous hand-books on the cholera, compiled by persons who have never seen the disease. In almost all indications for Veratrum, coldness and cold sweats are put down as prominent symptoms. This may be so, and may possibly apply to the sporadic cholera, and to the cold shuddering and sweat that accompany the act of vomiting; but certainly it does not apply to that period of the Asiatic Cholera in which coldness and cold sweats are prominently marked. No doubt Veratrum was given by us with benefit in many more cases than those narrated above, and in some of them the collapse was far advanced; but in these we obtained no striking result that could point to the Veratrum as the chief agent, and recourse was had to the Arsenic generally before the conclusion of the case.

Nux vomica.

In one case, which had been for some time under allopathic treatment, and had had stimulants and Opium, but was still in a very dangerous state; purging not frequent, but constant copious and watery vomiting; skin moist and warm, and the patient in a semi-stupid state, Nux 1, was given alternately with Arsen. 3, every half hour. The vomiting ceased very soon, and the patient made a good recovery.

In Case 67. A woman, aged 37. After the vomiting and purging had been relieved by Camph. and Verat., there remained headache and cramps in the feet and legs. Nux 1 speedily relieved the cramps, and the patient made a good recovery.

In Case 99 (a man aged 30) of cholera, with violent pains in abdomen, headache, dimness of sight, and vertigo, so that he almost fell; very watery purging, running from him; vomiting; great fright, so that he actually shed tears. Nux was given alternately with Veratrum, with speedy relief.

In Case 146, Nux every two hours relieved the green vomiting and gastric disorder remaining in a severe case of cholera after forty-eight hours illness, and the proper cholera evacuations had ceased.

In Case 154, it was given in the same circumstances with like effect.

It was useful, in fact, in a great many similar cases; and was chiefly used afterwards by us in similar circumstances, viz. the gastric derangement remaining after the proper cholera symptoms had yielded. We expected more from Nux, and at first used it in several cases during the collapsed period, but did not obtain any striking good results from it; and in one case we thought it interfered with the action of the Arsenicum. Nux vom. was found useful during the cholera season in cases of dysenterio diarrhœa, characterised by painful straining and very scanty watery discharge.

Cuprum.

Case 162. A married woman, aged 40, had had the ordinary symptoms of cholera for about twelve hours, the motions being watery and copious, and the cramps not severe. She had had Camphor followed by Verat. for about five hours before. When seen at 8 P.M. for the second time, on the 20th September, she was found with the pulse small and frequent; eyes sunk, and the cholera expression strongly marked. The purging was better, only two stools since last visit. The vomiting was the most prominent symptom; it was very painful and straining and frequent, with ejection of watery fluid, and followed by cold sweat all over. The hands and feet very cold. Cuprum acet. 2 was given every half hour. Next morning she was found greatly better, and with the countenance quite changed. She had only vomited two or three times since last visit, and none since soon after that time. In other respects doing well, and she recovered without presenting anything else worthy of remark. The action of the Cuprum was in this case very marked and striking.

Case 44. A healthy married woman had been suffering under the ordinary symptoms of cholera, in not a very severe form, for six or eight hours, and had had Camphor as usual. When seen, at noon, 4th August, she was found complaining greatly of cramps in the thighs, legs and feet. Also spasmodic pains at the lower part of the abdomen, which hindered her from straightening herself. Breathing very much oppressed, owing to a catching at the epigastrium. Tongue yellow coated; pulse 120, feeble. Skin warm; feet cold. The vomiting and purging presented nothing special. Cuprum acet. 2, every quarter of an hour. She steadily improved, and the medicine

was continued at longer intervals till 1 P. M. Next day the cholera symptoms had almost left her, and Chamomilla was then given for the remaining gastric disorder. Towards evening she was pronounced convalescent.

In CASE 104, a woman aged 23, which went on to suppression of urine and consecutive fever, but recovered. When seen, at the second visit, after the disease had lasted twenty-two hours, and Arsen. and Verat. had been given. The following were the symptoms. Still nausea and frequent and copious vomiting, and always after drinking. Thirst intense. Occasional cramps in the sides and limbs, very severe; great tossing and despair; watery purging. Tongue white furred. Retching and cramps are the prominent symptoms. Cupr. ac. 2, every quarter of an hour. In three hours, when seen again, the cramps had ceased, and did not return to any extent during the subsequent course of the disease. The retching was also better, and the pulse and skin better. On account of the copious purging Veratrum was now substituted for the Cuprum. See p. 117.

In one case Cuprum seemed to be beneficial, when the indication for which it was chosen was irregularity in the force and frequency of the pulse.

On the whole, we are afraid Cuprum was used rather in a routine way, when the cramps were a prominent symptom; but I feel inclined to regret this, and to consider its powers as a remedy higher than those of Veratrum, and next to Arsenic in the collapsed state, or, at least, on a level with Secale.

Belladonna.

In case 86, related at p. 105, Bell. relieved the hiccup in a marked manner. It also removed the headache which remained in case 67. In case 142, which was a child with severe cholera, Bell. was useful in headache the second day. In case 156, Bell. was of use against consecutive fever with grinding of the teeth. On the whole, it was chiefly useful in headache, and such symptoms occurring after the subsidence of the proper cholera symptoms; there was no special indication for Bell., but merely such as it is usually prescribed for in other diseases.

Mercurius.

Though often used, and of great use in its place, does not afford us any striking cases, as it was used for transient morbid states occurring in the milder cases, or towards the decline of the severer cases. In these, the symptoms were such as are quite familiar to all homœopathists as indicating Mercury.

Secale.

In case 18, severe cholera in an old woman of 62, Secale was of use in the copious watery purging. It was alternated for a time with Arsen., under which the other symptoms had improved. The case recovered.

In case 37. A man aged 25. Reaction had come on after Camphor and then Veratrum; but he had still very large watery painless motions. Secale A, every half hour. At next visit he was very much better, and next day convalescent.

In case 69, the purging ceased on the second day under Secale alternated with Arsen., though the latter alone had not checked that symptom.

Case 73 was another of fully developed cholera, where the Secale given first and alone checked the large watery painless motions. He recovered, but required Arsen. afterwards for other symptoms.

In Case 137 the same effect was observed; and the like in several more. From these observations it appears that Secale was very useful in the large watery painless motions occurring in the collapsed and malignant forms of cholera. We are inclined to consider the Arsenic, Cuprum and Secale as the medicines most suitable to the worst forms of cholera. The Secale was always given in the dose of one grain of the first decimal trituration, which we name A, to avoid confusion, as the 1st trit. or dil. simply has been by custom appropriated to the 1st centesimal trituration or dilution.

Colocynth

Was given exclusively as an intercurrent remedy to mitigate the cramps, and it was occasionally very efficacious and gave much relief. Nevertheless, we are inclined to regret having given so much

attention to the cramps, as it is a pity to lose time in treating an affection not of itself mortal. We are also sorry to have given Cuprum often in a merely routine way, interposing a couple of doses against the cramps, when it might often, if adhered to alone, have been curative of the cardinal and dangerous symptoms of the disease.

Ipecacuanha.

Case 2. A man aged 28, had been ill the whole day with vomiting and purging. Camphor, then Veratrum, had relieved the general symptoms and the purging, when at 6 P. M. he was found vomiting after all ingesta, and as often as every quarter of an hour without cause. The vomiting is copious and preceeded by shivering all over. No coldness or cramps. Pulse slow; tongue furred. Ipec. 1. after each attack of vomiting. Next visit much better, and next morning convalescent.

Kali bichromicum.

My reasons for trying this remedy in the suppression of urine were given in the last No. of this Journal, but I may recapitulate them in the note below.*

* We have tried the various remedies usually employed in homœopathic practice, such as Canth., Digit., Nux., Tereb., Merc., and Arsen., but have not been able to obtain decidedly beneficial results from any. This induced me to turn to some of the untried remedies of our ample Materia Medica, and Kal. Bich. seemed the most suitable, from the following group of symptoms produced by it.—

"A dyer, in a fit of rage, took a piece of Bichromate of Potash, dissolved it in water, and swallowed the solution. Nausea immediately came on; and, after copious draughts of milk, soap-water, and oil, violent vomiting was produced. The night was passed quietly. Next morning he felt such weakness that he was obliged to lie down again: the belly was neither swelled nor painful; the pulse quiet, but small. The patient felt only some shooting pains in the back and in the region of the kidneys, and a feeling of scraping in the throat; he had several stools of natural colour and consistence, but did not pass a drop of urine. The second night was somewhat restless, and next morning the patient was very much weaker; he had scarcely power to rise, and trembled greatly on making the attempt, without, however, feeling any increase of pain. The debility increased to such a degree that the patient died sleeping calmly, in fifty-four hours after taking the poison, as if from pure exhaustion. Some hours before death the white of the eye became yellow; and shortly before death spasmodic contraction of the hands was observed. On dissection the stomach was found unchanged; the duodenum

We gave it, in all, in 12 cases. In all of these the urine returned, except one. It cannot however be said that there was any positive evidence of the utility of the K. bich. or its necessity in more of these than what has been already stated under the head of suppression of urine. Nor is the evidence in these cases nearly conclusive; they merely form a presumption along with the pathogenetic action of the drug that it is likely to be an important remedy in the cholera if further observations confirm its power over the suppression of urine. One strong point in favour of the K. bich. is that before using it we lost four cases from suppression of urine, and after using it not one that we could attribute to that symptom, for only one patient that survived over three days died without passing urine, but that was a case of the torpid and protracted form of cholera, and the

slightly reddened; the liver coloured yellow; the spleen gorged with blood; the kidneys were large, and when cut open, deeply marbled red, filled with frothy blood; bladder empty."—*Brit. Jour. of Homœop.*, April 1844, p. xcix. App.

This history resembles very closely the second part of a case of cholera, in which the characteristic affections of the alimentary canal and circulating system have been recovered from, but the patient dies with suppression of urine.

It is curious that a case of idiopathic suppression of urine related by Sir Henry Halford proved fatal in exactly fifty-four hours, like the above case. Many of the finer symptoms in the proving of K. bich. correspond to those above related, and in the poisonings of the lower animals the morbid appearances in the kidneys are very similar to those described at p. 114.

Pathological appearance in the kidneys after poisoning with Kali bichromicum.—

Experiment 18. A dog took K. bich. and died on the 20th day. "Tubular substance of the kidneys much injected, and the whole substance of these organs in a state of congestion."

Expt. 25. A rabbit. 1st trit. Died on the fortieth day. "The kidneys were dense, firm, and the cortical and tubular substance not distinguished by their colour, both being dark brownish red. The bladder full of thick yellow purulent looking urine."

Expt. 26. Rabbit. Seventy-four days. "The tubular substance could only be distinguished here and there, and the kidneys were outwardly dark coloured."

Expt. 27. Rabbit. Seventy-four days. And, 28th, rabbit. Seventy-five days. "The kidneys showed, when cut through, a brown red colour, so that no trace of tubular substance could be seen."—(See *Austrian Journal of Hom.* Vol. III.)

K. bich. had only been given a few hours at a time when the recurrence of the characteristic discharges caused a change of treatment. In fact neither the bile nor fæces had been restored in this case any more than the urine; so that death ensued from ordinary cholera. If we had had deaths after using the K. bich. in the same proportion as before, the number should have been three. In two fatal cases of consecutive fever in which the urine was suppressed for a time, the secretion returned under the action of the K. bich., though the patients afterwards died.

Phosphoric acid.

In case 110, narrated at p. 121, this medicine was of considerable service in the consecutive fever attended with stupor, difficult speech, deafness, slow pulse, &c.

In case 143, a child of 7 years of age, on the 5th day of the disease Phos. acid was given with good effect after Belladonna. The symptoms were—much tossing of the head, pulse fall and rapid, sighing frequent, semi-stupor, pupils contracted, tongue white, furred and moist, delirium, yellowish diarrhœa. Next day she was much better and recovered ultimately.

In case 145, a man aged 33, in the cholera, 2nd stage, after camphor had been given with very good effect against the first symptoms, viz. vomiting, cramps, colic, chilliness and purging. The cramps were entirely checked by the camphor, and the vomiting much mitigated. There remained frequent whitish watery motions, vomiting about once in the hour, tongue white, pulse quick, face pale, eyes sunken, skin warm. Phos. acid 2 was given every half hour, and he was quite convalescent in about 12 hours.

In case 156, a girl aged 3. Phos. ac. 2 was given every two hours with very good effect on the 4th and 5th days of the disease in consecutive fever. The chief symptoms were—restless tossing, semi-stupor, sunk countenance, yellowish diarrhœa, frequent sighing. She made a good recovery.

On the whole we found Phos. acid most useful in the consecutive fever, and in the cases of the second stage that were not accompanied with much collapse.

Pulsatilla, Bryonia, and Aconite were used for transient

morbid states, such as they are usually employed for in homœopathic practice, and require no special notice.

Tartar emetic was used several times successfully in the proper cholera symptoms. In case 40—a woman aged 46, of intemperate habits, after camphor had been of service to the cramps and general chilliness, there remained a fluttering, sinking sensation at the epigastrium, with rising of water, and still vomiting and watery purging, moist white tongue, &c. She recovered well, having had no other medicine but Nux, which was afterwards given for pain in the abdomen.

In another case of a man aged 32, who had been drinking a good deal before he was attacked with the cholera, after the symptoms were much improved under Camph., Veratr. and Nux, there remained frequent retching and vomiting of everything drunk; thirst, tongue rather dry, restlessness, warm skin. Tart. em. 1 every hour, completely relieved all symptoms.

Hydrocyanic acid was one of the medicines we expected great things from, and was one of twelve medicines carried in our pocket cholera medicine-cases. In the ten cases in which we tried it, however, we were not so fortunate to observe any effect whatever from it in the state of collapse. In one instance it relieved the spasmodic retching on the second day of the disease. We used the second dilution.

Digitalis, Cantharides, Cannabis and Terebinthina have already been alluded to under the suppression of urine. Rhus was used only in the consecutive fever, and we cannot report any decided or striking results to be attributed to it. Iodine was used once or twice with good effect after reaction was well established and the bile had been secreted, when there was foul tongue, nausea, thirst and distressing retching, with some bilious vomiting and purging. Cicuta was given with relief to the hiccup once or twice, but its effect was not very great. Phosphorus was given with decided effect in the case of a man, aged 41, who had frequent whitish watery and copious motions, with cramps in the feet, calves of the legs, and the hands, white tongue and nausea, but little vomiting, pulse quick and unsteady, restlessness, much thirst, hiccup, skin warm. The patient recovered under the Phosphorus. From the recommendation of Dr. Griesselich,

and from the symptomatology given in full in Dr. Russell's book, we expected much from Oxalic acid, but we were not fortunate enough to obtain any result in the three cases in which we tried it and did not persevere any further in its use; besides, minute indications for its administration are yet wanting in the Mat. Medica. Zinc was used with benefit in the semicomatose state of the consecutive fever in a child. Hyoscyamus was useful in sleeplessness in the case of consecutive fever, described at p. 123. Bismuth relieved an acute pain in the epigastrium after the cholera symptoms had subsided in one case. Platina relieved spasmodic pains in the back and legs during the proper cholera symptoms in one case.

ERRATA IN THE FIRST PART OF THIS PAPER.

At p. 112, add "case 94," before J. C. aged 33.
„ 118, for "in the Therapeutic Chapter," at line 8, read "p. 112." Line 20, for "p. 112," read "p. 122."
„ 134, line 8 from bottom, for "report of" read "report that of."

ON THE SPECIAL RELATION OF PATHOLOGY TO HOMŒOPATHY.

BY G. M. SCOTT, M.D.

PATHOLOGY is the science which treats of those deviations from the normal or physiological conditions of the body which constitute disease—it regards simply the actual condition, without inquiring how such deviations may be rectified, or without so much as considering them as the subject of treatment at all. It remains, therefore, essentially the same under all changes of therapeutical doctrine, being wholly unmodified by any such speculations.

Homœopathy is that method of treating disease which is founded on the doctrine familiarly expressed by the words *similia similibus curantur*. It is essentially as strictly therapeutical, as pathology is independent of therapeutics. Hence the adoption or rejection of this method of practice can in no wise modify pathology. Yet it may not be irrelevant to inquire whether there are no special points of relation between homœopathy and pathology, and whether the adoption of this thera-

peutical theory may not introduce some specialty in the study of pathology; in other words, granting that the analogy of medicinal symptoms with those of the disease constitutes the true guide to practice, by what means shall we obtain such a knowledge of natural symptoms as best to discern their analogy with those of the medicine? For it is the discernment of this analogy that constitutes the characteristic link of connexion between pathology and homœopathy, as distinguished from any other method of practice. This question, therefore, involves another, viz. by what means shall we prosecute our investigation of medicinal substances so as to educe the analogy between their symptoms and those of the natural disease? For it is plain, that since the one class of phenomena is the measure of the other, any adequate attempt to shew the relation subsisting between them must involve an inquiry into both. Now we must aim at a more perfect knowledge of pathology, simply by the assiduous cultivation of the means and opportunities afforded us of watching the symptoms of disease unmodified by treatment during life, and of examining the internal changes after death, bringing to the investigation all the resources of art and all the discoveries of science. And we must improve our knowledge of medicinal symptoms by a combined and well regulated series of provings on the healthy body, as well as a careful consideration of those cases of accidental or intentional poisoning which afford opportunities of learning the symptoms of medicinal substances when pushed to the extreme. These general methods must be pursued in order to attain a more perfect knowledge of the two objects of comparison, viewed distinct from each other; but our question is, how shall we apply the one to the other? How shall we make the revelations of pathology available to the demands of practice?

1. We conceive that advantage might be attained by grouping the phenomena of disease as far as possible according to their mutual relations; and, in like manner, grouping the medicinal symptoms. In so doing, great care will be requisite to avoid the introduction of theoretical speculations; for when we begin to group, we are in danger of doing so on some principle more recondite than that of mere co-existence—of seeking causal re-

lations, for example, and then inventing links of connection between distant organs. But this danger must not deter us from the attempt to establish real points of union actually existing in nature, whether we discover the *bond* of union or not. For example, we know that pain under the left breast is frequently complained of by those suffering from some uterine derangement, and pain in the right shoulder by those affected with disorder of the liver; and these two combinations occur so frequently as to imply an actual pathological connection. It should be the aim of pathologists to ascertain what this connection may be; and it should be the aim of those who investigate the action of medicines, to ascertain what medicines present the same combinations. With this view of grouping medicinal symptoms, it is very desirable that the experience of each individual prover should be reported separately; and that the age, sex, and any peculiarity, especially any idiosyncracy, should be stated, the value of many symptoms being much modified by these circumstances, and as guides, wholly determined. Thus, if we find in the present works on the Materia Medica, a substance presenting a form of uterine affection analogous to a given case of disease, and likewise a pain under the left breast, we cannot with confidence group these two symptoms, and regard them as constituting an analogy with the given case, supposed to combine the two, because we do not know that they occurred in the same individual—the pain in the left side may have occurred in a *male*, and may, therefore, constitute no real analogy with the supposed case of pain thus situated, having a real pathological connection with disordered functions of the uterus. Similar observations apply to many other instances of connected symptoms—and, indeed, to every disease—for every disease may be regarded as a collection of symptoms naturally related by circumstances appreciable or not—some symptoms are superficial and manifest, others concealed, but discoverable—others, perhaps, beyond discovery, during life; now the object of pathological inquiry is to complete our knowledge of these symptoms, and to establish such an undoubted connection between them, and more particularly between the superficial and the recondite, as that these last shall be so certainly inferred from the former

as to afford assistance in practice. The same remark applies to the investigation of medicinal symptoms—we wish to be able to group the symptoms, and by means of the superficial to infer, with confidence, the recondite. Were our pathology and pharmacology in any case complete and exactly co-incident, we should have found a specific; and it is because there is so frequent a similarity in superficial symptoms, without a similarity in recondite, that specifics are so difficult to find, and that medicines apparently well chosen so often fail; and it is very possible that it is in virtue of their homœopathicity to recondite symptoms that some medicines act favourably, which we cannot very clearly shew to produce symptoms analogous to the superficial symptoms of the disease removed. For it should be remembered that a deep seated symptom is as truly a symptom as that which is superficial; and, therefore, that the ignorance or oversight of such a symptom is as likely to lead to error as that of one more readily detected. For example, let it be granted that two different conditions of an internal organ may give rise to dulness on percussion, and that the experiments on two different medicines give rise to the same symptom; it is plain that those medicines only are severally analogous to the diseases, which owe this peculiar external symptom to their occasioning an analogous inward condition. If, for instance, one medicine produce dulness by its direct action on the lungs, while another produce it by an action on the liver causing compression of the lungs, surely these two medicines are not to be regarded as indifferently eligible in a disease characterised by dulness; we must ascertain the recondite pathological action of each medicine, and also the recondite pathological condition of each disease, and those only are analogous which correspond in this particular. Every step, therefore, of advancement in pathology, which tends to disclose the more remote features of a disease, and to associate them with the more superficial, must promote the discovery of suitable remedies, if along with this advancement in the pathology of natural diseases, we make similar advancement in the pathology of medicinal disease.

2. In addition to the attempts to group the symptoms agreeably to some real connection existing among them, we would

enforce the necessity of defining as closely as possible the sphere of the action of medicines. To this end we suggest that great definiteness would be acquired in the description of many symptoms by adopting the language and classification of phrenology; not indeed assuming the truth of that science, but using the situations of the organs as known local limitations. Thus, the case of pain in the side of the head over a small space, being one symptom observed, might be thus expressed: "pain in the side of the head (organ of hope, conscientiousness, &c. as the case may be,)" inserting these simply as additions to the more general form of expression. By comparing such head-symptoms with the moral symptoms, we may come to a clearer knowledge of that very important branch of the subject; and without presupposing the truth of phrenology, we shall be augmenting the number of facts from which a correct opinion may be formed. It appears that such moral symptoms must arise from some specific action on the bodily organs; it is, therefore, of the utmost importance to associate them accurately. Dyspepsia, or hepatic derangement will produce melancholy; so will circumstances apart from these bodily ailments, and possibly medicinal agents directed specially to particular divisions of the brain. Now, in practice, it is highly desirable to know to what such a symptom may be ascribed,—a medicine not affecting the *liver*, but affecting the *brain*, is not strictly homœopathic to a disease arising from disordered liver, though expressing itself by similar mental or moral symptoms.

8. It is superfluous to observe that the foregoing remarks imply the necessity of assiduously studying morbid anatomy, by which alone we learn to associate the superficial phenomena with the recondite, and arrive at the assurance that the one class implies the other, even when no opportunity occurs of verifying the conviction by actual observation. And with nearly equal certainty in medicinal diseases do we infer the presence of the remote from that of the ostensible phenomena. And by distinguishing minutely the shades of difference in the ostensible phenomena in natural diseases and comparing them with those which characterise medicinal action, we arrive at the knowledge of the true character of the latter and their coincidence with the former.

For instance—Neuralgia and inflammation present the same symptoms of acute pain; but there are shades of difference by which they may be distinguished, apart from morbid anatomy, which, nevertheless, reveals the real pathological difference to a certain extent. Now corresponding shades of difference in medicinal symptoms indicate corresponding differences in the internal organs, and thus point out the suitableness of the several medicines to the several diseases. And we conceive it possible that cases may occur when we may take a presumed recondite symptom for a guide even when destitute of the corresponding superficial symptom. A natural disease may indicate a certain morbid state of an *internal* organ by a certain superficial symptom; the effects of a certain medicine may indicate its power to produce a similar *internal* state by a different external symptom. Now in such a case, our guide would be the *internal* state ascertained by morbid anatomy, but not indicated by any similarity of external symptoms. Such a case is possible, though it might be difficult to illustrate it by examples.

These observations show how entirely unfounded is the charge that homœopathic treatment implies a very superficial consideration of the real character of the disease, since the desideratum most requisite for secure advancement is a successful investigation of the relation, particularly the *causal* relation, existing among the phenomena both of natural and medicinal maladies. Beyond these phenomena indeed, the homœopathic physician does not profess to go, but he follows them to their remotest results, and traces them to their earliest origin. So far is it from being true that the practice of homœopathy dispenses with a knowledge of pathology, strictly so called, (that is, the actual discoverable condition of the morbid parts as distinguished from theoretical speculations,) that the probability of success is precisely in proportion to the completeness and accuracy of such pathological knowledge in combination with that of the properties of medicines in relation to these pathological conditions. It is quite true that many unscientific persons have successfully treated some diseases with the pathology of which they were unacquainted; but these are generally diseases of so definite a form, and so marked a character, that the similarity of their

superficial symptoms and those of the appropriate medicines readily attracts attention, and these most obvious symptoms are really the indices of the recondite. But it is equally true that many scientific practitioners frequently fail in effecting a cure in cases where the symptoms of the disease, and also those of the remedy are well marked; a failure which may naturally be owing to a defective pathology, or want of analogy between the recondite symptoms. And even if it be granted that those physicians are the most successful who think the least about pathology and confine themselves most closely to the comparison of symptoms, this circumstance is to be ascribed to the *defective state* of our pathological knowledge, which may not admit of its affording us adequate direction, but which, if *complete*, would be our surest guide—always remembering, that by pathology, we mean a knowledge of the actual array of morbid symptoms, superficial and recondite, in all their mutual relations, and not any pathological theory, however ingeniously devised.

Indeed the relation between pathology and homœopathy is even more close and manifest than between pathology and any other therapeutical method, because it is *direct*, involving no intermediate theory. A newly discovered symptom or pathological condition is just another point of comparison with the medicinal action, another point of contact between the two diagrams which are to be rendered coincident; it is not a state requiring to be theoretically explained in order to derive from it a guide in the selection of a medicine whose action again is to be theoretically explained in order to establish its suitability. It is in this view of the relation of pathology and practice that it has been condemned or slighted by Hahnemann, and the experience of many centuries seems to warrant his censure. Thousands of post mortem examinations have been instituted without, we may almost venture to say, a single step of advancement having been *thereby* made in practice. For how can it be otherwise? how can the diseased and disorganised tissue proclaim the means of its own cure? What step have we gained when we have exposed every organ and pointed out every abnormal condition, unless we have learnt from some other source, the means of restoration? We may find unnatural effusion, for

example, but some different line of investigation must inform us how to remove or prevent it. And what is that line? Simply experience, the experience of medicinal action. We are therefore thrown back on the previous question, what is the best method of instituting examinations into medicinal action? But it is a very different thing if, having, from such an examination, come to adopt the homœopathic law, we discover that a particular form of disease is accompanied by effusion, and likewise that the tendency of a particular medicine is to promote effusion. In that case the disclosure of morbid anatomy actually proclaims the means of cure, and the more perfect such investigations are, combined with proportionate advancement in the knowledge of medicinal symptoms, the more complete will be the index afforded.

The study, therefore, of morbid anatomy is as truly relevant to the practice of homœopathy as is the study of the most superficial symptoms of the disease; and the reason that these last obtain more constant attention is, that in the present state of our knowledge, they are more certain and more accessible; they are more manifest and more urgent in the disease; they are more ostensible and appreciable among the medicinal symptoms.

The study of the recondite symptoms of medicines has scarcely been begun, and the means of pursuing it are scanty and unsatisfactory, being almost confined to cases of poisoning, since we may not carry our experiments on the healthy subject to the extent of producing anatomical changes, or even serious and dangerous functional disorder.

While these considerations point out the close connection between pathological investigation and homœopathic practice, they should induce the physician to more strenuous efforts to perfect each branch of science, the knowledge of disease and the knowledge of medicinal action, since his whole art lies in the correct discernment of their mutual relations. We feel a peculiar interest in urging these considerations on the homœopathic physician, because it is a ground on which he can meet those whose therapeutical views differ from his own, and whatever is calculated to remove sectarian distinctions should be hailed by every sincere lover of truth. At present, the more recent school of medicine

can lay very little claim to the merit of promoting pathological knowledge; it should therefore render all honour to those who have herein been more serviceable. On the other hand, we consider ourselves justified in maintaining that no school has contributed so much as that of Hahnemann to the knowledge of medicinal action; we therefore consider it entitled to a similar degree of respect.

But it is to the union of the two that diseased humanity should look for help, and the sufferer has every right to demand that those who overture their aid should lay aside every degree of party spirit, and bring to his assistance all those resources which time and experience have placed within their reach. The physician is not at liberty to discard from his notice any method of increasing his knowledge that can be rendered available in practice; and as a well adjusted balance of all the powers is the best indication of a healthy mind, so a well proportioned attention given to all the collateral branches of science affords the best promise of firm and well secured advance in therapeutics: from all of them, this department may derive assistance; but it must be by means of their *union*, not by *isolation*. Thus anatomy and physiology, by shewing the normal condition, enable us to learn from pathology and morbid anatomy in what consists the abnormal condition. By botany and chemistry we are taught the properties of various substances and their mutual relations; and by a careful and well regulated course of experiments we learn the relation of these substances to the human constitution —and the application of this knowledge constitutes therapeutics. But it is evident that from none of these sources, nor from the whole of them, except in combination, can arise any system or method of cure—for everyone of them may be pursued with eminent success without the idea of therapeutics being suggested —it is, we repeat, by presenting them in their *mutual relations* that we can ever come to learn any practical lessons; and, therefore, the physician, whatever may be his theoretical views, can never be independent of those whose labours tend to perfect these various sciences, and to elicit their respective bearings.

REMARKS ON COD-LIVER OIL.

By Francis Black, M.D.

Cod-liver oil continues to gain the confidence of the medical world; and late observations of eminent physicians place it in a rank so high among remedies useful in phthisis and scrofula, that the attention of homœopathic practitioners cannot but be profitably directed to an inquiry into its *modus operandi;* and with that hope the following suggestions are made. This remedy may, as yet, be considered as standing on neutral ground, common to all classes of therapeutists; it cannot be claimed as a homœopathic, nor as an allopathic medicine, for we are still unacquainted with its physiological action, and it is not unlikely that it may prove to be merely a dietetic agent. As desirous to make general a new system of therapeutics, we are required to keep as much as possible within the precincts of pure homœopathy; but when a new remedy presents itself, the therapeutic value of which is great, and the physiological action of which is unknown, regard for therapeutics and our patient's welfare demand a careful investigation of its merits. This becomes the more imperative, when the agent promises to be of that class which forms so valuable an auxiliary to homœopathic treatment, and which may be ranked under the general name of regiminal. It may be laid down as a correct rule, that we may use as an auxiliary whatever promises to be useful, provided it does not interfere with the action of the homœopathic remedy.

Chemical composition and preparation of the Oil.

Three varieties of Cod-liver oil are met with: the pale yellow, the pale brown, and the dark brown; they are obtained from the livers of several species of Gadus. In this country the oil is procured from the Gadus Asselus Major (*Codfish*), and the Gadus Asselus Longa (*Ling*). The Bergen Cod-liver oil, the officinal oil in many of the continental pharmacopeias, is derived from the Gadus Callarias (*Dorse*), Gadus Pollachius (*Pollock*), and the Gadus Carbonarius (*Coalfish*), but principally from the first. From inquiries made by Dr. de Jongh at the fisheries at

Bergen, the livers of the different kinds of fish, as well as the fat of porpoises and other marine animals, are not unfrequently used indiscriminately, and it is difficult to distinguish the mixed sort from the true Cod-liver oil.*

From de Jongh's inquiries it appears that the best Norwegian Liver oil "is principally procured from the Dorse, as also from the Coalfish—the clear pale, by the spontaneous flow from the putrescent livers; the brown, by the boiling or roasting of the livers, from which at an ordinary temperature nothing is obtained. The light brown oil is a clear pale oil, which either has stood long on the livers, or has got old in the warehouse. No other entrails but the liver are used for the Liver oil.†" In this country the oil is obtained by simple pressure, or by heat and pressure, or by bruising the livers in tepid water, and filtering. Dr. Bennet says, that the Irish Cod-liver oil is procured by heating the livers in iron pots, and expressing the masses of oil collected in canvass bags. By once again heating the residuum, and expressing it, a darker kind is obtained. The Scotch fishermen, on the contrary, macerate the livers in cold water, cut them up, throw them into an iron pot with cold water, and apply heat only until the oil is separated, which being taken off, is purified by shaking with water. This oil is very mild, greenish, and thick as Ol. Ricini.‡

De Jongh found that the principal constituents of these three varieties of oil are Oleate and Margarate of Glycerine, possessing the usual properties. They also contain Butyric and Acetic acids, the principal constituents of the bile, some peculiar principles, among which was the substance called Gaduin, and not quite one per cent. of salts, containing Iodine, Chlorine, and traces of Bromine. The oils also always contained free Phosphorus. It appears that the pale oil is the richest in Oleic acid and Glycerine; the brown oil contains the largest amount of Butyric and Acetic acids, and of the substances peculiar to Cod-liver oil; and the pale brown oil is richest in Iodine and

* The Chemical and Therapeutical Properties of Cod-liver Oil, by L. J. de Jongh; translated by Dr. Carey. London, 1849—p. 8.

† Loc. cit. p. 10.

‡ Ol. Jecoris Aselli, or Cod-liver Oil, as a Therapeutic Agent. 1841.

saline matters. The largest amount of Iodine found in genuine oil is less than 0·5 per cent. The proportion of Bromine was estimated in conjunction with that of Chlorine, together their amount in the pale oil was 0·14 per cent. In the same analysis the proportion of Phosphoric acid was 0·19, and of Phosphorus 0·02 per cent. In this country the oil which is most devoid of smell, colour and taste is considered the best for medicinal purposes. In Germany, Holland and Norway, the transparent brown oil is much preferred. De Jongh from a few careful, but rather small number of comparative experiments, gives a direct preference to the brown oil—the light brown and pale oil appeared nearly on a par.* There is little doubt that great quantities of oils are sold as Cod-liver oil which are merely impure fish oils, blanched with Chlorine, and then small quantities of Iodine added.

Dr. de Jongh was so desirous of procuring a pure oil that he paid a visit to the fisheries, and having been so fortunate as to secure the assistance of officials, he has been enabled to ensure to the profession the sale of a pure oil. He writes—"I wish to make as public as possible the results of my voyage; at the same time to state my conviction, that only such Cod-liver oil as can be obtained at the Loffoden Islands is of exclusively good quality. I have it sent to me by two of the first mercantile houses at Bergen; and the Dutch Consul feeling much interested in the matter has kindly offered to affix his seal to every cask shipped, to prevent adulteration; experience, moreover, having taught me how important it is to ascertain the genuine quality of the oil, I shall carefully test every cask I receive, previously to its being used.

"Those who may be desirous of obtaining genuine Dorse-liver oil are requested to pay particular attention to my signature and seal, which will be attached to the corks of each bottle, with directions for its proper administration."†

* Loc. cit. p. 158.

† Loc. cit. p. 162. This oil may be obtained in Rotterdam, or Copenhagen, about 8s. a gallon. Dr. Carey states that a pure Newfoundland oil, closely resembling the real Bergen oil, may be procured of Francis Walton, 283, Wapping, about 1s. 6d. the quart bottle. Dr. Bennet says, the best Newfoundland oil in London is from Messrs. Jones and Co.

What is the physiological and therapeutic action of the Cod-liver Oil?

By some the contained Iodine has been considered the active principle. The chemical composition of the oil being remembered, it appears premature to regard Iodine as the curative agent, for with nearly equal justice a claim may be made in favour of the Bromine, Chlorine and Phosphorus. That Iodine is not the essential principle is also shewn in the reported comparative inutility (?) of a spurious oil, made with train oil and Iodine. This failure may however be due to the greater indigestibility of the train oil. Until experiments shew that Iodine is the essential agent, it is juster to attribute the efficacy of the oil to the united operation of all its constituents than to any single one.

Dr. Williams, who has lately published very valuable proofs of its efficacy in phthisis, considers that this oil proves serviceable by supplying the fat molecules, which appear to be essential to healthy nutrition in forming the nuclei of the primary cells; thus supplying a fat which is capable of being readily absorbed, and converted into a better plasma, as well as more readily conveyed by the blood to the vicinity of the tubercular deposits, the absorption of which it favours, by dissolving the irregularly concreted fat of which the masses are partly composed.

Its beneficial action in the speedy removal of sweats, and symptoms of hectic, he considers is owing to its diminishing the unhealthy suppuration, which is excited round the tubercle. Suppuration he regards as consisting in a further oxydation of the exudation corpuscles, and he supposes that the oil in offering a combustible material, thus checks the process of oxydation of the tissues.*

This explanation of Dr. Williams corresponds with that given by Dr. Bennet—both are equally unsatisfactory; they assume a peculiar condition of morbid process, and then adapt to this as fanciful an action of the remedy. If the human body were a chemical laboratory, then might such views hold good, but they cease to be tenable if vitality be regarded as

* London Journal of Medicine. January, 1849.

forming the powerful agent in all such phenomena. Imperfect as organic chemistry may be, vital chemistry is still further at the threshold of inquiry. With such an hypothesis does Dr. Williams rest satisfied, while he considers that it would savour too much of homœopathic absurdity to regard the minute proportion of Iodine as the curative agent. Dr. H. Madden, while he admits great efficacy to exist in the oleaginous particles, claims for the Iodine much of the curative results, but since that article * was written he has, from further experience of the effects of the oil, embraced the dietetic view of its action.

What is medicinal and what is dietetic action? A medicinal agent excites actions in the healthy living body which are abnormal, and do not tend to repair the waste of the body, but are on the contrary disease-producing (pathogenetic).

A dietetic agent is assimilated, and tends when duly used to repair the constant waste of the body. A dietetic agent may, when unduly used, become pathogenetic; but the above definition appears a sufficient guide in examining the effects of Cod-liver oil.

First.—What evidence is there of Cod-liver oil acting as a dietetic agent.

The fact that Cod-liver oil is better borne and digested, if taken from an hour to an hour and a-half after meals, appears to shew that it is a dietetic agent, for medicinal substances act with greater energy when given on an empty stomach. If the oil be received into the empty stomach, it then, in common with other oleaginous substances, undergoes hardly any change, except perhaps minute division of its particles: so that unless bile flows into the stomach (a spontaneous occurrence observed by Dr. Beaumont when the diet was in a great part of an oleaginous nature) so as to render the oil soluble, and in a fit condition to be absorbed by the lacteals, there is often excited a sense of indigestion, nausea, and occasional rejection of the oil.†

* Brit. Journal of Homœopathy, Vol. VI.

† Late experiments by M. Bernard appear to shew that the pancreatic fluid is indispensable for the absorption of fatty matters, and the formation of chyle. He has found that exposure of fatty bodies to the juice at once produces a complete emulsion, and all fatty substances are resolved into glycerine and

But if taken with other substances, it appears to pass with them more readily from the stomach, it then becomes mixed with the bile, and healthy digestion takes place. Experience has led the Esquimaux to the same plan, for they are in the habit of mixing earth and sawdust with the Train-oil, on which alone they are frequently reduced to live.

The fact that various oily substances, which are useful in certain diseases, are regarded as articles of diet, may be adduced as analogical evidence in favour of the dietetic action of Cod-liver oil.

Dr. Popken asserts that he has produced nearly the same effects as have resulted from the use of Cod-liver oil, by giving continuously roasted bacon in ʒ ii. doses; and Dr. Acherson of Berlin, has brought about the same results by the administration of caviare, an oily substance made from the roe of the sturgeon.*

The fat of bacon, especially boiled, was a favourite prescription in struma and dyspepsia, of the late Dr. Thompson *(author of Tr. on Infl.)*. It was suggested by Dr. Andrew Combe, whether the peculiar digestibility of a piece of fat bacon in certain forms of dyspepsia, may not be due to the abnormal presence of bile in the stomach. Cream and butter are now prescribed with

fatty acid, and in the case of butter, butyric acid. Parallel experiments instituted with other fluids, as bile, saliva, gastric juice, serum of the blood, produce no such effects on fatty bodies. These experiments have been frequently verified in the presence of distinguished men, as Magendie, Berard, Andral, &c. If a *morbid* or *altered* juice be employed, it exerts no action, soon separating from the fatty matter, without modifying it. Partial changes are attended with imperfect results. The chyliferous vessels are only found to contain a white, milky, homogeneous fluid, on condition of their having absorbed fatty matters in the intestines; so that a limpid, transparent chyle (improperly called vegetable chyle) is a chyle without fatty matters; and a white, homogeneous chyle (improperly called animal) is a chyle containing fatty matters, emulsioned and modified. That this is effected by the agency of the pancreatic juice may be demonstrated. If dogs are killed during digestion, oil will be found unaltered until it comes in contact with this fluid; and if the pancreatic ducts be tied, all alteration is prevented. In the *rabbit*, the pancreatic duct opens into the intestines very low down, fourteen inches below the choledocus; and if fatty matters be introduced into its stomach, and the animal be killed in three or four hours, they will be found to become emulsioned only at that low distance down, and only after then it is that the white absorbents are seen.—*Provincial Med. Journ. March* 31, 1849.

* Quoted from Dr. Bennet's work by Dr. Madden, loc. cit.

benefit, by some medical men, in scrofula, and broken-down constitutions. Dr. Baur has given several instances where the strumous disposition has been removed, by rubbing in externally different kinds of oil. I learn from a person who has partaken of the dish, that in Belgium the liver of the skate, and oil derived from it, is regarded by the poor as an excellent substitute for butter, and as very nutritious food. The liver oil of the same fish is medicinally used in Antwerp and Rouen and other seaports of Normandy. "Butchers and the slaughtermen, their wives, and their errand boys are plump, rosy, cheerful, and good-natured. Consumption is remarkably rare among the men employed in the slaughter houses. If we see a phthisical youth in the fraternity, we shall generally find that his parents, aware of an hereditary disposition to consumption, brought him up to the business, with the hope of averting this formidable malady."* It cannot be eating fresh meat which is solely the cause of this exemption, for this proves no preventive among the upper classes, whose diet is chiefly animal; the frequent contact with fatty substances is probably the principal means; and this is the more probable as oilmen and tallow-chandlers are equally healthy. During the plague in London, it was remarked that tallow-chandlers suffered much less than other trades.

"P. Martin Duncan, M.B., physician, and Mr. Nunn, surgeon to the Essex and Colchester Hospital, state that they have derived the best effects from the exhibition of Almond-oil in upwards of 250 well-observed cases. They are in the habit of prescribing it without any adjunct; at first in ʒ j. doses, half an hour after every meal; the dose is gradually increased. In no instance was any purgative effect observed. It is an excellent vehicle for the exhibition of Iodine in small doses, the latter being triturated with a small quantity of Olive-oil, and then added to a larger amount of Oleum Amygdalæ. The following:—℞ Ol. Amygdalæ ℥ ss.; Ol. Olivæ ʒ ij.; Iodinii, gr. ½. M. Cap. ⅓ *ter die*—has been of great use in several syphilitic diseases of the bones and skin, in broken-down constitutions, in chronic pleurisy, and in many cases of chronic enlargement of the glands of the neck. The influence of ℥ ss. of this oil of almonds

* Thackrah. Effects of Arts, Trades, &c. London, 1832—p. 11.

taken daily, upon the weight of some patients progressing in health under its exhibition, is very remarkable: in one case there was a weekly increase of 2 lb., and in others 4 lb. Care must be taken to attend to the biliary secretion during the exhibition of the oil, which is contra-indicated when there are evidences of symptoms of local congestion or of inflammation."*

The external use of Cod-liver oil has been found useful in some cutaneous affections, and the same good results have followed the employment of certain oleaginous substances which are admitted to possess no medicinal action. Scabies yields readily to the application of olive oil or lard. "The action of the fat seems to render pustules and vesicles abortive, both disappearing in a few days, leaving the skin they covered slightly reddened, with the shrivelled walls of the pustule and vesicle more or less adherent to it."†

* Med. Gaz. Feb. 1850.

† The following cases of scabies were treated by Prof. Bennet, in the Royal Infirmary, Edinburgh:—

Case I. A boy, about 10 years of age, entered the clinical ward at the commencement of last session, with the back of his hands covered with numerous ecthymatous pustules, associated with vesicles of scabies, which were most abundant between the fingers and on the wrists. They had existed for some weeks, and caused great irritation and itching. The hands and wrists were ordered to be covered with simple lard, morning and night. On the next day it was found that the parts were dry, and that he was continually irritating them by scratching. To prevent this, and to keep the parts moist, the hands and wrists were ordered to be enveloped in oil-silk bags. A continuance of this treatment for five days, entirely removed the eruption.

Case II. Ann Daly, aged 17, a bleacher, was admitted, November 20, 1849, with an eruption on the hands and flexor-surface of the arms, consisting of large ecthymatous pustules, mingled with numerous accuminated vesicles of scabies. These latter were most numerous between the fingers. The disease was of 12 days' standing, and no contagion could be traced. The affected parts were ordered to be smeared with simple lard, and enveloped in oil-silk bags, as in the last case. This practice was continued until the 26th, when the pustules had disappeared, leaving bluish red spots, devoid of cuticle. A few vesicles were still visible. In two more days these also had disappeared, although she was not dismissed until December 4th, when no trace of the eruption was discernible.

Case III. James Monro, aged 20, admitted November 7th, 1848. His hands, arms, and lower portion of abdomen are scattered over with vesicular scabies, which everywhere produces the most intense itching, especially at night, and when near a fire. On the arms numerous hemorrhagic points and

"Oleaginous matters often agree so remarkably well in diabetes, that some have gone so far as to propose them as remedies. When freely taken, they usually cause a flow of saliva, and thus diminish the urgent thirst. When they agree, also, they give a sensation of satisfaction and support to the stomach, which other alimentary substances do not. Perhaps butter is the most agreeable form in which they can be taken; and this under proper circumstances, may be taken freely. When oleaginous matters disagree, as is sometimes the case, they should be carefully shunned."* This Analogy of Cod-liver oil with other fatty articles of diet, will have more force if it appear that the oil has no pathogenetic power.

Is there any pathogenesis arising from the use of Cod-liver oil? The general experience appears to be, that few symptoms are excited. In a list of symptoms furnished by Dr. Madden† from Dr. Bennet's work, none indicating any marked medicinal action occur. The *nausea, vomiting, loaded tongue, loss of*

deep grooves, in connexion with the vesicles, which have been produced by scratching. There are similar appearances on the abdomen. The hands and arms were ordered to be smeared with lard twice daily, and enveloped in oil-silk. In six days the eruption had disappeared from these parts. On the abdomen, however, it still continued, and the lard was then ordered to be applied also there. Here it could not be covered with oil-silk, and the surface was continually dry. Still great amelioration was produced, and he was discharged cured November 28th.

Case IV. There is at this moment in the clinical ward, a lad named John Harley, aged 17, a labourer's son, affected with intense emphysema and bronchitis, of which diseases it is unnecessary now to speak. On admission (Decr. 3, 1849), the hands, flexor-surface of the arms, and abdomen, were, as you saw, closely covered with vesicular scabies, which induced great itching and scratching, and, as a result of the latter, grooves and bloody marks of the nails. On the 4th, the hands were smeared with lard, and enveloped in oil-silk, as in the former cases. On the 8th of December, the eruption on the hands and wrists was completely cured, but still continued in all its intensity on the arms and abdomen, clearly showing the curative power of the remedy. The lard was now ordered to be applied to the arms, and these to be enveloped in oil-silk to keep them moist. On the 15th, the arms were freed from the eruption. Lard was now ordered to be rubbed three times a day upon the abdomen.—*Report of Clinical Lectures. Edin. Monthly J. of Med. Science.* Jan. 1850—p. 62.

* Prout on Stomach and Renal Diseases; 5 edit. p. 40.

† Loc. cit. p. 446.

appetite, which occasionally occur when first using the oil, are merely signs of temporary indigestion, which may arise after the use of any fatty substance; and are often excited by mere disgust at the offensive smell and taste of the oil. *A greater or less increase of the alvine evacuations* may be due as much to dietetic, as to medicinal action; as also may *acceleration of the urinary secretion*, which is of rare occurrence. The symptoms, which principally indicate a medicinal action, are, *an increase of the menstrual evacuation*, so strong as to render a suspension of the oil necessary, and also *the appearance of an eruption like psora*. I have been unable to find under what disease the patient laboured, with whom the menorrhagia occurred; but such a symptom appearing in an unhealthy female, and not again observed in thousands of other cases, is one that cannot be recorded as due only to the oil. The eruptions occurred in one case in a girl aged 24, confined in gaol, and treated by Haller for a form of chronic pleuro-pneumonia. She was taking two table-spoonfuls of Cod-liver oil daily, but her symptoms did not improve, and the treatment was about to be given up, when all at once there appeared over the whole skin, particularly on the extremities, a dark red papular eruption which continued increasing in redness for 14 days, then grew pale, and disappeared, falling off in scales. From the time the eruption appeared, the health improved.

Another phthisical patient treated in the gaol by Haller with the Cod liver oil, was seized with a similar papular itchy eruption on the back of both hands, with a decided remission of all the symptoms.* Haller attributed these symptoms to a critical effort of nature, which may perhaps in some way have been aided by the oil, and they cannot therefore, on such slender evidence, be considered as pathogenetic effects of Cod-liver oil.

Dr. Williams has remarked, in numerous instances, that the bulk of the liver, as determined by percussion, becomes augmented during the use of this oil; yet without tenderness, or any other sign of disorder: † will not the continued use of any oleaginous substance cause such temporary enlargement of the liver, just as they do of other tissues?

* De Jongh's treatise, p. 117. † Lond. Journ. of Medicine. Jan. 1849.

Dr. Benson states, that in almost every patient dying of phthisis, taking the oil, whom he has examined, he has found a congested state of the lungs as he expected, not only near the tubercles, but through the entire of both lungs. Three marked cases are cited, in which he began with drachm doses, carrying it up, however, to an ounce and a half in the day. At the Dublin Surgical Society, where the paper was read, Dr. Bagot corroborated, to a certain extent, Dr. Benson's views; and Dr. Spence said, he had met pneumonia of both lungs traceable to the same cause: hæmoptysis, too, as remarked by Dr. Kennedy, being not unfrequent also.*

It may be justly questioned if the congestion and pneumonia are attributable to the specific action of the oil. If they were so, would they not be more frequently observed in the many thousands of phthisical cases, who have daily for months been taking the oil? The same objections apply still more to hæmoptysis, which is so frequent an attendant on phthisis, that the evidence must be very strong to establish it as a pathogenetic effect of the oil. May not Cod-liver oil, like any other animal food given to those dying of phthisis, if pushed, excite a congested state of the lungs? As this result would not be considered a specific action of the animal food, neither should it be deduced without further evidence that such morbid conditions are specific effects of the oil. A congested state of the lungs is not an unfrequent occurrence in those who die of phthisis. Louis considers that inflammation of the pulmonary parenchyma is not rare. He found it in the second stage, in somewhat less than one-sixth of the cases he has so carefully analysed. Engorgements or the first stage of pneumonia, generally occupying a limited space, existed in one-fifth of the cases. But he observes, that the development of pneumonia so near the close of life is, however, not peculiar to phthisical subjects; and he has noted, that it holds the same relationship to other chronic diseases, and this with very much the same proportional frequency.†

The few pathogenetic symptoms collected by Dr. Neidhard

* Medical Times. Feb. 2, 1850.

† Researches on Phthisis, Sydenham edit. p. 34.

are more properly styled clinical results.* Taufflied states, that in doses of from two to four spoonfuls a day, he never found it exert any appreciable influence on the urine or perspiration, or produce any disturbance in the economy. One of his patients consumed 36 lbs. weight of the oil in two and a half years.† With Taufflied's statement corresponds the experience of the great majority of medical men.

The above evidence may be considered as testifying to the non-medicinal action of Cod-liver oil in ordinary doses.

What are the results of proving it in very small doses?

Though certain substances apparently exercise no marked action in large doses, still when given in minute quantities, a special susceptibility is excited, and physiological symptoms produced. This very important fact in therapeutics is well shewn in the provings of Carbo and Lycopodium; and the reader will also find evidence of its utility in the detailed provings of Colocynth by the Austrian Society,‡ and in the varied action of large, and very minute quantities of Mercury.§ It is, therefore, necessary to apply the same test to Cod-liver oil. I have been unable to find any record of such provings, and can only offer a very few imperfect experiments.

A comparatively healthy female, aged 21, sanguineous lymphatic temperament, took for a month a tea-spoonful of the oil after breakfast and dinner, for four weeks, and then two drops morning and evening, on an empty stomach, for two weeks. No result.

A healthy boy, aged 4, took two drops morning and evening, on an empty stomach, for six weeks. No result.

A female, aged 26, lymphatic temperament, liable to chronic rheumatic pain of ankle, took one grain of 1st trituration, three times a day, for three weeks. No result.

A little girl, aged 6, strumous habit, but not actually ill, took 5 drops of the 1st dilution morning and evening, for 14 days. No result.

* Dr. Hempel's Jahr. art. Ol. Jec. Aselli.

† Pereira, Mat. Med., vol. ii, p. 1866.

‡ Appendix to Br. J. of Hom., p. 147.

§ Vide Paper by Dr. Drysdale, Br. J. of Hom. vol. vi, p. 1.

A healthy medical man, and a strong, healthy woman, each took 2 drops of the 1st dilution of the oil morning and evening, for a fortnight. No symptoms.

These experiments are too scanty to be satisfactory; but as far as they go, they shew the non-medicinal action of Cod-liver oil in minute doses.* No analogy can be drawn between the Oleum Animale of our Materia Medica, and Cod-liver oil; the former is an empyreumatic oil procured by the destructive distillation of skins, wool, &c.; and it is not unlikely that, in a few instances, where the latter has excited a little disturbance, that this has been owing to the presence of fatty acids, and empyreumatic oily matters developed by too great heat in the preparation. The operation of heat appears to render all oily substances more indigestible, so that many who can eat oil and butter with impunity dare not venture on melted butter, stews, or pastry.

As evidence, conclusive as to the nutritive or medicinal action of Cod-liver oil cannot yet be procured, it becomes an important question whether so useful an agent is compatible with the administration of homœopathic medicines? I believe that they are compatible, and that so far from interfering they in some cases facilitate their mutual action. The oil appearing to act in the same manner as climate, the patient is placed in favourable circumstances for medicinal action. Or perhaps the oil produces such a change in the secondary assimilative powers as excludes the tubercular diathesis, just as some diseases, attended by a highly venous state of the blood, pregnancy, intermittent fevers, large abdominal tumours, curvature of the spine, cancer, &c. exclude the formation of tubercle. I have repeatedly observed marked benefit result from homœopathic remedies

* Though such experiments may seem unnecessary, I purpose continuing them; and I shall be indebted to any one who will assist in the proving, and communicate to me the results. The oil may be triturated with sugar of milk, or 1st dilution made with ether, and the after ones with alcohol. Well marked cases of rheumatism and struma might be chosen to try if there is any therapeutic efficacy in the ordinary dilutions. I believe there is none, and such is the answer received from several who have tried them. But Dr. Carl Luther, of Dublin, informs me that he has found Ol. Jec. As. 3rd to 6th trituration, very decidedly useful in three cases of scrofulous sores.

given for cold, cough, diarrhœa, costiveness, &c. to patients who had been taking the oil for some time.

Dr. Drysdale informs me, that from a considerable experience derived from dispensary and private practice, he regards the oil as a purely nutritive agent, and he finds it in no way to interfere with the action of the homœopathic medicines given along with it. Dr. Chapman writes—"I have not found the administration of the oil interfere with the action of our remedies;" and he has furnished me with cases corroborative of his experience.

Dr. Madden, in a letter, writes—"I have in no single instance found the oil interfere with the action of homœopathic remedies. I have repeatedly treated intercurrent ailments in those who were taking the oil regularly, and have never had to suspend the oil, owing to any increased difficulty in curing the disease. I have a lady labouring under phthisis at present under my care, who has been previously treated four months by another homœopathic practititioner, but without advantage; she has rallied remarkably since commencing the oil, and moreover, Calc. acet., which did her no good alone, appears to allay the cough now that she is taking the oil.

Dr. Dudgeon considers the oil as a dietetic agent, and compatible with homœopathic remedies: the following is a case in point. "A child, 8 years of age, suffered incessantly from attacks of bronchitis, and also from gastric derangement. His former homœopathic attendant had left him for some time on excessively low diet. I gave him a sufficient allowance of food, and gradually Cod-liver oil, besides sending him to a more genial climate for the winter. He grew very fat, and is now quite robust. While taking the Cod-liver oil he had hooping cough, and numerous gastric attacks as before, which all yielded rapidly to the homœopathic medicines."

Dr. Hilbers considers that the oil and homœopathic remedies are compatible, and has furnished me with some interesting cases of phthisis, one of them shewing more marked and beneficial effects of the medicine while under the action of the oil than was previously observed without it.

The foregoing evidence establishes *the compatibility of the oil with the administration of homœopathic medicines.*

For evidence as to the utility of the oil in various diseases, the reader is referred to Dr. Bennet's and De Jongh's works. Space will only permit of two quotations: "The Cod-liver oil, which is by no means an indifferent remedy, should be given when the patient is more of a torpid, inactive, rather than plethoric constitution; when neither disposition to congestion, inflammation nor local irritation of the intestines, indigestion, &c. is present. Should indigestion, hæmorrhage, or diarrhœa occur during the use of the oil, it should be suspended in every case for some time. This medicine may be called the grand restorer of health; for the successful operation of any remedy whatever against so formidable a disease, may indeed deserve that appellation. Should the disposition to phthisis be present, the use of the Cod-liver oil will prevent the further development of the disease, sometimes permanently; generally however for a considerable period. Whereas when it is given in the already developed form of phthisis, although the perfect cure cannot be accomplished, life will be prolonged and rendered more supportable."* Dr. C. J. B. Williams observes, on an experience of 234 cases of phthisis where the oil was administered, that "the results give to this oil, even as a tardative or palliative of phthisis, a rank far above any agent hitherto recommended, whether medicinal or regiminal. I have made trials of several other medicines of reputed utility in this disease, but their utility and harmlessness fall so short of those of Cod-liver oil, that I regard them now as subsidiary means, and the more likely to be useful in proportion as they facilitate the continuance of this superior agent."†

* Resumé of experience of numerous authors, cited by De Jongh. Loc. cit. p. 116.

† London Journal of Medicine. Jan. 1849.

ON THE DIFFERENT KINDS OF ACTION OF MEDICINES.

By Henry R. Madden, M.D.

(Continued from p. 22.)

Before entering upon the consideration of the question whether any diseases are capable of being cured by strictly chemical means, let us take a glance at the present position of "The Chemistry of Therapeutics," and to any one anxious to meet with an admirable summary of all that has recently been effected in this field of research, I cannot too strongly recommend the articles with the above title which have appeared in the British and Foreign Medico-Chirurgical Review for April and July, 1849—from which source I have myself drawn largely in preparing the following remarks. The author of these articles endeavours, as far as is possible, to answer the following questions:—

"1. What is the condition of our knowledge with regard to the chemical composition of the solids and fluids of the healthy human body? Are we enabled to deduce from this knowledge any data which will serve as a starting point for our other enquiries?

"2. How far are we acquainted with the nature of the changes which occur in the chemical composition of the solids and fluids during the existence of diseased action?

"3. Do we know whether alterations take place in the chemical composition of the solids and fluids during the operation of medicinal substances? and if so, what are these alterations?

"4. Are we prepared to say what changes are produced in the chemical composition of remedies during their passage through the animal body?

"5. Are we in a position to make any practical application of our chemical knowledge to the discovery or cure of disease?"*

A little careful consideration of the above questions will, I

* Brit. and For. Med. Ch. Rev. April, 1849—pp. 287-8.

think, shew that however well calculated their answers might be to develope the science of "The Chemistry of Therapeutics," they would prove very defective if employed practically for the advancement of "Clinical Medicine;" for it will be at once perceived that many fundamental requisites are totally passed over. On the very threshold of the enquiry as to the curability of disease by purely chemical means, we are met by the question—Can the living organism make use of chemical elements supplied to it, irrespective of their form and mode of combination? or is it essential that they should be presented to it in certain conditions?—and if so, what are these conditions? Again, are the laws which regulate the appropriation of chemical elements supplied to the living organism, the same whether such elements are normal constituents of that organism or not?—and if not, wherein consists the difference?

Physiological Chemistry has latterly thrown a flood of light upon one of these questions. The investigations of Boussingault, Liebig, Mulder, and others, have clearly proved that the normal elements entering into the constitution of the higher orders of organized beings can be assimilated by them in certain forms only. Animals, for example, can increase their tissues only (or at the very least principally) by the appropriation of a certain series of chemical compounds, which, from this cause, have been denominated Proteine compounds; and it has been distinctly proved, that whereas plants can draw all their nourishment from inorganic compounds, the chemical elements required for the production of animal tissues must have become previously organized by their existence as component parts of some plants or other animal. Not only, therefore, have we received for answer to our first question, that the living organism cannot make use of the chemical elements presented to it irrespective of their form and mode of combination, but we have attained to a very high degree of probability regarding the exact kind of combination which is required to fit them for assimilation. It has not as yet been so clearly proved respecting what are usually termed the inorganic constituents of animals, that they also must be presented to the organism in some special form, but as we invariably find that the natural food of an animal contains,

in an organised form, *all* the elements entering into the composition of its tissues, we may with safety conclude that it is no matter of indifference to its well-being how it obtains its saline and earthy constituents. If the broad views of Pathology which have so much gained ground of late, be true, viz. that all diseases consist of an increase, or decrease, or perversion of some natural function, it will follow as a matter of course, that the laws which regulate the chemistry of the healthy organism, must apply with equal force to the processes by which a disordered body is restored to a healthy condition; unless, indeed, it should appear that the diseased organ possessed a greater power of vitalizing the elements wherewith it came in contact than when in a state of health, which is most improbable. For, if the healthy animal is not capable of producing its proximate principles, even when supplied abundantly with the chemical elements of which they are compounded, but must receive them ready formed, it is highly improbable that a diseased organism should possess such a power. If all the tissues composed of Proteine compounds, for example, can neither increase nor repair their waste except in so far as they receive Proteine compounds *ab externo*, and will perish as soon when supplied with gelatine and other organic substances, which, though composed of the same ultimate elements, are yet incapable of being transformed into Proteine, as if every kind of pabulum were withheld, it is scarcely conceivable that the same tissues when diseased should become capable of effecting such unequivocally vito-chemical changes. It must never be forgotten, that between the regions of inorganic and organic chemistry there exists an experimentally impassable gulf—no laboratory process, however cunningly devised, can produce any true organic compounds from inorganic materials: it is no doubt true that organic compounds when they have ceased to form parts of a living organism, come under the control of ordinary chemical laws, and can be made to combine with other chemicals, whether organic or inorganic, according to the ordinary and well-known laws of affinity, and thus it occasionally happens that compounds, ordinarily produced by living organisms, may be artificially obtained; but it will be found, on investigation, *first*, that

such compounds are always themselves the result of decomposition, and are incapable of forming an organized part of a living being (as, for example, Urea); and 2ndly, that most, if not all, require for their production the employment of some organic, though unorganized, compound. Formic acid, for instance, can be easily prepared in the laboratory, but alcohol, or some other substance, derived more or less immediately from the organic kingdom, must be employed in its production.

It would be quite out of place to enter more fully upon this subject here, but it is capable of easy proof, that the agency of life is essential to raise the elements of inorganic bodies into the peculiar state of combination wherein binary, ternary, or even quaternary compounds are capable of acting the part of simple bodies towards other elements; and which, from this very circumstance, have been denominated organic compounds;—and that, when removed from the sphere of action of this mysterious agency (life), all changes which occur in the arrangement of their elementary particles, whether induced experimentally in the laboratory, or occurring as the result of natural processes, tend to bring them nearer and nearer to that point, having passed which they can no longer lay any claim to be considered as belonging to the organic kingdom—or, in other words, the agency of life is required to raise compounds in the scale of organization, while the operation of a dead chemistry tends invariably to reduce them to its own level. But Proteine belongs to the highest class of organic compounds, and has never, on any occasion, been produced artificially—it is invariably a vital product; and I think, therefore, we may fairly conclude, that whenever a healthy organism cannot form it, the same organ will be still less capable of doing so when diseased.

From such considerations as the above, I think we may safely assert, in answer to our first question, that the living organism can only make use of the chemical elements required for its growth or reparation when these elements are presented to it in a certain form of combination; and moreover, that, while animals have the power of assimilation fully developed, they possess but little, if any, power of production, save as regards *excretions*, and these, like the products of the laboratory, are always lower

in the scale of organization than the compounds of the living tissues. If we were to carry out these considerations to their legitimate extent, we should find that they lead to the conviction, that the truly living portions of the animal organism cannot be influenced by chemical agents, in a strictly chemical manner, without destruction to the life of the portions acted upon. The remarks made at p. 5 of my former paper, however, will show that, having ceded this fact, there remains an ample range within which the ordinary laws of chemistry are in full operation, and may be employed by us to modify and regulate the changes which are continually going forward in the living body. For granting that an organic cell can only live by the assimilation of certain fixed organic compounds, yet the fluid containing these compounds may be influenced by chemical reagents introduced *ab extra;* and in this manner we may modify the development of a cell, by regulating its supply of pabulum. It may appear at first sight, that the above distinctions are too fine drawn to be of any practical value; but I trust to show by the sequel that so far from this being the case, it is the want of realizing this distinction that has led chemical therapeutists into so many glaring errors.

Before proceeding further, let us endeavour to answer the following questions:—Can the living organism appropriate the earthy and saline ingredients which enter normally into its composition when these are supplied to it in the form of inorganic compounds? For example—Can inorganic compounds of *Phosphorus* and *Lime* directly assist in the growth of bone? Can the inorganic preparations of Iron directly supply this material to the blood, &c. &c.? I have already remarked, that the fact of the natural food of each animal containing *all* the elements entering into its composition is a *prima facie* proof that under ordinary circumstances they receive all their saline and earthy ingredients only in the form of pre-existing organic compounds; but this is not by any means sufficient of itself to prove an incapability of their receiving them in any other form. The history of *Rachitis, Mollities ossium,* and *Chlorosis,* afford very strong evidence of the fact, that the existence in diminished quantity of certain earthy matters essential to the healthy

constitution of various parts of the organized frame, is not necessarily dependent upon a diminished supply of these elements in an assimilable form, but results from a loss of power in the organs themselves to make use of them. The same viands may form the daily food of the healthful, rosy maiden, and the pale, chlorotic girl—and the same breast may nourish the strong child and its puny, rachitic brother—the pabulum supplied to both may be precisely similar, but the appropriating power being diverse the results prove widely different.

We have thus ascertained two points from which to start our arguments as to the probability, or otherwise, of the earthy constituents of animals being assimilated when presented to the organism in the form of inorganic combinations; and these are —1st. That these materials are always presented in the natural food of the animal, and are accordingly obtained from that source during health; and 2nd,—That, in certain states of disease while the supply of these materials continues undiminished, their existence in the tissues may become considerably lessened in quantity; thus shewing that the deficiency depends not upon the supply, but upon the assimilating power of the organism, or, in other words, that the dynamic condition of the organism has a far greater influence over the process, than the chemical constitution of the pabulum; albeit, with the proviso, that the latter is not unsuitable through the absence of some essential element. Or once more—whereas the integrity of the chemical constitution is necessary to the health of the animal, but cannot insure it, an imperfection in the dynamic power of the organism may render the best food useless for the support of health and vigour. Upon this foundation it would not be difficult to build an ingenious argument against the probability of the earthy materials being derived from any other source than the food; but in place of doing so, I think it will be more profitable to state the facts which seem to countenance the opposite opinion. It is well known that, in many instances of chlorosis, no remedies prove so serviceable as the preparations of Iron; and as it has been found that the rapidity of the result is in direct proportion to the quantity of the medicine administered, provided always that the quantity is not sufficiently large to dis-

agree with the patient, it has been usually concluded that the Iron administered medicinally contributed directly to augment the amount of this essential ingredient in the blood. Again: an exceedingly interesting fact has been brought to light very recently by M. Hannon,* viz.—that the salts of Manganese will cure chlorosis, and other anæmic diseases, when Iron fails, which he accounts for by the fact proved by M. Millon, that human blood always contains—Silex, Manganese, Lead, and Copper—thus giving a purely chemical explanation of this action also. If, therefore, any plausible reason exists for doubting the probability of animals receiving their earthy and metallic ingredients from inorganic compounds, upon what principle can we explain the cure of Anæmia by Iron and Manganese, the truth of the former of which at least must be known to all who have any practical acquaintance with Clinical Medicine? Physiologists have long since come to the conclusion, that the best stimulus to any organ is the presence of the material upon which it is intended to act; *e. g.* blood is the best stimulus to excite the heart's action, chyle to induce activity in the intestinal absorbents; light to cause the motions of the iris, &c. &c.;—but if this be true in the above instances, and other similar ones, may it not be equally true of each ingredient entering into the composition of the organism? and may not Albumen be the appropriate stimulus to the absorption of Albumen—Iron to the assimilation of Iron, Phosphorus of Phosphorus, Manganese of Manganese, Lime of Lime, &c.? For myself I cannot help thinking that this surmise is well founded; and if so, we at once possess the key to explain many phenomena which are otherwise very mysterious, or at least but little in harmony with the unity and simplicity found in most of nature's operations. Upon this hypothesis we can explain, for instance, the fact well known to homœopathists, that Iron and Lead, in infinitesimal doses, will often cure chlorosis; and I may add, that I have found this to hold true of Manganese also, having decidedly benefitted three cases of anæmia by the Acetate of Manganese in doses of $^1/_{300}$th of grain 2 or 3 times daily; for, in these cases,

* Quoted from Rev. Med. Chir. tom. v. in Brit. and For. M. C. Rev. Oct. 1849, p. 564.

the metals cannot have acted substantively, or (as it is well expressed in a paper on Organic Chemistry and Homœopathy, which appeared in the 3rd Vol. of this Journal)*—*nutritively*, but must have dynamically influenced the organs of nutrition, and enabled them to recover their normal powers of absorbing and assimilating the earthy ingredients contained in the fluids. From this and other analogous facts it appears to me proved, that the essential action of inorganic, earthy and metallic compounds containing elements normally existing in the organism is dynamic, and in this manner can influence the assimilation of those ingredients which, though existing all along in the food, had previously been rejected,—but *it is not proved that they cannot act nutritively*—and the practical conclusion I would draw from this is, that when the above compounds appear indicated through their homœopathicity, and are yet found unavailing when given in infinitesimal doses, the dose should be increased, and the remedy supplied in quantity sufficient to enable it to develope its *nutritive* action, should such action really exist.

There is, moreover, a somewhat extensive series of true chemical actions continually taking place in the living animal, although not strictly within the limits of its organism; changes which occur in the fluids of the body, but not within the living cells of which the organism is composed. And here more direct aids from chemistry might legitimately be expected. We know quite well, for example, that acids in the intestinal canal may be neutralized by alkalies,—that Lithic acid as appearing in the urine, can be kept in solution by the same means,—and that a true chemical conversion of the slightly soluble Uric acid into the readily dissolved Hippuric, may be effected by the aid of Benzoic acid, as readily in a patient as in the laboratory. As practical physicians, however, we must not forget that these abnormal products are the results of pre-existing disease, which latter can no more be cured by their removal, than a coryza can be checked by the use of a pocket handkerchief; and yet it is equally true that their expulsion from the body may constitute one of the essential steps towards the re-establishment of health. The facts brought to light by hydropathy have shown

* Brit. Journal of Homœopathy, vol. iii, p. 494.

us that a great variety of substances can take up their abode for an indefinite period in our body, and therein give rise to numerous morbid phenomena, the cure of which is next to impossible till such time as these are removed beyond the limits of the organism. And the researches of modern chemistry have revealed to us one or two valuable means of accomplishing this desirable object, by the agencies which it is its province to employ.

The valuable and interesting researches of Dr. Golding Bird upon chemical diuretics appear to me to belong to this class. Dr. Bird asserts as the result of his experiments, "That we possess remedies which when administered, remarkably increase the metamorphosis of tissue, and enable us to produce at will the very depurative effects which I have pointed out to you as occurring in certain zymotic diseases."* In one experiment, for example, he found that 3 drachms of Acetate of Potass given in divided doses during 24 hours, caused an increase in the solid matters of the urine to the extent of 366 grains, which, "after deducting the excess in the amount of soluble salts arising from the conversion of Acetate of Potass into Carbonate, leaves a balance of 190 grains removed by the direct action of the remedy." Here, therefore, we have a practical fact showing the possibility of such actions, and as the beneficial result to the patients is confidently spoken of by Dr. Bird, we are certainly warranted in investigating the rationale of the action, and considering how far our practice may be aided by such means, provided it should appear that pure dynamic treatment does not prove speedily efficacious in the class of cases likely to be benefitted by such chemical means. Pathology, even with the powerful aid of the microscope, has not yet pointed out to us the changes which occur in the solids during the progress of disease, except in the case of exudations and morbid growths; and yet that some change, rendering certain portions of the tissue unfit for their normal functions, does occur in many diseases appears probable from the fact that during recovery there is often a large increase of the solids of the urine, which increase is obviously due to an increased rapidity in the metamorphosis of the tissues.

* Brit. & For. Med. Chir. Rev. April, 1849—p. 315.

This idea of a crisis by the urine is a very ancient one, but the investigations of Dr. G. Bird have given it an experimental verification such as it was formerly altogether devoid of. In a case of intermittent fever, for example, he relates as follows:—"On May 24th, there was a severe paroxysm, and the amount of solids excreted by the kidneys, was 280 grs. On the 27th, there was also a paroxysm, and the solids amounted to 375 grs. On the 28th, the patient was better, and the solids amounted to 538 grs. On the 30th, they amounted to 625 grs.; and from this time the patient rapidly got well; so that here, *pari passu* with the patient's improvement, a gradual increase occurred in the solids excreted by the kidneys."* In strict harmony with the results of all our investigations in analogous cases, we may conclude that when a chemical agent, capable of combining with the constituents of the organism, is brought into contact with any portion, it will combine by preference with those portions which are the least organized, and that in consequence when a chemical diuretic is administered, it will combine by preference with such portions as are the least vitalized, or in other words, possess the smallest power of resistance.

The living solids can, by virtue of their life, resist all chemical action. It is only when they die, that they become capable of forming chemical combinations. Before reaction, therefore, can take place between the living solids and a chemical agent, the latter must kill the former, by virtue of a power of affinity for the products of its death, superior to the dynamic force whereby it resists destruction. But each individual portion of the living whole is very short-lived, every function performed by the perfect organism being effected at the cost of the destruction of individual cells; and one of the most necessary chemical processes continually going on in the living being, is the removal of the products of this metamorphosis. In certain diseases, however, this removal does not proceed with its natural rapidity, or the products of the metamorphosed tissues do not combine with a sufficiency of oxygen (the great normal solvent) to convert them into the usual constituents of the excretions; and in both cases an accumulation of effete matter occurs either in the tissues or fluids of the

* Loco cit. p. 302.

body, and thus still further impedes the normal functions of the economy. Nay, more, this effete matter is often of itself an active source of disease. There are, obviously, two indications for treatment in such a case: 1st and chiefly, to restore *dynamically* the normal action of those parts whose office it is to remove the effete matters; and 2ndly, to assist *chemically* in removing these, provided they have already accumulated to such a degree as serve to embarrass the functions, or should they prove an active cause of disease. It is an interesting and significant fact that here, as in the case of Iron, Manganese, &c., we find that the agent which is capable of chemically assisting in the removal of this effete matter, is dynamically capable of restoring the functions of those parts which should normally perform this office. In pulmonary phthisis, for example, the alkaline carbonates, especially that of potass, have been found very useful when given in doses sufficiently large to increase considerably the solids in the urine.* But the records of Homœopathy, and my own experience, have proved to me, that this same substance is most valuable under similar circumstances when given in infinitesimal doses, in which case its chemically solvent power must be *nil.* From these investigations, therefore, I would draw precisely the same practical conclusion as that arrived at in the former instance, viz. that where *kali carbonicum* and other chemically analogous remedies are indicated homœopathically, and yet do not produce the full benefit which was anticipated, we should be warranted in increasing the dose to such an extent as to develope the *chemical solvent* action, in addition to the *dynamically stimulant* effect which these substances appear capable of producing.

There are many other points in reference to the chemical action of remedies which might be investigated with both interest and profit, but time and space will not admit of my pursuing the subject further, and I would merely indicate before concluding this part of my subject—1st: That those who have become thoroughly imbued with the spirit of Chemistry, appear to labour under the strange delusion that if they can accurately

* Thoughts on Pulmonary Consumption, by W. H. Madden, M. D.—pp. 176—181

determine how any chemical compound reaches the torrent of the circulation, they have advanced at least one great step towards the explanation of their mode of action. Thus Mialhe has produced an elaborate work on "The Art of Prescribing," founded upon experiments made for the purpose of ascertaining what changes each chemical compound undergoes in the stomach previous to its absorption—in which two grand errors appear to me to exist. 1.—He takes for granted that absorption is essential to action: and, 2.—that these actions are capable of being explained upon chemical or mechanical principles. An example will best serve my purpose for pointing out these errors, and to avoid a possibility of mistake, we will take *Antimony*, which, while capable of influencing very powerfully many of the organic functions, is nevertheless, incapable of exerting any *nutritious* influence, since it does not enter into the normal constitution of any part of the animal organism. "Mialhe states that the compounds of Antimony produce two classes of effects: first, nausea, vomiting, and diarrhœa; and secondly, a feeling of faintness, a lowering of the pulse, and a general retardation of the circulation. He says, moreover, that both of these classes of effects may be accounted for on chemical principles; for "when a compound of Antimony reaches the stomach, it is reacted on by the Hydrochloric acid of the gastric juice, and is converted into an acid chloride of the metal; this acid chloride is a very irritating compound, and it thereby occasions the first set of symptoms to which we have referred. But on gaining access to the circulation, this compound is decomposed, its acid is neutralized by the alkalies contained in the blood, and the Antimony is precipitated in the form of an insoluble hydrated oxide, which stops up the first set of capillaries, through which it endeavours to pass, and in this way it obstructs the circulation and produces the second set of phenomena to which we have alluded. After a short time the hydrated oxide thus formed, is dissolved by the liquor sanguinis, and is carried on into the general circulation."* Now, upon what principle can Mialhe suppose that he has explained the gastric symptoms of Antimony, by telling us that it is converted into "an acid chloride, which

* Brit. & For. Med. Chir. Rev. July, 1848—pp. 133-4.

is a very irritating compound"? Does the fact of its being an irritating compound account for these symptoms, for if so, why does it differ from the mineral acids, or Capsicum, or Mustard, or Colocynth, or Cantharides, or Arsenic; since these all irritate as well as the Antimony? The fact of Antimony producing a peculiar action, proves that it affects the stomach in some specific way; and this renders all attempts at explaining its action by reference to any such general property as a capability to irritate the mucous membrane altogether futile. Again, as regards his second statement, the same precipitation, according to his own showing, occurs in the case of iron, lead, tin, bismuth, zinc, phosphate of lime, magnesia, baryta, &c.* Why, then, do we notice any difference in the actions of these various substances? Surely it requires no great amount of acquaintance with the specific or *idio-dynamic* action of remedies to prove the utter insufficiency of such crude notions to explain their *modus operandi.*

Second.—Notwithstanding this total failure, as I conceive it to be, of the attempt to explain the *specific* action of remedies upon chemical principles, the researches of Mialhe and others have thrown considerable light on several interesting points in pathology. We all, for example, know the lasting character of the diseases caused by the abuse of Mercury; but this receives a considerable amount of explication by the following facts.—(*a*) Mialhe has proved, that under whatever form Mercury may be administered, it becomes converted into the bichloride before it reaches the circulation. (*b*) "The experiments of Lassaigne and others have perfectly demonstrated, that corrosive sublimate and albumen are susceptible of forming a compound which is insoluble in water, but which in its hydrated state is soluble in the alkaline chlorides; and Mialhe states that this soluble compound, consisting of albumen, corrosive sublimate, and an alkaline chloride, is really formed when bichloride of Mercury, or any mercurial, is administered internally; and that it is in this form that Mercury gains access to the circulation, the compound being carried over the body without undergoing any molecular change. He remarks, in fact, that the mineral is in such a state

* Loc. cit. pp. 134-6.

of intimate combination with the organic matter of the blood, that neither the strong alkalies nor the alkaline sulphurets have the power of decomposing it. Such a union of this metal with the fundamental elements of the blood, must necessarily affect the most important properties of this nutritive fluid."* (*c*) "Mercury has been detected in the blood by Zeller, Buchner, Schubarth, Colson, and Dieterich. It appears to be in such intimate combination with this vital fluid, that it cannot be recognized by the ordinary tests. Destructive distillation is, in most cases, necessary for its detection."† We have here an experimental proof of a true chemical union occurring between the Mercury administered medicinally and one of the proximate principles of the blood; and we have, moreover, the evidence that this compound is very difficult to decompose. It is not visionary, therefore, to conclude that the Mercury may continue almost any length of time in the system, and thus give rise to two distinct sets of morbid phenomena, viz. abnormal nutrition from a change in the composition of the blood, and, 2nd, abnormal stimulation by the dynamic action of the Mercury upon the living tissues.

It appears highly probable that the above is by no means an exceptional case, but on the contrary, that many substances are capable of combining with the constituents of the animal fluids, and thus producing true poison diseases, the cure of which may obviously be effected in two ways—either by removing the poison from the system when this can be readily or speedily effected, and here we touch upon one of the most striking benefits of hydropathic treatment; or by shielding the organism from the dynamic action of the drug, by destroying its receptivity through the aid of a homœopathic antidote. In slight cases, and in those where the poison is not of a permanent character, the latter method is amply sufficient; but in many severe and long-standing drug diseases, a combination of the two appears to hold out by far the best prospect of a successful issue.

Third.—Chemistry has also pretty fully explained the action of escharotics, and demonstrated that in such cases a true combination occurs between the re-agent and the tissues brought

* Brit. & For. Med. Chir. Rev. July, 1849. p. 132.

† Pereira quoted in Loc. cit.

into contact with it, and the resulting compound being no longer capable of organization, is treated by the surrounding parts as a foreign body, and extruded beyond the pale of the organism.

Fourth.—The attempts to explain the specific action of such remedies as the vegetable alkaloids by a reference to a resemblance in their chemical constitution, to the substance of the brain and nerves, is clearly too speculative and unsupported to warrant a clear investigation till such time as they can produce more definite data upon which to found our arguments.

In conclusion of this part of my subject, I would therefore recapitulate the chief points respecting the treatment of diseases chemically—

First.—Inorganic compounds containing elements which form normal constituents of the living organism are generally found therapeutically beneficial in cases of disease wherein these elements are deficient. But it has been proved experimentally that the benefit accruing from such remedies has not in all cases any direct connexion with the dose administered, while it has also been shown that even in doses too small to act *nutritiously*, their beneficial action may frequently be obtained. But on the contrary, *it has not been proved that the larger doses cannot act nutritiously*; and hence we draw the practical conclusion, that when such remedies are indicated homœopathically, if the smaller dose should prove ineffectual, we are fully warranted in giving them in larger quantities before concluding that they cannot aid in the restoration of our patient's health.

Second.—Certain chemical compounds (chiefly the alkaline carbonates) have been shown to be capable of augmenting considerably the amount of effete matters elaborated by the kidneys, and have been found therapeutically useful in cases where there were theoretic grounds for the supposition that an accumulation of acid matters constituted an exciting cause of disease. But it has been proved by homœopathic experience that the same class of cases are often benefitted by the same remedies in infinitesimal doses—thus showing, that a part at least of their curative power, is traceable to the idio-dynamic action of the drug. It being, however, equally true that the larger doses can chemically remove the excess of effete matters, whilst they dynamically

correct the morbid actions of the organism, we appear to be warranted in drawing the same practical conclusion respecting the dose, viz. that where homœopathically indicated large doses of the alkalies may be with safety tried, should the smaller ones fail to afford the anticipated relief.—And

Third.—Chemistry has thrown much light upon drug-diseases, and by demonstrating the presence of the poison in many such cases, would indicate the propriety of having recourse to modes of treatment calculated to remove the toxic materials from the body, in addition to our attempts to overcome dynamically the morbid actions set up in the organism by their presence.

To arrive at a correct conclusion respecting the rationale and probable importance of physical or mechanical means of combating disease, we must call to our remembrance the close connexion and inter-dependence of the various functions of the body. It is no figure of speech to assert, "that if one member suffers all the members suffer with it." Nutrition, for example, depends not only upon sanguification for a supply of fresh pabulum, and respiration for the purity of that supply, but is equally dependent upon circulation to regulate its amount; and experiments have distinctly proved that while the functions of blood-making and blood-purifying are going on with perfect accuracy, the nutrition of a part may be variously modified, by any means which can retard or accelerate the flow of blood through it. The balance between the never-ceasing processes of waste and repair can only be maintained by a due regulation of the rapidity of the circulation through the capillaries of the part, and various mechanical processes, such as pressure, friction, ligature and the like, can thus influence the nutrition of a part by modifying its capillary circulation. Again: the functions both of development and decay are much influenced by the temperature of the part wherein these processes are going forward; in consequence of which, it has been found practically that heat and cold can modify respectively the growth or wasting of any portion retained under their influence. If we add to the above the important processes of endosmose and exosmose, referred to in my former paper (p. 11), and bear in mind the possibility of modifying them by the adhibition of various fluids, we shall

perceive that mechanical therapeutics occupy a very extensive field of practical applicability. With the exception of the regulation of temperature, which may perhaps exert a dynamic influence over the living solids, it will be observed that the physical processes which can be brought to bear upon the treatment of disease, expend their action upon the circulation only, or, in other words, regulate the supply of pabulum: nay, if we carry our investigations a little further, we shall come to conclude that their action consists chiefly in expediting or retarding the process of decay—thus indirectly influencing the demand for pabulum; and this it effects either by increasing or diminishing the supply of oxygen to the part, or by elevating or depressing the vital powers of the part, and thus modifying their resistance to the action of the oxygen conveyed to them by the blood.

It is quite unnecessary for me to enter into a detailed investigation of the manner in which the various mechanical therapeutic agents effect their results, and still less to examine the processes themselves, as this would involve a survey of the whole fields opened up to us by Hydropathy and Kinesipathy, together with the interesting researches of Matteucci, regarding various physical processes continually going on in the economy; but before proceeding to the next division of our subject we may note the following general facts: 1. The mechanical agencies employed for the treatment of disease act in an indirect manner only; and in this way call forth (*a*) certain chemical actions, as when they influence the rate of increase or decay of a part by regulating its supply of blood; and (*b*) certain dynamic actions, as when the increased activity of change effected by the greater rapidity of the circulation acts as a stimulus to an increased activity of function in the part concerned. 2. Mechanical therapeutics cannot be said to *cure* diseases, since their chief effect is simply to remove impediments which retard restoration of normal action. While therefore physical agencies may prove useful and frequently essential to the removal of certain diseases, they must be viewed more in the light of adjuvants and auxiliaries than of direct means of cure. I feel that I have scarcely done justice to this part of my

subject, having barely hinted at a few of the first points which attract our attention when surveying the field, but it would require a volume to do justice to it, and hence I must leave my readers to follow out the suggestions above made, and proceed to the third division of my subject, viz. the curability of disease by genico-dynamic actions.

That disease can be cured, or at the very least its removal expedited, by the *genico-dynamic* action of drugs, will not I believe be an instant doubted by those who have paid any degree of attention to clinical medicine; nevertheless I feel considerable diffidence in approaching this part of my subject, since it embraces many of the most keenly contested points between the new and old schools of medicine, and it will be a most difficult task to do full justice to the subject without appearing to waver undecidedly between the too parties, and thus dissatisfy both by an apparent compromise. Nothing however is further from my thoughts and wishes; no true compromise is either possible or desirable, and yet the cause of truth forbids me to follow blindly the line of argument adopted by many partizans on either side. The disputants appear to me to have landed themselves in endless and inexplicable difficulties by confounding what is *possible* with what is *advisable*—by confusing *can be* with *ought to be*—by failing to distinguish between potentialism and optimism. There is surely a wide difference between the assertion that such and such a method is the *best*, and the dogmatic asseveration that it is the *only* mode of cure, and yet methinks our over-zealous friends have dealt too much in the latter form of speech, and the natural result has been that those who hold a different opinion are prejudiced against our facts, since they see clearly that our sentiments are unilateral and contracted. In a storm at sea there are many and various ways by which a ship may be saved: the reefing of all her sails may do it; the throwing over-board of part of her cargo may do it; the cutting away of her rigging may do it; but better still the calming of the tempest would effect the desired result; and there can be no doubt that if the latter plan became feasible, its superiority over all the others would be so apparent that few would hesitate which to choose; but surely this pre-eminence, while it dwarfs the

value, does not trench upon the possibility of the other methods! and while the latter is a radical cure, the former means fully merit the title of cures also, inasmuch as they have really saved the life of the vessel. Again, in these days of steam-power and metallic tram-ways, it has been proved beyond a doubt that a well-conducted railway is the fullest realization of the "*tuto, cito et jucunde*" of travelling, but the demonstration of this fact has not disproved the possibility of journeying in a stage-coach, or heavy waggon: nay, more, it has not superseded their necessity, though it has greatly contracted the sphere of their usefulness. Let us, therefore, proceed to the examination of the curability of disease by the genico-dynamic actions of remedies with minds freed from all sectarian fancies and prejudices, and ready to acknowledge the success of other modes of treatment without fearing lest we should thereby compromise the advantages held out by our own.

In order to prove that the *genico-dynamic* effects of drugs can be rendered available in the cure of disease, it will be necessary to show that improvement has followed the employment of remedies under circumstances where the effects could not be legitimately traced to any of the other three kinds of action. It is obvious at the first glance, that the genico-dynamic action of drugs may be applied in accordance with the laws of Homœopathy, Anti-pathy, and Allopathy; and hence it will be requisite to show, that their effects may prove curative in some or all of these ways. It does occasionally happen that a purely genico-dynamic action becomes the active agent in a cure when applied in accordance with the law of *similia similibus*; this, however, is rare, as it is generally essential to the success of a homœopathic remedy, that its specific and peculiar symptoms should bear a resemblance to the disease which it counteracts. It but rarely happens, for example, that a purgative will cure diarrhœa simply in virtue of its purgative effect, unless there exist at the same time a resemblance between the condition upon which the diarrhœa depends and the pathogenetic action of the remedy; and still less frequently does it happen that an astringent will overcome constipation merely in virtue of its astringency, unless it be capable of inducing in the healthy organism a condition resembling that on which the

individual case of constipation depends. With regard to purely local action, however, it more frequently happens that genico-dynamic influences prove curative when applied in accordance with the homœopathic law. Many cases of *angina faucium*, for example, will yield to the local application of any rubefacient independent of any further homœopathicity existing between the drug and the disease, beyond the simple fact that the remedy can produce congestion and inflammation in the part to which it is applied.

Hahnemann, and many of his most ardent admirers, have gone as far as to assert, that every true cure that was ever effected was produced, whether wittingly or not, in accordance with the homœopathic law. If, however, this be true, our common views of the law of *similia similibus* are much too contracted. Beyond a doubt much can be adduced against the propriety of purging, blistering, and the whole range of counter-irritation, and it can be shown to be ineffectual in many cases; but there can be no question that these methods sometimes, nay, frequently effect true cures, and that too in cases where no cunning sophistry can detect a homœopathicity between the drug employed and the disease eradicated. Who, for instance, that has had any experience in the ordinary method of practice has not seen the immediate and permanent benefit resulting from a blister in certain cases of bronchitis? No doubt we have often seen it fail, and we know that its efficacy cannot be calculated upon with the same degree of certainty with which one can anticipate the good effects of a well-chosen homœopathic remedy; but still, the relief is actual and positive. Again: who has not seen all the symptoms of an incipient fever cut short by an emetic or a purge, as distinctly and as permanently as by any homœopathic remedy, however well-adapted? If, therefore, these cases come within the pale of the homœopathic law, we must adopt Dr. Gerstel's interpretation thereof, and conclude "that the essential nature of the homœopathic treatment consists in developing the derivative irritation in the interior of the organism, as near the seat of the disease as possible, *i. e.* as near the substratum of the morbid process as possible;"* in which case the sole difference between

* Brit. Journal of Homœopathy, vol. ii, 401.

homœopathic and allopathic treatment would come to be that while the latter applies his derivatives comparatively at a distance and in large quantities, the former knows how to reach the very part affected, and is in consequence more chary of the amount of counter-irritation he produces. If this conclusion is legitimate the case becomes very plain, but I must confess that there are strong theoretic objections to the supposed analogy between homœopathic action and counter-irritation, while on the other hand I have never been able to explain satisfactorily to myself, the rationale of the process by which diseases are cured through the instrumentality of derivatives.

It would not be a difficult matter to bring forward cures effected upon the principles of *contraria contrariis*, as, for example, where pains, or nervous excitement, or insomnia have been truly and radically cured by sedatives, even though there existed no homœopathicity between the drug and the disease; for although it is frequently, yet it is by no means universally, true, as asserted by Hahnemann, that symptoms which have been removed by such remedies, invariably return afterwards in an aggravated form. Here, again, I do not mean to advocate the application of the principle of contraries, for it is uncertain in its operations, and not rarely either fails to effect the desired result, or produces other and injurious influences on the economy; but the fact of an occasional *bona fide* cure by such means cannot, I think, be doubted, and if so, it is perfectly conceivable (though in my own practice I have never yet encountered such a case) that an occasion might arise where such treatment could be advantageously resorted to. It appears to me that the grand objection to allopathic treatment lies in the uncertainty of its results, and in the injurious consequences of the ingestion of large quantities of medicine; but I cannot at all see my way to the wholesale denunciations dealt out against the faith of our fathers by some of the warm advocates of Hahnemann's therapeia. That allopathy does cure disease I have not the slightest doubt—that it is an advisable method of treatment, however, is very questionable, and that it will not bear comparison with homœopathy in all the cases where our resources are already fully developed is most certain. It is amusing to see the

horror with which some of our partisans regard the taking of a dose of medicine whose action is not in accordance with the law of similars, one would suppose that a purge or a dose of Calomel, or a sedative draft must of necessity lay the foundation of all imaginary diseases, which will pursue their victim to the grave; whereas, the simple fact in the greater number of cases is, that a little too much has been done—gentler means would have produced the same effect;—but as for the ulterior result, unless such treatment is from time to time repeated, it is precisely similar to an occasional over-fatigue, the vital powers are over-taxed for the time, and soon rallying, all remains as if nothing of the sort had occurred; and to be really consistent one should be just as rigid in forbidding every species of over-fatigue, no matter how rarely indulged in. We all know full well, that oft-repeated over-exertion will inevitably undermine the health—we are equally assured that the frequent recurrence to allopathic modes of treatment will eventually injure the constitution; but an occasional recourse to a purge, a blister, or a sedative, need not be dreaded much more that the occasional undertaking of a mental or physical task of sufficient magnitude or duration to produce decided fatigue; and I feel certain that such a method is better than that adopted by some who prefer letting matters take their course, if homœopathic aid be not at hand, rather than employ the means which, as a rule, they have wisely learnt to abjure. Let me not be misunderstood; it is most unwarrantable in a homœopathic practitioner to have recourse to such methods of treatment except under very peculiar circumstances, for the cases where any deviation from the strictest limits of homœopathic treatment is called for are exceedingly rare; but I have seen and heard too much of the injurious results of letting matters take their course, not to embrace this opportunity of endeavouring to remove the prejudices which exist in some minds against the adoption of allopathic measures, under circumstances where homœopathic treatment is unattainable.

There are one or two points connected with the genico-dynamic action of remedies which well deserve attention. I have already hinted (p. 14) that these actions are much influenced by the dose, and this is itself a fact of great import-

ance. The larger the dose, the more fully are the genico-dynamic effects produced, and in diminishing the quantity you ere long arrive at a point where all true genico-dynamic action ceases, and where all observable effects depend solely upon the *idio-dynamic* powers of the drug—these latter again are often masked by the increase of the dose, until they are altogether lost sight of in the more crude and *repulsive* action induced by a larger quantity; and hence it follows, that we must always administer a comparatively large dose where we desire to obtain the genico-dynamic action of any drug. This distinction has been altogether overlooked by most controversialists who have written on the subject, and hence arise the absurd questions of some of our opponents who coolly ask if we really believe that the $^1/_{1000}$th of a grain of Colocynth or Calomel will purge a man, or if the $^1/_{1000000}$th of a drop of Laudanum can set a person to sleep!! —of course not. Purgative and sedative actions are both *genico-dynamic* and require for their production a certain quantity of the exciting drug, and hence are directly dependent upon the dose, whereas we have already seen, and shall revert to it again hereafter, that the *idio-dynamic* actions to which homœopathists look for aid in the treatment of disease are in a great measure independent of the quantity of the remedy administered, or at least are capable of being produced where a suitable receptivity exists, by an infinitely smaller dose than would cause any appreciable alterations in the normal condition of a healthy organism. Another important peculiarity of the genico-dynamic effects of drugs is their *independence*—30 or 40 different medicines may be mixed together, and if their genico-dynamic effects either coincide or do not directly counteract each other, the whole will develope their action with the same certainty as if they were administered singly; if, for example, you mix 20 different aperients together in equal proportions and give 20 grains of this mixture, the effect on the bowels will be much the same as that produced by 20 grains of any one of them administered singly, with, however, this difference—that whereas the 20 grains of one single remedy might very possibly give rise to other symptoms in addition to purgative action, this will not be the case with the mixture.

Again, when sedatives, aperients, diuretics, and carminatives are mingled together, it is perfectly possible to insure the development of each and all of these several actions, by regulating the respective quantities of each drug, provided no chemical reaction occurs between the various constituents, giving rise to new compounds possessed of new properties. In this way, the language of the old school respecting *correctives, adjuvants, &c.*, is to a certain extent perfectly accurate, as may be seen by the following examples :—We all know that Colocynth in massive doses produces purging, and the certainty with which its purgative effects can be induced, has rendered it a favourite with many practitioners, but it is seldom if ever prescribed alone, for the following reason: a dose of Colocynth large enough to induce its aperient effect, seldom fails to develope others of its more characteristic actions, such as severe colic and the like,—but these latter symptoms will prove injurious to the patient, and hence a sedative is added, usually Hyoscyamus, which has the effect of counteracting the action of the Colocynth on the splanchnic nerves, from whence arises the colic,—while it interferes very little with its irritant effect on the mucous membrane, in virtue of which it increases the actions of the bowels; or still further to reduce the risk of this undesirable combination of effects—to wit the colic and the purging—the dose of Colocynth is reduced, and Aloes or some other aperient not possessing the same action upon the splanchnic nerves is added to the mixture, and in this manner the one class of effects is destroyed, while the other is retained. Again, the *Pulv. Jalappæ comp.* is a favourite remedy with some to regulate the bowels in puerpural females, but it having been found when used alone to increase the tendency to metritis, a small quantity of Opium in the form of Dover's powder is often added, by which the irritating effects are "*shielded*," so to speak, while the purgative properties remain. I need not, however, bring forward other examples, as the experience of all who have at any time practised allopathically will suggest numerous instances of the same kind.

Such being the case, one is not surprised at the irritation and impatience exhibited by allopaths on hearing the wholesale denunciations dealt out against all medicinal mixtures by some of the

partisans of the new school. The misunderstanding lies in this—the homœopathist requires for his purpose to defend from all possible interference, the peculiar and specific actions of the drug he employs, for which purpose *it is essential that the remedy should be given pure and unmingled:* whereas the allopath neither knows nor cares about these refined actions, and desiring to develope only one or two of the crude or *genico-dynamic* effects of his remedy, he not only finds it possible but advantageous to combine several medicines in the same prescription. In homœopathy the simple administration of one drug at a time is the rule which seldom, if ever, can admit of an exception. In allopathy, again, mixture and combination is the rule, and would in many cases lead to injurious results if departed from.

To practise homœopathically with any certainty or satisfaction with mingled medicines is quite impossible; whereas simple and uncombined medication, if followed out strictly by an observant allopath, would almost inevitably lead him to the discovery of the grand therepeutic law of *similia similibus.* It is no doubt true that the old school practitioners are employing less complex prescriptions than formerly, and are occasionally only using single medicines, but this is mainly owing to the fact that they are unwittingly, or at least without acknowledgment, drawing nearer and nearer to homœopathy, for most of their isolated remedies are applied by them in strict accordance with the homœopathic law. In spite, however, of these advantages arising from the combination of drugs, when their cruder actions alone are calculated on, and which must not be lost sight of when comparing the two modes of practice, yet there is no question that it adds greatly to the uncertainty of the treatment of those who adopt the plan, since it prevents their being able to calculate the effect of a mixture in any given case, even though the same mixture may have previously done good service in an apparently similar disease; because it not unfrequently happens that such a mixture proves curative owing to the homœopathicity of one of its components with the disease in question, which relationship being altogether unnoticed, is not brought to bear upon the rationale of the cure, and hence is not sought for in the next case to which the practitioner applies the remedy.

The fact of the practitioners trusting solely to the general effects of their remedies in treating disease, leads them insensibly to look for general resemblances only between any two cases, before resolving to treat them by the same drugs; and hence of necessity follows the greatest uncertainty in the results of their medication. If we look into any modern work of practical medicine, we shall find that while for the purposes of diagnosis the most minute shades of difference between the symptoms are carefully noted and pondered over, in the province of treatment, the writers never go beyond the broadest generalities, and seldom indicate even a special remedy, but simply advise the use of aperients, antiphlogistics, tonics, &c., &c., as the case may be, leaving each practitioner to select his own. This I repeat, is a necessary consequence of the misleading effects of mixed medication, and I do not hesitate to affirm, that medical practice can never attain to any degree of certainty until such time as its practitioners have adopted the plan of giving each remedy singly and uncombined; but at the same time, I feel convinced, that such a procedure must end in the total downfall of allopathic treatment, as it will be found that remedies given in an unmixed form cannot be made available for the cure of diseases under the random method of application at present adopted, but must be applied *specifically*, which being interpreted by experiment, will prove to be in point of fact *homœopathically*.

Another interesting and important difference between the *idio-dynamic* and the other actions of medicine is to be found in the circumstances under which they are developed, for while the chemical, mechanical, and genico-dynamic actions can be produced in the majority of instances by a single dose and under a great variety of circumstances, the *idio-dynamic* require for their development a peculiar combination of conditions; there must be, for instance, either a peculiar receptivity in the organism, or this receptivity must be artificially produced by keeping the system for a longer or shorter time under the influence of the drug whose effects we are desirous of producing. Many practical facts find their explanation in the above peculiarity, and we should do well to bear them continually in mind, especially when comparing homœopathy with other modes of practice. Unless, for example,

the receptivity to the action of any remedy pre-exists, it but rarely happens that a single dose, whether large or small, gives rise to any of its peculiar and specific or idio-dynamic effects, and in such an instance an infinitesimal dose *never exhibits any action at all.* Again, in the absence of the receptivity, it will be found that the development of the peculiar and specific actions of any remedy is very much retarded or altogether prevented by submitting the system to numerous influences at the same time, as for instance, by mixed medication, and it is on this account that allopaths so seldom have the opportunity of observing, and as a consequence so frequently feel disposed to deny the existence of these idio-dynamic effects. Having repeatedly kept patients for a considerable time under the influence of certain drugs, and having met with no results analogous to those quoted in our Materia Medica, they naturally conclude that our observations have been fallacious, and it is very easy to build up a plausible theory of the probability of such being the case, founded upon the known influence of mind upon matter—they assert, for instance, that when a patient is taking Quinine as a tonic, it may be continued for a length of time without any ill effects, but that if taken experimentally, and the person's mind is fully and constantly directed to his sensations, it is by no means wonderful that numerous symptoms should develope themselves, most of which, however, they would directly trace to the influence of the imagination. Now, it appears to me, that the reason why the idio-dynamic effects of remedies are not much more frequently developed under the ordinary method of treatment is because of their polypharmacy, and that nothing would more surely tend to prove the existence of these actions than simple unmixed medication. Moreover, it appears that remedies seldom develope more than one set of actions, nay, they in a manner seem antagonistic, and hence when the *repulsive* effect of a remedy is induced, its *receptive* action is altogether prevented. This difficulty of producing the idio-dynamic action of a remedy does not in any way obstruct our practice, because whenever a remedy is indicated in the treatment of a disease, this very indication proves the existence of a *receptivity* for its action; and on the other hand, it is advantageous in preventing the action of any unsuitable remedy which may chance to be administered.

We come now to the fourth and last division of our subject, viz. the possibility of curing disease by the aid of the *idiodynamic* or specific actions of medicines, and one seems to breathe a freer atmosphere and to experience a buoyancy of spirit when meditating upon this subject, which is unattainable while contemplating the misty regions from which we have just escaped; for one feels that, however much of uncertainty still surrounds us, and however many obstacles oppose our progress, yet we have not a few rays of true light to guide us, we have full confidence in the ground already acquired, and we are assured that what is beyond us is simply undiscovered territory inviting our advance, though the march be toilsome, and neither peopled with hostile forces to drive us from our vantage ground, nor clothed with mirage-like forms tempting us forward to the destruction of all our hopes.

One of the first points of difference which strikes us as dissociating homœopathy from all other systems of medicine, is that so well pointed out by Dr. G. Scott,* viz. that it is founded on a theory of *cure*—not a theory of *disease*. Every other system of medicine has been based on a double theory: to wit, one explanatory of the nature of disease, and founded upon this, a suitable theory of cure has been erected for the purpose of uniting the cause and effect together; and thus it has happened that the actions of remedies have been explained in different and often directly opposing ways, according to the theory of disease entertained by the investigators. On the contrary, the great therapeutic law promulgated by Hahnemann contains no theory at all, and consists merely of a formula expressive of a great fact.

The homœopathist does not first lay down as law that all diseases depend primarily upon dynamic disturbances of the organism, and then found upon this a corollary that as drugs can produce true diseases so these also must be capable of inducing dynamic changes; but he simply states, as an ascertained fact, that a medicinal substance is capable of removing from the diseased organism every abnormal symptom, provided it is capable in its turn of producing the same symptoms upon an organism previously in a healthy state. Disprove this state-

* Brit. Jour. of Hom. vol. vi.

ment and you destroy all foundation of homœopathy; but disprove every conjecture and suggestion which has been offered respecting the dynamics of disease, and yet so long as the fact of *similia similibus curantur* remains unrefuted, homœopathy itself will remain intact. When we examine minutely into the relation which exists between the pathogenetic symptoms characterizing the remedy, and the morbid symptoms of the diseases which it is capable of curing, we shall find that the resemblance between the two sets of phenomena is infinitely more minute and exact than anything exhibited by the crude or genico-dynamic actions of drugs. So long as our acquaintance with the action of remedies is confined to the fact that they produce purging, vomiting, or diuresis; that they depress or excite the functions of the circulation or nervous system; that they narcotize or irritate, we shall find ourselves but little able to grapple with disease by applying such knowledge in accordance with the homœopathic law; indeed, in the memorable and oft referred to experiments of Andral, homœopathy was put to such a test, and being found incapable of bearing it, was most unfairly denounced by the experimenter as false. One must have read Hahnemann to little purpose, however, who would for a moment assert that such a test was a fair one, for there is no point on which he is more explicit than regarding the necessity of a minute individualization of every case of disease, and an equally minute investigation of the total effects produceable by the medicine on the healthy organism.

Objections have been raised by many against Hahnemann's method of ascertaining the true action of drugs, it being asserted that we have no proof that the action will be the same when the organism is diseased as when it is in health; but this objection is easily met. Who ever said that the action is or must be the same? Does not homœopathy show that it is so far from being identical, precisely antagonistic, seeing that it removes from the diseased the very symptoms which it produces upon the healthy? The objection indeed is founded upon an entire misapprehension of the purport of our 'provings.' Until the discovery of the law of cure, the reason for ascertaining the effects of a drug upon the healthy organism was simply for the

purpose of comparison,—it was in point of fact for the purpose of answering the following question: Is there any constant relationship between the pathogenetic and curative effects of a medicine? This question was asked experimentally, and answered most clearly and unmistakeably in the affirmative: and the response has become the motto of our party,—the glorious standard around which we rally, and upon which we rest our hopes of success in our unceasing conflict against the inroads of disease. Hahnemann earnestly put the question, What relation does Pathogenesy bear to Pathology? and Nature replied, "*Similia similibus curantur.*" How much depends upon this necessity for individualizing! What a significancy there is in this admonition to trace an exact resemblance between the medicine and the disease, before attempting the removal of the latter by the aid of the former! If controversialists would but bear this always in mind, one-half of our contests would cease; for our opponents would feel themselves disarmed, and be forced to acknowledge that they must investigate further ere they arrive at a position from which a legitimate attack can be made upon our assertions. I have already endeavoured to show (pp. 13—22) that the more refined actions and shades of action of a remedy constitute what may be termed its specific or *idio-dynamic* effects; and as it appears from the above that a knowledge of these refined actions is requisite in order to apply a remedy with certainty to the cure of a disease in accordance with the homœopathic law, it follows as a consequence, that if this minute resemblance between the pathogenetic and curative effects of a remedy be true, the idio-dynamic action of drugs must be capable of removing disease. *Quod erat demonstrandum.* In a journal devoted to homœopathy it is quite unnecessary that I should dilate further upon the proofs which can be adduced in support of our therapeutic law; the whole history of specifics from the time of Hippocrates downwards might be pressed into the service, with the certainty of their unanimously favourable verdict. I believe, therefore, that I should be doing greater service to my readers if I attempt to indicate, before closing this paper, a few of what appears to me the chief obstacles which oppose our progress in this inviting and productive field of medical investigation.

When a mechanical process has been discovered for the achievement of any useful purpose, it generally happens that the machinery becomes more and more complex as its performance improves, until some bright genius, having watched its progress and analyzed its principles, suddenly points out its essential parts and reduces the machine at once to simplicity or perfection. Such a course is being followed by our Materia Medica; but, alas! the simplifying genius has not yet made his appearance. Hahnemann very properly was so deeply impressed with the fact, that he was advancing upon untrodden ground, that he purposely noted everything, lest he should, through ignorance, preserve the accidentals and omit the essentials concerning the actions of his remedies: he had seen enough of the injurious effect of weighing the value of symptoms in the balance of theory, and he wisely judged that it would be far better to note down too much than too little. His materials however soon became so unwieldy that it was essential to adopt some arrangement in order to apply the obtained information to practical purposes—and hence the invention of his *schema*. Now it unfortunately happens that in arranging the symptoms according to this plan, while a reference to them has become more facile, the value of the proving has been greatly reduced. All who have practised medicine must be aware of the pre-eminent importance of a knowledge of the grouping and the consecutive order of symptoms for the purpose of diagnosis, this however is rendered impossible, owing to the groups being cut up and allocated anatomically according to the region in which they manifested themselves. It is scarcely possible to overrate the injury that has been caused by this unfortunate plan, and I feel convinced that nothing will longer retard our progress towards a true knowledge of the Materia Medica than this circumstance. I will adduce only one instance out of hundreds which might be brought forward in illustration of my assertion. If a female is complaining of pain in the hypogastrium, with a sense of weight in that region, accompanied by nausea and leucorrhœa, and if moreover the menses are increased or diminished in quantity, we may diagnose to a certainty the existence of chronic metritis, and for its treatment we ought to find a remedy capable of pro-

ducing all the above symptoms, but when we refer to the Materia Medica we find the nausea in one section, the leucorrhœa in a second, and the abdominal pains in a third; how then is it possible for any to tell that these occurred in connexion? The nausea for instance may have been simply dependent on gastric irritation and not be a sympathetic symptom at all, while the hypogastric pain and sense of weight may have exhibited themselves in a male person and been caused by flatulence or congestion of the pelvic veins, and the leucorrhœa may have manifested itself in a patient who had none of the other characteristic symptoms, and in this way we might fix upon a remedy having all the symptoms noted down in its proving and yet not possessing anything approaching to a true homœopathic relation to the disease we wish to cure, and the result is that we are disappointed in our expectation regarding the effects of the medicine. Such cases repeatedly occur in practice and are a source of considerable annoyance and discouragement, and one cannot too strongly impress upon all who propose to add to our provings, the importance of preserving a detail of each individual experiment so that the grouping and order of development of the symptoms may be accurately determined. An arrangement of some sort however was essential or the provings would have been utterly valueless for all practical purposes, since the searching for a symptom would have occupied far too long a time; and here again we are led to perceive another error in the present plan—for while the subdivision of the groups has destroyed the unity of the provings as already referred to, the placing together of all the symptoms developed in one region of the body renders a ready reference out of the question; for instance, all the abdominal symptoms are placed together and must be carefully read through ere one can ascertain if such and such symptoms be present, whereas if they were more accurately arranged according to the precise spot in which they occurred such a reference could be made in half the time: but still worse, in most of the Materia Medicas, and in all the Repertoriums which I have seen, the symptoms of each region have been grouped together according to the character of the pain, in place of in reference to the precise locality in which they were developed. Now without denying that the

character of the pain when accurately defined may prove important for purposes of diagnosis (and it must never be forgotten that to practise homœopathy with success and certainty we must always perform a double diagnosis, viz. of the disease and of the remedy), yet there are serious objections to making the character of the pain assume a greater importance than its locality. For example: very many patients are incapable of describing their sensations with the needful accuracy, and hence we have no proof whatever that the term employed by the patient bears any real resemblance to that used by the prover; indeed the great majority of patients will tell you that it is "just a pain," and they know no more about it, save as regards its intensity and persistence; this however cannot be the case respecting the position of a pain, for however ignorant the person may be of the technical terms employed to denote the various parts of the body, they can readily point out the spot where they are suffering.*

The Materia Medica in its present state resembles a huge, ill-arranged library, and the Repertoriums at present extant might be typified by a catalogue to the said library, which in place of being drawn up in the usual plan of classifying the books according to their subjects, had been arranged according to the style of composition in which the authors may have chanced to indulge, and thus when we desired to refer to any historical fact in place of finding all the works on history grouped together, we should have to examine the production of those who had written laconically, those who had indulged in a florid style, those who had versified and those who had remained prosaic, and in each of these several divisions must seek for our desired information. But besides this practical difficulty arising from arranging the symptoms according to the character of the pain, it is easy to prove that such refined distinctions are of no real value. How, for instance, can we account for our success in treating the diseases of infants and young children, and still more of animals? How is it possible to ascertain the character

* Many of these objections will be obviated in the "Systematic Arrangement" about to be published by Dr. Dudgeon, and which I cannot too strongly recommend to all homœopathic practitioners.

of the pain in such cases? At the utmost the locality alone can be arrived at, and even that must often be conjectured. Now if this refinement is unnecessary for practical purposes, it most assuredly should not be made to take precedence of the far more obvious and important point of locality.

Again, while symptomatology is of immense importance and cannot be too carefully studied, still there can be no question that pathological affinity is a much more trustworthy guide when it is accurately ascertained. The most careful investigators of disease have distinctly proved that the same symptoms, nay, the same group of symptoms may occur in cases differing widely in their pathology, and also that the same pathological conditions may give rise to the most diversified symptoms. Such being the case how infinitely important it is that we should endeavour to arrive at a correct acquaintance with the pathology of our remedies, and thus render ourselves in a measure independent of those freaks of nature which might otherwise sadly mislead and perplex us; for surely it will not be maintained by the most zealous advocate of symptomatology that a remedy will cure a disease in virtue of a resemblance between the symptoms it produces and those of the patient, even although there should exist no true pathological relationship between them! for if this were the case we should be utterly at a loss to account in any rational way for the results of our treatment. We cannot however be too cautious how we proceed along this path of inquiry, for if we once give way to ill-founded theories, however tempting they may seem, we shall speedily land ourselves among shifting sand-wastes in which all guideposts will be lost and our progress become hazardous if not altogether impracticable. We must not forget that pathology embraces much more than morbid anatomy, and while the latter is frequently the key whereby it interprets the former, still many pathological processes never come within the range of anatomical demonstration. With due caution however all encouragement should be given to such investigations, as I feel satisfied that nothing could so essentially promote the true and solid advancement of homœopathic practice as a thorough knowledge of the pathological changes effected by the remedies we employ.

I must however draw this somewhat lengthy paper to a conclusion, feeling that I have little more than broken ground upon this most important subject, and thrown out some hints which may prove suggestive of useful trains of thought in the minds of others. My object has been chiefly to shew that while homœopathy, which takes advantage of the peculiar, specific or idio-dynamic actions of drugs, offers by far the most encouraging prospect of success in the treatment of all diseases; yet that the three other kinds of action produced by medicines, viz. the cruder or genico-dynamic, the physical and the chemical, can each in their places be rendered available for the removal of disease; albeit their employment is for the most part less certain, and in many cases not unaccompanied with disagreeable consequences to the patient.

A FEW NOTES ON A FEW MEDICINES.

By Dr. Chapman.

(Continued from page 36.)

Ginseng.

It has been remarked by Noack and Trinks that this remedy acts especially on the lower part of the spinal marrow. It has been highly recommended for gouty and rheumatic affections, chiefly of the lower extremities, when the pains are accompanied with a paralytic weakness.

The writer has used it in some of these cases with decided benefit, and ventures to recommend it to others. The provings of it are yet insufficient.

Some four years ago a gentleman who inherited the tendency to gout, and had done all in his power to develope it, and had only practised one means of preserving a moderate state of health, daily and sometimes severe exercise on horseback—for he was a keen hunter and fond of all manly exercises, till he became crippled—for the first time tried homœopathy. He had an ulcer just above one of his ankles; his

power of walking was next to none, for he was crippled from muscular contractions; he had chalkstones in his fingers: his age between fifty and sixty. He had been to a water establishment, for the cold-water-cure, but had derived no benefit from it. He still contrived to ride a good deal on horseback. His general health was by no means so much impaired, as might have been expected from his much and long-continued gout and from the free way in which he had lived. He had exhausted every kind of excitement, on the principle of a short life but a merry one: yet apparently there was no sign of an abridged, though there were many of a suffering life. His chief object in taking homœopathic treatment was to get his ulcer, of some duration, safely and permanently cured. This was effected in six or eight weeks by the use of Arsenicum, taken internally and applied topically. He had been in the habit for many years of taking a few very moderate doses of Colchicum for each paroxysm of acute gout: he had these attacks about once a month and under the use of Colchicum he was enabled to take his exercise on horseback again in three or four days. He was advised to continue taking Colchicum when he had the paroxysms, and to moderate his diet and amount of wine gradually. At that time no homœopathic treatment for his gout was recommended. The year after he got wet, had severe pain in his bowels, and a dropsical effusion followed. He was attended for some time by a very clever allopathic surgeon, who had not over-drugged him, nor been rash in withdrawing nourishment from him. After several weeks he sent for the writer of this account. The dropsical effusion was obvious. The surgeon thought he was "breaking up." He had lost a good deal of his flesh, was very feeble, but had not parted with a jot of hope or of his high, free, and frank spirit. Under homœopathic treatment he got well—for him: that is, he had only his gouty pains, his crippled legs, and his chalky fingers to complain of. He was advised to go abroad, which he did, with advantage. On his return he had some medicines to take in the intervals of the acute gouty paroxysms, and among them Ginseng; this remedy seemed to be of use to him. He still took Colchicum for his acute attacks, but he held and holds his ground, and is rather better than worse.

Graphites.

The present rapid, and so far unworthy, commentator on some of the homœopathic remedies has again to record his having verified, in practice, some of the provings of this remedy. In the course of his clinical observations, in proportion as he has been judicious or felicitous in the choice of the medicine, he has had every reason to admire the practical sagacity and accurate observation of Hahnemann. That truly great physician has observed that this remedy is the chief one, indeed indispensable, in cases of constipation where the catamenia do not occur till some days after the proper period.

A young lady, in her 17th year, suffered from constipation; there was this irregularity of the catamenia. She had a cough, and a fixed pain in the left side, just above the cardiac region. She was dejected and had lost her natural vivacity and spirits. From being fond of vigorous exercise she drooped and liked to lounge. Graphites was given to her: the catamenia became regular, the constipation was removed, and she lost the pain in her side.

He has used it with benefit in psoriasis.

A young gentleman, who was just about to join a crack regiment for the first time, in the vigour of youthful prime, a mixture of the Antinous and Hercules in his frame, a model of manly beauty, consulted the writer on account of his having the *baker's itch* (psoriasis palmaris). He was advised to apply for six months' leave of absence, before he joined the dépôt of his regiment. He followed the advice and obtained the leave. Under the use of sulphur and graphites, after a six weeks' treatment he was already much better. But a clerical friend told him of some wonderful skin-doctor in London, who would cure him in a few days. He was warned of the danger of a repelled eruption, and earnestly recommended to let well alone. He persisted, however, in his determination to go to this skin-doctor: and in a week after he had been under his treatment he wrote to a friend saying that his hand was cured, as smooth and soft as a lady's, and expressed his annoyance that he had been advised not to join his regiment for some months, for what he had been told required months of treatment had been

completely cured in as many days. He went to Flanders, and one day at dinner had a fit, and in a few hours died. The Belgian physicians who saw him declared the apoplexy resulted from a repelled eruption.

Every observant practitioner has noticed numerous cases of the mischief resulting from poisonous or acrid applications to various forms of skin disease, from the sudden drying up of old ulcers, &c. But many persons who generally adopt the homœopathic practice still have recourse to these mischievous and perilous expedients for their children who suffer from ringworm, scalled head, and other cutaneous affections. They seem to think or act as if they thought that the skin, the surface, was not an integral part of the human machinery. A startling case like that just recited excites some reflexion: but the numberless forms of chronic disease which result from the mischievous practice adverted to are unnoticed and unknown—and so the practice goes on.

This medicine is very valuable in chronic amenorrhea, chronic constipation, and chronic eruptions; it is also frequently useful in erysipelas.

Gratiola officinalis. Hedge-hyssop.

The writer has used this remedy with benefit in what is commonly called "sick headache;" when there are nausea, disgust for food; giddiness, relieved by the open sir; sensation of heaviness in the head and of constriction of the forehead. He has given a drop of the 2nd or 3rd tincture on the coming on of this kind of headache, and sometimes it has cut it short. The effect, however, has seemed to be palliative merely. One patient has for several years been in the habit of taking occasional doses of this remedy with a view to cut short these headaches, and has frequently succeeded. His sufferings are generally connected with mental depression.

Gamboge.

This medicine has been used with advantage in some cases of diarrhœa.

Hellebore

has been employed by the writer with excellent effect in some cases of acute hydrocephalus.

A boy of three or four years of age, the son of a cab-proprietor, had been exposed for many hours, without any covering on his head, to intense heat of the sun. Soon after, he had fever, was stupid; no sleep; cries and moans; if put on his feet, would fall; dilated pupils; frequent shrieks and screams; no rest for himself or his mother; tossing his head back, or from side to side. Belladonna was the principal remedy for several days, and afterwards Hellebore was relied on. When he was getting better he fell out of an extemporised bed about six feet from the floor, fell on his head, and he was worse than ever: after a few doses of Arnica he had Hellebore again, and quite recovered.

In a second case, Belladonna, Phosphorus, and Hellebore were the medicines chiefly used. This child also recovered.

In a third case, one of typhoid fever with acute meningitis, the most formidable symptoms were exhibited. The child, about four years old, for several days screamed incessantly. He was constantly throwing his head back or from side to side; his tongue was projected frequently: after this state, for a fortnight he gave no sign of having sight or hearing, and uttered no articulate sound. In this case, Hellebore was of great use. For some time before this illness the child was dull; after his recovery, his quickness and intelligence were increased: he is now a promising boy.

In one case of ascites, after scarlatina, it was used with happy effect: and also in cases of anasarca after the same disease.

Aretæus speaks of it as a wonderful remedy for gout and arthritis. He says it is curative in recent cases. The provings of this medicine seem to be in accordance with the experience of the illustrious Cappadocian.

Hepar Sulphuris Calcareum.

Almost the first important case the writer had after he adopted the homœopathic practice, unreservedly, was that of an infant 14 or 15 months old, who suffered from convulsions. They were attributed to teething. The surgeon who attended the child in the first instance called in a celebrated physician,

who said nothing could save the child but daily doses of Calomel, which were accordingly given. The child became worse and worse, and in addition to its fits, occurring daily, and sometimes several times a day, its poor little mouth was in a miserable state from the mercurial poison. The child had then tetanic spasms, and opisthotonos. The physician persisted in ordering the Calomel, notwithstanding: and the surgeon advised the parents, at whatever risk, to take the child away, to get rid of the doctor.

As most of the child's most pressing symptoms were mercurial, Hepar was in the first instance given, and for some days. The tetanus, which was attributed to the Mercury, ceased; the condition of the mouth was improved. The treatment, in fact, was for some time almost entirely confined to this remedy. After a while the appropriate medicines for the convulsions were given, and the child recovered and is now a fine little girl.

Hepar and Nitric acid are the medicines the writer has chiefly used in the way of antidotes to recent mercurial poison.

For boils on the nates and in the axilla; for swelling and suppuration of glands; for chronic hoarseness; for croup; for that condition of the bronchial surface when there is easy expectoration, and there is hawking of mucus without cough; what homœopathic practitioner has not proved the value of this remedy?

The writer has used it, with benefit, in cases of erysipelas of the face, after Belladonna, when there has been great burning of the cheek, sometimes with a pricking sensation: he has also used it with advantage in chronic laryngeal affections, in addition to Spongia and other remedies. He saw a man two years ago who had only spoken whisperingly for several years. After treatment for six or eight months, he recovered his voice: Spongia, Hepar, Manganum, and Phosphorus were chiefly used.

He was consulted about a young lady approaching puberty, who had for several successive winters had a convulsive barking cough, without expectoration and without pain. In fact scarcely any symptoms could be got from her. The cough was removed by Hepar, Spongia, and Manganum.

Hyoscyamus.

The value of this medicine, in a great variety of cases, is sufficiently known.

A few months ago an allopathic surgeon was sent for to see a child who was in a kind of maniacal fury. The child was two years old. He could not bear the light, nor to be spoken to. He repelled with rage and seeming disgust his young mother, of whom, when in his natural state, he was doatingly fond. *He did not know her;* he said *she was not his mamma.* He talked wildly, and could with difficulty be kept covered.

This wise and skilful practitioner sat quietly for a quarter of an hour, observing the little sufferer. He then gave him two drops of the tincture of Hyoscyamus, which he desired to be repeated every three or four hours, if he should continue in the same state. The little patient had two doses of the medicine, slept, and the next day was well. The attack was sudden, and could not be traced to any particular cause. This case is cited as an instance of homœopathic cure by an allopathic practitioner.

It may be observed in this place, by the way, that many of the old-school practitioners have been greatly and justly offended by the unfairness with which they are spoken of, and their treatment has been commented on by homœopathic writers. This charge is not groundless. Our illustrious Founder himself was goaded by the persecution he experienced at the outset of his homœopathic career, and for some years after, to say and write bitter things of the allopathic practitioners. A writer, in English, does not scruple to brand them all as homicides; and a recent author, and also a recent convert, has been most unfair in his comparison between the two methods of practice. He contrasts the results of good homœopathic treatment with those of very bad allopathic treatment. It is plain that good should be set against good, indifferent against indifferent, and bad against bad treatment, in the two different ways. The unfairness alluded to, and the narrow bigotry which has been displayed, have kept many men who would have been honest enquirers from pursuing their investigations beyond the mere threshhold. They have seen themselves unfairly represented,

they have thought themselves purposely misrepresented, and they have been disgusted with the writings which have fallen into their hands, and so have refused to proceed any further. In this manner the party-wall of partition and division has been maintained: those who should meet and discuss the doctrine and practice of both schools are kept asunder; animosity is engendered, charity is forgotten, and the golden motto of your journal, one of the noblest sayings of St. Austin, is truly a dead letter.

An old gentleman, nearly 70, had suffered more than a year from frequent micturition. He was obliged to rise in the night so frequently that his rest was broken to such a degree as to make him miserable. The prostrate, as might be expected, was large, but not to any unusual extent; he had been for some months under the care of another homœopathic practitioner, but had derived no benefit from the treatment. A suppository, containing five or six grains of the extract of Hyoscyamus, was directed to be introduced into the rectum every night. The local irritation was removed; in two or three weeks he was able to do without the suppository. Two years have elapsed, and he has had no recurrence of his distress.

A gentleman, aged 38, was recently advised to use the same remedy, in the same manner, for a similar affection. He had lost his sleep for several nights. The local irritation was subdued in a few days; and he then had treatment for a different affection.

The advantage of using topically the same remedy that is given internally has often been experienced by the writer. This applies especially to affections of the joints, muscles, and bones, to ulcers, and many varieties of skin-disease. Lotions of the remedy, to which the symptoms generally correspond, and which, therefore, has been chosen for internal administration, have been employed with good effect.

For hysterical colic, and various kinds of cramp, the efficacy of Hyoscyamus has been often proved. For dry cough at night it has been repeatedly given with benefit, as an intercurrent medicine.

When indicated by the predominant symptoms this remedy

as all know, is most valuable in convulsions. In this class of disorders it has been found that apsorics are generally most beneficial at the commencement of the treatment: when the intervals between the fits are reduced, then antipsorics, the right choice of which becomes so important, act with the happiest success. The writer has been the instrument of curing five or six, out of many cases, of epilepsy, in most of which he used Hyoscyamus at the commencement of the treatment.

It will be found useful in the relaxed state of the bowels dependant on, or connected with, irritation of the Uterine system.

Hydro-therapeutics—the Water-cure.*

"There is nothing new under the sun," said the wise man. Alexander died, it is said, from plunging into cold water at the commencement of his last illness: the writer has used it with great benefit in the treatment of fever, in the West Indies. Currie, Jackson, and others recommended it in fevers generally. It became a fashion, and then went out again.

It has been re-introduced, with more probability of a durable reputation, for the treatment of chronic disorders. A man of consummate ability seized on this field of treatment, and engrafted this water-therapeutics on the physiological views he had received and matured. Dr. Gully's book is the best, and is likely to remain so, on this subject.

The Silesian Priessnitz, who made the modern water-cure a fashion, is said to have applied it to the human subject from having seen the excellent effects a good daily washing had on horses and cattle. From the accounts of him he seems to be a shrewd, clever man; but certainly, his application of water to men and women has been too much of a horse-practice—too strong, and too coarse. He can only judge by the skin; the pulse and tongue are said to be matters of indifference to him.

In looking back to the old world we see the antiquity of this water-cure. The Egyptians, and the Bramins, and the other

* Though not a medicine, the water-cure is introduced here as a remedy.

numerous sects of the East, made their rivers sacred. In the oldest extant poetry we find many of these streams deified. The Greeks, in their elegant mythology, introduced their graceful *Naiads.* The lustral washing of the worshipper, of many a sect, at sunrise, in the rivers of the Orient—in some places at sunrise and sunset—indicates the value that was put on a clean, and healthy skin in the old ages.

The temples of the olden Polytheists were generally placed on elevated ground, with springs around them; also near running streams. "Men must have mountains," a high range of country, says Priessnitz. In the ages when Europe was Roman, the monasteries, priories, convents, and nunneries, were for the most part built on sites, similarly favoured by nature.

"Cleanliness is godliness," is an Eastern proverb.

Baptism, by immersion, was a very ancient practice, and had a religious sanction, before it was made by the Lord of Life the rite that symbolizes a more mysterious and infinitely higher cleansing than that of the body.

These brief suggestions of the old world history are sufficient to shew the importance that has been always attached to ablution as a point of health.

When the plague used to be rife in the Byzantine metropolis, it was remarked that water-carriers and oil-carriers escaped the malady. Water and oil were carried in skins.

The Greeks and Romans, the Turks, and the modern French, all made the bath a necessary of civilised life.

It is proposed to consider the water-treatment, briefly, as a remedy.

Water, with air and light, are necessary to our life. Water is now to be regarded as a remedial agent. The mistake is to call it *the* remedy, and to maintain, as Captain Claridge does, that it alone can cure every disorder, and every disease to which the human frame is liable.

It is on this account needful to define, or attempt to define its sphere of beneficial operation.

In a word, it may be said to be an excellent means for rectifying, in suitable cases, many forms and kinds of *disorder*, but not for *curing disease* of whatever nature it may be.

In former days their lived in a small island of the Caribbean sea which has furnished two bishops to the present bench of that venerable body, a planter who rose with the sun, did all the work that devolved on him in the management of his estate with clock-like regularity, and when his day's work was over, systematically got drunk. Yet with each sunrise, he was cheerful as a lark, and brisk as a bee. He lived to a good old age and never seemed to be worse for his copious libations and imbibitions. He was no doubt loyal to the back-bone; for those were the palmy days of the colonists, when Cumberland wrote his "West Indian," which Elliston is said to have acted to the life. This creole was a genius in his way. He had noticed that his potations whether of merum (mere-rum) or of "*contradiction*" (punch), or the juice of the grape, when he first took to them, caused a *disorder* in his frame—the dry and parched throat—the thirst—the headache—the necessity of red-herring and soda water in the morning. He fell on this device. He had a bath so constructed that he could lie at his length in it, quite immersed in cold water, and having only his head kept securely out of it: every night he stript himself, and slept in this bath. He never afterwards found any discomfort from his potations. This was his plan of rectifying his nightly *disorder*. Though he probably could not have written, yet he might have applied to himself with great *gusto* this epigram:—

> "Balnea, vina, Venus corrumpunt corpora nostra:
> Sed vitam faciunt balnea, vina, Venus."

There can be no question that the water-cure has been signally useful in many cases; but to make it a *panacea*, to pretend that it is the sole remedy for disorder and disease, to make it universally applicable, is an absurdity—and Dr. Gully and the few other authorities on the subject, would fully and freely admit this.

Though the dilution, perspiration, cold, reaction after cold, and other therapeutic elements which make up the water-cure, may remove for the time morbid states, they cannot remove *disposition* to disease, which specifics alone can do.

The water-cure is very useful in removing medicinal substances from the body. This is capable of direct proof, and has been proved.

It is very useful in giving tone where there is a languid circulation; where the health flags from this cause, the digestion is enfeebled, the liver torpid, the bowels inactive.

By enabling the sufferer to make healthy blood, it is capable of arresting the tendency to disease in some cases, and the progress of disease in others—this as an adjunct to the homœopathic treatment.

There is no doubt much advantage in having an experienced medical man to direct the different processes; but to make a mystery of the water-cure, as some have done, to overpress it, and to abuse it as others have done, are the ways likely to bring it into disrepute.

The accessories to the water-cure form no small part—or in truth a great part of the treatment. The relinquishment of bad habits—smoking, snuffing, late hours, intemperance, cares of whatever kind, this is much;—freedom from the worry and anxieties of every-day life; regular habits; pure air; healthy exercise;—this is much. A regulated diet, the stimulus of hope;—this is much.

It has been noticed by the writer, that persons who have made great progress to health at Malvern—have been cured of their disorders—have been thrown back by pursuing the same processes in cities and towns with their old habits around them, and under the pressure of those circumstances that made them ill. In fact, circumstances alter cases,—and what may be done with impunity at Malvern, Gräfenberg, and other like places, cannot be done with impunity in London, Manchester, Liverpool, and other towns. It is unwise, then, and impolitic, in those who practise the water-treatment, to continue all their various water-processes for their patients when they leave the places where they have had the advantages alluded to.

The *fillip* has been given to a jaded frame or enfeebled constitution,—and that should content them. If needful, let the dose be repeated again, under the like favourable circumstances.

Again, in the cases of chronic disease suitable for water-treatment—and this is admitted to be of a large range—sufficient *time* is seldom given to the treatment. A great deal too much

is often done in a given time. The patient ought to be gradually brought up to the maximum of the dose which is suitable in his case, and to be as gradually brought down again to the minimum with which he started, before he leaves the place where he has this treatment. The water-cure is not a thing to be trifled with; it can *blanche* the most robust, as well as Mercury; it can cause the vital powers to sink as well as the lancet or tartar emetic. It can produce a shock to the nervous system that may end in apoplexy or dyscrasia, as well as any specific poison in poisonous doses.

This is not said to disparage this excellent remedy, but with a view to protest against its *abuse*, and so to prevent its falling into *disuse*.

If one should use the ordinary language of the old school, the water-treatment is a tonic and an alterative; a discutient and a resolvent. It can abate excitement, and stimulate a feeble circulation. It has no pretence to being a complete system of medical treatment; it is excellent in its way, so far as it goes;—to push it beyond its legitimate use is to damage and compromise the lives of those submitted to it.

A great deal too much is claimed for Priessnitz as the originator of its present application to the treatment of chronic diseases. It can be satisfactorily found that for many ages it has been recommended in the like cases. The only real improvement and advance made by Priessnitz, is the introduction of what is called *packing*. All the other processes were in use long ago—the compresses are the water-dressings of Macartney—the sitz-bath is the old hip-bath—the douche is old—the dripping-sheet, shallow-bath, towel-rubbing, are varieties of the sponge-bath. But that method of packing, the wet-sheet,—is indeed, when rightly used, a most valuable thing. The spirit-lamp has been adopted from the allopathic practice.

When the water-cure is suitable, the homœopathic treatment may often be combined with it, with the greatest advantage.

The physician who is the chief authority as an author and practitioner of the water-treatment, Dr. Gully, not unfrequently uses homœopathy in conjunction with his water-processes.

Dr. Marsden uses the water-treatment, as well as homœopathy.

Drs. Macleod, Pattison, and Stummes, occasionally use the homœopathic remedies. Many of the continental homœopathists make use of the water-treatment in suitable cases.

The writer considers that water rightly used is *ancillary* to homœopathy, that is in suitable cases, it may be used without interfering with the homœopathic treatment. He has had large experience of the water-cure, and has often found it of signal use,—in many cases curative. The following cases are given in illustration :—

A gentleman of 40, or thereabouts, had neuropathy to a most distressing degree—trembling hands; trembling tongue; sleepless nights; he was anemious; there was mental dejection, and physical prostration. This state, strange as it may seem, was accompanied by satyriasis. He might have accused himself really, as the Scotch prince accused himself falsely—

> "There 's no bottom, none
> In my voluptuousness; and my desire
> All continent impediments would o'erbear
> That did oppose my will."

He was so giddy that he often could not walk, sometimes could not stand. He was, besides, anxious about his business, to which from his health, he could not pay due attention. His neuropathy was from tobacco. He smoked to a great excess. He was advised to go to Malvern. He spent some months there, and was quite cured; this was four years ago. He continues well. He was made at once to give up tobacco.

It may be remarked here, that under the water-treatment these ill and long-continued habits are got rid of with less inconvenience and suffering than without it. For the time being, too, this mode of treatment to a great degree extinguishes the baser animal—so that the satyriasis of this patient was also brought under subjection.

Another patient, 52 years of age, who suffered also from tobacco-neuropathy, was sent to Malvern. These were his symptoms :—Very little sleep; frightful dreams; noises in his head; singing in both ears; great weight of the head, so that when he was in bed, he felt as if he could not lift it from the pillow; head-ache, re-

lieved by pressing the sides of the head; giddiness; indigestion; flatulence; tongue covered with a brownish fur; frequent micturition; constipation; skin dry and wrinkled; great *emaciation;* extremities cold; weakness of his legs, especially of his left, quivering in them, and sometimes difficulty in walking, from the sense of failure in his limbs, and from giddiness—this last often occurring, whether walking, or standing, or sitting, or lying; great mental dejection and anxiety. His, too, was a case of suffering from tobacco; he smoked to a great excess. He derived great benefit from the water-treatment. I have known nothing do so much good in neuropathy from tobacco, and have found that patients got rid of the bad habit more easily and more entirely by this treatment than by any other, and with much less suffering from giving up the poison, to which they may have been long habituated.

A gentlemen, aged 58, who had been for many years addicted to snuff-taking, was subject to great depression of spirits and had suicidal thoughts. He was very anxious and miserable. He had a sense of fulness and tightness of the forehead; giddiness; sleep very disturbed, sometimes no sleep at all; drowsy by day. Palpitation of the heart, feeble and irregular pulse. Nervous dyspepsia; flatulence, weight and distention after meals. Constipation; coldness of the extremities. He had a great fear of becoming insane. He derived great advantage from homœopathic treatment, but still would take snuff. He was sent to Malvern. The habit was abandoned; he had the water-treatment for three months, and got quite well. He went to Malvern nearly four years ago. He continues quite well; he is now vigorous in body, and has great alacrity of spirits—for him.

A gentleman about 30 years old, had secondary syphilitic intermixed with mercurial symptoms. He had been wickedly salivated, and that on several occasions. His health was broken up. He had chronic ulcerations of the throat, and pains in his bones. He had some homœopathic treatment with benefit, and was sent to Malvern. After three months' treatment he returned to Liverpool in good condition and has continued well. He married three years ago, and there has been no trace of syphilitic taint.

The writer considers the water-treatment very valuable in pseudo-syphilis, as Abernethy called the mercurial disease, whose symptoms are so often confounded with those of secondary syphilis.

A gentleman, aged 43, had in 1843 (he was then in South America) a severe attack of dysentery, and soon after an attack of yellow fever. He had been twice salivated for syphilis. He came for homœopathic treatment in 1847.

He had headache and giddiness, accompanied with nausea: his stomach had been long deranged; the tongue was caruncu-lated towards the root. He suffered much from flatulence; there were frequent risings of food; weight and distention after meals. There was a yellowish tinge of skin: some uneasiness, on pressure, in the right hypochondre, and obvious fulness of the liver.

There was some chronic ulceration of the throat, which was attributed to his former syphilis and salivations; his saliva was sometimes streaked with blood. He had burning in the urethra with pain on micturition; there was a hard thickening on part of the prepuce. He suffered from nocturnal pollutions. He had lost all sexual desire.

He was much depressed in spirits. He was somewhat emaciated, but not strikingly so. He derived much benefit from the homœopathic treatment, but he was sent to Malvern to get him away from his business. He remained some months there and returned quite well. He has since married and has a family. He continues in good health.

A gentleman, 45 years of age, consulted the writer five years ago. He had been delicate from infancy: he was thin and worn. He complained of great feebleness whenever he attempted to walk, he felt uneasiness in the head, and had an apprehension of falling. He was told by a medical man he had determination of blood to the head. He had practised the vice of school-boys, but married at 23, and then abandoned it.

He complained of giddiness; of loss of memory; of occasional lancinating pains in the head. His sleep was good, but he could not lie on either side. He had pain in the right hypochondre, and between the shoulder blades.

He was dyspeptic; had risings of food; flatulence, weight and distension after meals: after eating he could not look at any object, of whatever kind, without nervous uneasiness, and feeling "uncomfortable in his head," with pressure over the forehead.

Bowels constipated: extremities cold: walked with great difficulty: sense of paralytic weakness in his knees and legs.

The heart was very irritable: pulse feeble and variable. He derived some benefit from homœopathic treatment, but he continued very feeble and unable to walk. Nearly three years ago he was advised to go to Malvern. He is now well: he walks well; and has got rid of his nervousness to a great degree —insomuch that he undertakes duties and responsibilities which he would have formerly shrunk from assuming.

A clergyman, 45 years of age or thereabout, was suffering from complete exhaustion from a long course of ministerial work in a country parish. His heart was irritable: the circulation very languid. He was dyspeptic. He was emaciated. He was sent to Malvern: spent some months there, and was quite set up again. He gained flesh, and was equal to his work. His wife, who suffered much in the same manner, but was still more exhausted, accompanied him to Malvern; she had also the water-treatment, and with great advantage.

A lady, past 40, consulted the writer four years ago. She had taken a great deal of aperient medicines, and was consequently suffering much from constipation.

She complained of headache—in the temples and the forehead: of noises in the ears like the booming of the sea: of flashes of light, and sometimes of dark spots, before the eyes. She was somewhat deaf.

Risings of food; flatulence, weight and distention after meals. She was taking medicine daily on account of the constipation. Sleep indifferent, disturbed by dreams. Pain in left groin and left hip: difficulty in walking. Her spirits were frequently depressed: she was very nervous and excitable.

Some months after she had homœopathic treatment it was ascertained that she had a fibrous uterine tumour. She was recommended to go to Malvern, and to combine the water-treat-

ment with the use of the homœopathic remedies. The water-treatment acted beneficially as a tonic in her case: some of the appliances were effectual in soothing local irritations. The uterine tumour is now not more than one-fourth of its original size, and it is confidently hoped she will be quite restored to health.

An unmarried lady, 29 years old, suffered from what is called nervousness to a most painful extent. She could not go into society. There was some but not much disturbance of the uterine function. She had a sense of sinking at the epigastrium: great uneasiness on lying down: constant dread of some impending mischief or misfortune: tremulous hands and tremulous tongue. Distressing palpitation. The bowels were regular. She was sent to Malvern, and became thoroughly well in a few months.

A lady, aged 52, had suffered from repeated attacks of jaundice, for which a great deal of Calomel and blue pill had been given to her. The jaundice was generally preceded by severe colic and abdominal spasms. Her medical attendants thought they proceeded from the passage of biliary calculi, but none were ever discovered.

She was constipated; the bowels never acted without medicine. Her first attack of jaundice came on while she was suffering grief from the death of her husband.

The occasional jaundice, and spasms that preceded it, flatulence, discomfort after meals, and constipation, were the material parts of her case. She was sent to Malvern, and has not been jaundiced since. Her attacks of spasms have been at much longer intervals and of much less severity.

Her son, 22 years of age, accompanied her to Malvern. He was suffering from nervousness. He was very irritable; suffered much from palpitation, and felt himself unequal to any work or even exertion. He had measles, whooping cough and scarlet fever, in his childhood; but had been free from any disease from thence upward. He very soon got rid of his palpitation and his nervousness under the water-treatment.

These few, out of many which have come under the writer's notice, suffice to shew the value of the water-treatment in many

cases of functional disorder, and to indicate, to a certain extent, the range of cases in which he has thought it advisable. With one exception, the above cases were all treated by Dr. Gully.

It were easy to make out a long list of disasters from its abuse.

In all cases where the water-cure is suitable as a remedy, it would be no difficult task to shew its *homœopathicity*. It is a remedy in the way of reaction, and so, when suitable, it may be used in strict conformity with our homœopathic law.

The writer has three books now by him, written, one a century, the two others nearly two centuries ago, and published in London, to prove the efficacy of cold water in the treatment of a large range of chronic disorders.

But, as has been already observed, the abuse of the remedy may bring it into disuse. The *dose* of it is often too large, and too often repeated in the course of a day.

The water treatment, and the remedies that have been called imponderables, all come under and are subject to the comprehension of the Homœopathic law. This remark applies to electricity, galvanism, magnetism, and animal magnetism. Ling's system of regulated exercises and rhythmical movements, to which has been given the absurd name of "Kinesipathy," but which should be called "Medical Gymnastics," comes under this class of remedies that act in the way of reaction.

Homœopathists should be careful not to reject, wilfully or impatiently, any resources that can be brought to bear successfully on any point of medical treatment. The genius of the Founder of homœopathy has discovered a law of healing, so general in its applicability, that it may well be called the natural law of healing—one of the laws of Nature: it is the business and the duty of his followers to bring together, arrange and analyse as many particulars as possible, that come under his general law.

THE PREPARATION AND USES OF ARNICATED COLLODION.

By H. Turner, Chemist.

It will not be denied by any who have made themselves acquainted with Collodion that it is a valuable acquisition to the professors of the art of healing: there is, moreover, a means of making it the vehicle of one of our medicines which renders

it much more valuable in many of its applications which (so far as I am aware) has never been suggested by any who have treated this subject: I allude to its medication with Arnica.

A simple enumeration of the uses to which Collodion is ordinarily applied will be suggestive of many beautiful applications of the Arnicated Collodion.

The class of cases in which it has proved valuable are: fissures in the hands, lips, or nipples, burns, abrasions of the skin, bed sores, and as a dressing after some surgical operations, in all which it is evident that the Arnica medication would be an advantage.

The mode of its preparation being a matter of considerable importance to the homœopathist, I will give that formula which I have found to be the best adapted for our purpose.

Collodion is a solution of gun-cotton in Æther, but all gun cotton is not *equally* soluble in that menstruum; the gun-cotton which is *most* soluble is not that which is most explosive. This is an advantage as regards safety. Cotton prepared in the way I am about to describe is much less inflammable than the ordinary powder-cotton. The process is as follows:—

Take of Concentrated Sulphuric Acid .	60	parts (by weight).
Nitrate of Potass in fine powder	40	„
Clean carded cotton	2	„

Mix the Nitrate of Potass with the Sulphuric Acid in a porcelain capsule, then immediately add the cotton and stir the mixture well with two glass rods for three minutes, wash it well in water without pressure, and when it is completely free from taste press it gently between several folds of dry, clean linen, to free it from superfluous moisture, and carefully pull it out with the fingers and dry it in a safe place. Cotton thus prepared is soluble in Æther, especially if a little alcohol be added, and is well adapted for the preparation of Collodion.

Take of Cotton prepared as above .	8	parts (by weight).
Rectified Sulphuric Æther .	125	„
Rectified Alcohol	8	„

Introduce the gun-cotton and Æther into a well-stopped bottle, and agitate the mixture briskly for a few minutes; then gradually add the Alcohol: or if *Arnicated Collodion* is desired, instead of the Alcohol add Tincture of Arnica made with a

strong spirit, and continue to shake until the whole mass appears homogeneous and of syrupy consistence.

There will still be some undissolved fibres of cotton, which are usually got rid of by straining through a cloth; but this, so far from improving the Collodion, is a positive injury, although the appearance may be thereby improved. It is of the highest importance that the materials employed in its preparation be perfectly free from water, and also that the parts to which it is applied should be perfectly dry.

The mode of application is extremely simple.—"For straight incisions of whatever length, provided the edges can be brought together without great difficulty, it is better to apply the solution in immediate contact with the skin, as follows.—The bleeding should be arrested and the skin thoroughly dried; if the lips of the wound are themselves in contact, the surgeon has only to apply a coating of the solution lengthwise over the approximated edges, by means of a camel's-hair pencil, leaving it untouched after the brush has passed over it, until it is dry, during perhaps ten or twenty seconds; the first film will of itself have confined the edges together; but in order to increase the firmness of the support, more must then be applied in the same manner, allowing it to extend on either side of the incision half an inch or more."* When the wound gapes, the edges must be held together; and if the wound be long, the Collodion must first be applied to the upper part, and allowed to dry. In some cases something more than the film of Collodion is required to counteract the tendency of the edges of the wound to separate. For this purpose gold-beaters' skin, or thin silk, may be smeared with the Collodion, and immediately applied.

Collodion is said to answer well after the operation for hare lip, where reunion by the first intention, and a narrow linear cicatrix is so desirable. When it is necessary to remove surgical dressings, this may be easily affected by the application of a little Æther, which will soften the Collodion.

Amongst the many advantages which this substance offers to the medical practitioner may be mentioned—First: its *contractility*, by which property the edges of the wounds are brought into more intimate contact than can be obtained by sutures

* Dr. Bigelow.

and cloth. Secondly: its *adhesion*, by which it remains immovably fixed for a considerable time. Thirdly: its *impermeability*, by which it preserves the wound from contact with air. Fourthly: its *pliancy*, allowing free movement of the adjacent muscles and skin. And fifthly: its *transparency*, by which the surgeon is able to witness all that goes on underneath. It requires no heat in its application, and being impervious to water allows the adjacent parts to be washed without loosening the dressings.

Having thus described its preparation, uses, and mode of application, I will conclude by narrating one or two cases in which I have seen it applied.

Slight burns.—I was bending a piece of glass tube by means of a spirit lamp, and while the glass was red and soft it slipped and fell on the back of my left hand; the skin had the appearance of being charred, and smarted intensely. I immediately applied a layer of Arnicated Collodion, which at first produced a great mitigation of the pain, from the cooling effect of the evaporation of the Æther; in a few seconds this was succeeded by a considerable increase of pain, which lasted two or three minutes, after which I felt nothing whatever amiss with the part, and in a few hours to my surprise I had not the least feeling of soreness left, even though powerful friction was used on the part.

Another case of burning occurred to one of my servants: this was more severe as well as more extensive than the former one, and the accident had occurred thirty-six hours before I was made acquainted with it. When I saw it first there was considerable inflammation, extending for several inches along the arm. There had been a blister in one place about the size of an almond, which had been punctured. I cut away the loose skin and applied a layer or two of Collodion over the whole extent of the burn. Her experience was first a very transitory mitigation of the smarting, then an aggravation for a few minutes, and then complete exemption from suffering or inconvenience on account of the burn, which got well without any further trouble.

Cracked nipples.—The case of a lady was mentioned to me who had suffered for two or three weeks from sore nipples. Arnica had been used in various forms, but had done little or no

good in consequence of the constant irritation caused by suckling. I suggested Arnicated Collodion, which was applied twice or three times, and the nipple healed without any further inconvenience or suffering.

I have also known of its being applied in one case of bed-sore with decided advantage, as well as in several cases of cracked lips.

REVIEWS.

HISTOIRE DE LA DOCTRINE MÉDICALE HOMŒOPATHIQUE, par AUG^TE RAPOU DE LYON, Docteur-médecin. Paris: J. B. BAILLIERE. 2 vols.

IN a History of Homœopathy written by a Frenchman we would naturally expect to find a complete account of the rise and progress of homœopathy in France, but we in vain turn over the pages of Dr. Rapou's two ponderous volumes for information on this point: probably France was omitted, like the part of Hamlet in the rustic representation of that play, "by particular desire," or possibly Dr. Rapou considered that his own country presented a less advantageous field for the exercise of his flights of imagination than foreign parts, respecting which it would not be so easy to question the authenticity and correctness of his facts; for we must say that with much that is correct in these volumes is mixed up much of an imaginary character, and that the work might have been appropriately entitled, like Goethe's autobiography, "Wahrheit und Dichtung"—Truth and fiction. Dr. Rapou has however managed to write a very amusing book, not the less so probably that he has occasionally employed too much bright-coloured paint on the pictures he successively brings before our mental vision of the state of homœopathy in this country and in other parts of Europe. The title of the book is however most certainly a misnomer, for in place of being a history of homœopathy it is more a journal of Dr. Rapou's personal adventures, observations and imaginings in various countries of Europe where homœopathy is in a more or less flourishing condition. "Voyage d'un médecin homœopathe autour du monde homœopathique" would probably have been a better title for the book, and truly such a "voyage" were now a feasible undertaking with Dr. Mure's "Globe homœopathique," or homœopathic chart of the world, in one's pocket. But let us accompany our traveller to our own shores and regard ourselves for a moment through his Gallic spectacles.

Dr. Rapou visited England in 1840, apparently in the month of September, though he does not say so, but we infer it from his discourse upon the election of the Lord Mayor, and yet his oft-repeated invectives against the eternal fogs that seem to have made a deep impression on his mind would lead us to infer that November was the period of his visit. His first business on arriving in London is to institute a comparison between our smoky, dirty, crowded metropolis and the "graceful centre of that country which rules the world of taste," much to the disadvantage of the former as may naturally be supposed. However, "One cannot help admiring," he says, "the intelligence and energy of the people who could found and maintain the most opulent city in the world in this foggy country, which the sun scarcely warms."

As Dr. Rapou's medical studies occupied but a small portion of his time during his sojourn in London, he had, he remarks, ample time to "flâner from *Milend* to *Westend*," rather a tedious operation for a flâneur, we may observe, unless he were to avail himself of the Bayswater omnibus. He regrets the specific object of his work does not permit him to dwell long on the varied considerations that the English capital gives rise to. "To a Frenchman," he says, "London is an inexhaustible source of curious observations, because everything assumes the peculiar character of the country, which in its jealous rivalry has succeeded in opposing a barrier to the uniformizing influence of the Parisian spirit, and has even sought to repel it by a spirit of its own, more or less felt among us under the name of *Anglomania*. John Bull has his old habits, his porter, his good humour, his frank rudeness, his gross farces, his broad laugh, his natural glory and a hereditary contempt for all the rest of the human race, which he includes under the name of *French*. The *gentleman* has his fashion, which is not that of the rue Vivienne; his comfort, which is not that of our straitened life; his curt politeness; his conversations about *horses*, *race*, *pound sterling*, the secret and egotistical pleasures of his club, so different from the social enjoyments of the Parisian bourgeois." * * *

"The English have for their own particular use a religion, fashionable, comfortable and *sui generis*, as is well known. They treat with honour this product of the country and repay it in respectful regard for the *agréments* it gives them by its lax precepts and easy morality. It is considered very bad taste by them to go without a certain religious varnish which is requisite to give the last finish to the *complet honourable gentleman*. * * * Their churches are places

of meeting whither genteel society resorts once a week to give themselves puritanical airs and to listen devoutly to the discourse of an amiable orator."

After ridiculing the idea of Protestants occupying the large cathedrals such as St. Paul's and Westminster Abbey, where the choir alone occupied by the scanty congregation of honourable families resembles a cageful of the elect, round which the *promiscuum vulgus* hovers, glutting its curiosity by the inspection of monuments raised to the memory of "Nelson, Dundas, Mackenzie, Dryden, Chaucer, Johnson, which usurp the place of idolatrous images of the Virgin and saints, for the greater edification of the faithful;" he goes on to observe that no real charity exists among the English, and his Catholic zeal bursts forth in the following touching appeal to this heretical nation:—

"Poor people who hast repudiated thy mother, what fate awaits thee at the hands of that step-mother thou has preferred? She abjures thee: she is the religion of the gentleman, the religion of the government. She is blind to thy wants, deaf to thy plaints, insensible to thy inward griefs. A human institution, a dead branch separated from the living trunk of the Church of God, whence can it derive, in order to shed it over thee, that ardent charity which the spouse of Jesus Christ alone possesses. Ah! taught by its hard lessons, return once more to the faith of thy fathers!" Again: "At bottom, not the slightest religious sentiment reigns in the heart of this egotistical and sensual nation." And so forth.

From religion Dr. Rapou passes naturally to politics, and under that head he includes the election of Lord Mayor, which he describes as follows:—

"I was in London at the period of the election of Lord Mayor, the first municipal dignitary and the king of that portion of the metropolis termed the *city*. All the city was in as great a commotion as if the event was one on which the fate of the three kingdoms depended. The press made it the subject of warm discussions, and some newspapers, such as the *Times*, threw among the people several hundreds of thousands of francs to secure the nomination of a favourite candidate. However, at the hour when the result of the daily voting was announced, the population rushed in crowds towards the bills that proclaimed it in large figures, and towards the evening the partisans of each competitor assembled in vast taverns to take counsel together as to the proper means of securing the triumphant return of their friend, all the while drinking, shouting and perorating. John Bull's eccentric manner shewed itself in full force

in these family scenes. Men walked about the streets with enormous placards, whereon each aspirant to the mayoralty detailed on one side the history of his services, his qualities, and requested suffrages for himself, whilst on the other he enumerated the secret and well-known, the true and fictitious vices of his opponents, and insisted on the necessity of rejecting such infamous characters. The better to influence the public, these charitable effusions were profusely distributed in the form of small hand-bills, whose graceful contents varied *ad infinitum.*—On the final day of voting the noble Guildhall was filled by a turbulent crowd of gentlemen provided with apples, carrots and other missiles of a similar character, who were prepared to sustain the conflict valorously to the end. One of the rivals mounts the scaffold that serves as a tribune. At that instant his enemies discharge their culinary projectiles, the rolling fire of which is accompanied by the operations of a chosen troop which jostles the unfortunate orator. They pull him by the skirts of his coat and make him descend; his furious menaces are overwhelmed by groans and hisses. His competitor comes forward. This one seems to have the majority of the spectators on his side, for scarcely do a few suppressed hisses or audacious carrots dare to cleave the air and disturb the general silence. But the one just defeated does not leave his fortunate rival in undisturbed enjoyment of his triumph: he approaches him stealthily, seizes him round the waist, pulls him to the floor, and there the aspirants to one of the highest dignities of the country fight and wrangle, in spite of all the efforts of the policemen."

We recollect to have seen a French play in which the chief character was the Lord Mayor of London, a young rake of dissolute habits, who capped his villainy by selling his lovely and unhappy Lady Mayoress at Smithfield market. Dr. Rapou's powers of romance are evidently not much inferior to those of this playwright, and they are almost as amusing.

In the account Dr. Rapou gives of homœopathy in England the most circumstantial truths are so mingled with equally circumstantial fictions that a most agreeable and plausible narrative is the result of the admixture. Among other things Dr. Rapou informs us that in England there are no universities, no control and no monopoly in regard to medical affairs; that the faculty of Edinburgh alone has a right to confer the title of Doctor; that a homœopathic institution is about to be established in London with clinical professors and chairs devoted to different branches of the homœopathic science, for which

at the time of the author's visit (1840) "£7000 sterling (185,000 francs) had been collected." Then he enumerates various homœopathic dispensaries and hospitals under the distinguished patronage of such mythical personages as the Duke of Badfort, the Earl of Vilton, Lord Darre, Lord Milton, the Princess of Sutherland, &c. Mr. Headland is transformed into "le Sieur Headling," and the indefatigable secretary of the late British Homœopathic Association is promoted into "le Docteur Heurtley."

Our author next proceeds to Scotland by railway, talking contemptuously on the way of our English scenery, as thus: "The rapidity of the journey does not detract from the pleasure of the tourist, for more insignificant scenery could be seen nowhere. It presents the type of English landscape, nature well combed, where every asperity has disappeared under the hand of man. There are endless fields separated by tame brooks, small hills slightly undulating and extending far away till lost in the foggy distance; the whole uniformly covered by a dark green carpet, sprinkled with red-brick buildings which alone distract the sight, fatigued as it is by the monotonous aspect of this humid and herbaceous surface."

"I pity the man who can travel from Dan to Beersheba, and cry, 'Tis all barren,'" exclaims Yorick, but without knowing how far such a traveller is deserving of commiseration, we may well afford to smile at the traveller from London to Berwick who has nothing more to say for the attractiveness of his journey than the above. Arrived in Scotland, however, our author becomes more genial; the natural beauties of the country, or the remembrance of the ancient alliance betwixt France and Scotland have made him more favourably disposed towards the "Land o' Cakes," and he discourses with zeal upon Modern Athens, the Canongate, Holyrood Palace with its reminiscences of Mary Stuart and Charles X. of Rizzio and *Ruthwen*. Hawthornden, *Rosslin* Castle, Dunkeld, Loch-Lomond, Glasgow and the *Krampians*, each in turn elicit from him commendatory notices. At the period of Dr. Rapou's visit to Scotland there were no homœopathic practitioners, so that he is compelled to describe the state of the system in that country at second hand, and in this as in the other portions of his book there still prevails the same jumble of truth and fiction, of dull reality and lively romance.

"The principal towns of Scotland are," he writes, "provided with homœopathic practitioners. Three of them, Dr. Drysdale at Liverpool, Black and Russell at Edinburgh, have powerfully contributed to this rapid extension. The latter had just quitted Germany when

I arrived, and returned to his country with a large harvest of practical knowledge, reaped in the Hospital of Vienna and the Clinical institution of Leipzic. On his arrival in Scotland he devoted himself to his work with such energy that by June 1842 he was able to inform his German colleagues that he had treated at his Dispensary 340 patients, published two essays, one of them in the *Medical and Surgical Journal*, on the present state of the new doctrine, and given a fête in honour of Hahnemann at which a large number of the admirers of that great man were present." We need hardly remark that the story about the "*Medical and Surgical Journal*" is a fiction, and that about the fête a romance. "Russell and Black," he continues, "have just rendered our school another signal service by publishing the posthumous works of Dr. *Fletscher*, professor of physiology to the Faculty of Edinburgh. These consist of a treatise on general pathology, the author of which left the manuscript as a dying legacy to his pupil and friend, John Russell." Here again truth and fiction are hopelessly blended, as our readers are probably aware, for Dr. Black had nothing to do with Fletcher's MSS. and it was to Dr. Drysdale they were committed for publication. A little further on Dr. Black is represented as applying for admission to the "College of Surgeons, a branch annexed to the University which enjoys special privileges," which august body "brutally rejected him without any examination." Russell hastened to the defence of his friend, and wrote a protest "that contributed to effect a more marked progress of the homœopathic system in public opinion." For the true version of this affair we refer our readers to our first volume, p. 311.

From Scotland our author proceeded to the sister isle of Ireland, and though he was disappointed in meeting with any representatives of homœopathy there, he devotes a good many pages to an account of his tour in, and opinions upon, Ireland. His hatred of England and the English bursts out incessantly in the most amusing and lively manner; we shall give a specimen.—

"The north-east part through which I travelled has nothing Irish about it but the soil; ill-inspired is that traveller who, coming to this island to observe the state and manners of its population, directs his steps towards this accursed side. He will here recognise an extension of England, a colony of Ireland's conquering oppressors, which has fastened upon its victim and clings to it like a malignant canker. Far from encountering the people he seeks, he will find

himself in the midst of their mortal enemies the Orangists, who followed in the steps of William the Third, and who have remained masters of the land."

In this guise does our author go on pouring out the vials of his national wrath against all that appertains to "perfide Albion," but he receives some consolation and is restored to good humour by an interview he had with the "Liberator" at Derrynane Abbey, who discoursed at great length with him upon the "wrongs of England, his wishes and his hopes." In this happy frame of mind we shall take leave of him, for it would be a vain task to follow him in his travels through Italy, Sicily, Hungary and Germany, as we are not in a position to correct the mistakes he has fallen into with respect to the state of homœopathy in these countries, though from the specimens of inaccuracy we have already adduced we may infer that the remainder of his narrative is not more trustworthy. Notwithstanding this, Dr. Rapou's book is very amusing, perhaps all the more so from the scope he has given to his imaginative powers, and a great deal of instructive matter is contained in his pages, independent of the so-called history, but as a History of Homœopathy we cannot recommend it, and must refuse it all claim to that title.

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1. *Rechtfertigung der von den Gelehrten misskannten, verstandesrechten Erfahrungsheillehre der alten scheidekünstigen Geheimärzte und treue Mittheilung des Ergebnisses einer 25jährigen Erprobung dieser Lehre am Krankenbette, von* Johann Gottfried Rademacher. Dritte Ausgabe. Berlin, 1848.

   Vindication of the rational system of Experimental Medicine of the ancient iatro-chemical mystic Physicians, which has been misunderstood by the learned, and faithful account of a twenty-five years' testing of that system at the sick-bed. By J. G. Rademacher. 2 vols. Third edition. Berlin, 1848.

2. *Zeitschrift für Erfahrungsheilkunst, herausgegeben von* Dr. A. Bernhardi and Dr. F. Löffler. 8 Theile. Berlin, 1849.

   Journal for Experimental Medicine, edited by Dr. A. Bernhardi and Dr. F. Löffler. 8 Nos. Berlin, 1849.

Not often do we feel called upon to review in our pages works on therapeutics proceding from our allopathic colleagues, but the book whose title we have placed at the head of this article is of such a peculiar character, and the views it unfolds so interesting, and we might say, novel, were they not professedly old ones revived, and moreover, the practical deductions

from them so consonant with what Hahnemann has taught, that it would be unpardonable to pass them by unnoticed.

In these days of the decadence of therapeutics in the allopathic school, it is rare indeed to see a work on the mere practice of medicine, unadorned by any pathological or physiological ornament, go through a second edition, but this work, in the fifth year of its existence, has reached a third edition, and it is a large and expensive work. This fact will be some index of the sensation it has created in the medical world of Germany, and of the influence its doctrines are likely to have on medical practice in that country; and that it has already effected something is evident, from its having given rise to the establishment of a journal for the promulgation of the views therein broached, ably conducted by pains-taking and self-sacrificing individuals, which has already reached its third volume.

When we consider that Rademacher's book relates solely to the practice of medicine, that its eloquence is peculiarly unadorned, not to say vulgar, that it has no pretensions to science and unfolds no brilliant, but on the contrary the crudest and most untenable of hypotheses, we cannot fail to perceive that its wide circulation is a proof that our allopathic brethren have not yet attained to that impenetrable scepticism with respect to the efficacy of medicine which is professed by some of their Coryphœi on the continent, and in our own land; but on the contrary, that the less pretensious physician holds with Hahnemann, his high and holy mission to be to restore the sick to health, and still looks with wistful eyes to the discovery of some certain guide to treatment, and lends an eager ear to the promises of such as announce a better or surer mode of cure than that they were taught at their regular schools, but which they have found it necessary to unlearn at the bedside of the patient. The thousands of adherents who flock to Hahnemann's standard attest this; the tens of thousands who still remain in the camp of our opponents show, not the insufficiency of homœopathy, but that the doctrine of Hahnemann, probably owing to the antagonistic attitude so early assumed by our great master, has not yet been presented to them in an acceptable form, for it is almost superfluous to remark that we are naturally often more influenced in the reception we give a novel truth by the *mode* in which it is brought before us, than by its own intrinsic value. We are therefore hopeful of the effects of this effort of Rademacher to convey a knowledge of specific medicine among our allopathic brethren under the guise of a revival of the doctrines of the mystic physicians of the middle ages, for we feel confident that the facts and views here promulgated, if followed out to their legitimate deductions, must inevitably lead to the reception of the whole doctrine of homœopathy.

A large portion of Rademacher's first volume is occupied with a defence of Paracelsus from the calumnies that have been heaped upon his name and memory by his contemporaries and historians. He shows that many

of the absurd stories told of him find their refutation in his own writings, whilst those parts of his works which seem to confirm others are to be taken as jokes and witticisms of the author. In this light we are to consider

What medicine 'twas that Paracelsus
Made a man of, as he tells us,

the receipt for which Rademacher furnishes us with, and many similar absurdities scattered plentifully throughout his writings, which Rademacher is at great pains to show were mere jokes, employed by Paracelsus for the purpose of mystifying and disgusting his orthodox Galenical brethren.

Rademacher next seeks from the writings of Paracelsus to ascertain what his peculiar mode of treatment and views respecting diseases and their remedies really were, and this he confesses, owing to his obscure style, his love of mystification, and his unusual employment of words, is no easy matter.

The enantiopathic method Paracelsus expressly condemns in the following words: "*Contraria a contrariis curantur*, that is to say, heat expels cold, &c., that is false and has never been true in medicine." Again he says, "likes must be expelled by likes," which looks very like an anticipation of Hahnemann's doctrine, but is not so in reality, for he seems to have had no notion of discovering the medicinal simile to the disease by physiological experiment.

In stating that Rademacher's work is of a purely practical character, we do not mean to imply that he broaches no hypothetical views, far from that, he has a sort of a theory of disease, and a theory respecting medicinal agents, whereby he professes to discover the relation of the one to the other. His theory, however, as it appears to us, serves him noways in this discovery, but it has its advantages in other respects as will be seen hereafter. We shall try to explain it as briefly as possible, premising that he professes to have learned it from the writings of Paracelsus.

Diseases, according to Rademacher, are either primary affections of some organ, or of the whole organism. When the primary affection is of some particular organ, the whole organism may be sympathetically affected, and again the primary disease of the whole organism may cause a sympathetic affection of some particular organ. In order to select the appropriate remedy it is of importance to determine whether, in a case before us, the disease is primarily of an organ or of the whole system, but we have searched in vain throughout the ponderous tomes before us for any clear signs for distinguishing between them; for though we may find undoubted symptoms of the affection of some organ, this may, for aught we know, be primary or secondary, and in the same way the disease of the general system may either be primary or sympathetic.

All medicaments are divisible into two classes, *organ-remedies* and *universal-remedies*. The first term signifies remedies for the primary di-

seases of particular organs, the last remedies for the primary diseases of the general system. The *organ-remedies* can alone cure those affections of the general system which are sympathetic to some primary organ-disease; and on the other hand the *universal-remedies* can alone cure those affections of particular organs which are sympathetic to a primary disease of the whole organism. This appellation of *universal-remedy* has given rise to the idea that Paracelsus alluded to the fabulous elixir vitæ, or one remedy for all diseases, which is not the case, the term is to be received in the sense here explained.

The number of primary organ-diseases cognizable by the physician corresponds to the number of remedies in nature, and the number of diseases each physician knows corresponds to the number of remedies he knows. The nature of a disease for which no remedy is known is concealed until a remedy is found for it. This doctrine, it will be perceived, followed out through its legitimate consequences, leads to the utmost simplicity in diagnosis and pathology. Remedies of primary organ-diseases are all either brain, liver, pancreas, spleen, kidney, or other remedies, and though from the external signs we may not be able to detect that in some particular case the liver is the organ primarily affected, yet if our liver-remedy cures it, it must have been a primary liver disease, and so on.

Paracelsus, it seems, called his remedies for diseases of brain, liver, spleen, &c. external brains, livers, spleens, and this is the explanation of his maxim "likes must be cured by likes." "The heart must be given for the heart, lung for lung, spleen for spleen. Not the spleen of cows, not the brain of swine for the human brain, but that brain which is the external brain to the inner man.* So plants are organs: one is a heart, another a liver, another a spleen, &c. Not that every heart is visible to the eye as such, but it hath a power and a virtue similar to the heart."

In like manner Paracelsus talks of diseases by the names of medicaments, thus, "say that this morbus is pulegii, that melissæ, that sabinæ, and you have a certain cure from the name;" and in imitation of this, Rademacher and his disciples talk of chelidonium, nux-vomica, turpentine, and other diseases.

As might be expected this limitation of the specific curative virtues of a medicinal agent to one particular organ, when every one, as we well know, has power over the diseases of many organs, leads to many absurdities. Thus Dr. Rademacher having determined that a medicine is, for example,

* One of his followers, Oswald Crollius, seems to have ill understood or studied his master's precepts, when he says in his book *De signaturis internis rerum.* "Cerebrum sullum phreneticis prodest; ideo etiam ii, qui memoriam amiserunt, cum juvamento vescuntur cerebro porcino cum myristica et cinnamomo aromatisato." Crollius here anticipates the isopathic theory of Herrmann.

a liver-remedy, considers that all diseases it is capable of curing must be dependent on primary disease of the liver. We would give our readers an erroneous impression of Rademacher's practice, did they infer from what we have said that he has but one remedy for each organ—for some he has several remedies, but to each he ascribes a different portion of the organ as its field of action. Thus to one remedy he ascribes a power over diseases of the convex surface of the liver, to another over those of the concave surface, to another over the bile-secreting part of it, and so on. His remedies for primary liver diseases, are *quassia, chelidonium, nux vomica,* and *crocus; carduus marianus* and *turpentine* are remedies for liver and spleen affections; *carbo vegetabilis, squilla, acorn-water, galiopsis, rubia tinctorum, juniper, conium,* and *magnesia tartarica,* are spleen remedies; *iodium,* a pancreas remedy; *bitter almond-water* a remedy for affections of the coeliac axis, &c. &c. Of course, from what we have said above, it will be readily supposed that this ascribing of specific power over diseases of certain organs to certain remedies is mere assumption, and all Rademacher's system would be as vain and illusory as those of many that have preceded him if he confined himself to these assertions, for by his own shewing it is impossible to determine in many cases what is the primarily affected organ in many cases of disease, and this is only ascertained in many instances by observing its curability by a medicine which had formerly been found to be useful as a curative agent in affections of that organ; and in many of the instances adduced by the author, even this vague and problematical guide is wanting. Thus, a new and hitherto unobserved array of symptoms presents itself, for which the practitioner has to fix on some particular organ, and if some new remedy is found for it, this remedy is assumed to possess specific curative power over an organ, which is only presumed to be the seat of disease; for in many of the cases adduced by Rademacher, there is not the slightest proof that the organ fixed on by him as the seat of the primary affection, is even implicated.

As regards the universal remedies, Rademacher contends that the Paracelsian physicians had but three, and he is unable to add to the list. These three he professes to have discovered to be copper, iron, and nitrate of soda, and correspondingly there are, he alleges, but three primary affections of the whole organism; but he is unable to give us any distinct signs whereby we may recognize those *universal diseases,* and in many instances they are only to be discovered by a retrograde fashion of argument, to which our author is very partial, viz. by their curability by his *universal remedies.* We must not be too severe on this style of reasoning, for we are conscious that many homœopathists are not free from it as regards the psora theory, for they dub a medicine antipsoric because it can cure a psoric disease, and *vice versa,* they judge of the psoric origin of a malady from its curability by the so-called antipsorics.

Contrary to the maxim of Hahnemann and the experience of all homœo-

pathists, he denies the pathogenetic powers of real curative agents. Absolute poisons, such as Mercury and Arsenic, he rejects from his category of remedies, without however denying that they are capable of curing some diseases; but he says their action is altogether uncertain, and hence they ought not to be used. Of course he brings forward Paracelsus as his authority for this curious assertion. Among others he gives the following passage: "You know," says Paracelsus, addressing his contemporary brethren, "that quicksilver is nought but a poison, and daily experience proves that. And yet it is your habit to grease your patients with it much more thickly than a cobbler greases his leather. You fumigate with its cinnabar, you wash with its sublimate, and you will not allow it to be called poison though it is poison; and this poison you drive into people, assuring them it is wholesome and good, that it is corrected by white lead, as though it were not a poison." As a proof that his remedies are no poisons, Rademacher tested what we have always considered as one of the most poisonous of minerals, copper, on his own person. He first took fifteen grains of the black oxyde of copper every day for a week without experiencing the slightest effect. Then he took every day, for eight months, four grains of the oxyde, the only effect of which was occasionally a very transient attack of moderate diarrhœa and frequent fits of ravenous hunger.

Rejecting thus the pathogenetic powers of remedies, no other method remained for our author for ascertaining the curative relation of medicaments to the organs of the body but clinical experience, for he of course rejects all knowledge derivable from chemical composition, appearance, taste, smell, and the like. As a necessary consequence of this, he maintains that the physician may always be certain whether his patient has been cured by the remedies employed or no, for if this were not the case, the whole practice of medicine must be discarded as worthless. *Morbi sanantur per medicum, sine medico et contra medicum*, said a wise man, and our author undertakes to determine which of these three processes took place in every instance of cure. But even with all this presumed certainty of experience, so different from the opinion of Hippocrates on that point, for whom, by the way, our author has rather a contempt, it would evidently be a work of some time to discover the exact curative relation of a medicine to an organ. Accordingly, he says that a physician in extensive practice cannot ascertain the true use of a remedy for an organ frequently diseased in less than four years, and a much longer time will of course be required in the case of organs more rarely affected.

From the above account of Rademacher's doctrines and views our readers may probably imagine that there could be but few points of contact between his practice and that pursued by the disciples of Hahnemann, but however obscure, however absurd we might almost say, his theoretical views may seem, Rademacher's grand maxim of putting everything to the

test of experience, and the faithful mode in which he has carried out and recorded the results of this purely empirical method, render his work interesting and instructive for the homœopathic practitioner. Holding, as he does, the opinion that the grand aim of the physician should be to discover specifics for the different organs, his experiments are conducted with but a single remedy at a time, and though professing to assign a local habitation in some organ or other for every disease that presents itself to him, and affecting to despise the symptoms as a sure guide to a knowledge of the disease, the cases he records are evidently faithful portraits of the morbid states he observed, and are as useful to the homœopathist in giving him an insight into the curative powers of simple medicines, *ab usu in morbis*, as any collection of cases treated homœopathically. What renders them specially valuable is that, in many instances, he gives minute doses like our own, for which idea he was of course noways indebted to Hahnemann, (whom, by the way, he is far from treating with disrespect,) but to Van Helmont and his beloved Paracelsus.

Though Rademacher himself, following Paracelsus, denies the pathogenetic or poisonous power of curative agents, and trusts to clinical experience alone for discovering the relation of remedies to diseases, his disciples in the *Journal of Experimental Medicine*, so far from going that length with him, not only admit physiological experiment to be an important means of investigating the powers of medicaments, but while giving credit to Hahnemann for the energy and diligence with which he has pursued this subject, they have actually commenced to follow his example, and in the first numbers of the Journal present us with detailed provings of two of the so-called universal remedies—Iron and Nitrate of soda. An important feature in these physiological provings, and one of which those performed by homœopathists are entirely destitute, is that in the case of each prover minute analyses of the blood are given both before and after the proving. As regards Iron the following curious results were elicited. In all the experimenters (six in number) there were observed:

1. Increase of the watery parts of the blood and a corresponding diminution of its solid constituents.
2. Diminution of the solid constituents in the serum, with very slight variations in its earthy constituents.
3. Increase in the earthy parts of the coagulum.
4. Increase of the salts soluble in water in the blood-ash.
5. Darker colour of the blood.
6. Deeper colour of the blood-corpuscles.

In most were noticed:

7. Slight diminution of the fibrine in four cases, still slighter increase in one.
8. Increase of the colourless corpuscles in four cases, diminution in one.

Another remarkable fact elicited by these provings is, that whilst in one

case the proportion of Oxyde of iron in the ashes was unchanged, and in another slightly increased, *in three it was actually diminished.* From this circumstance our readers will draw their own inferences.

With regard to its effects on the general strength, we may quote the following striking observations of the author of the article:

"Iron," he observes, "is said to be a strengthening remedy, and in fact it is employed chiefly or exclusively in morbid states, in which weakness is a prominent feature. But let us glance at the result of our provings. A constant and invariable symptom was *general debility, the sensation of weakness, of heaviness and prostration of the limbs, of disinclination for corporeal or mental activity, fatigue, insuperable drowsiness—all signs of a diminution of the strength and feeling of strength. Verily it requires no excessive enthusiasm for the homœopathic doctrine, to see in these phenomena a striking proof of its truth.*"

Let us now glance at the points of contact betwixt the school of Rademacher and the followers of Hahnemann. Rademacher himself insists on the necessity of employing but a single remedy at a time, and in many cases advocates the employment of these in extremely minute doses, whilst he alleges the discovery of specifics to be the great aim of the physician. His followers besides this urge the necessity of pure or physiological experimentation, and in the passage just quoted virtually acknowledge the truth of the homœopathic principle; indeed, they elsewhere solicit the co-operation of those whom they are pleased to term "the party of progress among homœopathists."

Our limits forbid us extending this article further, but we hope on some subsequent occasion to be able to show that the knowledge of the specific virtues of medicines Rademacher has obtained by his painful *a posteriori* method of clinical observation corresponds closely to what we have learned by our *a priori* method of physiological experimentation, and serve greatly to confirm the truth of Hahnemann's doctrines. With respect to Rademacher's followers, who have boldly entered on the path of physiological proving, we may, without hesitation, claim them as fellow-workers in the same field with ourselves, and thankfully avail ourselves of the results of their labours.

A few words on Kinesipathy, or Swedish Medical Gymnastics; the application of active and passive movements to the cure of diseases, according to the method of P. H. Ling. By Augustus Georgii. London, Baillière, 1850.

Kinésithérapie, ou Traitement des Maladies par le mouvement selon la méthode de Ling. Par A. Georgii. Paris, G. Baillière, 1847.

The great influence that exercise has upon the state of health, though in part owing doubtless to the usual concomitants of mental excitement and

air, nevertheless chiefly depends on the changes produced in the circulation, innervation and nutrition, by the mere mechanical agency of movement. Gymnastic exercises are chiefly employed now-a-days as hygienic means, though among the ancients Herodicus employed them for the treatment of diseases both acute and chronic, and Plato mentions his own treatment by such means when in ill health. Hippocrates, Galen, Oribasius, Sanctorius, Stahl, Baglivi, Sydenham, Boerhaave, and many others have vaunted the efficacy of exercises, not merely as a hygienic but also as a therapeutic agent of no mean power in many chronic diseases, especially such as are accompanied by atony or congestion. Mercurialis has given ample details respecting the various gymnastic exercises employed by the ancients.

Notwithstanding the greatness of the authorities who have studied and written upon gymnastics and the virtues they ascribe to them in diseases, the modern physician thinks it not worth while to inquire particularly into the various kinds of movements the system is susceptible of, nor the peculiar fitness of this or that movement to a particular disease, but is content, when he does bestow on the subject a passing thought, to recommend to his patient in vague terms to take exercise, without fixing the particular kind of exercise, which his anatomical and physiological knowledge would, it might be thought, enable him to do, and the gymnasiarchs of the present day are the drill-sergeant and the teachers of fencing, calisthenics, and "the noble science of self-defence." But exercitation of the voluntary muscles is not the only mode in which the organism is capable of being subjected to movement, what is termed in this pamphlet passive movement, or movement communicated by an operator, is a powerful agency for promoting many of the functions of organic life. This department of gymnastics has been of late abandoned by the medical profession, with the exception of occasional prescriptions of frictions with the hand or brush, and has been usurped by the empirical shampooer, or ignorant yet successful bone-setter.

When we consider the important part motion plays in the functions of the organism—in the circulating system, from the throb of the heart to the imperceptible act by which our tissues are renovated in the microscopic capillaries—in the digestive system, from the visible motions of the alimentary canal to the delicate processes of the secreting and excreting glands—in the respiratory system, from the regular heaving of the chest to the act of oxygenation and decarbonization of the blood in the ultimate air-cells of the lungs—when we consider the important part motion plays in all these acts of the system, we shall not wonder at the vast importance attached to the employment of active and passive movements by the ancient physicians, who, possessing fewer drugs, necessarily put less faith in physic, and trusted for success more to their attentive observation of nature than the modern representatives of Hippocrates and Galen, whose store of

drugs is so ample that they delight to shew in their complex prescriptions the multiplicity of their resources for every disease. And yet it seems strange, that notwithstanding the vast strides modern physicians have made in anatomical and physiological knowledge, few have thought of bringing that knowledge to bear on the application of that undeniably powerful agent, motion, to the treatment of disease; but it would almost seem that the nearer they have approached to a correct knowledge of the organism in health, the farther have they receded from a correct treatment of that organism in disease, so that the modern physician is for the most part a credulous believer in the virtues of a farrago of drugs, or a "hard-headed sceptic" of their powers, and a laissez-aller disciple of the expectant school.

But while physicians in general were thus waging war on disease with drugs, or proving themselves the humble "ministri naturæ" by deferentially forbearing to thwart or oppose her in any way, whether her acts were for good or for ill, a poet and philosopher, a countryman of Linnæus and Tegner, was excogitating and putting to the test of experience a system of treating diseases, founded on principles of the most enlightened physiology and on an intimate knowledge of the structure of the human frame.

P. H. Ling was born in 1777. A familiarity with the ancient history of his country led him to believe that the superiority of the ancient Scandinavian heroes was in part owing to the vigorous exercises to which they were accustomed from early youth, and excited in him the desire to see gymnastic exercises once more occupy a prominent part in general education. A further study of the writings of the early Greek and Roman physicians inspired him with the idea of again applying the mechanical agency to the treatment of diseases, and by devoting himself assiduously to the study of physiology and anatomy he succeeded in creating a regular system of active and passive movements, which he applied with success to the treatment of various chronic diseases, among others to a pulmonary affection from which he himself suffered. His efforts were now directed to bring his system under the notice of the government of Sweden, and to induce it to found an institution where his plan for educational, hygienic and therapeutic gymnastics could be practised. In this he succeeded, after many discouragements, and the Central Gymnastic Institution of Stockholm has now existed for thirty-six years. This institution is a large building containing a number of spacious halls, some appropriated to gymnastic exercises and fencing, others to a dissecting room, an anatomical museum, a library, a lecture room, &c. Every year there are educated here fifteen or sixteen teachers of gymnastics to supply the colleges, the primary and secondary schools, and the regiments of the army. There are also received many patients of both sexes affected with divers chronic diseases, and the scholars in many of the schools of Stockholm receive

there instructions in gymnastic exercises. Lectures are delivered on descriptive anatomy; on anatomy in its relations to the motions of the body; on physiology; on the principles and theory of gymnastics; on the theory of fencing; on gymnastics with and without apparatus; on medical gymnastics; and fencing with the bayonet, small-sword, sabre, &c. is taught. The Institution is presided over by a director, a sub-director and three professors, with salaries from government. These are aided by eight or ten assistants. Those educated at the institution for teachers, are subjected to a public examination in the presence of two ministers of state and other dignitaries. The progress of the pupils is also ascertained by an annual examination. The average annual number of persons resorting to the institution is 500 to 600, of whom about 200 are subjected to the medical gymnastics.

The system of treatment of which Ling was the founder is but ill-expressed by the term Medical Gymnastics, and even Kinesitherapeia, or the therapeutics of motion, does not convey an exact idea of the processes pursued, for the means used besides active and passive movements include also postures of the body, of particular parts of it, ligatures, compression, and so on. The active movements are either voluntary or forced, the passive movements are all effected by the operator, and consist of friction, percussion, kneading, vibration, pinching, swaying, &c., and besides these there are pressure on various parts, positions calculated to cause congestion, &c. Probably Mechanical Medicine is the best name that could be given to the system.

Many of the operations and manipulations enjoined in this system are strikingly in conformity with the homœopathic principle. Thus for vertigo it is usual to use a whirling movement of the head upon the neck; for congestion to the head, pressure on the jugular veins; for hot palms and soles, frictions on these parts; for swelling of the extremities, ligature above the swollen part; for hæmoptysis, percussion on the chest, &c., all which operations produce the same symptoms they are employed to remove. This consonance of his method with the law discovered by Hahnemann has not escaped the notice of Mr. Georgii, who acknowledges in both his pamphlets the truth of the homœopathic principle in medicine.

Although this treatment is probably new to most of our readers, it has been practised to a certain extent in London for some years, and we have known several cases where it was succesfully employed, even after homœopathy had failed to effect a cure. In Russia an institution similar to that in Stockholm, for the medical gymnastics only, has been in existence some years, and the system was very favourably reported of by a committee appointed to enquire into it by the College of Physicians of St. Petersburgh. It has been recently much noticed by some of the medical journals of Germany; the works of Ling have been translated, and several medical men have devoted themselves to the study and practice of Ling's system.

We have before us several Nos. of Casper's Wochenschrift, containing ample details on the subject by Dr. Neumann of Graudenz, in which he speaks in high terms of its efficacy. Before the last Revolution broke out, the attention of the French Government had been directed to the subject, and enquiries had been instituted by it of the Swedish Government for the purpose of introducing Ling's system into France; the catastrophe of February however put a stop to this project.

Mr. Georgii's pamphlet contains a brief and modest account of the rise and progress of Ling's system. He presents us with a tabular view of the diseases treated by that method at the Central Institution of Stockholm, from July 1848 to July 1849. He then details some interesting cases of chronic diseases, such as dyspepsia, palpitation of the heart, chronic bronchitis, spinal curvature, chlorosis, consumption, congestion to the head, &c., cured in various periods of time by this treatment, and in an Appendix he gives a number of quotations from ancient and modern writers in proof of the efficacy of mechanical means in the treatment of many diseases. A recent instance of a somewhat rude, but successful employment of *Kinesipathy*, we cannot forbear quoting from the *Lancet* of the 30th of June, "A drunkard, finding his wife dying of cholera, had the cruelty, whilst in a state of inebriety, to beat her violently. This rough usage, far from destroying her, as might be expected, roused her, brought on a powerful reaction and she recovered."

Our space forbids us entering further in detail on this method of treating diseases, but we may, in conclusion, observe that independently of the great array of authorities Mr. Georgii has adduced in support of its efficacy, the employment of the mechanical agent in conformity with physiological principles and a perfect acquaintance with human anatomy, appears to us, from the knowledge we already possess respecting the influence of passive and active movements, position, &c. in health and in disease, to promise rational hopes of great therapeutic utility, and backed as it is by an extensive experience and demonstration of its power over many forms of disease during a trial on a large scale in Sweden for thirty-six years, we are persuaded it will yet prove a powerful auxiliary to treatment, and would therefore recommend it to the serious attention of our medical brethren.

Die Heilmethode des Naturarztes Johann Schroth, und ihre ausgezeichneten Erfolge, von einem praktischen Arzte. Frankfurt a. M.

Two novelties in the practice of medicine have been discoursed upon in this number, so we may as well add another to the list to complete the mystic trio, for saith the German saw, "Alle gute Dinge sind drei."

Most of our readers have probably heard of the "thirst cure," but few, we venture to say, have any accurate conception of its character, and perhaps most have deemed it a pure fiction, a mere invention of the

enemy of water and the water-cure. But so far from being a thing of nought it is a fact—we will not apply to it the epithet of a great fact, but it is as thorough a mode of treating diseases as any that exists, boasting its officiating high priest, its temple and its devotees, who, if not so numerous as the worshippers of the water divinity, are as zealous and as confident of the truth of their faith. We purpose giving a brief account of this new shrine of Hygea to which some of our own countrymen have already made pilgrimages, not without profit, as they allege.

In Austrian Silesia, an easy hour's journey from Gräfenberg, where Priessnitz reigns despotic, lies the village of Lindewiese, pleasantly situated in a smiling valley surrounded by hills clad to their summits with ever-green pines, and traversed by a pellucid mountain stream. Here dwells the inventor of the thirst cure, Johann Schroth—or John Groat, as he may be rendered in English,—of the ancient order of peasants, like his rival Priessnitz, and like him a nominal graduate at the university of Nature. How he fell upon the idea of curing people by thirst it is needless to enquire, nor is it necessary to trace with his biographer the progressive developments of his system from his first experiment, which, like Priessnitz's, was on a horse, to the perfected state in which he now practises it.

The treatment for chronic cases, where the system is carried out to its full extent, we shall now describe. It consists of three stages.—1. The preliminary treatment. 2. The strict treatment. 3. The after treatment.

The preliminary treatment consists in the daily employment of a process very similar to the "packing" adopted by the water doctors, only kept up for a much longer time, viz. from five to eight hours, and not followed by bathing; the patient is merely rubbed dry with a towel. The patient is allowed to drink but once a day from a half to a whole pint of light wine, two hours after dinner. His food consists of dry bread and a cup of corn coffee for breakfast, a piece of boiled beef with vegetables for dinner, and dry bread again for supper. This treatment lasts for from three to five weeks, according to circumstances.

The main treatment, for which the previous treatment was merely preparatory, now commences. The packing is continued as before, commencing every morning about one or two o'clock. No food except dry bread is allowed, and not a drop of drink, save every two to five days the patient is permitted to slake his burning thirst with one or two pints of light wine, drunk very gradually. The effects of this extraordinary treatment are described to be as follows:—1. The most *excessive thirst*, which is somewhat mitigated when the patient is enveloped in the wet sheets. As the treatment advances the thirst becomes much less, and the denial of fluids less felt. 2. The *appetite* at first is completely lost, so that two or three rolls are quite sufficient for the whole day, and even these are swallowed with difficulty on account of the dryness of the mouth, but in course of time the appetite returns and the dry bread is

eat with relish. 3. The *tongue* is first dry, furred white, then yellow brownish, covered with thick mucus and often quite black. At length it begins to clean, and when the cure is complete it becomes moist and uniformly red. 4. The *taste* is first insipid, then glutinous, sour, bitter and metallic in those who have used much mercury; it afterwards becomes natural, agreeable, the breath grows sweet, the teeth white, and the gums rosy red. 5. The *body* emaciates, the muscles grow soft and flabby, the fat all disappears. 6. There is much *febrile excitation*, great weakness and prostration, the patient is at first melancholy, dejected, irritable, and complains of pains and weight in the loins and legs; hence he is soon tired, and prefers the reclining posture. These symptoms decrease as the cure proceeds. 7. The *abdomen* falls in and a disagreeable contraction in the stomach is perceived. 8. The *expectoration* is usually excessively copious, at first of thick, viscid, transparent mucus; it afterwards becomes grey, yellowish green, purulent, fetid; sometimes large masses of mucus are vomited. This expectoration diminishes in the progress of the treatment. 9. The *urine* is at first very scanty, afterwards it amounts to from one to two pints a day, though the patient has not taken a drop of liquid by the mouth; it is excessively red and occasions scalding; there is at first a cloudiness and a sediment, either mucous, sandy or earthy, of various colour and quantity. As the cure advances the urine becomes clearer, until at last it is quite clear and of a straw colour. 10. The *bowels* become constipated; there may be no motion for several days or even weeks, and when a motion is passed it is hard, like sheep's dung, and often covered with thick mucus or streaks of blood. No inconvenience is experienced from this prolonged constipation. There occasionally occurs diarrhœa, when a large quantity of fetid mucus is discharged; this is usually regarded as a favourable symptom—a crisis. 11. *Perspiration* only occurs at the commencement of the treatment, and is then usually of a fetid odour and variously coloured; afterwards nothing more than a slight transpiration is observable, even after eight hours of the "packing" process; in fact the skin seems rather to absorb than exhale moisture. This chief treatment is continued as long as the patient's strength will admit of it, or until the clean tongue, sweet breath, healthy gums, and clear light yellow urine of the patient indicate that the cure is effected, which may occur in from six or eight weeks to as many months. The after-treatment is very similar to the preliminary treatment, and consists in gradually relaxing the severity of the grand ordeal and preparing the patient by degrees to resume his ordinary habits. After this after-cure has been continued a fortnight or thereabouts, what is called a test-treatment (probekur) is instituted, which consists in putting the patient for five or six days on the dry-bread-within-and-cold-water-without system, and if the tongue remains without fur and the urine continues clear, the patient is pronounced cured and receives his manumission.

From this short account of this most extraordinary of all the recent methods of treatment our readers will be able to form some idea of the nature of the so-called thirst cure. This treatment has its zealous advocates, and can shew an imposing array of successfully treated cases. When we reflect on the painful torture to which the patient is exposed during the whole course of this treatment, the debilitating effects and emaciation it produces, we are at a loss which most to admire, the conservative power of the human frame which is able to bear up against its severity, and even to recover in some cases the lost health (for we cannot believe that all who bear testimony to its efficacy are deceived as to its results), or the patience, courage, and perseverance of those who voluntarily submit themselves to it; for to most of us, death itself would almost seem preferable to these months of debility, emaciation, burning fever, parched, blackened tongue, intense thirst, with

"Water all around,
But not a drop to drink."

And yet Herr Schroth has an establishment of no mean dimensions, and visitors from far and near resort to him for aid and undergo his terrible ordeal, buoyed up by hopes of renovated health through all the horrors of the system—in comparison with which the water-cure is a luxury—but what will not the unfortunate sufferer endure for the chance of recovering his lost health? A modification of the treatment is adopted for acute diseases, consisting chiefly in the "packing" process, for these patients are not entirely deprived of water; but on this we need not dwell, as the treatment for chronic diseases best illustrates the peculiarities of this most peculiar system.

We may mention that the "thirst cure" is not altogether unknown in this country, for we understand that Dr. C. J. B. Williams' favourite remedy for a cold is total abstinence from all liquids, which he alleges seldom fails to cure the troublesome complaint in three days at most, and we know some persons who speak highly of the efficacy of this plan, from experience.

Austrian Journal of Homœopathy. Vol. IV, Part 3.

We are glad to be able to announce that the publication of this excellent homœopathic periodical has been resumed after having been suspended for a time owing to the political troubles of the country. This present number maintains the high reputation which was acquired by the former volumes. It contains a memoir of Griesselich, an article on Paracelsus, shewing much literary talent and research, respecting the question whether the law of similarity was contained in the writings of Paracelsus, a question which seems to excite a much greater amount of interest among our German brethren than we can well understand, as, after all, no one doubts that Hahnemann was practically to all intents the discoverer and founder of homœopathy. Next a careful and extensive proving of Cochi-

neal* by Dr. Wachtel in the same style as the other admirable provings performed by the Vienna Society. A schema of the symptoms and an analysis of the pathogenetic effects, exhibiting the diseases to which the remedy is most suitable, are added. This medicine is expected to prove specific in some forms of whooping cough, particularly in the spasmodic stage; also in the cough of measles and in dysuria and nephralgia. The Cochineal is a medicine of weak intensity of action, and should therefore, according to Dr. Neidhard, be given in the dose of several drops of the pure tincture. We have used it already with good effect in some cases of whooping cough.

This number of the Austrian Journal concludes with a sort of résumé of the past labours of the contributors, by the editor, Dr. Watzke, who intimates that he now retires, and leaves the Journal in the hands of the "Society of the Homœopathic Practitioners of Austria for Physiological Proving of Medicines." Dr. Watzke expresses his disappointment at the small amount of the results and the proportionately small number of the practising homœopathic medical men who have taken an active part either as writers or provers of medicines. In this estimate of his countrymen we cannot agree with them, at least we think they have greatly surpassed us in the merit of working for the science of homœopathy. For notwithstanding our now considerable numbers it may be said that with the exception of one new medicine, and that proved by a few more immediately connected with this Journal, the homœopathic practitioners of England have done *nothing* towards the perfecting of our Materia Medica. We may conclude this notice by extracting the parting address of Dr. Watzke to his fellow labourers in the work of experimentation.—

"I feel myself impelled to express openly my sincere admiration and my warmest thanks to you, my dear friends, who have undertaken the task not only difficult but dangerous, of the proving of medicines, with such devotion and self-sacrifice and such courageous and unwearied zeal. However great were the hopes we entertained from you though with limited means and power, you have far surpassed them. Worthy disciples of your master, you have honestly contributed your portion to the great work of the Reformation of the Art of Healing. What though the present generation of medical men have but scorn and jest for you; what though it repulses the fruit of your labours with disdain; do not be led astray in the due appreciation of yourselves and your achievements! These overwise philosophers of mixtures, who transgress the rules of common sense in every prescription, and of whom we have proved in vain for half a century that they take the thorns—our defects and weak points,

* We may here correct the erroneous statement that has been repeated in almost all our works on Materia Medica, to the effect that the *coccinella septempunctata* is the cochineal, whereas it is the common lady-bird, the technical name for cochineal being *coccus cacti*.

for the rose—the reality of the specific art of healing;—they behave with such a fear for the fables of their old Materia Medica poets that they have no eye for the simple results of a Hahnemannic proving: and you do them far too much honour in imagining that the penitential exhortations of the worthy Jörg could have any influence on such indurated brains, and that they really had begun to have one idea that they have as yet no Materia Medica, and that the sole and only way to attain to one is by the method followed by Hahnemann and his disciples.

"Be comforted; the time will yet come when the sacrifices you have made will be understood and valued, when Homœopathy and Allopathy will no longer have any signification, and when the physician will look back on the dangerous folly of polypharmacy with the same feeling of pity as enlightened lawyers now look back on the rack and inquisitions of the dark ages. Then will your names be mentioned with esteem in the lecture halls of the university, and the teacher of materia medica will refer the students to your experiments as the indispensable sources of physiological knowledge of medicine, without which practical medicine remains still as blind as it was before the discovery of the physical diagnosis of diseases. Therefore weary not, my friends; do not stop halfway; allow nothing to discourage your scientific activity in the prosecution of the work you have undertaken and already carried on through a succession of years with such satisfactory—nay, I may even say brilliant results—and thus you may discharge a part of the sacred debt to humanity which Hahnemann bequeathed to his medical posterity."

Homoöpathische Vierteljahrschrift; Central-organ für die gesammte Homöopathie mit besonderer Berücksichtigung aller Medicinischen Hülfswissens chaften. Herausgegeben von Dr. Clotar Müller und Dr. Veit Meyer. Leipzig. T. D. Weigel, 1850.

Homœopathic Quarterly Journal; Central Organ of Homœopathy and Review of all the Sciences auxiliary to Medicine.

The first number of a journal bearing the above title has appeared at Leipzig in the beginning of this year. This journal will, in all probability, replace the Hygea, the publication of which excellent journal has lately been brought to an untimely close by the lamented death of the editor, Dr. Griesselich. The journal opens with an introduction written in a liberal and scientific spirit, which augurs well for the future conduct of the editorship; but a better guarantee for that we have in the character of the editor, whose name stands first, viz. Dr. C. Müller. Though young, he has already distinguished himself as one of the real labourers in the vineyard of homœopathy, not one who is content to live by the labour of others, as too many are, we are sorry to say, content to do; in other words, he has contributed with zeal and industry to the scientific advancement of homœopathy by the proving of medicines (Nux juglans, &c.)

by compiling the chief and most laborious part of Noack and Trinks' excellent Handbook and Repertory, and other scientific contributions to the literature of homœopathy. We have known him as a talented and distinguished student at the general medical school of medicine in Leipzig, and with the teaching of his illustrious father, whose biography we give shortly in another part of this number, and his labours in proving medicines, we look with confidence to this new journal continuing well the part in Northern Germany that the Austrian does in the Southern. The first number contains:—1st. The Introduction. 2nd. A monograph on Pneumonia, by C. Müller, which is very valuable and already in the hands of most English practitioners through its translation in the *Homœopathic Times.* 3rd. A paper on the Correspondence of the Rationale of Homœopathy with Scientific Medicine, a well-reasoned and well thought out essay by Dr. Meyer. 4th. A natural historical view of Diseases, by Dr. Goullon. 5th. The Cholera Epidemic at Halle, by Dr. Reil. The number of cases treated homœopathically was 107, and of these 36 died. 6th. A short and useful practical treatise by Schrön, on Chronic Bronchitis. In this, in addition to the ordinary homœopathic remedies for this somewhat intractable disease, Dr. Schrön recommends the Carragheen Moss as a powerful auxiliary in the treatment when the inflammatory irritation of the bronchia is pretty well over, and there is still a copious secretion from the mucous membrane of the bronchial tubes, with cough and weakness of the chest. He recommends a tea-spoonful of the moss to be given in decoction two or three times a day. The number concludes with a critical memoir of Dr. Griesselich, and his influence on the progress of homœopathy. We intend to notice this at more length on a future occasion.

OBITUARY.

Dr. M. MÜLLER, by Dr. Hartmann.

Dr. Moritz Wilhelm Müller was born the 1st of August, 1784, at Olebitz, near Wittenberg, where is father, Wilhelm Müller, was a clergyman; he received the rudiments of education at home, and was sent at the age of eleven to the Gymnasium at Torgau, where he remained until he was seventeen, when he entered the University of Wittenberg; he there became acquainted with Schweikert, sen., who afterwards became a Homœopathist through his means. From this University Müller removed to Leipzig, in his 21st year, where he had been scarcely six months when he, without any favour, was appointed First Clinical Lecturer and Under Surgeon in Jacob's Hospital; and three years later, owing to the death of Rheinhold, he undertook in the interim the entire charge of the Hospital and Clinical instruction: as a mark of their satisfaction for this the magistrates appointed him to an official medical situation in the town. After Müller had undergone his examination for Master of Arts, he took the

degree of Doctor of Philosophy, on the 23rd December, 1809, and that of Doctor of Medicine in 1810, for which he had written a thesis *de febre inflammatoria*. A large practice had fallen to him through the death of Rheinhold, and owing to his talents and agreeable manners he became in great repute. In the meantime the year 1813, so eventful for Saxony, drew near, and the army flying from Russia spread the camp typhus over the whole of Europe, so that dwellings, churches and schools were converted into hospitals, which private physicians of eminence were obliged to superintend, and the students to act as assistants. Müller had the charge of one of these hospitals situate a short way from the town. When peace was again restored, in the year 1814, Müller married Rosetta Menz, with whom he lived happily until his death; two of his children are alive, a son and a daughter, the former is the well known Dr. Clotar Müller.

Müller was a deep thinker, and his mental powers took fast hold of a subject when he appeared little occupied by it. At the first glance one could tell by his intellectual expressive countenance that he was no ordinary man, his critical acumen corrected his enthusiasm and preserved him from errors of judgment; he always laid the measure of experience to every dogma before he agreed to it, so that he was one of the best critics of the doctrine of Hahnemann, without nourishing, like the later Hygeists, enmity against the founder; nothing in science was strange to him; thus, not satisfied, like too many of his fellows, with the laurels already acquired, he pressed ever onward to enlarge his knowledge for the benefit of his suffering fellow-creatures, and he allowed nothing to escape which could serve to this end. How could it then be possible with this zeal and activity that homœopathy should escape his inquiry?

He had an immense practice, not a commonly large one, but he was frequently overpowered with work; he, nevertheless, found time to examine every new system and to prove its truth and worth; and so it was also with homœopathy, which now began to make a noise in Leipzig, and patients came from a distance to consult Hahnemann, who had been brought into notice by Prince Schwartzenberg.

I remember well one day in the year 1819, Müller sent his secretary to me with the request that I would lend him my *Organon* to look through; I gave it to him, shaking my head, with the remark, that a star of such magnitude in the allopathic firmament would scarcely come to have a right apprehension of homœopathy. Nevertheless, as often happens in this life, I deceived myself; the power of truth soon became manifest in Müller's clear and unprejudiced mind, and he became a complete convert; the more he studied homœopathy the more earnest he became in the cause, and regardless of the opinion of his former friends and colleagues, regardless of the temporary pecuniary loss he sustained, as a certain proportion of his patients left him, he connected himself intimately with the few who were then of the same way of thinking, and gave others,

both by word and deed, abundant opportunities of following his example, as is shewn by his essays published in the *Leipzig Tageblatt*, in the year 1821, with the motto, "Prove all things, hold fast that which is good;" in which he earnestly recommended Hahnemann's treatment against a most malignant epidemic of scarlet fever, which was at that time raging in Leipzig. Several medical men of the same way of thinking founded a society, under the auspices of which the first Homœopathic Journal *Archiv der Hom. Heilkunst* appeared; the first numbers of which contain elaborate articles of Müller's, who long took an active part in conducting it. Müller's acuteness and versatility of intellect, his experience and zeal for the good cause, had now ample opportunities for displaying themselves; for few of us understood as well as Müller how to defend homœopathy from the numerous attacks of the government, medical and municipal authorities.

Many homœopathists who were prosecuted were successfully defended by his able writings, which were, however, at times so pointed as to draw on him a prosecution for libel, by which means the authorities thought to paralyse him.

They had, however, mistaken their man; he was not so easily beaten from the field; so soon as he became convinced of the justice of a cause, he no longer recognized any authority against it, and the highest medical officials had nothing imposing for him, especially when they laid themselves open by shallow reasoning and false statements, as is shewn in the two following pamphlets by him, *Cholera-Homöopathie und Medicinalbehörde in Berührung*, (*Cholera, Homœopathy and Medical Boards*) Leipzig, 1831; and *Zur Geschichte der Homöopathie*, Leipzig, 1831, (*Contributions to the History of Homœopathy.*)

In the year 1828, he was ordered to treat a member of the royal family without consultation with the Court Physician.

Müller was very active in preparing for the jubilee of Hahnemann in 1829. He was one of the first who took an active part in the formation and regulation of the central society, which was at that time most influential in the opening of the Leipzig Homœopathic Hospital.

Those who know the unavoidable vexations which attend the opening of any hospital, especially a homœopathic one, which was connected with the whole of Europe as well as Leipzig, only can form an idea of the trouble and correspondence with ministers, as well as medical and municipal officers, with which Müller was burdened. Finally, however, he brought all to a successful termination, for in the end of September, 1831, (five weeks after it was first determined on by the committee to open a homœopathic hospital) he received a most flattering letter from Hahnemann, who had been regularly informed from time to time of the progress of the undertaking, by which he felt himself rewarded for all his trouble and cares, and from that time thought no sacrifice too great to bring a work soon into operation which owed its existence almost entirely to him.

After all his unselfish and honest endeavours, it must not only have estranged him but wounded his feelings in the deepest manner, when Hahnemann, one month after the flattering letter which he wrote him in September, inserted in the *Leipzig Tageblatt*, a highly injurious article against several of the most esteemed physicians of this town, for the purpose of warning the public against their homœopathic treatment—a calumny which could only be caused by treachery and miserable backbiting. However much from this time Müller's energy was blunted, his courage damped, and his sympathy in all things connected with homœopathy lessened, he still undertook the charge of the hospital for the first half year and delivered lectures on homœopathy, which were partly published in the *Allg. Hom. Zeitung.*

In the year 1834, through his efforts the Free Homœopathic Society commenced, in which he took an active part until his death. Notwithstanding all he had suffered through the founder of homœopathy, and yet more through false friends, he did not become bitter, but maintained such a noble bearing towards these as to increase the esteem of all his true friends, and these were the majority of the real and scientific homœopathists.

He had now an exceedingly large and wide spreading practice, mostly in the higher ranks, where he met with the most entire confidence; this, and the happy results proceeding from a purely homœopathic treatment, caused him almost to forget his former injuries.

Müller was an honourable man, a true friend, one whose warm sympathy could always be reckoned on under all circumstances, as I can myself most gratefully testify from my own experience of a friendship of twenty years' standing; he bore no malice to his enemies, and often protected those who had done him an injury against others. He had a presentiment that he would die of cholera; upon its approach he assured us that if attacked by that disease he would not survive it; he was, therefore, exceedingly scrupulous with regard to food, and carefully avoided errors of diet. On the 22nd of September he visited me early in good spirits; the next day I heard that he had been seized with diarrhœa, but that he was cheerful, and merely keeping his bed by way of a precaution; on the 24th instant, at half-past 5 A.M. vomiting began, accompanied by icy coldness and a pulseless state, yet he complained but little of pain, already in the afternoon all hope of his recovery was over, and at 6 o'clock P.M. he sunk to rest. Many of his friends are left who will hold his memory dear.

Dr. WIDNMANN.

Franz Seraph Amand Widnmann was born at Marktoffnigen on the 19th March, 1765. After completing his school education in Augsburg, he went to study theology in Dillingen, but, changing his mind, he re-

moved to Ingolstadt, where he devoted himself to medicine, and graduated at Würzburg, in 1792. He supported himself whilst a student by teaching. After completing his medical education he settled as a physician in Wallerstein, and in 1798 was appointed court-physician of Eichstadt, and married the widow of his predecessor. He was subsequently appointed body-physician of the prince-bishop, and then medical counsellor. In 1817 Eichstadt was given to the Duke of Leuchtenberg, whereupon Widnmann was appointed body-physician to the Duke, who, however, died in 1824. Thereafter the subject of this notice settled in Munich, where he practised uninterruptedly until a few weeks before his death which happened on the 28th January, 1848, occasioned by pneumonia senilis. He was much attached to the fine arts, painting, music, and statuary. His attention was called to homœopathy when physician to the Duke of Leuchtenberg, by observing a scarlet rash appear on his son after a large dose of Belladonna. From this time forward he practised it exclusively and with the greatest zeal and success. On the 31st March, 1842, he celebrated the jubilee of his doctorship, when he received the honorary degree of a jubilee-doctor. His writings are distributed throughout Hufeland's Journal, the Hygea, &c.

HOMŒOPATHIC INTELLIGENCE.

Cholera at Torquay.

Cases of Cholera homœopathically treated at Torquay, during the prevalence of the epidemic in the months of September and October, 1849, by Dr. Mackintosh.

Cases treated.	Recoveries.	Deaths.
42	38	4

Treated in the first stage	23
" second ditto	12
" stage of collapse (third stage)	6
Dying when called in	1
	42

Three died collapsed, three recovered. The different stages are admirably described in Dr. Black's pamphlet on cholera. The symptoms there mentioned are those which with very slight variations presented themselves in the cases treated.

In the first stage the action of Camphor was most effective, not one of the cases treated in this stage went on to the second.

In the second stage the best remedies were Veratrum, Arsenicum, and Cuprum; and in the stage of collapse Arsenicum was the only remedy which could be relied on.

More than 200 cases of cholerine were treated, which yielded without difficulty to the usual remedies.

Homœopathy in Austria.

The Austrian Government has just established an institution for teaching homœopathy. The direction has been entrusted to Dr. Wurm, who possesses a high homœopathic reputation among the Viennese. This is, as far as we know, the first occasion on which this sect, which in the eyes of laymen covers charlatans by its attractions of the *ecclesia pressa* and martyrdom, will descend into the scientific arena to prove or not its right to existence. Nowhere would the *therepeia minima* have a greater chance than at Vienna, where, as regards medicine, all is taught in perfection, except the art of healing. There is not any school in Germany which has better Professors for the use of the stethoscope, and for anatomico-pathological researches, and which at the same time neglects more disdainfully the Hippocratic traditions, than that of Vienna. Here is, by way of example, a passage from a book recently published by one of these *esprits forts*, M. Dietl, who is known by his anatomico-pathological researches on the diseases of the brain, and who, in his last work, endeavours to prove that in pneumonia, bleeding is superfluous, if not injurious.

"Coming from the school of Raimann," says the author in his preface, "I belonged to those rigorous antiphlogistians, who believed they were most successful in the treatment of pneumonia. In 1831, I dared treat some severe cases of pneumonia homœopathically. But not having yet the courage to wait for the natural progress of the disease, I did not abstain from the use of the lancet, when with the increasing dyspnœa and anxiety of the patient, I became anxious myself. Then, as in the majority of cases, bleeding caused a marked relief. I returned, cured of my heresy, to the old flag of antiphlogosis."

"From these facts the treatment by tartar-emetic gained numerous followers, and it was this which first strongly shook the faith in the absolute necessity for venesection. * * * * Seeing, according to my experience, that even those recovered in whom tartar-emetic did not induce vomiting, and having no reason to seek for the efficacy of this remedy other than in its emetic power, I determined to reject both bleeding and tartar-emetic, restricting the therapeutics of pneumonia to an expectant and dietetic treatment. For, as regards the nitrate of potash, neutral salts, and tartar-emetic in small doses, I had long since ascertained that they had no influence on the progress of pneumonia. I have followed this practice for three years without exception. During that time I have not drawn one drop of blood from a pneumonic patient, nor administered other medicines than the decoction of sago, infusion of liquorice, an oily mixture, or an acidulated draught, unless there were complications compelling me to make an exception."—*Medical Times*, 23rd February, 1850.

***Report of the Homœopathic Hospital of the Sisters of Charity at Gumpendorf, Vienna, from 1st January to 31st December,* 1848.**
DR. FLEISHMANN, *Physician.*

DISEASES	Remaining	Admitted	Cured	Uncured	Died	Remaining
Brain, ramollissement of		1			1	
Burns		5	4			1
Chlorosis		10	9			1
Cholera		7	6		1	
Contusion		1	1			
Cough, chronic	4	25	26		2	1
Catarrh		6	6			
Colic		5	5			
Convulsions	2	2	4			
Cramp in the stomach	1	4	5			
Diarrhœa		22	22			
Dysentery		5	5			
Dropsy, general		5	4		1	
„ of the ventricles of the brain		2	1		1	
„ „ lungs		7			7	
„ „ ovaries		1	1			
Eruptions, small pox		14	13			1
„ herpes		2	1			1
„ miliary		1	1			
„ scald head		1	1			
„ measles	1	18	18			1
„ psoric		2	2			
„ erysipelas	1	20	19			2
„ scarlatina		4	4			
„ varicella		15	15			
„ eczema		1	1			
Effusion into the pleuræ		2	1		1	
„ „ ventricles of the brain		1			1	
Fever, gastric		70	68		1	1
„ catarrhal		38	38			
„ typhus abd. (nerven-)	13	139	124		23	5
„ typhoid (nervöses-)	3	67	69			1
„ rheumatic	3	75	78			
„ intermittent	1	68	69			
Fungus hæmatodes of liver		2			2	
Gastric disorder		18	18			
Gout, acute	2	4	6			
„ of the hip		1	1			
„ „ head		2	2			
„ chronic		1	1			
Hæmorrhage		2	1		1	
Hæmoptysis		11	9			2
Hæmorrhoidal disorders		1	1			
Heart, organic disease of	1	3		2	2	
Headache, rheumatic		11	11			
Inflammation of eyes		4	4			
„ „ scrofulous	1		1			
Carried forward..	33	706	676	2	44	17

DISEASES	Remaining	Admitted	Cured	Uncured	Died	Remaining
Brought forward..	33	706	676	2	44	17
Inflammation of mesenteric glands....		1	1			
" peritonitis	1	10	11			
" mammæ		1	1			
" bowels, enteritis		1	1			
" brain		1			1	
" meninges of brain....		2	2			
" joints, rheumatic	4	55	50		4	5
" throat		49	48			1
" cervical glands.....		9	9			
" pericardium		2	2			
" of the valves of the heart		1	1			
" " testicles		1	1			
" " liver.....		1	1			
" " trachea		3	2			1
" " lungs	2	46	42		1	5
" " ears		2	2			
" " pleura	1	4	5			
" " cellular tissue....		3	3			
Jaundice	1	3	4			
Mesenteric glands, induration of.....		1		1		
Menstruation, anomalous		2	1			1
Necrosis		2		2		
Old age	1	8		7	2	
Palsy	1		1			
Phthisis laryngea		2		2		
" pulmonalis	5	21		9	17	
Rheumatism	1	48	49			
Stomach, induration of	1	2		2		1
Scorbutus		1	1			
Scrofula		2	1		1	
Tumefaction of the cheek.....	1	6	6			1
" " feet.....	1	1	2			
" lymphatic		1				1
" of the gums.....		1	1			
Tuberculosis	1	24		14	7	4
Ulcers of the legs		8	7			1
" " gums		1	1			
Vomiting, gastric		1	1			
Vertigo		1	1			
Wounds	1	75	55		11	10
" on the feet	1	20	20			1
" " hands		2	2	1		
Total..	56	1131	1010	40	88	49

Report of the Homœopathic Hospital of the Sisters of Charity at Linz, from 1st January to 31st December, 1848. Dr. Reiss, *Physician.*

DISEASES	Remaining	Admitted	Cured or Relieved	Uncured	Died	Remaining
Abscess	1	5	6			
Apoplexy		4	4			
Burns		5	5			
Chlorosis	2	11	12			1
Congestions		2	1			1
Contusions		11	11			
Convulsions		1				1
Concussion, general		1				1
" of the brain		1			1	
Catarrh of the bowels		1	1			
" " lungs, acute	1	26	25			2
" " " chronic	1	1	1	1		
" " stomach		2	2			
Cancer of the stomach		2			2	
Colic	2	22	22	1	1	
" lead		1	1			
" gouty		1	1			
" nervous		2	2			
Diarrhœa		3	3			
Dysentery		2	1		1	
Eruptions, bullæ		2	2			
" small pox		15	14		1	
" herpes	1	1	2			
" anthrax		2	2			
" scald head		3	3			
" measles		24	23		1	
" miliary		1	1			
" urticaria		1	1			
" erysipelas		12	12			
" " of the feet		2	2			
" " " face		8	8			
" scarlatina	1	26	26			1
" varicella		3	3			
Eclampsia	1	7	8			
Epilepsy		1		1		
Eneuresis	1		1			
Frost bite	1	3	4			
Fever, catarrhal		1				1
" putrid		1			1	
" gastric	1	16	17			
" rheumatic		31	31			
" intermittent	6	111	106	4	2	5
" hectic		3	1		1	1
Gastric disorder		36	36			
Hæmoptysis		3	3			
Heart, organic disease of the valves of	1	20	17	2	1	1
Hypertrophy of the liver	2	3	3		2	
Carried forward	23	442	428	9	14	15

DISEASES	Remaining	Admitted	Cured or Relieved	Uncured	Died	Remaining
Brought forward..	23	442	428	9	14	15
Hypertrophy of the liver and spleen ..		2	2			
Headache, rheumatic		12	10			2
Hydrops		10	6	1	2	1
" general.....		7		1	4	2
" ascites	1	2		2	1	
" hydrothorax		1			1	
" of ventricles of brain		1			1	
Inflammation, eyes		8	7	1		
" " catarrhal		2	2			
" " rheumatic		1	1			
" " scrofulous		2	2			
" of the peritonæum		3	3			
" " pleura	1	1	2			
" " intestines		2	1		1	
" " uterus		3	3			
" " brain		3	3			
" " joints—rheumatic..		1	1			
" " throat.....	1	25	26			
" " glands of the throat	1		1			
" " valves of heart....		1	1			
" " testicles.....	1	1	2			
" " knee joint.....	1		1			
" " bones		2	2			
" " inguinal glands ..		1	1			
" " windpipe		3	3			
" " lungs.....		18	15		1	2
" " " & pericardium	1		1			
" " ears		1	1			
" " parotids.....		1	1			
" " spinal marrow	1	2	3			
" " submaxillary glands		1	1			
" " veins		1	1			
Jaundice	1	2	3			
Inflammatory swelling of cheek.....		3	3			
Necrosis	2	3	3	2		
Old age		9	4		4	1
Pertussis		2	1			1
Palsy		2		2		
" general		3		1	2	
" of the spinal marrow.....	1		1			
Rheumatism	5	79	83	1		
Stomach, cramp of.....		11	9			2
Scorbutus		1			1	
Scrofula	2	8	7		2	1
Tuberculosis of the lungs	1	33	24	2	5	3
Typhus	4	41	37		3	5
Tetanus		1			1	
Toothache, rheumatic		1	1			
Uterine hæmorrhage.....	1	3	4			
Ulcers	5	22	21	2	1	3
" of the bowels		1	1			
" of the nails (panaritium)		1	1			
Wounds		2	2			
Total..	52	786	732	24	44	38

Report of the Homœopathic Hospital of the Sisters of Charity at Kremsier, from 1st January to 31st December, 1848. DR. SCHWEITZER, *Physician.*

DISEASES	Remaining	Admitted	Cured	Uncured	Died	Remaining
Abscess		7	7			
Atrophy		1			1	
Burn		1	1			
Chlorosis		1	1			
Contusions		3	3			
Cough, chronic	1		1			
Catarrh		5	5			
Cramp in the stomach		2	2			
Diarrhœa		3	3			
Dysentery		4	3		1	
Dropsy, general	1	9	1	3	1	5
Eruptions, smallpox		5	5			
" measles		3	3			
" erysipelas in lower extremities		6	5			1
" " face	1	2	3			
" scarlatina		2	2			
Fever, gastric	1	12	13			
" typhus abd. (nerven-)	5	135	115		24	1
" typhoid (nervöses-)	2	46	45			3
" rheumatic	1	5	5			1
" intermittent	7	129	134			2
Fracture		1		1		
Gastric disorder	1	20	21			
Gout, acute		1	1			
Hæmatemesis		1	1			
Hoarseness, chronic		1	1			
Heart, palpitation of		1	1			
Inflammation, eyes		5	4			1
" " scrofulous	1	9	9	1		
" joints		1				1
" throat		4	3			1
" pericardium		2	1			1
" knee joint		1	1			
" lungs	4	14	13		5	
" pleura		3	3			
" thyroid gland		1	1			
Knee, swelling of		1	1			
Menstruation, disordered		3	1			2
Old age		1			1	
Oedema of the feet		2	2			
Pertussis		1	1			
Palsy of the limbs	1			1		
Phthisis pulmonalis		4		1	3	
Rheumatism, acute		1				1
" chronic		1				1
Tetanus		1			1	
Ulcers, of the lower extremities		9	6	1		2
" scrofulous		1	1			
Vomiting, gastric		1	1			
Total	26	472	430	8	37	23

Out-patients.... 516.

Report of the Homœopathic Hospital at Nechanitz, founded by the Countess Theresa Von Harrach, during the years* 1846, 1847 *and* 1848. Dr. Feltl, *Physician.

DISEASES	Admitted	Cured	Relieved	Died	Remaining
Abscess	4	4			
Apoplexy	2	1		1	
Chlorosis	2	1		1	
Croup	1	1			
Cholera	15	15			
Concussion of the brain	1	1			
Cramp of the eyelids	1	1			
Colic, menstrual	3	3			
„ intestinal	4	4			
Chorea	3	3			
Dysentery	8	8			
Dropsy, after ague	6	6			
„ from organic disease of heart	1			1	
„ from Bright's disease	2		1	1	
Dislocation	1	1			
Eruptions, measles	6	5			1
„ smallpox	1	1			
„ erysipelas	9	9			
„ itch	7	7			
Fracture	2	2			
Frostbite	1	1			
Fever, gastric	30	30			
„ intermittent	25	25			
Gangrene after a bruise	2	1		1	
Hæmorrhage from piles	2	2			
Inflammation of eyes	1		1		
„ „ rheumatic	11	10			1
„ „ scrofulous	7	7			
„ „ traumatic	1	1			
„ „ catarrhal	15	15			
„ of the lungs	20	18	1		1
„ „ bowels, serous	1	1			
„ „ „ mucous	3	3			
„ „ periosteum	11	9			
„ „ tonsils	4	4			2
„ „ veins	1	1			
„ „ parotids	2	2			
„ „ axillary glands	3	2			1
„ „ inguinal glands	1	1			
„ „ mammæ	1	1			
„ „ submaxillary glands	2	2			
„ „ bladder	2	2			
„ „ liver, with jaundice	1	1			
„ „ membranes of brain	2	2			
„ „ pleura	8	8			
„ „ psoas muscle	1	1			
Carried forward	238	223	3	5	6

DISEASES	Admitted	Cured	Relieved	Died	Remaining
Brought forward..	238	223	3	5	6
Inflammation of the finger (panaritium)	12	12			
" " joints, rheumatic	12	12			
" " spinal marrow	2	2			
Mania from abdominal plethora	2	2			
Necrosis and caries	5	3		1	1
Pertussis	3	3			
Scalds (with sloughing)	2	2			
Sarcoma	1				1
Scrofula	1	1			
Syphilis	17	16			1
Supernumerary finger (operation)	1	1			
Tetanus (from suppressed milk secretion)....	1	1			
Typhus, abdominal	65	63		1	1
" cerebral	1	1			
" petechial	8	7		1	
" pulmonic	3	3			
" exanthematic	5	5			
Tuberculosis, acute	2			2	
Ulcers	3	3			
Wounds	20	20			
Total..	404	381	3	10	10

Of these 215 were men, 189 women. The mortality was $^2/_{48}$ per cent. The expenses amounted to 2462 florins (£ 246 4s.). Each patient cost, therefore, on an average, 6 florins 15 Kreuzers (about 13s.).

Homœopathy in Guernsey.

The trial of Ozanne *v.* De Lisle, which has recently come off in Guernsey, is of some importance to all homœopathic practitioners, as it decides the question as to whether the more virulent of our opponents can call us quacks and impostors with impunity. Dr. De Lisle, who chose to indulge in this recreation towards our esteemed and able colleague, Dr. Ozanne, has been very properly sentenced by an intelligent jury to pay damages and costs, which we hope will serve as a lesson to him and others, that other arguments, besides the ungentlemanly and silly practice of calling names, are henceforth to be employed in order to combat the doctrines of Hahnemann. We congratulate Dr. Ozanne on the result of this trial, in which it was proved, that he behaved in a most gentlemanly and forbearing manner under circumstances of the most aggravating description, and all honourable men in the ranks of our opponents must feel disgusted at the unbecoming behaviour of their colleague, which led to this action at law.

Proposed Homœopathic Hospital.

We observe with pleasure that the birth-day of our illustrious master (the 10th April) is to be appropriately celebrated by a dinner in London, at which Lord Robert Grosvenor will preside; the chief object of which is to unite all those favourable to homœopathy in a strenuous effort to establish an Hospital and School of Medicine on the most liberal basis. It is proposed that the medical officers shall all be appointed by the subscribers, and that all qualified homœopathic practitioners shall be eligible; also that the management of the Hospital shall be entrusted to a purely non-medical committee. These being the principles we advocated in our last No., we are rejoiced to perceive that they are to be acted on, and we sincerely trust that all who have the interests of homœopathy at heart will zealously co-operate in this catholic movement, and that the advantages certain to accrue to the cause from a cordial union will prove paramount to every other consideration with all who practise and wish well to homœopathy. Without union—and by that we mean not a merely passive union, but an active, self-denying co-operation, no grand result can be obtained, and still less can any attempt succeed which does not carry with it the sympathies of the great body of the homœopathic practitioners and of the homœopathic public.

CLINICAL RETROSPECT.

(*Continued from Vol. VII. p.* 530.)

Apoplexy.

A lady, aged 23, had a good confinement, four days after which (the 24th March) the lochia went away, and colic accompanied by fever set in. Her physician prescribed *asafœtida* per anum. After five days, headache came on, which always increased, became constant, often intolerable; the physician diagnosed neuralgia, and gave castoreum without effect. The disease had by the 5th April assumed a serious aspect: the patient lay on her back motionless, the features were spasmodically disturbed and expressed much suffering, great weakness, loss of consciousness, the tongue almost immoveable; she cried out distractedly at long intervals; paralysis of the right arm and leg; involuntary flow of urine; abdomen soft; no stool. Her physician leeched and bled her on account of the cerebral irritation; the patient got warm; convulsions came on in the left arm; the pulse threadlike, face pale; she lay as if half dead. Dr. R. advised *belladonna* to be given; but the Allopathic physician would not consent, and gave more asafœtida. The next day she was still worse, and he consented to give *belladonna;* a quarter of a grain of the extract was mixed with 6 oz. of water and some syrup; of this the patient got a spoonful at night. The night was more tranquil, some colour returned to the face; in the morning two spoonfuls were given within four

hours; in the evening the patient moved the right leg several times, noticed a little, and put out her tongue; that evening and the next morning she got another spoonful of the medicine. The improvement went on: on the 10th she could move arms and legs; on the 11th she ate with appetite, and she recovered completely.—Rampal, *Revue Hom. du Midi.* Vol. I.

A servant girl, aged 20, of robust health, apoplectic appearance, excessively full-blooded, too copiously menstruated, after having been engaged all night in washing, in the morning got a fright and was made angry, when she suddenly fell lifeless to the ground with a fit of apoplexy. Seen a quarter of an hour afterwards, she was found with cold stiff limbs; slow rattling respiration; face and body like those of a corpse, mottled with violet; pulse imperceptible; heart's beat slow, quivering; pupils insensible to light; urine passed involuntarily. A few drops of *acon.* 1 were put into the mouth; she was put to bed; cold wet cloths were applied to the head, and warm dry towels laid over the limbs. A drop of *acon.* 1 was given every quarter of an hour; after five doses she began to shew signs of life, wherefore she got the medicine every hour or hour and a half only. In the course of eight hours life and consciousness were restored, but the whole left side was paralysed. Speech indistinct; the tongue when protruded was drawn to the right side; deafness of the left ear, and roaring throughout the head; the left arm and foot cold, quite incapable of the slightest movement; the ribs of that side scarcely elevated on breathing; the bosom felt cold, and retained the impression of the finger. *Acon.* 3, a drop every two hours. In thirty hours more, the state was improved; more sensation on the left side; the bosom warm, and the skin evinced the turgor vitalis; breathing freer; but she complained of great roaring and rushing in the head; the limbs still paralysed. *Opium* 1, a drop every six hours. Two days after this, much better; no rush of blood to the head; speaks distinctly; the tongue protruded straight; the limbs warm and somewhat mobile. *Opium* 6, a drop every twelve hours. On the sixth day of her illness she left her bed, and though she had still to be supported while walking, yet her strength was on the increase. An œdema of the left leg up to the knee with paralytic weakness was removed by *arnica* 3, one drop every evening; and ten days from the commencement of the attack she was quite well and about her work.—Sturm, *Allg. Ztg. f. Hom.* Vol. i, p. 66.

A lady, 75 years old, very much weakened from frequent blood-lettings, was suddenly seized with a fit of *apoplexia nervosa.* The fit was so severe that recovery seemed impossible. Three drops of *phosphor.* 1 were poured into her mouth, and as signs of animation appeared in half an hour, she got every hour a drop with the best effect. Afterwards, the 6th and 12 dilutions were used, a drop night and morning, and in ten days she left her bed perfectly recovered.—*Ibid.* p. 67.

Polypus Nasi.

A Jewish turner's apprentice, aged 18, felt for some weeks both nostrils stopped up. Previous to this he had suffered much from toothache. On the 29th of August, two red growths of the size of peas was seen in the interior of the nose, which caused shooting pain when touched, otherwise in good health. *Sulph.* $^1/_{30}$. The 31st August, much less pain, the tumours much smaller, and thus they went on diminishing until the 12th September, when they were perfectly cured.—Schreter, *N. Archiv*, III, pt. 2, p. 146.

A robust man of 60, had suffered 30 years from polypus nasi, which had to be torn away every two or three years. On the left side the nasal bones are much separated, and according to his sensations the polypus must extend up to the ethmoid bone and backwards into the posterior nares, and into the antrum Highmorianum. He got *teucrium* 3, and a small bottle containing *teucrium* tincture, to take one drop of the former every evening for a week, and to smell at the latter every morning. He returned in two months. He could breathe freely through his nose, felt quite well, and boasted that he had recovered his smell, which he had lost for twenty years. A shrivelled remnant of the polypus, seated high up in the nose, shook when he took a deep breath, but was quite painless. In case this should form the germ for a future growth, he was directed to smell the tincture every fortnight or three weeks, and to swallow a few drops.—Sturm, *Allg. Ztg. f. Hom.* vol. I, p. 69.

Cynanche tonsillaris.

A gentleman 65 years old, tall, swarthy, of florid complexion, in consequence of a chill, got a bad sore throat, for which for the first two days he only employed domestic remedies. The third day, feeling worse, he kept his bed. The throat was much more painful; violent head-ache and fever. An allopathic doctor being summoned, bled him at the arm, applied leeches round the neck, and prescribed low diet and demulcent drinks. The fourth day no amendment; the throat was worse, the head-ache more violent, swallowing more difficult: in the course of the day more leeches were applied, and as the blood flowed delirium supervened. The fifth day, a bad night, great restlessness, incessant tossing about, swallowing is impossible: another venesection was performed. In the afternoon the delirium became more violent, when homœopathic aid was sought. The face was red, the eyes injected, noisy delirium, great loquacity, wish to get up out of bed, skin hot and dry, pulse 120, tongue moist, mucous, more pale than red, impossibility of swallowing; tonsils, uvula and velum palati of bright scarlet redness, considerable

swelling, white mucus on their surface; urine red and scanty; no stool since the commencement of the disease. Two doses of *belladonna* $^{5}/_{12}$ were prescribed, at an interval of five hours, a dose of *aconite* 6 being interposed between them. The following day he was more tranquil. The delirium ceased four hours after the first dose of *bell.* He had slept; he now swallowed easily; pulse 90. Repeat the *acon.* every four hours. He slept the greater part of the night; next day he swallowed easily; no fever. Some viscid mucus in the throat. *Merc. sol.* $^{2}/_{30}$; soup for food. The next day quite well.—Rampal, *Rev. hom. du Midi,* Vol. I.

Gastralgia.

B., 32 years old, a glove-maker, has suffered for eight years from pains in the stomach, which come on every evening regularly, last for hours with indescribable violence, until at last he falls asleep, completely worn out. Seventeen years ago he had the itch, which was soon removed by ointments, but in its place came ugly pimples over the face and body, for which he got purgatives. Having become liable to military service, he avoided the duty by a factitious disease produced by repeated bloodings and many violent medicines. His constitution, weakened by this, could not recover, and the above gastrodynia came on. All remedies used for it were unavailing, and even homœopathy produced but temporary alleviation. He could not describe his sufferings. He had no want of appetite, and the other functions were not deranged. Scattered pimples were to be seen on his face and back. He looked extremely sickly. At the end of December he got *Ars.* 401, a dose to be taken when the pains came on. The next attack was milder, and he had no more returns of it. The same remedy removed a few indications of a relapse. Months elapsed without pain; the patient improved remarkably, and he got *psoria* 201 to take at intervals of eight days. This caused a reappearance of the cutaneous disease, and ever since then he has been quite well. Nehrer, *N. Archiv,* iii, pt. 1, p. 59.

A maid servant, aged 25, had, about six years previously, suffered for nearly a year from spasms in the stomach with vomiting, followed several times by hæmatemesis. She was treated homœopathically, and cured in six weeks by *ars.*, *verat.*, *calc.* and *lycop.* Until the 20th May, 1847, she did not feel a trace of it; but from that time forward, she experienced without assignable cause, contractive burning pains in the scrobiculus, especially after food; the scrobiculus and region of the stomach sensitive to external touch, with a feeling of fulness and tension; putrid taste; diminished appetite; anxious morose humour; restless sleep. On the 11th June, she got *nux vom.* 3, six drops every other day, and was ordered daily ablution of the whole body with cold water, and homœopathic diet.

After the seventh dose the spasms and vomiting ceased, and there remained nothing but a burning sensation in the stomach, with shootings and formication in the back. She applied for advice for this on the 13th July. *Acid. phos.* 4, six drops every second morning was given with complete success.—Elwert, *Hygea*, xxiii. p. 61.

A young man of 20, otherwise healthy and robust, has suffered for two and a half years, especially in the morning, from acidity of the stomach, not unfrequently combined with nausea, roughness in the throat, much saliva in the mouth. For a short time there has also occurred a contractive, pressive sensation in the scrobiculus and epigaster, after taking food. He got, four days each, two drops of *phos.* 4 and *ars.* 6 alternately. After the very first dose the patient alleged that he was quite cured.—Elwert, *ib.* p. 62.

A lady, aged 33, had a long time ago suffered for nearly three years from spasms in the stomach, after which she remained well for about eleven years. In the beginning of October, 1849, she again felt symptoms of her former disease, for which she sought homœopathic aid. She had a feeling of pressure and contraction in the epigastrium through to the back, anorexia, nausea, bad slimy taste, stools torpid and rarer than usual, heaviness of the limbs, cold extremities with some heat of face, grumbling, peevish humour. She got *nux vom.* 4, two drops morning and evening, and was cured in a few days.—Elwert, *ib.*

A lady, aged 50, of delicate make, had borne nine children, and for three years had seen no catamenia, had suffered for a year and a half from spasms of the stomach with vomiting; during this time she had been rarely eight days free from it, and for the last three months she had vomited from one to three times per diem. Allopathic remedies had been tried in vain. She applied to homœopathy in February, 1846. Her appearance is pale and suffering, emaciated, feeble, especially in the legs. Moderate appetite, with sourish bitter taste; vomiting of food, or of a mucous, sour, bitter fluid once, or several times, a day; pressive burning pains in the chest, scrobiculus, stomach and back almost constantly. The pains in the scrobiculus and stomach are much increased by external pressure. Motions torpid and rare; sleep restless and full of dreams. She was ordered to move about freely in the open air, to wash the body daily with cold water; to chew her victuals well, and only take them half cold; to take every second night eight drops of *nux vom.* 6. After the fourth day of using this remedy the vomiting had ceased. After taking it for a fortnight longer she was quite cured. But on the 9th June she complained of much the same symptoms. She got the same remedy in the same manner, and in a few days the vomiting and pains were much relieved. On the 21st June the symptoms were as follows; appetite but only for cold, sour things; yeasty taste with flow of much saliva into the mouth; some-

thing betwixt hiccough and eructation, whereby now and then a liquid comes up that causes a grating sensation in the throat, pressive sensation in the stomach, now and then combined with burning, and a corresponding pain in the back. The pains from external pressure very slight. *Verat.* 4, four drops morning and evening. By the 13th July vomiting had only occurred once and the eructation of the fluid had ceased, in other respects the patient was so well that she gave up treatment. In February 1847, there occurred again bitter taste, nausea with obscuration of vision, faint feeling, flow of water in the mouth, and vomiting of sour liquid shortly after eating, with feeling of burning in the stomach. *Calc. carb.* 10, eight drops every second night, removed this condition in a week. With the exception of some little derangements, all went well till the beginning of May, when the following symptoms presented themselves: sour taste, disgust at food, nausea, with inclination to vomit, abortive eructations, which changed into hiccough and were connected with flow of saliva; pinching contractive sensation in the stomach, with tightness and fulness in the chest; pressive backache, with feeling of great weakness in the loins. *Cocc.* 6, a few drops morning and evening. By the middle of May the abdominal symptoms had disappeared, but in their place occurred great vertigo with noise in the ears. The vertigo itself was whirling, causing staggering, and allowed her neither to raise the head nor to look upwards, there was also experienced a sort of stupid feeling in the head; pain in the nape; tongue furred yellow; for some days no motion of the bowels. *Puls.* 5, a drop in water every two hours. It was a fortnight before the patient could stand up and attempt to walk. But then the remainder of the vertigo soon went off, and nothing but the noise in the ears remained. But again on the 30th September the symptoms of spasms returned; there were besides, dizzy feeling with noise in the ears, anorexia, thirst for cold things; sour eructations, nausea, vomiting of food and of bile. What was vomited caused burning in the gullet, burning pressive pains in the scrobiculus extending to the back, heaviness, rumbling and gurgling in the bowels; emission of flatulence upwards and downwards. She got for three days, each day 2 grs. of the 3rd trituration of *bismuth.* After two powders had been taken she was quite cured, even to the noise in the ears.—Elwert, *ib.* p. 63.

A lady, 36 years old, mother of five children, has suffered almost daily for five years, from the following symptoms: pain in the stomach, pinching, pressive, frequently proceeding from the back, with vomiting of victuals or only a sour fluid; appetite little, stools somewhat torpid, sleep disturbed by frequent waking, feebleness of the whole body, suffering appearance, emaciation. She had tried many methods of treatment in vain. She put herself under homœopathic treatment on the 1st February, 1847. No cause for the sufferings could be ascertained; the patient was easily moved

to anger or tears, vomiting occurred when the pains were at their height and also several times during the day, but especially in the afternoon after dinner. She was ordered to have the temperature of her apartment reduced, to lay aside the flannel shift that had been prescribed by the last physician; to take daily exercise in the open air, in every sort of weather; to wash the whole body daily with cold water; simple diet; *nux. vom.* 6 and *sulphur* 4, alternately, 2 drops every second night, for four days each, to be continued for sixteen days. On the 17th, she got on account of the lacrymose disposition, *puls.* 3, two drops every third morning. This produced no change except improvement of strength and disposition. On account of shuddering before the vomiting, fulness in the scrobiculus up to the sternum with eructations producing relief, and increase of the pains in the stomach while walking, she got at first every morning, and then every morning and evening, 2 drops of *verat.* 2, until the 2nd March. These symptoms were much alleviated, and some of them completely removed, and the vomiting ceased for several days for the first time; but on the above-mentioned day there occurred great weakness, almost to fainting, and cutting, burning pains in the stomach and thence into the abdomen, for which two doses of *ars.* 4, of 2 drops each, were given till the 6th March. Although after this the vomiting again ceased for two days, there was no farther improvement. On the day just named, she got *calc. carb.* 10, 4 drops to be taken morning and night. In a few days, during the use of this remedy, the patient experienced great improvement, and from the 11th March, onwards, the vomiting ceased for seven days, returned again several times, and on the 26th March she might be regarded as perfectly cured. On the 1st of April until the 3rd, she had troublesome toothache of a cutting, jerking character, worse at night, and also when anything warm or cold was taken in the mouth, and especially whilst eating; this was removed by a dose of *rhus. tox.* 3, 2 drops. The patient now recovered rapidly and acquired her former *embonpoint.* But on the 9th October she again complained of flow of water into the mouth, diminished appetite, white tongue, fulness and uncomfortable feeling in the belly, with slight pressive feeling there. She regarded these as premonitory symptoms of the old disease. A few doses of *phos.* 4, caused relief; but on the 14th October, vomiting ensued. At the same time there established itself a tensive pinching pain in the pectoral muscles, which seemed to arise in the scrobiculus, with a feeling of burning and contraction. What was vomited had a sour taste. She got a few doses of *nux vom.* 6, 2 drops every day. In a few days these symptoms were gone to her great joy. There then occurred toothache, burning, throbbing, with some swelling of the gums, which soon went off after a few doses of *merc.* 3.—Elwert, *ib.* p. 65.

A woman, 26 years old, the mother of three healthy children, at present four months pregnant, had suffered for five years from pains in the stomach.

After eating anything her stomach swells as if it would burst, at the same time she feels as if a heavy weight lay on it. She cannot bear the least pressure of her clothes, nor the slightest touch on the stomachic region. The papillæ on the tongue appear in groups, elevated and red; the taste is always bitter; complete absence of appetite; it is only at night, in bed, that she can take a little nourishment, after which she must go to sleep immediately. Before suffering from this affection she had great liability to articular rheumatism and constant, very violent megrims with vomiting. The present affection came on after the cessation of these symptoms. The most eminent physicians of Vienna were consulted without benefit, as also a quack in the neighbourhood, who declared the disease to be cancer of the stomach, and prescribed all sorts of decoctions of herbs. She grew worse from day to day, and at last resorted to homœopathy. A dose of *bryonia* 200, was given, and the drinking of moderate quantities of cold water enjoined. On the third day, the patient reported that soon after taking the medicine she had a copious evacuation of the bowels; the pains in the stomach were nearly gone, and she had some warnings of the old megrim; her appetite was returning, and she had partaken of food, and felt no longer the bitter taste. After a long time the *bryonia* was repeated; she bore a healthy child at the proper time, and now only occasionally suffers from uneasiness in the stomach after mental emotions.—Nehrer, *n. Archiv*, iii. pt. 1. p. 69.

(*To be continued.*)

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OF

HOMŒOPATHY.

OUR RELATIVE POSITION.

By Dr. G. M. Scott.

In order to form a correct estimate of our relative position, it is necessary to understand and appreciate not merely the characteristic features of our own class, but also those of others to which we are in any way related; and as every class is liable to those changes which time and experience cannot fail to introduce, it is well occasionally to review our position actual and relative, to discover what is essential, what is accidental—wherein our differences are real, wherein verbal—how far our language is accurate, how far loose and slovenly—how far our practices assimilate, or may assimilate—how far they differ in fact, or by necessity. In attempting which, with a candid and liberal mind, we doubt not, that we shall find many more points of coincidence than we were at first disposed to expect.

The essential characteristic of the Homœopathic School is singly and simply the adoption of a *Law* of treatment applicable to all forms of disease, expressed by the words *similia similibus curantur:* this we conceive to be the whole distinctive *Creed:* all questions of the constitutional character or origin of disease, the magnitude of the dose, its mode and frequency of administration, &c., are subordinate and accidental, however materially

they may affect the issue of practice: it is this only that we should acknowledge as the point of attack and defence, as in certain countries when men rehearse the Creed, they draw their swords to intimate that for it they would peril their lives, though it may be that for the practical or theoretical observance of any one article of the decalogue, they might prove somewhat less impregnable: minor questions we may settle (or unsettle) among ourselves; this only is the cry that we should carry without the camp, and our position is safe only so long as we confine ourselves to this narrow and well-marked ground; whenever we parade the superiority of our practical results, we assume an attitude altogether different, and make the cause to hinge on the doubtful and unsatisfactory standard of comparative statistics, the value of which in medical questions, we believe, every reflecting and candid man will place at a very low point. By confining ourselves strictly to this characteristic feature, and by protesting against the substitution or addition of any other, we are left more free in our practice, and we can more easily repel the charge of inconsistency. A physician accustomed to give his medicine in the form of globules is accused of unsteadiness to his principles, if he be observed to give it in tincture, and of utterly forsaking them, if by any chance he should send a prescription written "more majorum," to an ordinary chemist's, though it may be strictly homœopathic to the disease he is treating. But such an accusation is the result of ignorance, and can be repelled only by a reference to the one characteristic feature essential to the school; while it cannot be repelled, but must be admitted, if instead of or in addition to "*similia similibus curantur*," we adopt as our motto "*multum in parvo*," or any other badge of distinction. This determined adherence to the essential characteristic point facilitates also professional intercourse with physicians of different schools, an object most urgently to be cultivated. In reality, they are continually practising homœopathy with greater or less accuracy, and if we presented to them nothing more repulsive than a theory of the *modus operandi* of medicines, the wall of partition would be very slight, and medicines would come to be adopted according to their established use, as we see was the case in several instances by the late Mr.

Liston, at the suggestion of Dr. Quin, a result, perhaps not so certainly secured, had the latter gentleman informed his friend, with much righteous indignation, that he was murdering all his patients, and that he would continue hopelessly to do so, until he purified the whole hospital of all medicinal influence beyond globules of the 30th dilution. Possibly it would have been a great step in advance to have accomplished this purification; but it was no contemptible step to have placed Aconite and Belladonna in their true relation to erysipelas, even in the crude form of administration; nor is the advantage lost by our supposing that Mr. Liston adopted them without any belief, or even with a positive disbelief of what we hold to be the true law of their operation. One good seed was sown, and its fruits, we little doubt, have already proved highly beneficial.

The School, then, whose principles we maintain, is correctly and adequately designated *homœopathic;* this word comprising a fair, though condensed translation of its essential characteristic. The term allopathy with all its cognates should be abolished as not expressing the meaning it intends: ἄλλο παθος, another suffering, is nothing distinctive—homœopathy is allopathy, as far as it is not homopathy; it implies *another* though similar suffering. Allœopathy, or suffering of another or dissimilar kind, is the more correct term, meaning that there is no presupposed relation between the symptoms of the disease and the pathogenetic symptoms of the appropriate medicine. Enantiopathy is still more definite, signifying that there is a relation of direct opposition between these several symptoms. But it is hardly fair to designate any physician or class of physicians by any of these terms, because none have assumed them to themselves: on the contrary, we apprehend, they would rather repudiate them, for the reason that they do not profess to have adopted any theory of the *modus operandi* of medicines as their law of practice; and it is not just to give a class-name to one who may wish to act independently of any class: still less to select for him a term the import of which he may utterly reject. It is true that physicians commonly speak of using aperients to remove constipation, of tonics to give strength, of stimulants to rouse the powers of nature, &c.; but these terms merely indicate

the end kept in view, that of removing the existing malady, which is, of course, the same in all schools. We conceive, therefore, that there exists no name by which to designate the general body of physicians, as distinguished from homœopathists; and except for convenience' sake, it is well that there should be none: it is rather to be regretted that others should have so quietly (not to say, ostentatiously) assumed a distinguishing name: perhaps it would have been better had none ever been adopted: at present, however, it exists; and we must wait till the happy time foretold by one of the supporters of the proposed hospital in London shall have arrived, when *all* physicians having become homœopathists, the *word* shall be swallowed up by the reality.

Let it be understood, therefore, that homœopathists, as such, stand in relation of *opposition* to no school whatever, for this plain reason, that *no* school has propounded any law in opposition to that on which *their* school is founded. We cannot stand in opposition to that which has no existence; and since no school, except that of Hahnemann, is built on any expressly propounded law, to no school can that be in opposition. For as they are not in opposition to the (so called) allopathists, because they have propounded no contradictory law of cure as the basis of their practice, neither for the same reason, are they in opposition to the hydropathists (a term which we may use without scruple, notwithstanding its etymological inaccuracy, because it is adopted without hesitation by those whom it is intended to designate). They advocate the very extensive and variously modified use of one powerful agent: few of the more intelligent maintain its *exclusive* use; and here, so far from *opposing*, we may surely unite with them; for if *one* medicine alone is to be retained, certainly the preference is justly due to water—it is only when, instead of a *universal law* they substitute a *universal remedy*, that they appear to be in opposition; and even here it is only in appearance, since theoretically it might be maintained that the universal *remedy* wrought in obedience to the universal *law*. And thus we repel the charge of one-sidedness, if we object to the ultra-hydropathist, that he says, hydropathy is every thing, while we say that homœopathy

is every thing—the distinction lies here, that *he* maintains the all sufficiency of one *medicine*, we maintain the all-sufficiency of one *law*. If we say that homœopathy is every thing, we by no means intend that any or all of those who practise according to that method can cure whatever is curable, nor yet that in its present state, homœopathy discloses all the curative powers of nature. We only mean, that one law, designated homœopathy, pervades every curative process of nature, however extensively, or however partially the law may have been applied. We may, individually, have practised for many years, labouring diligently to submit ourselves to the law, and yet, for want of some requisite power of discrimination, we may have failed to effect a good result, and still we may hold fast our faith that herein lies the law, and that nature cannot fail, however blind may be her votaries. And further, if we relinquish our faith in *this* law, yet, from the whole analogy of nature, we may remain convinced that there is one and only one law of healing, whether discovered or not: if we come to the conviction that homœopathy is *nothing*, we may still remain assured that something else is *every thing*, as explained above: but we are satisfied that *that something* will be a *law*, and not a *medicine*.

Such language then as the following appears to be wholly incorrect. "The unhappy sufferer having exhausted all the resources of allopathy with various temporary results, was induced to try homœopathy, from which he received decided benefit; but his cure was completed by a well directed course of hydropathic treatment." Now, if by "all the resources of allopathy," be intended a great variety of heterogeneous prescriptions, it is likely enough that he derived no great advantage from such multifarious treatment; but it is also probable that during the process he "tried homœopathy," *i. e.* that the medicine suited to a variety of his symptoms had been administered: and it is also likely that in "trying homœopathy," he came in for a fair share of allopathy, for what physician is not guilty of many errors in selection? While, moreover, if we admit the law of cure to be really and essentially *one*, we shall, no doubt, perceive that it was involved in the crowning and successful application of water, in which case, he again "tried homœopathy," and found

it efficient. In any other view the statement amounts to this, that "he tried" a law of nature with very partial success, and then "tried" that which is not a law of nature with complete success.

We are, then, not in opposition to any known school; we are not a half-way stage between allœopathy and hydropathy; we are not called upon to renounce the advantages or to undermine the credit of one or another; neither are we *mere* eclectics, meaning by that term the professors of an "*omnium gatherum*" of all and sundry means and appliances held by no law of unity, "*rudis indigestaque moles;*" we are simply the maintainers of one very definite law of healing; a law which does not demand the faith either of physician or patient in order to its operation, but which will operate wherever it finds opportunity, whether in the prescription of an allopathist (if we must keep the phrase) obstinately denying its existence; or of a homœopathist implicitly obeying it; or of a hydropathist, not thinking about it; or of a village dame, culling her simples by the light of tradition unimpeded by the cross-lights of science. The gun will explode in the hand of a child no less readily than in that of a man; and if, by *accident*, it be adjusted for a given mark, it will carry to it no less certainly than if it had been carefully poised by the most accomplished engineer.

And so we are prepared without inconsistency to adopt every fresh emanation of truth under whatever name, however grotesque it may present itself. In kinesipathy, we find wholesome gymnastics regulated on physiological and anatomical principles, and we are free to adopt all that it has to yield; if people are parched into health on the one hand, or soaked into health on the other, we may look on with interest to the close, simply waiting the result, and content to receive what experience can establish, but ever on the look out for the impress of truth, the indication of each varied and opposite process falling under one common law. Here, as every where, emancipation arises from bondage; sectarianism is destroyed by exclusiveness; we are emancipated from all fear of inconsistency, all trammels of routine by submissive bondage to a *law*, not to a *method*; we are delivered from sectarianism by surrendering ourselves exclu-

sively to one only law pervading all sects, so far as they involve the truth; a law, therefore, which often, while it works undivided, operates unseen.

Our relation, then, is that of opposition to none, of bondage to none, of obligation to all; we hold ourselves absolutely free, (or rather imperatively bound) to avail ourselves of every possible method of healing disease; carefully rendering to all men their due; honour to whom honour is due; honour for pathological research; honour for diagnostic skill; honour for scientific attainment; honour for successful treatment; though we are forbidden by common sense to suppose that any one *can succeed* in virtue of any other process than a conscious or unconscious submission to an unchangeable law of nature.

Thus we stand towards the *present*. To the *past* our relation is *implemental*. We may listen to each school, and, according to the force of their several arguments, embrace or reject them without affecting our consistency as homœopathists; but to the whole we *add* this feature of a *law* of *cure*, which none of them has either advocated or opposed. To the *future* our relation is *initiative;* what has been done is to lay a foundation; what remains to do is to raise a superstructure. If we be based on truth at all, it is of this nature: it is not merely an additional, isolated truth, but it is fundamental and prolific; as the seed of the one-year has been ripened by the seasons of the past, and is to yield the harvest of the future, so do we reckon this (as every universal) law of nature when discovered, to prove implemental to the past and initiative to the future. And it is also gratifying to feel assured that another grand result of every such discovery is that of mutual approximation, though it may be preceded by an increase of controversial acrimony, as the universal acquiescence in the Newtonian doctrines was not attained without an expiring remonstrance from the schools, which by them were silenced. We are still but "as children gathering pebbles on the shore;" it behoves us then by all means to help each other in the search, and especially to avoid those childish quarrels which have proved, in every department of science, so detrimental to real and well secured advancement.

THE INFLUENCE OF HOMŒOPATHY UPON SURGERY.

By S. Yeldham, M.R.C.S.

(*Read before the British Homœopathic Society, April the 4th*, 1850.)

Attempts are from time to time being made, by sincere but ill-judging homœopathists, to prove that there is not so wide a difference between the doctrines of Hahnemann and those of the allopathic school as is generally supposed; that their principles and practice, so far from being irreconcilably antagonistic, have between them many points of approximation, many open spaces of neutral ground where the followers of the opposing systems may range themselves under one banner and adopt the popular word "Fraternity" for their common motto. To me the two systems appear as incapable of amalgamation as oil and water; as widely severed as the poles; as totally opposed to each other as truth and error. Those who, on the strength of a few disjointed and fortuitous agreements, would cross the broad line that separates them from allopathy, and enter into a compact with that system, descend from the high position to which homœopathy elevates them, and act traitorously towards the great truth they have embraced. In justice to Hahnemann and the glorious doctrine which he brought to light—in justice to society, to which we owe the sacred duty of promulgating that doctrine, and handing it down to posterity pure as it was bequeathed to us by its author, we ought to avoid even the semblance of a compromise with the old system of medicine. Any advance on our part will be hailed as a sign of weakness, and construed into a want of faith in our principles. It is only by maintaining our distinctive character in all its strongly marked features, firmly and unyieldingly, that we shall most effectually and permanently attach the confidence of the public to our system, and win the respect, if we do not ensure the conversion, of our opponents.

Applying with undivided force to "the practice of medicine," these remarks are scarcely, if at all, less applicable to surgery.

The same parties who are so ready to discover points of similarity between the homœopathic and allopathic practice of medicine, are still more willing to accede to surgery a degree of perfection unassailable by homœopathy. Indeed, it seems to be a matter of almost general consent, in discussing the bearings of the homœopathic doctrine, to leave the department of surgery untouched. If the term "surgery" be restricted, as in truth I think it ought to be, to the mere manual aid it affords, and so be regarded simply as the highest application of mechanical science, then those who assume the position I have just named would not be very far from the truth; but when we bear in mind that it necessarily embraces the constitutional management of patients before and after operations, the treatment of those suffering from accidental injuries, and that many disorders demanding all the skill of the physician fall to the lot of the surgeon, we shall see ample reason for believing that surgery, no less than medicine, comes legitimately under the influence of homœopathy.

In pursuance of my object of showing in what way this influence will bear upon surgery, I shall notice briefly, in the first place, those operations which homœopathy will abolish; and, secondly, inquire how it will modify others in which a resort to mechanical measures is at times unavoidable.

Bleeding.—Of all the operations of surgery, bleeding, on account of its frequent employment and extensive bearings, is the most interesting and important. Under this term is included the abstraction of blood by the lancet from the arm, the temporal artery, the jugular and other veins, puncturations and scarifications of the skin, cupping, and the application of leeches.

A specification of the various disordered conditions in which these agents are employed would occupy all the time and space to which my observations must be limited. We shall have an opportunity, as we proceed, of observing their effects upon the different subjects that will be brought under notice. In order, however, to convey a more distinct and collective idea of their bearing upon our present question, I may just enumerate some of the most prominent surgical cases in which their aid is called into requisition. These are: inflammation of internal organs

arising from accidental causes, such as concussion and compression of the brain; peritonitis, as the result of different kinds of hernia, and the operation for their removal; inflammation, especially that of an erysipelatous kind, produced by falls, bruises, and wounds; diseases of the joints caused by wounds, sprains, scrofula, &c.; most of the diseases of the eye; affections of the glandular system resulting in abscess and external wounds; inflammation of the cellular tissue terminating in fistula; the inflammatory concomitants of venereal disorders; *cum multis aliis*. In these instances the surgical operations of bleeding react upon surgery, that is to say, they are employed to obviate the necessity for other operations, or in remedying the evils resulting from them; such, for example, as inflammation of the peritoneum following the operation of strangulated hernia, and erysipelas following wounds and operations.

This, however, is to take but a contracted view of the operation of these agents. Fully to appreciate the value of the boon which their abolition will confer upon the human race, we must comprehend within our mental survey the long array of diseases beyond the sphere of surgery, in which the abstraction of blood constitutes the chief resource of the physician. There is, indeed, hardly a disorder in which, at some time or other, its remedial power has not been essayed. Viewing it in this way we cease to regard the oft repeated saying, that "the lancet sheds more blood than the sword," as a libel upon medicine, and are compelled to admit it as a sickening reality.

It would lead me too far from my present object to enter into a discussion of the various difficulties and dangers attending upon and flowing from this operation. They have been too often detailed by those who, notwithstanding, adopt it, and are too vividly apparent to every follower of Hahnemann to render such a discussion necessary. Suffice it to say that homœopathy forbids the artificial abstraction of blood, and at the same time supplies agents acting so exactly and effectually in accordance with her doctrines as to render the operation unnecessary.

Counter-irritants.—Another class of remedies which the general adoption of homœopathy will expunge from the list of

surgical devices, consists of what are called counter-irritants, or derivatives, such as setons, issues, moxas, and other escharotics. They come under the head of minor operations of surgery; but, like the petty annoyances of ordinary life, they acquire a factitious importance from their frequent occurrence and irritating character, and inflict, collectively, a larger amount of pain and suffering than those heroic, but dreaded operations, to which we less frequently resort.

There are but few local diseases of long standing for the removal of which some one (or more) of these operations is not employed by the allopathist. Setons, issues, and moxas most frequently in diseases of the joints,—blisters and the like in nearly every disorder that afflicts the human frame. Though uncalled for in homœopathic practice, counter-irritants are, in my opinion, by far the most useful class of remedies employed by the allopathists. It is undeniable that in many cases their application is highly beneficial. They owe their efficacy to the well-known principle in the animal economy that two powerful abnormal actions rarely co-exist in the same individual. The steady pursuit of a fixed principle, especially if that principle be indicated by nature, is seldom fruitless; and had the members of the Hippocratic school restricted their treatment of diseases to a carefully studied and judiciously varied application of the remedies of which we are now speaking, they would have effected more good and inflicted infinitely less mischief than has attended upon their present inconsistent and empirical system. Their employment by the homœopathist would infringe upon that oneness of principle and action which characterizes the homœopathic doctrine; they are therefore never so much as named among us, except to be repudiated and condemned.

Thus far homœopathy, as applied to surgery, is an exterminating system. We come now to the consideration of a different class of operations: those over which homœopathy will exert a modifying, rather than an extinguishing power: diminishing their frequency and mitigating their painfulness, while she sanctions their occasional adoption.

Selecting that one which has the strongest claim to be ranked nearest to the exploded operations, we commence with

Fistula in ano.

There is perhaps no other operation in surgery which is so often inconsiderately and unnecessarily performed. Generally unattended with much difficulty, it is so direct and palpable in its mode as not to demand any great amount of scientific knowledge, and when cleverly managed is pretty certain to be successful. All these circumstances render it a favorite operation with young surgeons, who are generally eager to avail themselves of every opportunity of exercising their newly acquired accomplishments. When to this we add the natural desire of the patient to be rid of an annoying complaint, we see enough to account for the popularity of "cutting for fistula." It happens unfortunately that there is scarcely any operation that demands more caution and deliberation on the part of the surgeon. When a patient presents himself suffering from fistula in ano, there are two important questions which the surgeon is bound to propound to himself and to answer before he decides upon an operation, viz.—Is the fistula connected with disease of the lungs, and if not, is it curable without the aid of the knife? My own experience in this disease, which has been considerable, has satisfied me that in by far the greater number of cases it originates in sympathy with disease of the lungs. During the last few months I have had seven cases under my care, all, with only one exception, exhibiting this connection in an unequivocal manner.

Cases.

I.—Mr. McA., a gentleman 32 years of age, of active habits, and temperate; eight years ago fell out of health, had a cough and spat blood; since then up to eight months ago, enjoyed good health. Again became poorly; an abscess formed by the side of the rectum, broke, and has left a fistula, which discharges a little at intervals; otherwise perfectly well.

II.—Mr. G., aged 39, very steady and abstemious, last May was

supposed to have liver complaint; took a great deal of opening medicine. An abscess formed by the side of the rectum, and burst, leaving a fistulous opening. He was operated on, unsuccessfully, there being still much disease in the rectum and occasional discharge of blood and matter; always pain and difficulty in evacuation. His health was much impaired. He came under my care three months ago for the local disease, and a pain in the chest and cough. About two months since he spat lumps of thick coagulated blood for three or four days; evident unsoundness of the left lung. His health is improving, and the cough has entirely disappeared. In this case the surgeon would have closed the fistula; nature, more merciful, declined to be thwarted, and kept it open. Had the former prevailed, can any one doubt that the disease in the lung would have been rapidly developed?

III.—Mr. C., aged 46. A fistula formed two years ago, remained open nine months. It healed spontaneously, and he felt nothing of it till on the 9th of last February, feeling unwell, he took a strong dose of pills, which purged him violently; inflammation in the old seat of disease supervened, suppuration took place, and the opening was re-established. Has had severe cough for several winters. It is now severe, short and hacking, and attended with pain in the right subclavicular region. There is loud resonance and roughness on expiration in that spot. He wastes away considerably. Under the action of Phosphorus his cough has entirely disappeared, and he left me much restored in health.

IV.—February 23, 1849.—Mr. W., aged 44, leads a sedentary life. Spat blood two years since and four months ago; always a little cough. Five days since seized with severe pain in the rectum; had rigors; an abscess formed, and burst on the 2nd of March.

V.—March 9th, 1850.—Mr. S., aged 46, tall and naturally thin, always very temperate. For several years, though in the enjoyment of pretty good health, had scrofulous enlargement of the glands in the groin and under the arm; one of the former burst and kept open for a considerable time. Three years ago it suddenly dried up; they *all* disappeared, and he became affected in the chest; had cough, spat blood, and manifested other unequivocal symptoms of consumption, which have continued up to the present time. Shortly after the chest disease set in, a fistula formed, and has discharged up to this time. A gentleman who has acquired great eminence in treating diseases of the rectum advised an operation. Another surgeon who

was consulted gave a different opinion, which, fortunately for the patient, was followed, for though the disease on the lungs has steadily progressed, there can be no question that had the fistula been closed the chest disease would have run a much more rapid course.

VI.—March 12, 1850.—Mr. C., aged 42. An innkeeper, and in the habit of indulging rather freely in his own commodities. Falling off in health thirty-two months. Fourteen months ago had fistula, which has discharged ever since. For many years before had glandular swellings in the neck, which from time to time suppurated and discharged. The last healed four months before the fistula opened. Both lungs are extensively diseased, as well as the bowels, from which there is constant purging. Yet it is remarkable how slowly he declines, notwithstanding that he has been allowed to partake freely of stimulating drinks.

The inference to be drawn from these cases, of the very frequent connection between fistula and disease of the lungs, is so palpable and self evident as to render any further comment unnecessary.

Now, I apprehend that no careful and reflecting surgeon, discovering such a connection, would venture upon an operation, because, however difficult it may be to explain it, all experience demonstrates the fact that the discharge from a fistula is in these cases a vicarious discharge, set up by nature, in her beneficence, to protect the individual from the more fatal disease, which but too surely developes itself when the fistulous opening is suddenly and artificially closed. Here then is the first reason why a fistula in the anus should not be laid open—a reason which seven times in ten will be found to exist as a bar against the operation.

As to the medical treatment of fistula, I am not led by my own experience—probably from want of skill—to feel very sanguine of effecting a radical cure by homœopathic remedies. Under a proper regimen the inflammation and pain will subside, so much so as to cease to inconvenience the patient, but the discharge, though it may not be constant, will still recur at intervals: but what is of infinitely more importance, while this improvement in the fistula is going on, the threatening symptoms

in the chest, if promptly attended to, will often entirely subside; simultaneously with which the patient gains strength, his general health is restored, he is enabled to play his part in life, lasts as long as his fellows, and at a good old age, unless he succumbs to some other disease, falls, like a ripe apple from the tree, to his mother earth, simply because the purpose that connected him with life has received its natural consummation.

Thus, on the one side we behold homœopathy proffering, at the cost of a slight, though it may be a persistent annoyance, immunity from a fatal disease, tolerable health, old age, and a peaceful end; and on the other, allopathy, with bistoury in hand, beguiling the unwary patient with the tempting promise of a speedy and permanent relief, a promise which but too often amounts to no more than a brief but delusive respite, rapid consumption, and death! Of the remaining cases of fistula which cannot be traced to a sympathy with pulmonary disorder, I much question whether nearly all of them do not owe their origin to the abuse of aperient medicines: these, irritating and inflaming the lining membrane of the bowel, communicate the same action to the surrounding cellular tissue, which is so prone to put on the suppurative process. Of these cases homœopathy disposes in one sentence: she avoids the use of purgatives.

It may appear to you that I attach an undue importance to this disease. I do not think so. When we remember its very frequent occurrence, and its almost constant alliance with a consumptive diathesis, and connect with this the fact that there is in this metropolis a numerously frequented and liberally supported institution, devoted mainly to the cure of this disease by incision, we cannot fail to regard the favor that operation has obtained with feelings of mistrust and regret. A leading principle in homœopathy—a principle which cannot be kept too steadily in view, is "to cure without wounding." In this instance I am persuaded it is the right principle; homœopathy can hardly render a greater service to surgery than to spread it, because with its diffusion the operation for fistula in ano, if not entirely abolished, will certainly be greatly abated.

Amputations—are much less frequently performed now than formerly. They are still, however, the staple operations of our hospitals, and though they may probably never be entirely superseded, there is, I think, every reason to believe that the general diffusion of homœopathic principles will still further curtail their number.

The causes which demand amputation, though varying in every individual case, may be included under two general heads, viz.—External injuries, and scrofulous disorders of the joints. When an injured limb is brought under the surgeon's care, he has to decide whether the damage it has sustained is of such a nature as to render its removal imperative, or whether an attempt should be made for its preservation. He will necessarily be much influenced in his decision by the resources he has at his command for assisting the efforts of nature, and of controlling those excesses into which she is apt to run in her endeavours at reparation. Those excesses consist in inflammation, suppuration, and mortification of the soft parts, and death and exfoliation of bone. Without depreciating the resources of allopathy under these several circumstances, it may safely be asserted that they cannot be compared with those of homœopathy. Opium and Ammonia are certainly in many cases of considerable service in controlling and sustaining the nervous power of the system when labouring under the disturbing influence of severe local injury; but they are inferior to Aconite, Arnica, Opium, and other remedies, in homœopathic doses. In conducting the local treatment the allopathist is also at a disadvantage as compared with the homœopathic surgeon; his multifarious applications of leeches, plasters, lotions, poultices, are often worse than useless. It was no doubt a conviction of this fact which induced the late Mr. Liston to set on foot a practice, which has been generally adopted by other surgeons, of using the cold and warm water dressing, and trusting to the efforts of nature. The difference between the two systems is here even more striking than in the constitutional treatment. Arnica is a remedy of which we may justly be proud. Used popularly as a cure for wounds, sprains, and

contusions, Hahnemann submitted it to the touchstone of the homœopathic law, and placed it on a sound and permanent basis, and during the last fifty years its curative virtues have received the constantly accumulating testimony of the whole body of homœopathic practitioners. The members of the medical profession generally, ever jealous of everything emanating from homœopathy, though they will not administer the remedy internally, do not hesitate to employ the tincture outwardly as a lotion, because in so doing they do not compromise their allopathic dignity. It would be a waste of time to dilate here upon the remedial properties of a medicine whose invaluable agency your own experience must constantly afford you the means of appreciating. I could, if necessary, supply from my own note book numerous instances of its all but magical operation: a very striking one occurred to me a short time since. A young gentleman, leaving his office in Thames Street, in briskly emerging from the doorway into the street, came in contact with the end of a bar of iron, borne upon the shoulder of a porter, which struck him violently across the face, over the left eye; immediate swelling of the injured parts was the consequence. By the time he reached my house the eye was closed and hid, and the whole orbital fossa was filled up by the tumefaction of the eyelid and adjacent parts. As neither the patient nor his friends knew much of homœopathy, the first cry was for leeches; assuring them that they were not necessary, I ordered a weak Arnica lotion to be kept constantly applied to the part. This was at 6 o'clock in the evening. The next morning the patient called on his way to business to express his delight at the marvellously speedy relief he had obtained. All traces of the injury had disappeared, with the sole exception of a slight discoloration of the skin at the outer angle of the eye.

There is another remedy which does not appear to have been as extensively tested in this country as the high encomiums bestowed upon it seem to warrant: I allude to the Calendula officinalis. The notice of this herb in the new American edition of Jahr contains some most encouraging examples of its beneficial employment in injuries of the most complicated and

destructive character. The cases which are there detailed * are too long for quotation. They are, however, exceedingly interesting, as shewing that Calendula applied in the form of a lotion to injuries of the soft parts, attended with solution of continuity, exerts a wonderful power in preventing those extensive suppurations on which the danger of such casualties, as well as the amputations to which they lead, mainly depends. If this be the case—and we have no right to question the correctness of Dr. Thorer's statements until the medicine has been tried in similar cases, and found to fail—it would appear to be exactly fitted to fill a gap left by Arnica and Rhus: the former of these being indicated principally in contusions without abrasion of the surface; the latter in sprains of tendons and ligaments. My own experience in the use of Calendula is limited. As far as it extends I have every reason to be highly satisfied with the result. I have applied it as a lotion in cuts and wounds of different parts, and it certainly has seemed to favor the healing by the first intention. This effect has been most striking in wounds of the scalp, which we know are so particularly prone to suppuration. It certainly deserves a full and fair trial, and if subsequent experience shall confirm the reputation it has already obtained, it will prove a most valuable, because a conservative, agent in the hands of the surgeon.

The second class of causes which render amputations necessary have a constitutional source, such as scrofula and the poison of Mercury: the former giving rise to inflammation, ulceration, and suppuration of the joints; the latter, more commonly, to disease of the flat and long bones.

I speak from personal experience when I say that there are but few practical points more replete with satisfaction to the seceder from the old system of medicine than the new and really available powers with which homœopathy supplies him in the treatment of scrofula. I will not pause to consider the various interesting questions connected with this mysterious disease: whatever may be its nature it is, I believe, now placed

* They will be found detailed at length in this Journal, vol. v, p. 318. —Eds.

beyond dispute that the affections of the glands and joints to which it gives rise are only so many local manifestations of a constitutional taint, and that when these local manifestations are interrupted in their progress by topical applications, they have a strong tendency to migrate to some other organ—from joint to joint, from one gland to another, or to the lungs. I have already given two interesting examples of the latter metastasis, when speaking of fistula. We there saw the drying up of the suppurating glands followed immediately by the development of phthisis.

In all this we have the strongest argument that can be adduced against one mode of treatment to which allopathists are especially prone, that of endeavouring to suppress the local affection by the application of Iodine, Mercury, &c. These means, it is true, generally fail in their object, but the principle on which they are employed is not on that account the less erroneous or the less to be deprecated. Nor is the constitutional treatment adopted by the allopathists much more successful. The class of remedies on which they rely—in themselves unobjectionable, because homœopathic in their action—are generally administered in such enormous quantities as entirely to neutralize any good which under more favorable circumstances might follow their employment. This is especially the case with reference to Mercury, Iodine, Iron, and Bark. I have myself seen these remedies pushed to such an extent, in conjunction with stimulants and tonics, that a state of feverishness and ebullition of the system has been excited totally opposed to that condition which experience teaches us is so essential to the eradication of scrofula.

When the disease attacks the joints it is customary to superadd to this stimulating plan the not less mischievous practice of depleting by leeches, and the establishment of counter-irritation by setons and issues. These measures, without exercising any beneficial control over the local disease, rob the system of that power which constitutes the very life and soul of antagonism to scrofula. No wonder that these cases so managed should run through the several destructive stages of inflammation, and attain at length to that hopeless condition from which there is

no chance of escape except through the agency of the knife. A melancholy instance of this kind, combining all the misfortunes of the allopathic treatment of scrofula with the mischances of amputation, occurred in the person of a patient of my own. Fifteen years ago, when about twenty years old, and otherwise tolerably healthy, she had white swelling of the knee. Local depletion in all its forms, counter-irritants by blisters and tartar emetic ointment, lotions, and plasters, were used in endless variety and with unabating zeal for several years. Constitutional measures in interminable diversity were employed with even greater pertinacity, with this sole result, that the disease advanced and became confirmed, ulceration of the joint supervened, and about eighteen months ago she was admitted into Guy's Hospital for the purpose of having the leg removed by the late lamented Mr. Key. I need hardly say that the operation was performed with all the dexterity and skill for which that eminent surgeon was distinguished. The result was most unfortunate. Inflammation of the stump took place, extensive suppuration followed, and, worn out by hectic, she was removed from the hospital to die. It would of course be absurd to assert what does not now admit of proof, that this case under different management would have ended more fortunately. We are, however, I think, warranted in assuming that had it been treated homœopathically in the first instance amputation would never have been necessary; and further, that had the Arnica, Calendula, and other appropriate remedies been used after the operation, instead of the quantities of Laudanum, Ammonia, Bark and aperients that were actually administered, the stump would have progressed more kindly, and the sad catastrophe I have described been averted.

To say that in every case where allopathy fails homœopathy would succeed in curing scrofula, would be to assume more than experience warrants. To say that in the majority of cases she would do so, would, I am persuaded, be keeping within the bounds of truth. Our grounds of superiority will be found to consist in avoiding depletion on the one hand, and over stimulation on the other; in abstaining from the meddlesome and mischievous use of local remedies; in regarding the disease

purely as a constitutional taint, and in bringing to bear upon it such remedies as have been proved by homœopathy to be specific to that condition. It is hardly necessary to allude to the diseases of the bones, originating in the abuse of mercury, and occasionally requiring the use of the knife. In homœopathic practice we never give Mercury in sufficient quantities to produce them. When the pernicious practice to which these diseases owe their origin shall cease, the necessity of operating for their removal will cease also. This will be coeval with the spread of homœopathy.

Reviewing the foregoing remarks, which indicate a more simple and scientific mode of treating the accidental and constitutional causes of amputation, as well as of managing the patient after amputation has been performed, we are justified in coming to the conclusion, that with the general adoption of those principles, amputations will become less frequent and less disastrous.

Hernia.

The protrusion of the different kinds of hernia appear at first sight to be so peculiarly mechanical in their nature, and to indicate so clearly the application of mechanical means for their reduction, that the mind is not easily brought to entertain the idea of trusting to internal remedies for the accomplishment of that object; nor do I suppose that any surgeon, whether allopathist or homœopathist, would rely solely upon those agents. The taxis presents itself as so natural a mode of restoring the protruded bowel to its proper place, that no one, however unbounded his confidence in the corrective power of medicines, would, in the first instance at least, hesitate to have recourse to that expedient. But although the superiority of the homœopathic treatment of hernia as distinguishing it from that of the old school will be found to reside chiefly in its power of preventing those accessory symptoms on which the danger of the displacement depends, its influence will not stop here. A careful survey of the allopathic mode of treating strangulated hernia—it is of that form of the disease we are now speaking,—together with the results of homœopathic experience, limited though it be, warrant us in asserting that many cases now submitted to

the knife would yield to a more rational and scientific management. In contemplating the teachings of the allopathic school on this subject, one is struck with the want of precision in their rules of procedure. They appear to be constantly wavering between the fear, on the one hand, of operating too early, and therefore unnecessarily, and on the other, the danger of a too protracted and often fatal delay. Nothing is more certain than that under the influence of the latter apprehension, many cases are operated upon which time and other means would remedy. An amusing instance of this sort was related to me the other day by a medical friend, to whom it occurred. In the early period of his apprenticeship, his master, one of the most popular practitioners in the metropolis, had a case of strangulated inguinal hernia, which, resisting for as long a time as it was deemed safe to wait every attempt at its reduction, it was resolved, under the advice and sanction of an eminent hospital surgeon, to relieve by dividing the stricture. For this purpose those gentlemen, reinforced, as is usual on such occasions, by the presence of two or three neighbouring practitioners, repaired to the house of the patient. While the preliminary arrangements were being made, the apprentice, who was of the party, and who had never before seen a case of hernia, begged to be permitted to feel it—when lo! under his untutored manipulations, the protrusion, that had so obstinately resisted the efforts of more skilful hands, slipped suddenly into the abdomen, to the infinite delight of the patient, though, it may be suspected, to the no small chagrin of those who were about to perform what then appeared an unnecessary operation.

Another case of a similar kind, but more interesting and instructive, was communicated to me by a gentleman who was lately a retired allopathist, but becoming acquainted with homœopathy, imbibed with it so much youthful ardour and fresh interest in his profession, as to induce him to re-enter the ranks of active practitioners. Many years ago this gentleman visited, in conjunction with a medical friend, a woman about forty years old, who had strangulated femoral hernia. During forty-eight hours every means at reduction usually adopted in such cases was tried and failed. Stercoracious vomiting and

other alarming symptoms supervening, it was determined to operate. Before doing so they resolved to make one other effort at reduction. They had heard of Opium as a remedy for strangulated hernia; it was administered, a grain every hour. After a few doses only had been taken the pain in the abdomen ceased, the bowel receded, and the patient recovered without an untoward symptom. Little did those gentlemen then know that Opium was strictly homœopathic to such a condition, and that the success which attended its exhibition was due to that circumstance!

Putting out of the question division of the stricture by the bistoury, I cannot but consider the allopathic mode of treating strangulated hernia in other respects as highly unscientific and objectionable. In order to overcome the tension of the stricture, and relieve the swelling and congestion of the strictured part, it is customary to bleed the patient in the arm, to put him into warm baths, to give anodynes and nauseating doses of Tartarized Antimony; to administer tobacco, and other enemata. These agents, all of a disturbing and depressing character, are called into requisition before an operation is deemed justifiable. If they succeed, all well and good; but supposing, as but too commonly happens, that the result is not so fortunate, and that after all the knife is the only alternative, in what a condition does it find the patient! what front can he oppose to the dangers of a hazardous operation. Previous to those operations which admit of delay, it is customary to place the patient under a preparatory course of medical and dietetic treatment, in order to bring the system into as favourable a state as possible, to bear the shock of the operation, to meet successfully any untoward accident that may attend upon or result from it, and to carry on afterwards the process of reparation. The urgent nature of strangulated hernia precludes the possibility of this salutary preparation; but that, surely, is no reason why the unhappy condition of the patient should be rendered still more hopeless by the adoption of such measures as must effectually rob him of his best and only prospect of safety! This is the rock on which the allopathist splits—his weak point in the treatment of hernia. From first to last the patient is allowed

no rest; the moment the accident is detected he is subjected to the almost unintermitting employment of the taxis; he is pushed, pulled, and kneaded, till inflammation, the inevitable consequence, is superinduced. This is persisted in for an indefinite space of time, and failing to overcome the obstruction, he is bled, leeched, and nauseated, till sufficiently ill to undergo an operation! In all this there is a mischievous spirit of interference, an over-weening confidence in physical force, too little reliance upon that best of all surgeons, nature. No wonder that under these circumstances the operation for hernia should form so large an item of mortality in our hospital returns. Now, I cannot but believe that an opposite course would often lead to the happiest result. Considered abstractly there does not appear to be anything in hernia necessarily irremediable without the division of the stricture. One would expect that perfect repose in the most favourable position for the return of the bowel, abstinence from food and all other excitants, the administration of those homœopathic remedies which possess the power of rectifying the morbid action of the parts affected, together with the gentle and judicious application of the taxis, should, at least in the majority of cases, be sufficient to effect the desired object. We know that there is in nature a preservative power ever struggling against disease, and tending to restore the natural and accidental aberrations of the system: those efforts ought to be encouraged to the utmost extent consistent with reason and sound science. No one will deny that the mode of treatment I have suggested is closely in accordance with such an object. These views are fortunately not unsupported by actual experience. Dr. Traub says that "since he commenced treating his patients on the principle of homœopathy, only one case in ten of incarcerated hernia has failed to yield to homœopathic remedies." Those of you who are veterans in homœopathy will no doubt be able to judge from your own experience of the soundness of such a statement. My own experience in the matter is limited. I have, it is true, had several cases of incarcerated hernia to treat since I changed my mode of practice, all of which, with one exception, were reduced so early and easily as not to come within the

scope of my present observations. The exception to which I allude was a case of femoral hernia. Mrs. Purton, aged 36, was seized with severe pain in the lower part of the abdomen, succeeded, after a few hours, by high constitutional disturbance, such as fever, shivering and headache, and violent vomiting. Living some distance from me, she sent the foregoing description of her symptoms, and requested to be prescribed for. I ordered Aconite. The vomiting still continuing, although the other symptoms abated, she had subsequently, without being visited, Arsenicum, Belladonna, and one or two other remedies. At the end of the second day I was requested to see her. The mischief was then found to arise from a small hernial protrusion. A little manipulation was sufficient to restore it. During the whole of the time she had kept about the house: but there is no doubt in my mind that the remedies administered in the interval, although from the absence of rest and other favourable conditions they were unequal to the reduction of the hernia, yet rendered the scarcely less valuable service of subduing and keeping under the inflammation which had evidently commenced, would in all probability have rapidly extended, and perhaps have rendered an operation necessary.

But few words need be expended upon the remaining portion of our subject, the division of the stricture. When that measure is no longer to be averted, the homœopathic surgeon undertakes it under the most promising circumstances. In his endeavour to avoid such a step he has been guided by a sound therapeutic doctrine, which has forbid his employing any means calculated to undermine the powers of his patient: he has aided, not thwarted, the efforts of nature. The advantage does not end here. The operation for hernia derives its danger from the inflammation of the bowels which is apt to follow. I need not dwell upon the comparative power of the two systems in treating this disease. On the one hand we have bleeding and salivation; on the other Aconite, Belladonna, &c. The superiority of the latter is too well known to every homœopathic practitioner to require any additional proof in this place.

Thus I hope I have succeeded in showing that one important effect of the introduction of homœopathic principles into surgical

practice will be to lessen the number of operations for the relief of strangulated hernia, and to diminish the mortality resulting from them in those cases where they are imperatively called for.

Venereal diseases.

There is no class of disorders which professional usage has assigned to the care of the surgeon, in which the superiority of the homœopathic plan of treatment is more conspicuous than in those which come under the denomination of venereal disease; including syphilis and gonorrhœa, with their attendants and consequences. I will not detain you by entering into the inquiry whether Hahnemann, who maintains that the primary syphilitic ulcer is a constitutional disease, or Ricord, who asserts that it is purely local, is correct in his opinion. Whether or not the latter be right in his pathology, we have no hesitation in adopting Hahnemann's therapeutics; since, it is impossible, though the disease be only local in its manifestation, to decide at what precise period the poison becomes absorbed and the system contaminated. Under these circumstances, he must be a rash surgeon who would trust alone to the application of Caustic, and omit those internal remedies which would protect his patient from the chance of a constitutional disease. Nor will I pretend to settle the still more strongly disputed point whether syphilis may be safely and successfully treated without the use of Mercury. That it has been so treated, especially in the army, is undeniable. In civil practice, the use of Mercury, at some period or other of the disease, is, I believe, almost universal. I need not tell you that it is in the use, as contra-distinguished from the abuse, of this remedy, that the superiority of Homœopathy in the treatment of syphilis mainly consists.

Although the allopathist, in Mercury, has hit upon one of the most beautiful specifics with which we are acquainted, he yet mars its curative action by the enormous doses in which he exhibits it. There is no fact in surgery more generally admitted than that large doses of Mercury often aggravate the syphilitic ulcer, compelling the surgeon to discontinue its use until its effect dies away; in other words, till it subsides into the gentle non-

perturbing homœopathic quantity, under which an ulcer, previously on the increase, puts on a healthy action and heals. The allopathist, ignorant of the true therapeutic action of the medicine, attributes all the mischief it produces in these cases to the constitutional fever and irritation it excites; whereas, it is doubtless owing, in reality, to its power of producing ulceration of the skin and mucous membranes. Thus, the first effect of the allopathic mode of exhibiting Mercury, is to aggravate the disease: a second effect is the production of bubo. I am persuaded that the irritation of the glandular system and the activity of the absorbents, under the influence of large doses of Mercury, is a frequent cause of bubo. I am supported in this opinion by my own experience. In allopathic practice I was constantly annoyed in the treatment of chancre, by the formation of abscess in the groin, notwithstanding that Mercury had been exhibited to ptyalism. I have treated numerous cases of syphilis by the homœopathic dose of Mercury, and never witnessed such an occurrence. I will not dwell longer upon this subject; suffice it to say, that in treating this disease, without poisoning the system with Mercury, homœopathy effects a very important modification in the practice of surgery.

Gonorrhœa is a much more painful and complicated form of venereal disease than the foregoing. Notwithstanding that it is, in its nature, more obstinate and troublesome to eradicate, it is not on that account less demonstrative of the superiority of the homœopathic system. In the allopathic treatment of *lues venerea*, we have seen the disease aggravated by enormous doses of a remedy, which, administered in proper quantities, would effect a certain and kindly cure. In gonorrhœa the same thing takes place. This disease consists in inflammation of the lining membrane of the urethra. The Balsam of Copaiba is undoubtedly specific to that condition: it will induce inflammation of the mucous membrane of the urinary organs, and by the same rule, when administered in the same quantities, will aggravate an already existing disease: it exercises its medicinal, instead of its curative action. The allopathic surgeon, unacquainted with this important fact, as the disease increases in virulence, augments the dose, or exchanges it for some other remedy equally irritating, and given in

quantities as much too large. By these means the disease is not only not cured, but has superadded to it that permanent irritation which induces thickening of the membrane and ends in stricture. It is for the removal of this obstruction, induced nine times in ten by maltreatment, that that most mischievous instrument, the catheter, is employed: I say mischievous, because I verily believe, that so far from being beneficial, it is in the majority of cases a fertile source of disease; it keeps alive the original irritation and superinduces other distressing concomitants of gonorrhœa; viz. inflammation of the bladder and orchitis. Reviewing these several diseased conditions with the eyes of homœopathists, we shall find no difficulty in seeing how greatly their progress and results will be modified by the adoption of Homœopathic principles of treatment.

As regards gonorrhœa; though we are bound in candour to confess that it is, perhaps, one of the least showy of diseases, in respect to rapidity of cure by homœopathic remedies; in respect to the safety and certainty of their operation, and the exemption they insure to the patient from concurrent annoyances, there can be no question about their superiority over the allopathic plan. The remedies that have been most successful in my hands, are, Aconite, Mercurius, Cantharis and Cannabis, in acute, and Petroselinum in the majority of more chronic cases. With these remedies I have rarely experienced any great difficulty in subduing the disease within a reasonable space of time; and even in the most obstinate cases, where, from constitutional peculiarity, or some other cause, the disease has become more intractable, I have never failed, in the long run, to effect a complete cure.

I need not dwell upon that most distressing accompaniment of gonorrhœa, irritation of the bladder—so fertile in embarrasment to the allopathist, so magically amenable to Aconite and Cantharis; nor pause to contrast the leechings, purging, and mercurializations commonly adopted in treating Orchitis, with the wonderful control exercised over that disease by Aconite, Pulsatilla, Aurum, and Clematis. We come to the more thoroughly surgical disease—Stricture of the Urethra. Repeating an opinion I have before expressed, I am perfectly satisfied,

from a careful comparison of the two systems of treatment, that this painful affection is in many instances due to the inefficacy of the ordinary remedies for gonorrhœa. In my own allopathic practice the catheter was almost as frequently in my hand as the lancet. Since that time I have used it only once, and then unsuccessfully. I have, it is true, had many cases of stricture under my care; but they have all been relics of allopathy, and have either yielded entirely, or been so much mitigated by appropriate remedies, as scarcely to interfere with the comfort of the patient. I have never seen a case of gonorrhœa, treated from the first homœopathically, terminate in stricture.

In the foregoing remarks, which I believe are borne out by the results of homœopathic experience generally, we cannot fail to discover an immense advance upon the ordinary mode of treating the diseases of the urino-genital organs, having their origin in a venereal source. They point to a certain cure of lues without the destructive effects of Mercury; to a painless removal of gonorrhœa, divested of the local and constitutional irritation attendant upon the old system of treatment; and lastly, to an exemption from the annoyance of urethral stricture, and the introduction of the catheter.

I will not tax the endurance of the Society by multiplying these illustrations. I fear I have already exhausted your patience, if I have not overstepped the limits which I believe your rules prescribe on these occasions.

I need hardly tell you that in commencing the task I have thus most feebly and inadequately fulfilled, it formed no part of my design to traverse the whole wide field of surgery. However profitable and interesting such a review might prove in abler hands than mine, and greatly as it would assuredly redound to the honor of homœopathy, such a task is as much beyond my reach, as it would be impracticable and out of place on such an occasion as this.

It would also have been equally foreign to my purpose to have entered into the more minute points and disputed questions connected with the subjects that have been brought under your notice; to have discussed the relative claims of the circular and

flap operations in removing a limb, or the propriety of opening the sac in operating for hernia. These, and others of the same kind, are points of mechanical detail that do not affect the principles of the science, and on which surgeons of the most opposite persuasions may differ or agree without compromising their doctrinal opinions. Nor should I have felt justified in indulging in any new or fanciful speculations: such a course would be as profitless as it is uncalled for. I have rather sought, by seizing the most striking features of a few widely ramifying diseases, and submitting to examination the modes of treating them adopted respectively by the old and new schools of medicine—comparing the errors and empiricism of the one with the rationalism of the other—to educe therefrom and bring prominently into view those broad and comprehensive principles by which the homœopathist is guided in his management of surgical diseases in general.

Those principles, as practical as they are palpable, are embodied in a full, fair, and honest application of the homœopathic law, which, inculcating the utmost simplicity in our proceedings, expunges from among surgical remedies a long list of painful and useless appliances, forbids all unnecessary and meddlesome interference, and teaches a firm reliance upon the judiciously aided efforts of nature. In this way homœopathy simplifies, purifies, and elevates the science of surgery.

Let it not be inferred from the foregoing remarks that I would underrate or disparage the vast improvements that have been made in modern surgery, whose greatest pride it is to cure without the knife. I only wish to express my firm conviction that the accomplishment of this noble aim to the utmost extent of which it is capable, awaits the world-wide spread of homœopathy.

PRACTICAL OBSERVATIONS.

By Dr. Liedbeck, *of Stockholm.**

Ophthalmia catarrhalis.

I saw no effect from Euphrasia in catarrhal inflammations of the eyes, either of a dry or humid character, as long as I employed this remedy in pure tincture or in dilutions from 6 to 30: however, since I have employed it in form of infusion, as advised by Dr. Bardach,† and also in collyrium, as it is recommended by Dr. Käsemann,‡ I have on the contrary every reason to be satisfied with this remedy. I have employed it in the form of infusion since 1844, but as a collyrium only since 1846, and I give it in general when the patient is going to bed. The infusion is prepared with one teaspoonful of the herb of Euphrasia and half a pint of hot water, which is left to infuse till it is cold. Bardach gives it in the morning, before breakfast, and I have also, at times, obtained the same good result when I have given it in the morning. Our northern ophthalmic affections are, according to my experience, more speedily cured in this manner than by the employment of dilutions. I have only once observed that this Euphrasia tea has produced a bad effect, or increased the symptoms (homœopathic aggravation). This occurred with an old lady who, mistaking my prescription, took one tablespoonful of the herb instead of a teaspoonful. With the exception of a small quantity which was kept for the local application as eye water, she drank the whole of it. The tea was of nearly a black colour, and increased by its irritating effects the redness of the eye. Pimples appeared besides, where the Euphrasia tea had been in contact with the skin; the eyelids swelled considerably, and the patient had for several days headache and a rancid taste in the mouth and along the œsophagus. No amelioration took place until the eyes began

* We are indebted to Professor Georgii for the translation of Dr. Leidbeck's MS.—[Editors.]

† Allgemeine homöop. Zeitung, 26 b., p. 104, No. 12.

‡ Hygea, 20 b., p. 322.

to itch, when *Spir. Sulph.* gttj. proved beneficial. The patient at last recovered after this excessive dose of the Euphrasia tea.

Cynanche tonsillaris.

I had already, as physician at the House of Correction at Longholmen from 1828—30, the opportunity of observing that in many cases, salivation, swollen gums, and cynanche, occurred in consequence of the allopathic administration of Tinct. Ferr. I found also afterwards these symptoms recorded as the effect of Iron on healthy persons in Hahnemann's *Reine Arzneimittellehre* (3 aufl.), ss. 49-55. In the homœopathic literature, which I have closely examined, I have however not been able to find a single case where Iron has been employed in *cynanche tonsillaris.* I was accordingly rather surprised to see that Rademacher, in his *Erfahrungsheilk.*, 2nd V., 225, 3 aufl., relates some interesting cases in which cynanche was speedily cured by the administration of the tincture of Iron (Ferri mur. oxyd. Ph. B.), as well as with his own preparation of the tincture of Ferrum aceticum, in the dose of one ounce in twenty-four hours. I have already in this Journal (1st Vol.) reported some cases in which, in accordance with Dr. Heinrichsen's plan, I cured chlorosis with *Tinctura ferri acetici,* ten drops four times a day, and on this occasion I am happy to be able to give an example of the successful application of the same remedy in *cynanche tonsillaris* where its use was homœopathically indicated. The first case occurred with Mrs. Oberg, who was debilitated in consequence of several confinements and repeated nursing. The patient having at the same time a disposition to pulmonary consumption, I gave her Protoioduretum ferri,* in some

* I find that my assertion that ppta and composita chemica act according to their chemical constituents (*Brit. Jour. of Hom.* i, p. 140) has not been approved of by the editors of the Journal. They are, however, not yet *proved* to be incorrect. On the contrary, this case, amongst others, gives a further support to my opinion. I find also in the *Allgemeine Zeitung für Homöopathie*, that Dr. C. Hering not only is of my opinion, but that he appears to wish to lay a claim to the priority of this observation as belonging to him, and he refers to a cure of epileptic fits by Calcarea arsenica 12. This is not the first example of this kind of traffic on the part of our transatlantic colleagues.

drachms of spirit, to take one drop every hour. She declared that she had never taken such an active medicine. The difficulty of swallowing was alleviated, and the fever diminished after every new dose of the medicine, and the patient was restored in less than twenty-four hours. This occurred last spring. During this winter she has again had another attack of cynanche tonsillaris, with fever, dryness of the mouth, and delirium. The two last symptoms yielded to Popper's remedy for sore throat (*Extract. Belladonnæ* grj. and *Aq. destill.* ℥ iij), one tablespoonful every other hour. The fever and the sore throat continued, however, with difficulty of swallowing, the dryness of the mouth had changed to an opposite state of salivation, and the tonsil was dark and enlarged. I gave now the same preparation of Iron, in the same dose, and with the same good result. The third case of sore throat which I treated, and where I quickly alleviated the pain and performed a cure, is the following. This time I applied *tinct. ferri acetici* (Rademacher, ii, p. 777). Mr. M—n, a clergyman, was about twenty years ago cured by myself, by the employment of Extract. Bellad., of a cynanche tonsillaris; afterwards this remedy was tried several times without result. The allopathic treatment did not prove more successful, and in the course of several years there had been made several scarifications, &c., of the tonsils, and a large part of them was cut away. Notwithstanding this, the patient suffered repeatedly from sore throat, and he could at present swallow neither solids nor fluids. There was some fever, and the relapse had occurred *post coitum.* Solution of Argentum nitricum as a gargle has also in vain been applied. Finding that the urine manifested only a very slightly sour reaction, I gave *tinct. ferr. acet.* Even the second drop passed more easily than the first, and the difficulty of swallowing was after five or six doses quite alleviated, the fever gone, the patient began to feel appetite, and the fœtid smell from the mouth was much diminished. The swelling of the tonsils was however not lessened, and the sore throat got worse again after the patient had taken his dinner. Notwithstanding this, after a few (about five) more doses of the tincture of Iron, the patient had a comfortable night, and could, the

following day, take all the meals without the slightest pain, in spite of the enlarged tonsil, the soreness of which was mitigated before the swelling had disappeared. No relapse has since occurred. Since that time I have again, in two cases, seen quick and immediate results from the Protoioduretum ferri, one drop every hour. The first case was Miss H. N—b, who was previously under the allopathic treatment in Upsala, had repeatedly had leeches, purgatives, and used a great quantity of Mercury; the other, also a young girl from the northern part of the country, did not find any relief from Belladonna, but was speedily cured by the Ferrum iodatum. All the glands round the neck, and maxilla inferior, were here exceedingly swelled; the patient had suffered besides for several years from headache, flatulence, looked very chlorotic, and the urine was not acid, although not quite alkaline.

Hydrocephalus acutus.

I long ago had an ample opportunity for observing that children with disposition to hydrocephalus acutus generally have a peculiar shape of the head. The skull is as if it were swelled and expanded from within, the form rather resembling that of a round bladder (spheroid); they manifest at the same time a precocious intellect in the large head, but they are restless and in general sleepless. I have observed that they often rub the occiput against the pillow, as also is the case with those who suffer from "craniotabes," of which latter disease I have seen two cases, my attention having been drawn to the subject by Dr. Elsässer (*Weicher Hinterkopf*, Tübingen, 1845). Besides, I have myself found that children with disposition to hydrocephalus perspire only on the head whilst sleeping, the other parts of the body not participating in the perspiration, being on the contrary of a rather low temperature. Besides, there is always more or less derangement of the bowels, which are either loose with diarrhœa, or at other times, especially the commencement of an attack, constipation is a constant symptom. The heat in the fever is burning from the very beginning; the head is, however, hotter, but does not so easily perspire after the disease has begun with its complete want of

sleep and other well-known symptoms. The following characteristic cases will render unnecessary any further details.

CASE I.—In the month of December, last year, I was called in consultation by Dr. Ekwurzel about two children of the same family. The eldest boy, Ernst, was in his fourth year, and was taken ill a week previous with *vomiting*. I found him in a leucophlegmatic state, although there was considerable redness of the face; he presented the appearance of intoxication. The fever was burning; the little patient screamed at times very violently, especially whilst asleep and immediately after awaking, although always very short (ha, ha, ha). The crown of the head was exceedingly hot, especially the right part of it, whilst at the same time the left leg was always kept in a contracted position towards the abdomen (the last symptom had already been observed by the nurse). Dr. E. considering the disease depended on irritation caused by worms, had given pills of the oxyde of Copper (à la Rademacher) ½ gr. four times a day, but seeing no results he began to suspect the disease to be a meningitis tuberculosa, so much more probable as the mother of the child had died of phthisis tuberculosa, and the temper of the child, from being previously of a very mild character, had become of an opposite disposition. *Belladonna* 15 and *cina* 15 were consequently administered. Dr. Berg as ex-professo-physician for children had also been consulted, and declared that it was rather difficult to give an opinion with regard to the present state of the child, but that he considered that an expectant or homœopathic treatment would in this case be as good as any other, unless it had proved itself insufficient. In the meantime Dr. E. called to mind having heard from a jeweller, Mr. T., that his child had been cured by "punch" in a nearly similar case. The attendant physician, after having applied the usual means without results, declared the disease to be water on the brain, and that there was no hope of recovery. The child was lying in a state of drowsy sleeplessness, only now and then interrupted by violent fits of screaming. The father of the child then resolved to give it some "punch," in the indulgence of which he found himself at times a great comfort. The interrupted secretion of urine was restored, the child became quiet, and was after some days quite restored. This same gentleman, finding after some time one of his friends uneasy and distressed about his child, who seemed to suffer from the same disease from which he had saved his own child, mentioned his own

experiment. The same remedy was tried also in this case, with the same results. Dr. E., in relating these circumstances to me, asked my opinion with regard to the use of stimulants in the present case. I was at no loss to perceive in these instances the relation between cause and effect, and remembered at the same time that Marshall Hall, after having in vain applied leeches, calomel, &c., in hydrocephalus acutus, and considering the continuation of the symptoms to depend on inanition, gave with success whisky up to 15 drops. A tea spoonful of corn brandy was accordingly given to the child. The sleep during the following night was certainly more quiet, but the same screaming began immediately after the child awoke. Dr. E. then gave a tablespoonful of punch, the consequence of which was soon more tranquillity and even secretion of urine. The child was however not better the following day, at my morning visit about 11 o'clock, so that I found myself bound to advise the use of Ferrum aceticum, so much the more as the urine, although dark, did not give a quite acid reaction. The remedy was given in the form of Liqu. ferri acetici (Ph. svec.), with Gi. arab. and aq. destill. (à la Rademacher), one or two drops every hour. The action of this remedy removed the disease within 24 hours, during which the fever gradually decreased, and the little boy was quite restored in a few days.

Case II.—Arthur, the younger brother of the last mentioned boy, was at the same time taken ill with nearly opposite symptoms. After two severe fits of convulsions, with rigidity of the neck and contraction of one of the legs towards the abdomen, *belladonna* 15 had been given with success by Dr. Ekwurzel, and the first attack thus stopped had passed into an opposite state. The little boy lay with dilated pupils, and was unable to speak. I advised here to give hydrocyanic acid in the form of almond milk, one tablespoonful every hour, and to continue to give Belladonna in case the fever should return. The little patient rallied gradually, although not so quickly as his brother, and he is still slightly suffering from dysuria.

Case III.—The following case occurred in my own practice during the last days of December last. Mrs. Oberg's youngest child, a boy 2 years old, had lain in a very severe fever, with sleeplessness, for 48 hours. The eyes were very dull. The grandfather of the child died of pulmonary consumption, and the father was once with difficulty saved from the same disease. The mother of the child, weakened by several confinements, by nursing, &c., had found

great and speedy relief by Ferrum ioduretum at different times when suffering from cynanche tonsillaris (vide antea). The head of the child is exceedingly large, with open fontanelles, and although in the second year it cannot yet walk. A sister of the child died under my exclusive homœopathic treatment, of hydrocephalus ventriculorum cerebri, a fortnight from the beginning of the disease. Neither *bellad.* 30-1, nor the other remedies recommended in homœopathic practice, as *veratr.* 30-2, *cina*, &c., were of any influence. I applied in her case also in vain the hydrotherapeutic treatment. In the present case the danger was so much the more imminent as the child had already before suffered from bad abscesses and coryza; the form of the head indicated besides a great disposition for the disease, and the fever was burning. To complete the anamnesis I must add a few particulars. The child used in his first year to perspire much about the head whilst sleeping; at the same time the lower extremities were cold. These symptoms, however, for which I had given Sulphur and other apparently homœopathic remedies, without any results, had been within a few days cured by the application of the cold bath to the lower part of the body every morning; the legs and feet had begun to get warm, and the perspiration of the head had ceased. The child afterwards shouted for pleasure when it observed the preparations for the bath. The abnormally developed head and the still open fontanelles had indicated the employment of *calcarea phosphorica* with *sacch. lact.* āā ʒj, one teaspoonful twice a day, according to Dr. Böcker (in *Beiträge z. Heilkunde*, v. 1). The formation of an abscess of the lower extremities had taken place after the administration of this remedy. At the present moment the hydrocephalus was naturally my principal anxiety. Fever, vomiting, &c., as well as the increased temperature of the head, were evident indications. The mother of the child had seen one of her children die of the same disease, and having hitherto lost the half of the number of children I had to this moment treated according to the known resources of homœopathy, I had every reason to look about for something new and more efficacious. The above related cases, as also principally my previous studies of the effects of Iron on healthy persons, in the *Zeitschrift für Erfahrungsheilkunde*, by the followers of Rademacher, decided me to give in this case *tinct. ferri acetici*, one or two drops every hour. After some doses the child fell asleep, the fever was diminished, the night passed very quietly, and he was the following day quite well, and continues to be so, only

now and then a little squeamish.* I have never before observed such a quick result in a confirmed and acute exudative inflammation of the brain. My previous observation of the mother, who, whilst suckling the child always was alleviated by *ferrum iodatum*, *ferrum phosphoricum*, or *ferr. carbonicum*, and which then also acted favourably on the child, was in this case a still further indication for the use of iron.

I shall only add a few words to explain why I advocate the use of this remedy in cases of hydrocephalus of children. Iron was first introduced by Rademacher (*Erfahrungsheilkunde*, 11) in those cases which he denominated "Iron-dropsy," characterized by paleness of the palate, alkaline or unacid urine, &c. The old school, however, as well as the new one, acknowledge the specificity of this remedy in another form of hydræmia, viz. chlorosis. Long ago I myself also employed Iron in this disease. The experiments which have been made with Ferrum aceticum on healthy persons, and which are published in the *Zeitschrift für Erfahrungsheilkunde*, v. i, excelling all that has been produced even by Hahnemann himself, his pupils, or nearest followers, prove clearly that Iron produces on healthy, full-grown persons a more hydræmic blood, with a diminution of the quantity of iron and other solid constituents. We find in childhood, as retarded development, hydræmia in the ventricles of the brain, which afterwards gradually and with the progressive development, may be under certain circumstances increased, and fill the other cavities or parts of the body. If hydræmia cerebri, which in the nomenclature of the old school is called hydrocephalus acutus, or with still greater impropriety "encephalitis exudatoria infantum," be a symptom of general disease, and consequently of an abnormal state of the blood corresponding to the effects of Iron in producing more watery blood, this remedy must accordingly be truly homœopathic or specific in cases of hydræmia cerebri. Hahnemann himself gives a distinct and characteristic outline of the effects of the steelbaths: viz. paralysis; general weakness of the whole body

* A relapse of the disease some time after yielded to the same remedy, although not until after its repeated use for two days.

and its different parts; rheumatism; pain in the stomach; vomiting; pain in the chest as if phthisical and hæmoptysis; want of animal heat; cessation of the menses; impotence; barrenness; icterus, &c.; are complaints that belong to its pathogenesis.—*Reine Arzneimittellehre*, ii, p. 243.

The appreciation of the power of Iron by the followers of Rademacher is however more physiological and more strict to the letter. They have taken into consideration the morbid alterations of the blood on which the above mentioned symptoms depend. It is in reference to these circumstances that I have employed Iron as a remedy for this affection of the brain, and I have had in two cases a success which far surpassed what I under such circumstances hitherto have had opportunity of observing. It is possible that the epidemic in the Swedish constitution indicates more the use of Iron in the land of iron, and that the above mentioned results might depend on my administration of the remedy in larger quantities, thus following the example of Hahnemann in his first years rather than his prescriptions during the last period of his life. It seems also quite certain that the followers of Hahnemann have been obliged to give Iron in larger quantities than other metallic remedies. I do not, however, adopt the large doses of Rademacher, mixed with gum, in order to remain for some time in the stomach of the patient. As regards the theory of the dose, I fight for a more liberal principle than that which has been hitherto generally admitted in the homœopathic practice; viz. a full liberty "to employ," according to my oath as physician, "such remedies," and "in such quantities," as are approved of by experience, science, and rational observation. Accordingly I give now and then, for the sake of practical convenience, the medicine in globules from 1 to 10. I have even eventually seen results from the administration of the so-called "high potencies," especially in chronic cases. I contend, however, against their exclusive or principal employment, and refuse to sacrifice the experience which has proved the value of undiluted medicine, for the sake of favouring a theory. The success attending the administration of Iron, even in large doses, is still a proof that the homœopathic is the natural law of cure.

I have at least seen surprising effects from this remedy thus prescribed, even from the allopathic chemists, and I find in the homœopathic literature only a few cases, which seem to give support to the utility of ultra-chemical dilutions of Iron.

CONTRIBUTIONS TO VETERINARY PATHOLOGY AND HOMŒOPATHY.

By W. Haycock, of Huddersfield,

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Contribution I.

Irritation of the Bowels.

In presenting this, the first of a series of original contributions on Veterinary Homœopathy, I will offer a few remarks to the reader, ere I proceed to the detail of cases. More than twelve months ago, a variety of circumstances brought homœopathy in a prominent manner before my notice; on many previous occasions, I had heard of the system, and that the principal feature which it possessed, and wherein it differed from the old system, was that of prescribing and administering medicines to sick patients in infinitesimal doses; but on such occasions I had always dismissed the matter from my mind with some degree of rancour; I looked upon the system as just one of those medical delusions which from time to time prevail in society. At the period, however, to which I allude, an old friend of mine, a medical man of considerable local repute, happened to call at my house, and during the conversation we had, he told me that he had become a convert to homœopathy; this I must confess somewhat surprised me; and from further conversation which took place between us, I resolved within myself to investigate the system quietly. The first book which I procured upon it was entitled, *Truths and their reception in relation to Homœopathy*, by Mr. Sampson; which volume I perused with care—particularly the essay which it contains, "On the Homœopathic Prin-

ciple," by Hahnemann. From that essay, I indirectly learnt, that the infinitesimal doses, although probably a part of the *system* of homœopathy, *were not the principle of it;* a fact, which previously I had not known; and which those who had written upon the subject in opposition to it, and whose writings only I had read, had either intentionally, or through ignorance, omitted to mention; I clearly perceived that I had been judging of the system through the opinions of others; an error into which I am sorry to say, the great majority of medical men who pronounce an opinion in opposition to this question appear to have fallen. The idea which I fixed upon, was the law *similia similibus curantur,* which Hahnemann, in the above-named essay, dimly, yet surely shadows forth. I instinctively, as it were, perceived, that if a law of healing did exist, that the practice of medicine, if properly directed by it, would at once assume a position approaching somewhat to direct certainty. I next procured the *Organon of Medicine,* by Hahnemann; a work which, so far as the development of the first principles of medicine was concerned, I found to be the best book I had ever read, and which I now believe to be the best book upon the subject that was ever written by man. From the *Organon* I obtained, what to me was the most decided evidence, that a law of healing did exist; and from that moment I have never wavered in my medical course, in adopting it in practice. With respect to the question of dose, I made very short work of it, for when by my own careful examination of the system, as developed by its founder, I found that I had been grossly deceived by those who had written against it—and that their representations were entirely false: when I found that Hahnemann was not the ignorant weak-minded creature which Dr. Wood, in the commencement of his most contemptible book, entitled *Homœopathy unmasked,* directly insinuates: when I found that he was not, as he would further lead us to believe, a dreamer and a mere framer of vague hypotheses; but on the contrary, that he (Hahnemann) was a high-minded, carefully laborious, and truth-loving man—a man who for more than forty years pursued his labour with an untiring vigilance—I was irresistibly led to the conviction, that to conclude that the labours of such a man, mentally and bodily, through a

period so lengthened, and solely for the development of his system, could not be imaginary in their results; particularly as regarded the effects of the small dose in disease—to assert such a thing I thought would be a libel upon the great principles which actuate humanity—his powerful mind, his laborious care, and his great experience, were alike condemnatory of such a conclusion; besides, I regarded the matter, comparatively speaking, as trivial; the all absorbing point with me was the *law*. My experience with the various dilutions, ranging from one to twelve, has been pretty extensive, considering the time I have practised homœopathy; and from what I have observed, I am thoroughly satisfied as to their curative effects, if properly applied. In some few instances I have had recourse to large doses of the concentrated tinctures; but those occasions have been but seldom, and then it was principally at the very outset of my homœopathic career. I do not, however, consider myself bound by the principle of the system to adhere in any case to any particular quantity of a medicine, or any particular dilution of it—I consider that it is perfectly homœopathic to give either the billionth of a grain of a medicine, or an ounce of it; providing such billionth, or such ounce, be properly selected to the disease for which it is intended—or, in other words, providing such medicine be selected according to the law of similars.

It is very surprising that those medical men who take upon themselves to write the absurd nonsense which they do, and which they in their extreme simplicity denominate refuting it, should never once attempt to grapple with that which constitutes the basis of the system; viz. the law—on the contrary, in nearly every instance, the whole of their spleen is directed against the dose which we usually employ. It is perfectly true that the dose is a part of the system; but no two facts can be more distinct than these; viz. that although the dose constitutes a part, and a very important part, of the system of homœopathy, yet the fundamental principle of homœopathy *is the law*, so aptly expressed by the terms "similars cure similars." Another favorite notion held by the opponents of homœopathy is, that all the patients who are treated by it and recover, are cured not by the medicine, but by the effects of their own imagination; but surely

when it is known that the diseases to which our domesticated animals are subject can be cured by this system, and that too, much quicker and at less cost than by the old method, surely, I repeat, they will abandon the imaginative argument, or otherwise prove the existence of this faculty in the animals alluded to; but even for the sake of argument, admitting that imagination does perform the cure, it certainly is a very agreeable mode of getting rid of disease. If the imagination can cure pneumonia, for instance, it is better than being mercurialized, bled or blistered for it; if they are honest in their conviction that the imagination can perform such wonders, why do they not turn such an element to their aid?—an element of such power, and yet withal, when compared to the action of the blister, so gentle in its operation. The fact, however, that the homœopathic doses do produce curative effects, and act positively upon the system when administered in disease, is one which, in my opinion, is far from being dependent for proof upon the mere experience and testimony of the disciples of the system. The recent discoveries announced by Professor Matteucci, in his "Lectures on the physical phenomena of living beings;" and also by Professor Liebig, "On the motion of the juices in the animal body," tend in a high degree to substantiate such testimony, by affording clear and weighty physiological proof of the mode by which, in some degree, such curative effects are produced. Without entering into a minute analysis of the contents of the works above-named, I shall content myself with giving some of the conclusions, which the experiments and observations of these eminent philosophers, in the particular branches of inquiry above intimated, have arrived at; conclusions which, when applied to the particular question in hand, afford a clearer insight into the mode by which the minute doses produce their effects, than anything hitherto probably advanced upon so intricate a question. Many years ago the physiological question of absorption occupied the attention of a number of eminent physiologists; and the various opinions which were promulgated respecting this function were altogether unsatisfactory. The controversialists arranged themselves in two classes; the one class strongly contended that the function of absorption was entirely confined to that series of vessels ex-

tensively distributed over the organism, denominated absorbents; while the other class, at the head of whom was Magendie, contended that the blood vessels, and the venous system in particular, in addition to the absorbents themselves, possessed the power of imbibing or absorbing fluids into the system. These respective opinions were for a long time hotly maintained by both parties, until at last the contest appeared to exhaust itself, and the question, after all, remained much in the same obscurity in which it existed prior to the contest being commenced. In this state it has almost continued to remain, until very recently; when the question, from the beautiful experiments of Matteucci and Liebig, upon the endosmotic and exosmotic properties of membranes, appears to have been set at rest. These experiments prove beyond all doubt, that instead of the function of absorbtion or imbibition being limited to this or that set of vessels or organs, that such function is nothing more than a common physical property, a property which belongs more or less to every tissue composing the body. "Organized living beings, like all other bodies in nature," says Matteucci, "are extended, impenetrable, divisible and porous. Plunge them into water or any other liquid, and you will find that like sand, pounded glass, porous substances, and bodies formed of capillary tubes, they imbibe; which property is of the greatest importance to them." Again he observes, "If we plunge into a liquid a glass tube open at both extremities, the liquid rises or falls in the tube, *and the effect is greater in proportion* to the *smallness of the bore of the tube*. In a tube of about $^1/_{25}$th of an inch in diameter, the water rises about $1^1/_5$th of an inch. It will be readily admitted that capillary actions must exercise great influence over the functions of the tissues of animals, when we *reflect that the interstices and the capillary tubes of the tissues have a diameter of from the* $^1/_{2500}$th to about $^1/_{5000}$th of an inch."*

To prove the property, or imbibing capacity, of membrane for liquids of various kinds, Liebig, in his recent work, "on the motion of the juices in the animal body," gives a number of tables illustrative of this capacity: the annexed table is one which I select from many.

* *Matteucci's Lectures*, edited by Pereira.

"100 parts by weight of ox-bladder, take up in 48 hours:

	"Parts in weight
"Pure water	310
"A mixture of $^1/_3$ water and $^2/_3$ brine	219
" $^1/_2$ " $^1/_2$ "	235
" $^2/_3$ " $^1/_3$ "	288
" $^1/_2$ " $^1/_2$ alcohol	60
" $^2/_3$ " $^1/_3$ "	181
" $^3/_4$ " $^1/_4$ "	290

"From these experiments it appears that the absorptive power of animal membranes for different liquids is very different. Of all liquids, pure water is taken up in the largest quantity, and the absorptive power for solution of salt diminishes in a certain ratio as the proportion of salt increases. A similar relation holds between the membranes and alcohol, for a mixture of alcohol and water is taken up more abundantly the less alcohol it contains." Again he says, page 60 and 61, "The difference in the absorbent power of the parietes of the intestinal canal, for liquids which contain unequal amounts of dissolved matters, is easily observed in the effects produced on the organism by water and saline solutions. If we take while fasting, every 10 minutes, a glass of ordinary spring water, the saline contents of which are much less than those of the blood, there occurs, after the second glass (each glass containing 4 ℥) an evacuation of coloured urine, the weight of which is nearly equal to that of the first glass; and after taking in this way, 20 such glasses of water, we have 19 evacuations of urine, the last of which is colourless, and contains hardly more saline matter than the spring water. If we make the same experiment with water containing as much saline matter as the blood ($\frac{3}{4}$ to one per cent. of sea salt), there is no unusual discharge of urine, and it is difficult to drink more than three glasses of such water; a sense of repletion, pressure, and weight of the stomach, point out, that water as strongly charged with saline matter as the blood, requires a longer time for its absorption into the blood vessels. Finally, if we drink a solution containing rather more salt than the blood, a more or less decided catharsis ensues.

"The action of solution of salt is of three kinds; spring water is taken up into the blood vessels with great rapidity, while these

vessels exhibit a very small power of absorption for water containing the same proportion of salt as the blood does, and a still more strongly saline solution passes out of the body, not through the kidneys, but through the intestinal canal.

"All salts do not act alike in this respect. In equal doses, the purgative action of Glauber salt and Epsom salt, is far stronger than that of Sea salt; and their power of being absorbed by animal membranes appears to be in the inverse ratio of this effect. It is hardly necessary particularly to point out that an explanation of the action of purgatives in general cannot be included in the above described action of saline solutions on the organism. The example which has been given is intended to illustrate a physical property pertaining to a large number of salts, and apparently independent of the nature of the acid or base of the salt; for Chloride of Calcium, Chloride of Magnesium, Bitartrate of Potash, Tartrate of Potash and Soda, Phosphate of Soda, and certain doses of Tartar Emetic, shew the same action as Sea salt, Glauber salt, and Epsom salt, although the bases and acids in these different salts are not the same."

From the above experiments and observations we obtain results which are important both to physiology and homœopathy —we learn *First*—that the property of absorption in the tissues of the organism, is a physical property common alike to all such tissues.

Secondly—That the more minute the pores of these tissues, the more rapid is the function of absorption carried on.

Thirdly—That of all fluids, water is the most readily absorbed.

Fourthly—That if we mix any of the various named salts in however small quantity more than a certain proportion,—viz. less than they exist in the blood,—that a disturbance is excited if taken within the stomach; giving rise to a feeling of nausea, expressly as it were for the purpose of deterring us from partaking of more; while at the same time the repellent energies of the organs with which the fluid is in contact, are exerted to resist its further entrance into the system, which, if admitted, would without doubt be productive of serious disturbance. The con-

sequence is that if we want a medicine, when given to a diseased patient, to produce a *general primary effect*, we shall most certainly defeat our intention if we administer it in large doses —the natural forces will at once repel it; and repel it with a power proportioned to the disturbing capability of the drug: hence the necessity for minute doses if we wish the medicinal effect *to be of an immediate general character*.* From the above considerations, and others of a like character (which at present I need not detail), the results arrived at by Professors Matteucci and Liebig, do without doubt give powerful support to the homœopathic medicinal dilutions, as being the best adapted in the generality of cases for the eradication of disease. What then, allow me to ask, becomes of the boastful and oft repeated assertion, that the capability of the small doses of the homœopathists, of producing a curative effect if given in disease, is alike opposed to our reason and our experience? If I mistake not, I have clearly shown, that reason and experience prove just the reverse—that the small doses (and the small doses only) have the power of entering into the ramifications of the system, and by that means alone of combating disease in an immediate systemic manner.

I trust the reader will pardon the length to which I have carried these preliminary remarks; the interest however which I feel for the welfare of the system must plead my excuse. The present contribution is one which excites a high degree of pride within me; it is I believe the first of its kind that has ever appeared in this journal, written by an Englishman and presented to an English Public; and to be the first literary pioneer in veterinary homœopathy is certainly an honour respecting which I may justly feel proud. It is, I affirm, the commencement of a new era in veterinary medicine; and when I make the affirmation, I trust the reader will not attribute it to any feeling of vanity which may exist within me. I affirm it *because*

* The most decided medicinal effects are without doubt produced by medicine coming in contact with the nervous system; but in order to do this the medicine must penetrate its tissues: so that even in this case it does not in the slightest degree invalidate what I have stated; on the contrary, supports it.

I know the system which I seek to spread to be true; and I also know from long experience that the system which I formerly practised, is to a great extent thoroughly wrong; that the means which that system presents for the treatment of equine disease are in a great measure crude, complicated and unscientific. These facts I repeat, *I know*, and upon these, and these only, I base the above affirmation. The medical profession may reject the system as much as they please—they may cry out "delusion and imagination" until they are hoarse; but after all the principle of the fabric is true beyond any possibility of doubt, and as a natural consequence must in the end prevail and become general. No man who thoroughly comprehends its bearings both in practice and theory, will ever in the slightest degree conscientiously present any obstacle to its progress. Those medical men who oppose it, I have no doubt think that they do so understand the question; but to all such I have simply to remark, that they certainly labour under a mental hallucination; which the sooner they get rid of the better, both for themselves and their patients.

Patients occasionally place themselves under the treatment of a homœopathist, and either from their own impatience, or the ignorance of the practitioner—or in some cases, probably from a combination of the two—derive no benefit. The patient next places himself under the care of an allopath, and in the end recovers. This the allopath looks upon as a sort of god-send, and he seldom for a time fails to make use of it: he tells his listeners that homœopathy is all quackery and delusion; and points in exultation to his case. On the other hand, should a patient after long attendance fail to receive any benefit from him, and at last wearied out, go to an homœopathist, under whose treatment a speedy recovery takes place, the public are then coolly informed, either that the patient ailed nothing, or that the diet cured him—or his imagination, or that the natural forces did it. Again, suppose a patient suffering from serious illness, and he is treated by an allopath, and after weeks of attendance the patient finds himself no better, but on the contrary worse, he changes his medical attendant, and places himself under the care of another allopath, who by his superior

skill discovers more respecting the disease; who adapts his treatment accordingly, and the patient speedily recovers. Now what is said in such a case as this? (and it is no uncommon one). Not one word about quackery and delusion; not one word about diet; nor the imagination; nor the natural forces; on the contrary, it is whispered abroad that Mr. So-and-So has evidently committed an error; and it is charitably added by way of a parenthesis, "*that all men are liable to commit errors,*" and so the matter ends. Thus does prejudice deal with its victims—it blinds them against truth; and in a great measure destroys that free concession of moral justice which is due to their fellow creatures. "We mistake men's diseases," says Richard Baxter, "when we think there needeth nothing to cure them of their errors but the evidence of truth. Alas! there are many distempers of mind to be removed before they receive that evidence."

Case I.

August 1st, 1849.—Was aroused during the night to attend upon a horse, the property of Mr. John Bray, residing in Swallow-street, in this town.

History, &c.—The animal is of the draught breed, and is generally employed during the night in the removal of night soil; the labour is not severe, but it is of a tedious character. About two hours ago the animal was observed to exhibit symptoms of abdominal pain; but the owner thinking that recovery would soon take place, neglected for some time to apply for relief. Finding, however, that his horse became worse, he brought him to my place.

Present Symptoms.

1. Pulse 60, and full.

2. Respirations I cannot well count, but they appear to run about 32 per minute.

3. Perspiration exists over various parts of the animal's body—in patches about the sides, the neck, under the abdomen, and the flanks.

4. The animal lays himself down; rolls over; struggles violently; occasionally turns himself upon his back, which position he will maintain for several minutes; turns himself again upon his right side; then brings his nose close to his left side and regards it anxiously.

5. The eyes have a dull, heavy, and blood-shot appearance.

6. The abdomen is somewhat tense, but not particularly tender if pressed upon.

7. It is impossible to keep the horse upon his feet for more than two or three minutes at once.

To have *aconite* $^{20}/_{1}$,* *aquæ* ℥ii. In a quarter of an hour after taking the above, the pains had considerably abated. I repeated the dose, however, and in one hour from the commencement, the horse was taken to his labour, perfectly dry and free from pain.

Case II.

November 20th, 1849.—An aged mare, light bred, and of a dark brown colour, the property of Mr. W. W., a manufacturer of woollen-cloths in this town, was brought to my place about 11 o'clock in the forenoon. The man in attendance stated, that the animal was seized about an hour ago with violent griping pains; that he had experienced great difficulty in getting her along and keeping her from throwing herself upon the ground. I had the mare at once removed into a suitable place, when I observed the following symptoms:—

1. Pulse 64 per minute, and somewhat of a thready character.

2. Respirations quick and short; their number I could not clearly count.

3. The whole surface of the body is wet with a cold perspiration.

4. The extremities and surface of the body generally are cold and clammy.

5. The mare lies down and gets up frequently; when down, she rolls and struggles violently.

6. The mucous membrane of the mouth presents a sooty aspect, and the tongue is cold and soapy.

7 The animal is violently purged; she parts with a brown watery matter, which emits a bad effluvium.

Such are the principal symptoms.

To have *veratrum* $^{10}/_{1}$, *aquæ* ℥ii. In half an hour afterwards I

* This sign means 20 drops of the 1st dilution.

gave *ver.* $^{10}/_{3}$; and shortly after that, the mare was removed to her own stable entirely free from pain, and the skin perfectly dry. I gave orders for her to remain in the stable for the day, and in the evening she had *sulphur*, 1st trituration, 2 grains. The day following she was taken to work, and has continued well up to the present time.

Case III.

February 8th, 1850.—Was requested about 7 o'clock P. M. to attend upon a horse, the property of Mr. Charles Beardsell, of Holme, a village situate about eight miles and a half from Huddersfield.

History, &c.—The animal is of a dark brown colour, well bred, stands 15 hands 2 inches high, and is rising 5 years of age; he has been the property of Mr. Beardsell about eight months, during which period the horse has always been very healthy until to-day, when about 11 o'clock, he manifested symptoms of severe abdominal pain. The owner had recourse to several remedies, such as giving the animal Peppermint, also a strong decoction of Senna, and on one occasion he administered about an ounce of tincture of Opium; but finding matters in the evening considerably worse, and the animal being a valuable one, he despatched a messenger for me a little after six o'clock. I lost no time in repairing to the place, and reached Holme a few minutes before 8 o'clock, at which time the horse had then suffered nine hours.

Present Symptoms.

1. Pulse 68, and somewhat wiry.
2. Respirations I cannot well count, but they appear to be from 30 to 40 per minute.
3. Patches of cold clammy perspiration exist over various parts of the body.
4. The extremities are deathly cold, and the hair upon them presents a fine glossy aspect.
5. The abdomen is tense, and tender when pressed upon.
6. The eyes have a dull stupid look, and their conjunctival membrane is bloodshot.
7. It is with great difficulty the animal can be kept standing upon his feet; he throws himself down with violence, and rolls over and fights with the extremities, almost without intermission.
8. The animal occasionally evacuates per anum a dirty brown-coloured mass of a semifluid character.
9. The tongue is soapy-looking, and emits a bad odour.

To have *aconite* $^{10}/_{1}$ *in aquæ* ℥ii. every 10 minutes. After having given the third dose no improvement; to have *veratrum* $^{10}/_{1}$, *aquæ* ℥ii.; if no better in a quarter of an hour, the dose to be repeated. Shortly after the second dose of *veratrum* an improvement was visibly manifest: the violence had considerably subsided, the purging was better, and the pulse was firmer in its character. I left him for a time. About 10 o'clock a messenger came to where I was, to say that during the last quarter of an hour the horse had become worse. To again have *veratrum* $^{10}/_{1}$ *in aquæ* ℥ii. This, however, failed to answer my expectations. At half-past 10 matters were much the same; the animal was certainly not so violent, neither was the purging so frequent as at first; but still the horse was not in that state I desired. *Arsenicum* $^{20}/_{6}$, *aquæ* ℥ii. In 10 minutes after giving the above the violent pains all appeared to cease at once; for nearly an hour afterwards the horse lay perfectly quiet, at the end of which time he rose upon his feet, urinated freely, and began to look about him for something to eat. I had him freely dressed down, the extremities bandaged with woollen bandages, and dry rugs thrown over his body; he was then removed into his own stall, bedded with clean straw, fed with a small portion of warm mash (after drinking freely of chilled water), and he was then left in a very comfortable state for the night.

9th, 8 o'clock, A. M.—He looks cheerful and well. Pulse 40, and respirations 10, per minute. He has partaken freely of bran mash. He is much bruised in various parts of his body, and he is sore when handled, which I attribute to the violent bruises he would necessarily receive from kicking and rolling about when in pain. To have a dose of *arnica* $^{5}/_{1}$, *aquæ* ℥ii. morning and night, for two days.

In a few days afterwards the animal was put to work, and has continued well up to the present date.

Case IV.

January 20th, 1850.—Was requested about 7 o'clock P. M. to attend upon a mare, the property of ———, in this town.

History, &c.—The mare is of a bay colour, nearly 16 hands high, of moderate breed, and of a good constitution. During the month of June, 1849, the mare in question was put to the horse, and in due time afterwards she presented unequivocal signs of being with foal. This morning she was put into harness and driven a long journey: during the day rain and snow has fallen in abundance, to

which the animal in question was of course exposed; and this exposure, together with the severe exertion she had undergone, has produced abortion. Soon after aborting, the mare presented symptoms of severe abdominal irritation; and my attendance was immediately requested.

Present Symptoms.

1. Pulse 58, full and round, and respirations 40 per minute.
2. The animal is laid in the box, with her limbs fully extended.
3. Occasionally she struggles violently and rolls over.
4. The surface of the body is covered with cold perspiration.
5. The extremities are cold.
6. Tenderness is evinced over the abdomen generally if pressed upon.
7. The countenance of the animal wears a very dejected appearance, and is expressive of acute suffering.
8. The mouth is cold and clammy.
9. When made to rise upon her feet, she began to tremble.
10. Paws the ground for a few moments, and again lies down and extends herself upon the ground.

To have *bryonia* $^{20}/_{1}$, *aquæ* ℥iiii. To be warmly clothed with dry rugs, and the limbs to be bandaged.

8 o'clock.—During the last half hour the mare has not exhibited a vestige of pain; she has lain perfectly quiet: the pulse has fallen to 43, and the respirations to 13 per minute; warmth is beginning to be restored to the limbs, and the countenance in a great measure has lost its dejected appearance.

To have *bryonia* $^{6}/_{3}$, *aquæ* ℥ii. To be fed upon warm mashes, and have warm water to drink.

21st, 8 o'clock A. M.—Perfectly well and hearty to all appearance. To have a few days rest, and to be fed upon mashes and potations of boiled corn. At night the mare had a *sulphur* powder, which closed the medical treatment in this case.

CASE V.

February 20th, 1850.—Was aroused out of bed between 1 and 2 o'clock in the morning, to attend upon three horses, the property of George Taylor, of Thurstaland, a village situated between four and five miles from Huddersfield.

History, &c.—The horses in question have during the last twelve days been engaged in the removal of a quantity of timber, and

yesterday the work was finished. About 7 o'clock last evening every horse was fed with a quantity of fresh grains (a diet which they had never been fed upon previously, at least not to the owner's knowledge), with which was mixed some ground oats, bean meal, and chopped hay, the last named substances being the diet the horses are regularly fed upon. In about two hours after they had partaken of the potation alluded to they all began to exhibit symptoms of illness. Various measures of a simple nature were resorted to by the owner, but without effect. Between 11 and 12 o'clock matters became so much worse that a messenger was despatched in great haste to request my attendance. I was not long in arriving at the place. The symptoms presented by the three, I found to bear a close similarity with one another, and shall therefore describe the symptoms of one case in detail, and merely touch upon the points of difference as presented by the other two.

Case 1.—An aged brown mare of the heavy draught breed.

Symptoms.

1. Pulse 68 per minute; feeble and thready in its character.

2. Respirations I cannot well count, owing to the rapid movements of the beast; but I think they are about 40 per minute.

3. The extremities and ears are deathly cold.

4. The surface of the body is covered with patches of cold clammy perspiration.

5. The animal occasionally rolls about violently; turns her nose to the abdomen, and regards the side anxiously.

6. She is violently purged; the fæcal matter which she evacuates is of a dark or black brown colour; semifluid, and occasionally intermixed with more solid portions.

7. The abdomen is full and tense, but not particularly tender if pressed upon.

8. The mucous membrane of the mouth and tongue is covered with soapy looking matter, which emits a very sour smell.

9. The mucous membrane of the nose is of a dirty blue, or rather of a leaden colour.

Such were the principal symptoms in case 1. In case 2 they were closely similar, but not so violent on the whole. In case 3 the animal was purged, but neither so violently nor so frequently as in case 1. Pulse in case 2, 55, and in case 3, 59 per minute. In case 1 the attacks of pain were frequent and severe. In case 2

attacks are longer between, but equally severe when present. Case 3 much the same in this latter respect.

Case 1, to have *veratrum* $^{20}/_{1}$, *aquæ* ℥ii.
Case 2, „ „ „
Case 3, „ *bryonia* $^{20}/_{1}$, *aquæ* ℥ii.

The time at which each animal received their portions of medicine was about 3 o'clock A.M. After its administration, they were supplied with additional quantities of clean straw, and made as comfortable as the circumstances of the affair would allow. When opportunity offered, each animal was well wisped and cleaned, and also dry rugs were thrown over them.

Four o'clock (or one hour after giving the medicine), every animal is decidedly improved; particularly case 1; in which case the pain has nearly ceased; the pulse is much firmer in its character, but not lower in the number of its beats per minute; the abdomen is not so tense; and the purging is not half so frequent. In case 2 the animal has not purged during the last half-hour; is nearly dry over the surface of the body; pulse softer and more firm; pains come on occasionally, but their violence appears destroyed. In case 3 the purging continues, but is greatly improved in every other respect.

Case 1 and 2 to have each *veratrum* $^{6}/_{1}$ in *aquæ* ℥iiij.

Case 3, *veratrum* $^{10}/_{1}$, *aquæ* ℥ii.

From this time my patients progressed wonderfully; and at 6 o'clock I left them perfectly recovered, with the exception of the consequent debility. I directed that the owner should let me know further respecting them by 4 or 5 o'clock in the afternoon; that the animals were to be fed upon boiled oats, boiled linseed and bran, with occasionally portions of hay. In the evening according to appointment, the owner waited upon me to say, that his horses he thought were as hearty and well as ever; and to all appearance quite ready for work. I deemed it best, however, that every animal should have a few days' rest, which he at once acceded to, and I have not heard more of them since.

Case VI.

March 13th, 1850. Was requested about 8 o'clock A.M. to attend upon a horse the property of Messrs. Carver & Co., Carriers, &c., in this town.

History, &c. The animal is of a bay colour; of the heavy draught

breed; 6 years of age; and stands 17 hands or near upon it in height. About half an hour ago the animal was seized with a violent attack of colic; and I was immediately summoned to attend.

Symptoms, &c.

1. Pulse 40, full and strong.
2. Respirations 14 per minute.
3. When the animal is made to stand upon his feet, he immediately begins to paw the ground violently.
4. He throws himself down—rolls over and strikes out violently with all the extremities.
5. He will lie quiet for a few moments and look significantly at his side.
6. Occasionally he voids small quantities of dung in round masses resembling wax balls.
7. The abdomen is tense and hard, as though inflated with wind.

To have *nux vomica* $^{20}/_{1}$, aquæ ℥iii.

In 15 minutes after giving the medicine, the animal was perfectly free from pain; and in half an hour afterwards he was put to work as though nothing had ever occurred to him; and he has remained well from that time to the present.

Remarks. The whole of the cases which I have submitted to the attention of the reader, with the exception of the last, may be considered as cases of a peculiar type of colic, closely associated with acute diarrhœa. The last case given, I regard as presenting symptoms of a pure form of unassociated colic —as presenting symptoms which without doubt arose from a violent spasmodic action of the muscular tissue of the small intestines. Colic is a disease respecting which, simple as it is, I cannot forbear observing, that the scientific reader would search in vain in veterinary works for anything like that complete pathological view of the disease, which at least is desirable if not necessary. It is not my intention, however, in the present contribution to treat of the disease in its various pathological bearings; my paper is already lengthy; and I should require numerous cases of a different character as illustrative of the particular views which I hold respecting it. I shall therefore limit my observations to matters of a more general nature, hoping at some future period that I shall be able to return to

the subject and fully treat upon it. In the cases I have detailed it will be found by referring to our Materia Medica, how completely the pathogenetic symptoms of every remedy covered the symptoms of the cases in question. The principal symptoms in case 1, were—frequent pulse; patches of perspiration; violent pains in the abdomen, and tenseness of the abdomen; for which I gave Aconite. Now Aconite according to Jahr, produces "quick pulse;" or "jerking, full, strong, feverish;"—"continual sweat;"—"*flatulent colic chiefly at night, with tension and borborygmus.*"

Again, in case 2, the principal symptoms were quick thready pulse; surface of the body covered with cold perspiration; coldness of the body and the extremities; violent abdominal pain; violent purging of brown watery matter; the remedy used was *veratrum*, which produces, according to Jahr, "Imperceptible pulse; cold clammy sweats; coldness over the whole body; flatulent colic affecting the bowels and the whole abdomen here and there; distension of the abdomen; frequent and violent diarrhœa; brownish blackish diarrhœa."*

In case 3, we find the principal symptoms were, quick pulse; patches of cold clammy perspiration; deathly coldness of the limbs; tenseness and tenderness of the abdomen; stupid look; eyes blood-shot; violent abdominal pains; evacuation of dirty brown coloured semi-fluid, and soapy tongue of a bad smell. Now the whole of the symptoms produced by *veratrum* closely resemble the above; but *arsenicum*, it will be found, is a better remedy—the symptoms of which more completely cover the case. *Arsenic* produces "feeble pulse," "cold clammy perspi-

* Most persons ignorant of the theory of homœopathy are apt to confound the true meaning of the words, "*Similars cure Similars*," by supposing them to mean identicals will cure identicals; or in other words, suppose a person had poisoned himself by taking a large dose of Arsenic, to cure which would require the giving of more Arsenic. Of course to do so would be certain death to the patient. In such a case the first thing a homœopathist would strive to do would be to get the poison out of the system, and when that was done the remaining symptoms would have to be combatted by a medicine which if given to the patient in a state of health would produce symptoms similar to, not identical with the Arsenic ones.

ration," "coldness of the limbs," "coldness, as if cold water was poured over the body," "spasmodic pains in the whole abdomen," "diarrhœa, violent with frequent discharges," "swelling of the abdomen," "distension of the abdomen," "dark redness and congestion of the vessels of the eyes," "the tongue is bluish or white," "fetid smell from the mouth."

Case 4 is a very interesting one, and the remedy used for it was Bryonia; the provings of which admirably correspond to the case.

Cases 5, are so closely similar to the cases 2 and 3, in which the same remedy, viz. Veratrum, was used, and with perfect success, that we need not offer any comment upon them.

In case 6 we find the pulse normal, in connexion with violent attacks of pain in the abdomen, with occasional intervals of quiet—also hardness and fulness of the abdomen; to alleviate which, I gave Nux, with almost immediate relief. In reading over the provings of this medicine, we shall at once perceive, according to the law of similars, how perfectly adapted was the remedy to the case.

Let the reader contrast the above modes of treatment, with the measures recommended by a few of what the veterinary body consider their best authorities upon veterinary medicine. Blaine, one of the best practical writers upon equine diseases, gives the following formula for colic:—

Ground Pepper	half an ounce.
Spts. Turpentine . . .	3 ounces.
Tincture of Opium . . .	1 ounce.
Sound Ale	4 ounces.

He next observes, "The antispasmodic having been given, the necessity of bleeding should be taken into consideration." Further on he again says that "bleeding, in mild cases even, is always safe and precautionary against inflammation." Animals afflicted with colic, when taken to the London Veterinary College, have given to them from 3 to 4 ounces of Spts. of Turpentine, which is mixed with oil or a bland fluid of another nature, to prevent any injurious effects upon the animal's mouth or stomach. Mr. Spooner, in the work which he edits,

entitled, "A Compendium of the Veterinary Art," recommends the following; viz. "8 *ounces of Barbadoes Aloes may be dissolved in hot water, and given with a pint of Linseed Oil;*" and he very sapiently remarks that "*if relief be not obtained after the third dose, the case becomes very dangerous, and we must be cautious as to the further administration of stimulants.* The pulse," he continues, "*must be watched, and the bleeding repeated,* (he had before recommended bleeding,) *and with regard to medicine, it will be better to trust to Opium alone, a drachm of which may be infused in water, and given every two hours.*" Here we have treatment active enough with a vengeance—only think of a poor beast with 9 ounces of Barbadoes Aloes, and 3 pints of Linseed-oil within it. Barbadoes Aloes is one of the most powerful purgatives which we possess, and when I was in the habit of pursuing what I now call the wholesale method of physicking, I never gave more Aloes at a dose than 6 drachms; and small as that is in comparison with the above, I have seen very dangerous consequences result from its administration, and knowing as I do from experience the fact of its danger, I must certainly agree with Mr. Spooner in recommending *caution after the third of one of his doses is given.*

Mr. Youatt in his book called "The Horse,"—a work with which almost every horse-keeper is familiar—recommends similar measures to be pursued, only not quite so violent. Bleeding, Turpentine, and Opium, are his great panaceas. Now bleeding, I maintain, is never requisite in such cases, under any circumstances. Years ago, long before I even heard of homœopathy, I had abandoned its practice. Scores of practitioners I believe adopt it yet; but it is wrong, inasmuch as it is a wasteful abstraction of life and force from the economy of the organism, without in the slightest degree being able to render back any good as an equivalent. It is a relic of the grossest ignorance, and it cannot be too strongly deprecated in any one who resorts to it. With respect to the use of Turpentine and Opium, I have nothing to urge against them, save the enormous doses in which they are given. Both medicines are perfectly homœopathic to certain forms of colic. Turpentine, according

to Jahr, will produce "*frequent colic,*" "*distention of the abdomen,*" and various other symptoms of a like or more violent nature. The same with reference to Opium;—according to the same authority Opium will produce "*colic,*" "distended abdomen," "pains in the abdomen as though the intestines were cut to pieces," "drawing colic," &c. &c.

CASES OF CROUP AND ACUTE BRONCHITIS.

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In a former paper, which contained a detail of the homœopathic treatment of acute inflammation of the lungs, I took occasion to state my belief that the low dilutions of the medicines proper for the cure of acute inflammatory diseases ought to be preferred, that they should be given in frequent doses, and that they admitted of being alternated or of being given in an often repeated succession with signal advantage. So satisfied am I with the success that attends the practice which is founded on these opinions, that, without attempting to settle by actual experiment the comparative claims of the low and the high dilutions to preference in the treatment of acute inflammations, I feel with every year's additional experience a growing conviction that such inflammatory diseases as are curable by any means whatever, are curable by the low dilutions of homœopathic remedies frequently repeated, and alternated. I have, indeed, read of still more striking effects from one or two doses of very high dilutions at long intervals than any that have fallen under my notice as consequences of the practice I recommend, but I hesitate to believe that these accounts are free from mistake which summarily tell of acute pleurisy, pneumonia, or peritonitis having yielded in a few hours or in a day to one or two doses of Aconite or Bryonia of the 30th potency. So remarkably do the low dilutions fulfil every wish and purpose in all but a very small proportion of cases, while they

occasion no effects that can be ascribed to an excessive action in these rare exceptional instances, that it seems to me inconceivable that the higher dilutions can produce better results than are witnessed under the successful employment of the lower, or that they can succeed in cases which admit of little or no benefit from the latter. The following cases of croup illustrate very forcibly the safety and efficiency of the low dilutions, frequently administered. In no other inflammatory disease is it of so much consequence to produce an early impression, and I have met with no means so effectual in doing so as those which were employed in the treatment of these cases. If the strength and activity of remedies be estimated by the promptness of their effects, and the successful issue of the cases in which they are employed, these homœopathic remedies may justly claim the reputation of being powerful and active. The nine cases of croup of which the particulars are detailed in the following pages are all the examples of the disease which have been treated by me since I adopted the practice of homœopathy. Three others I have visited once in consultation, but I know little of their history or treatment; and one I saw repeatedly, with the physician who attended it throughout, at an advanced stage, when the difficulty of breathing had become so great and unremitting that the ultimate recovery, after several days of such suffering, was quite unexpected.

The first four cases had the advantage of a very early recourse to the remedies, and recovery was effected with proportionate promptitude and facility. In two of them the medicines were given by the relatives before my attendance began. They had been supplied with the proper remedies and instructions for the treatment of croup, because the disease was somewhat prevalent at the time.

Case I.

14th February, 1850, 2 P. M.—A girl, aged 8 years and a half, of a stout and healthy habit. She had been seized about 3 o'clock this morning with a paroxysm of difficult breathing, while asleep, and has had several similar attacks since, threatening suffocation. The only treatment hitherto has consisted of a warm bath.

Pulse 108; voice very hoarse and whispering; coughs from time

to time. The cough has, in a very marked degree, the stifled, low, barking sound, characteristic of croup.

Aconite 1, decimal attenuation.
Spongia 1, do. do.

A drop of the medicines alternately every quarter of an hour.

7 P. M.—Has had no return of suffocative paroxysm. Is sleeping calmly. Pulse 84.

The medicines to be given every hour alternately.

15th—Has had one paroxysm of difficult breathing during the night, but of much less severity than formerly. Voice less husky; cough loose, and less croupy.

Continue the medicines every hour alternately, during the day.

16th.—Slept well and quietly. Appears to be nearly well, only a loose cough of the common catarrhal kind remaining, with some thin mucous discharge from the nostrils. Hoarseness gone, and pulse natural.

CASE II.

A stout, usually healthy boy, aged 2 years.

17th October, 1849, 8 P. M.—On the 10th he met with a serious accident to one hand, by which one of his fingers was fractured. Chloroform was administered during the surgical adjustment of the injured parts. No inconvenience followed, and the hand has been doing well. The surgeon in attendance apprized me that the boy was taking croup, and needed to be looked after.

I find that he has been feverish and coughing all day. The cough is of the guttural croupy character, and the voice is husky and hoarse. Pulse 108, firm.

Aconite 1, decimal attenuation.
Spongia 1, do. do.

To be given alternately every half hour till midnight, afterwards every hour.

18th, half past 8 P. M.—Has been considerably better all day. The cough is pretty frequent, but loose, and without the croupy character. The voice is also much clearer, though still somewhat hoarse; a wheezing sound from the trachea on inspiring. Pulse 96. Has perspired freely, and continues to do so. Bowels open. He has had the medicines every hour, alternately, all day.

Continue.

20th.—Has continued improving. No hoarseness yesterday or

to-day; a moderate catarrhal cough remains, and there are a few sibilant rattles through the chest. Pulse 90.

Aconite 1, Cham. 3, alternately every 2 hours.

24th.—The same medicines have been continued, and he is now almost free from cough, and well in other respects.

Case III.

A thin, but usually healthy girl, aged about 3 and a half years.

On the 11th February, 1850, she had been exposed for some time at an open window, the weather being very cold and snowy. In the course of the evening she was observed to cough hoarsely, and went to bed feverish. After having been three or four hours asleep she was roused by a paroxysm of threatened suffocation. Immediately on its subsiding, the first decimal attenuations of Aconite and Spongia began to be given, and were continued every ten minutes or quarter of an hour, alternately, for between two and three hours. The breathing continued noisy and difficult at intervals for about two hours, but in both of these respects it gradually improved, until those symptoms of croup finally ceased at the end of that period. The medicines were then given at longer intervals.

She continued to cough hoarsely on the 12th, more loosely on the 13th and 14th, and during the same time the pulse remained accelerated, the tongue foul, and thin mucus flowed from the nostrils. By the 15th she was well, the same medicines having been continued at intervals of increasing length.

Case IV.

A delicate boy, aged 5 years.

I was called to see him at half-past 10 P.M. of the 13th February last. He had been feverish and coughing during the day; and between 8 and 9 o'clock in the evening, not long after he had gone to sleep, he was seized with a paroxysm of difficult and noisy breathing. He has had several severe returns of similar attacks, described as threatening to suffocate him. Since the first attack he has had Aconite 1, decimal attenuation, and Spongia 3, alternately every 5 or 10 minutes.

His voice is unnaturally acute; no noise at present in breathing. Pulse 144, soft and large. Skin moist.

Aconite 1, decimal attenuation,
Spongia, 4 drops of mother tincture,

to a wineglassful of water, a teaspoonful for a dose; a dose alternately every quarter of an hour, until the paroxysms cease to recur.

14th, half-past 10 A. M.—By 2 o'clock this morning he was perspiring freely, and as the paroxysms of difficult breathing had ceased to recur for a considerable time, the medicines were given at longer intervals, gradually extended to an hour. His pulse is now 108, soft, and of moderate size and firmness; there is considerable coryza, and a loose cough of little frequency. The medicines were continued for another day, at lengthening intervals, and the remaining symptoms gradually disappeared.

CASE V.

A stout girl, aged 8 years.

24th June, 1849.—A brother has just recovered from measles. She has been ailing for several days, and coughing since the 21st, and was observed to be feverish the night before last. Her cough became of its present character yesterday afternoon, and has been very frequent ever since. Last night she was seized with a fit of croupy difficulty of breathing, for which her mother applied a cloth wrung out of cold water, round the neck. She has had no other treatment but a warm bath last night.

Now (half-past 1 P. M.) her pulse is 144, firm and of ordinary size; skin hot and dry; there are many small elevated red spots on her face and neck; she coughs almost incessantly, the cough being a deep, hoarse, guttural barking, dry and hard; voice hoarse.

Aconite 1, decimal attenuation.
Spongia 1, do. do.
alternately every half-hour.

Half-past 8 P. M.—Face more covered with eruption, in larger patches; the same partially on neck and arms. Body perspiring freely. The cough continues as frequent as ever, and is of the same character, and the voice is equally hoarse.

Aconite, Spongia, and Hepar sulphuris, all of the first decimal attenuation, to be given successively every quarter of an hour till midnight, then every half-hour.

25th, 11 A. M.—Was very restless till 5 this morning. Eruption copious and general, and of a deep colour. Coughs much less frequently since morning, and not so hoarsely, though still with the croupy sound. Voice whispering. Pulse 120. No stool for two days.

Continue medicines every half-hour.

9 P. M.—About 5 in the afternoon had a paroxysm of suffocative breathing, with pain referred to the larynx and windpipe. A cold wet cloth was applied, and the paroxysm soon ceased. Cough husky and harsh, as if viscid shreds were being detached from the larynx; and there is a laryngeal wheeze during inspiration. Pulse 126, moderate. Looks cheerful and lively. Considerable thirst. Eruption of a paler colour. No stool.

Continue the medicines.

26th, 10 A. M.—Since midnight has not got her medicines regularly, as she has slept an hour at a time. Cough soft and loose, retaining little of the croupy character. No rattles in the chest. Pulse 108. Eruption fading. Tongue still whitish. Voice improved. No stool.

Continue medicines every hour till night.

27th.—Pulse 80. Little cough, quite soft and loose. Voice clear; and otherwise well, eruption being almost gone.

Case VI.

A stout boy, aged 2 years and 4 months.

24th January, 1850, 10 P. M.—Since yesterday evening he has been affected with cough, and was restless and feverish last night. All day these symptoms have continued, and have increased in severity since noon. In the course of the afternoon his breathing began to be attended with a stridulous noise during inspiration, which has rarely intermitted, and he has frequently had much apparent difficulty in inspiring, occasioning struggles and violent attempts to breathe. The cough has become deep, guttural, and barking.

At present he seems much oppressed, breathes rapidly and with a constant dry laryngeal wheeze during inspiration. Pulse 170, small and soft. Skin very hot and somewhat moist. Has had occasional doses of Aconite 6 since morning.

Aconite 1, decimal attenuation,

Spongia, 1/4th of a drop of mother tincture, for a dose;

medicines to be given alternately every quarter of an hour.

25th, 7 A. M.—Got the medicines regularly as directed till 3 o'clock; since then only every half hour, and the two last doses with an hour of interval. Became greatly relieved by 3 o'clock, the breathing having lost the stridulous noise and become slower, while the heat of skin was reduced after several hours of free perspiration.

He has had no paroxysm of difficult breathing, and has coughed less frequently, though still with the same croupy sound as formerly. Pulse 108. Breathes at present with moderate frequency, easily and noiselessly. No hoarseness. Is cheerful and free from oppression. Tongue white. Continues to perspire.

Continue the medicines every half hour.

9 P. M.—The croupy character of the cough continues. Breathing of nearly natural frequency. Pulse 120, of good size and strength.

Medicines to be given every hour during the night.

26th, 10 A. M.—Cough has nearly lost its croupy sound, is somewhat loose and soft, and not very frequent. Pulse 120, soft. Skin still hot. More thirst. Voice pretty natural; no rattles in the chest. Tongue white, except at tip and edges. No stool since commencement of illness.

Mercur. sol., 3rd decimal attenuation,
Ipecacuan, 1st do. do.
alternately every hour.

Next day the cough was quite soft and loose, the pulse still 120, and he was not quite free from feverishness and foul tongue till the 30th. Chamomilla and Nux Vomica were given for the last two days.

Case VII.

A thin, but not delicate boy, aged 2 years and a half.

10th March, 1850.—I was called to visit him 10 miles from town this morning. I learnt that he began to be hoarse and to cough a little last evening after having been out for several hours, exposed to a very keen cold wind; that he was roused from sleep about 11 last night by a paroxysm of choking; that similar paroxysms have recurred frequently, and a permanent dry wheeze become established in the intervals, with oppressed and accelerated breathing. The paroxysms have been less severe since 7 in the morning.

At present (half-past 10 A.M.) his pulse is 110, of good strength; skin hot; face flushed; voice sometimes clear, sometimes husky; a constant low, dry, somewhat stridulous noise is emitted during inspiration, and there is frequently a hard, dry, croupy cough. Bowels have been moved twice to-day.

Aconite, 1st decimal attenuation,
Spongia, do. do.
alternately every quarter of an hour.

Half-past 10 P. M.—Towards evening he became more feverish,

and his breathing more oppressed. His pulse is 110, fuller and harder. Flushing and heat greater. Cough very strongly croupy, hard, deep, and guttural. The noise on inspiration has been rarely absent, but is not greater now than in the morning.

The medicines to be given every ten minutes alternately.

11th.—The medicines were given as directed, till 2 this morning, when I found his pulse 120, but much smaller and softer, and the skin perspiring freely. They were then directed to be given every quarter of an hour till 6 A.M., when I saw him again. His pulse was then 120, soft and small, the skin still very moist on the neck and chest, the cough looser and seeming to detach some viscid secretion from the larynx, the voice only occasionally hoarse, the low stridulous noise on inspiring as before, tongue coated white and pasty, and much thirst.

Aconite, Spongia, and Hepar Sulphuris, all of the 1st decimal attenuations, to be given in succession every quarter of an hour.

12th.—Half-past 9, A.M.—Had a restless night, with much feverish heat and thirst, and was occasionally delirious on starting out of his disturbed sleep. A paroxysm of croupy breathing came on this morning after crying. Chamomilla 2 had been substituted for Aconite during the night, but the Aconite was resumed about 6 A.M.

Pulse 110 or 112, soft, skin moist, voice natural, and breathing free from noise. Cough pretty frequent, but quite loose, and free from croupy sound.

He was removed to town in a close carriage during the day, and Chamomilla 2, and Spongia 1st decimal attenuation, directed to be given alternately every hour.

13th.—Has had a good night; perspired freely, and coughed a good deal, though loosely. Bowels open; pulse 90; tongue cleaning; some return of appetite.

Chamomilla 2, every two hours.

14th.—Slept well. Pulse 80. Little cough. Tongue much cleaner.

Omit medicine.

Case VIII.

A girl, aged 17 months, usually in good health, and pretty good condition.

15th March, 1850.—I was called to visit her at half-past 10 P.M.

She had been coughing and sneezing on the 14th, and had a feverish night. Since about mid-day of the 15th the febrile symptoms were observed to be intense, the voice hoarse, and the cough croupy.

Pulse 180, not large or firm. Respirations 50, and inspiration always accompanied by a husky stridulous noise, emanating from the larynx and trachea, but the entrance of air does not seem to be materially intercepted at present. She has had several attacks of apparent difficulty of inspiration, accompanied by a crowing sound. Coughs from time to time, yet not very frequently; the sound of the cough is a hard, choking, guttural bark. Voice hoarse. Skin hot and dry. Tongue pretty clean. She has been getting Aconite 2 and Bryonia all day.

To have Aconite and Spongia, decimal attenuations, alternately every 10 minutes for two hours, then every quarter of an hour.

16th, Half-past 10 A.M.—Medicines were given as directed till 9 o'clock. Since then she has slept undisturbed. Pulse 120, soft and moderate. Respirations 40, and only occasionally a husky inspiration. The cough has lost much of its hard croupy sound, and is loose as if mucus were detached by it; it is still hoarse and somewhat grating. She perspired profusely after midnight for several hours, and about the same time began to appear easier. Tongue a little coated white.

Continue the medicines every quarter of an hour for four hours, then every half hour.

9 P.M.—During the evening she has become more heated and restless, and the breathing quicker. Pulse 140, soft and rather small. Respirations 44 or more. Skin hot and moist. Cough not frequent, and quite loose and mucous. Voice free from hoarseness, and no vestige of stridulous wheeze on inspiring. There have been no rattles in the chest.

Continue medicines every half hour for four hours, then every hour.

17th, Half-past 10 A.M.—Pulse 120; voice clear; cough quite loose and ordinary; no rattles; bowels regular; tongue clean and moist.

Cham. 3, Hepar Sulphuris 3, decimal, alternately every hour all day, and every two hours during the night.

21st.—Has continued to cough loosely, though not very frequently, and chiefly at night. The pulse has become accelerated in the evenings, and the skin hot, but has been very moderate during the day. She has been taking Cham. and Belladonna.

For two or three days more she had occasional doses of Aconite and Pulsatilla, and was quite well on the 25th.

Case IX.

A girl, aged 12 months; fat and usually healthy; getting her teeth, but not troubled at present with irritation of the gums.

April 3rd, 1850. 5 P.M.—Yesterday was observed to have cold in the head, some cough, and hoarseness. During last night, and while asleep to-day, had repeated attacks of suffocative difficulty of inspiring. Cough not very frequent; is of a hard, deep, croupy sound, and very characteristic. During inspiration there is constantly a dry laryngeal stridor, which, however, is not loud or strong. Voice sharp, puling, and cracked. Respirations accelerated. Pulse 135, sharp. Skin very hot.

She has had Aconite 1, and Spongia 6, at frequent but irregular intervals since morning till about two hours ago, when Spongia 1 was substituted for the 6th dilution.

To have Aconite, 1st decimal attenuation, and Spongia 1 (centesimal), until the decimal attenuation can be got from town, alternately every 10 minutes for four hours, afterwards at longer intervals.

4th, 10 A.M.—Got the stronger tincture of Spongia at 7 o'clock last night. The medicines were given as directed till 9 P.M. After that she was allowed to sleep one hour, and towards morning two hours, between the doses. No attack of difficult breathing. Cough croupy only at times, at times looser, and not very frequent. Pulse 120. Skin hot and dry. Was very thirsty in the night. The laryngeal wheeze occurs only occasionally. Voice still cracked and hoarse. Breathing much slower.

Continue the medicines every quarter of an hour while awake, every half hour if asleep.

10 P. M.—Medicine given regularly every quarter of an hour till she fell asleep in the afternoon, when they were interrupted for three hours. Pulse 108, soft and moderate. Skin moist. Breathing quite easy and moderate, and rarely any laryngeal wheeze. Cough sometimes loose and harsh, sometimes dry and croupy, and pretty frequent.

Continue medicines every quarter of an hour.

5th, 10 A.M.—Got the medicines as directed till morning, and since every half hour. Voice still hoarse, and cough harsh and *ragged*. Breathing easy and noiseless. Has perspired little. The

skin has been hot, and there has been a good deal of coryza still. Is up and dressed. Pulse 110.

Aconite, Spongia, and Hepar Sulphuris, all of the 1st decimal attenuation, every half hour.

10 P.M.—Is sleeping quietly. Pulse 94, soft. Breathing noiseless and moderate. Skin warm and moist. Voice is said to be clearer, and cough quite loose, though harsh. Has coughed up some tough substance. No rattles in the chest at any time.

Continue medicines hour about.

Next day she was nearly well, and the medicines were given at longer intervals, and on the 7th she was in her ordinary health.

The foregoing cases bear a strong testimony to the efficacy of Aconite, Spongia, and Hepar Sulphuris, in the treatment of croup; and I cannot account for the somewhat disparaging terms in which Dr. Gray, of America, speaks of them, but on the supposition that he has not employed them in the way the best calculated to insure their most energetic action. He prefers Tartar Emetic, in watery solution; but surely we have ample evidence from the experience of allopathic physicians, that Tartar Emetic is very often of little or no service. To go no further than the practice of M. Valleix, we have what appears to me a conclusive testimony on this point. He states that of thirty-one cases of croup treated by Ipecacuan and Antimony in full emetic doses, sixteen, or above one-half died. If it should be objected that the great mortality was due to the greatness of the doses, there is a very striking answer presented by the result of smaller quantities in twenty-two cases by the same allopathic physician, of which only one recovered!

Like other acute inflammations, for the homœopathic treatment of which the proper remedies are clearly indicated by the Materia Medica, acute bronchitis, in all its ordinary and even severer forms, rarely gives trouble or anxiety to the homœopathic physician. Indeed until lately, notwithstanding a very extensive intercourse with patients of all ages affected with acute bronchitis, I scarcely looked upon it as a disease that threatened serious consequences unless there had been unusual delay in having recourse to the proper treatment. What has appeared to me chiefly interesting in the treatment of this disease is the

remarkable contrast presented by the results of the homœopathic, compared with those of the ordinary treatment. The general conclusion irresistibly following such a comparison being, that the former method ensures a recovery much more speedy and with much less suffering to the subject of the disease. I might adduce in detail many illustrations of this statement, but content myself with the following, though by no means the most remarkable, on account of its brevity:—

A gentleman, under 30 years of age, of a delicate constitution, and of a fair and slender aspect, had measles three years previous to the illness for which my attendance was requested on the 18th of January, 1849. Since he was affected with measles, he had been subject to inflammatory attacks similar to that about to be described, and which lasted from four to six weeks when of their ordinary severity, while on one occasion his recovery was not complete till after several months had elapsed. During that protracted illness, he expectorated blood more than once.

The present attack began in the usual way with sneezing and cold in the head, on the 8th of January, soon succeeded by frequent cough and breathlessness.

Half-past 8 P.M.—Pulse 120, neither particularly full nor hard. Temperature scarcely hot. Is sitting up in bed, finding his breathing easiest in that posture, yet he has very considerable sense of oppression at the chest and breathlessness. The acts of respiration are accelerated, and expiration is prolonged and wheezing. His cough is frequent, expectoration considerable, thickish, opaque, and somewhat yellow. Sibilant rattles in abundance are audible at all parts of the chest, chiefly during expiration. Tongue white; bowels regular.

Aconite and Bryonia, first decimal attenuations, alternately every half-hour till midnight, afterwards every hour.

19th, 10 A.M.—Slept from 12 till 4 o'clock comfortably, and in the recumbent posture. Pulse 108; coughed much this morning on awaking, and expectorated much also; the expectoration is more fluid and clear.

Continue medicines every hour.

9 P.M—Pulse 96. Coughs as much as ever, and expectorates freely. The wheezing in the chest remains the same.

The Aconite to be given alone every half-hour till 12 o'clock, then every hour.

20th, 10 A.M.—Slept at times for an hour or more. Pulse 90. Coughed and expectorated rather less this morning. The character of the breathing remains unchanged. No stool. Tongue white.

Aconite and Ipecacuan, first decimal attenuations, alternately every half-hour for four hours, then every hour.

21st, noon.—Pulse 76. Cough, expectoration and rattles much less. Tongue cleaner. Has had several motions from a little castor oil, which he had previously taken repeatedly during his illness.

Continue the medicines every hour and half. To have beef tea.

22nd.—Feels extremely well. Coughs and expectorates almost none. Scarcely a vestige of rattle in the chest. Pulse natural. Bowels open. Tongue nearly clean. Is out of bed and dressed. To have meat to dinner.

Bryonia every two hours.

Next day he was so well as to be able to go out on business, and though the weather was stormy, he had no relapse.

Such cases as the above must be familiar to homœopathic physicians; those which follow are so rare, and at the same time so urgent and remarkable as to deserve to be recorded. They belong to that form of bronchitis which has been denominated *suffocative*, and in the severity of their symptoms, as well as in the danger which attends them, are second to no other acute disease of the organs of respiration. Although numerous notices of it are to be found in medical literature—and although M. Fauvel has published a long memoir on the subject, we still are in want of a satisfactory history of the disease; and the observation of Laennec, that this variety of acute catarrh has not sufficiently attracted the attention of physicians, is still true. On two points, indeed, all who have adverted to it are explicit enough—its danger and the rapidity of its course. "Its duration" says Laennec, "is from twenty-four to forty-eight hours, or at most seven days. At the end of this time, either the patient dies, or expectoration commences and puts an end to the suffocation." To the same effect is the testimony of Dr. Hastings—"There is an acute bronchial attack to which young children are peculiarly subject, even more speedily fatal than the last variety," (which he mentions as terminating fatally on the fifth or sixth day,) for "in the more urgent cases the

course of the disease does not take up more than seventy-two hours." Fauvel is precise as to the mortality, saying of the disease as it affected children in his experience—"Death was the termination of the malady in seven of eight cases:"* and, as it occurred in adults—"Of nineteen cases, ten die." Barthez and Rilliet say of it—"The duration of this disease is sometimes extremely rapid: thus we have seen an infant of one year die in three days." The rest of their six cases were more prolonged, yet they all died. And, finally, not to multiply quotations unnecessarily on points regarding which all allopathic physicians are agreed; Dr. West in his excellent lectures on the diseases of infancy and childhood, observes of the suffocative catarrh—"There is a form of acute bronchitis which is often, though not always, idiopathic, that runs its course with much rapidity, and generally tends to a fatal termination," and, "this form of bronchitis is one not only very dangerous, but likewise very rapid in its course to a fatal issue. I saw one little girl in whom it came on while convalescent from an attack of measles fourteen days before, who died within forty-eight hours; and the boy whose case has been just related, died in less than four days from the appearance of any serious symptoms."

The particular seat of disease in this form of bronchitis has been commonly supposed to be the smaller or capillary bronchial tubes, an opinion which appears to have been first maintained by M. Fauvel, who in conformity with this view styled the malady *la bronchite capillaire suffocante.* The impropriety of such a denomination, and the unsoundness of the pathological opinions by which it was suggested, are sufficiently proved by his own account of the morbid anatomy of the disease. Redness more or less deep of the mucous membrane, mucopurulent, and in some cases pseudo-membranous, exudations were observed in the larger as well as in the smaller tubes, and therefore the disease must be regarded as a general bronchitis, and the specific term *capillary* ought to be dismissed as a distinctive name for it, unless it could be shewn that the mere implication of the minute tubes is the specialty that gives this form of bron-

* The eighth also died of consecutive disease of the lungs.

chitis its peculiar characters during life, constitutes its chief danger, or is the main cause of its mortality. There is no evidence that any of these propositions is just, but on the contrary, the best reasons for knowing that inflammation of the capillary tubes may be as partial and inconsiderable as that of other tubes, and undistinguishable from the latter by any peculiarities in its general symptoms, or in its results. If the capillary tubes are engaged in the suffocative bronchitis, the true explanation is, that *general* bronchitis cannot exist without the minuter tubes being involved in the disease along with the larger.

Such of those who have written on this disease as specify the peculiar source of danger, concur in ascribing it to the effusions which are furnished by the inflamed surface, and which are supposed to produce suffocation by blocking up the tubes and preventing the requisite supply of air from entering the pulmonary cells. That such is the right explanation of the manner in which suffocation is produced in some, and particularly in the more protracted cases, cannot be doubted; but the history of some of the most characteristic examples of the disease plainly points to another source of its suffocative phenomena, and one of the following cases proves that these may even terminate fatally without any obstruction of the tubes ever taking place. Laennec was aware that the suffocative symptoms which often mark the early period of the disease depend, in some measure, at least, on a cause other than the effusion from the inflamed surface; for, notwithstanding his habit of viewing the secretions from the mucous membrane in diseases of the bronchi as of primary importance in the pathology of bronchitis, or catarrh, as he terms it, he admits that "the suffocative character of the invasion is caused by the extent of tumefaction of the bronchial membrane," as well as by the fluid secreted. The following cases put it beyond question that very intense symptoms of suffocation may occur in the almost total absence of inflammatory secretion, although they leave the explanation of these symptoms, on other grounds, open to debate. To me, it appears probable that several causes concur to produce the suffocative character of the symptoms, in the absence of inflammatory secretions. Among them

I would include the peculiar and imperfect manner in which the *acts* of respiration are performed, and the great rapidity of the circulation, along with the morbid state of the mucous membrane, and probable congestion of the lungs.

It is in childhood that the early suffocative symptoms are the most remarkable, and it is at the same period of life that the peculiarity of the breathing is the most striking, and the pulse the most frequent. The frequency of the pulse is the more remarkable the younger the child. Barthez and Rilliet mention one instance, (the patient was an infant of a year old, who died on the third day of the disease,) in which the pulse rose to 200 in a minute. The same frequency occurred in the second of the subjoined cases; and 160 and 180 would appear to be not unusual in early childhood. So great a rapidity of the circulation would demand an increased frequency and freedom of the acts of breathing, and a more rapid performance of the proper function of respiration, in order to preserve the blood in its purity. But it would appear that although the respiratory acts are performed with greatly increased frequency, respiration in the proper sense, arterialisation of the venous blood, is not performed with proportionate rapidity. The sense of breathlessness, indicative of insufficient respiration, is painfully obvious; and the early tendency to lividity of the face bears further testimony to the imperfection of the process. This may partly, it is probable, be ascribed to the overloaded condition of the organs of respiration; but in part also, admits of being accounted for by the nature of the respiratory acts. The inspiration is exceedingly quick and brief; the *expiration*, in the examples of the disease which I have witnessed, prolonged and performed with apparent effort, as if the air were expelled with difficulty through a narrow aperture about the root of the trachea. Allusion to this manner of breathing, in which the expiration is prolonged and noisy, is made by almost all the authors to whom I have referred; but it is impossible to ascertain at what stage of the disease they remarked it, in what proportion of cases, or whether or not they believed it characteristic of the disease at some stage or other. When present it creates a marked contrast with the character of the

breathing in croup, though it has every appearance of conducing, as much as the prolonged and stridulous *inspiration* of that disease, to an imperfect performance of the respiration.

The acute, suffocative bronchitis, is far from being a common disease even in childhood, the period of life which is the most liable to be affected by it. Barthez and Rilliet, notwithstanding their extensive field for observation of the diseases of childhood, state that they encountered only three uncomplicated cases in their practice, and only six altogether, including three examples in which the bronchitis was a complication of other pulmonary diseases. Fauvel records nineteen cases in adults, of what he affirms to be the same disease; but many of them do not appear to belong to this form of bronchitis, having been gradual in their development, and slow in their progress; indeed, some of them seem to have been instances of the last stage of chronic bronchitis, and others of them cases of chronic disease of the lungs terminating fatally by pneumonia and bronchitis, and exhibiting the symptoms of suffocation only towards the close of a protracted illness.

I have seen but three examples of the acute suffocative bronchitis in its uncomplicated and intense form. Aware of the deadly nature of the disease when treated in the ordinary way, and finding no very explicit directions for its treatment in practical works on homœopathy, and no such indications in the Materia Medica as pointed decidedly, among many more or less suited to acute bronchial diseases, to the remedy that should be preferred in this particular affection, it was with no small anxiety that I began the treatment of the first severe case that occurred to me, the subject of it being, moreover, a child of my own.

Case I.

March, 1850.—A girl, aged 21 months, getting her eye teeth, though without irritation of the gums at present; rather subject during the last 6 months to transient attacks of bronchitis, but otherwise healthy and in good condition. She was observed to have cold in the head on the 23rd, and passed a feverish, restless night. I did not see her till half-past 10 A.M. of the 24th, although she had been noticed

by the attendant much oppressed in her breathing since 6 o'clock the same morning.

She seemed to suffer greatly from want of breath, and was able to utter only a couple of syllables at a time; "oh dear," and "ho, ho," appearing to exhaust what breath she had. The respirations were 60 in a minute; the act of inspiration short and quick, that of expiration prolonged and noisy; the noise consisting of a partly sibilant, partly croaking, sound proceeding seemingly from the trachea. The voice was perfectly clear, and there was not the slightest wheeze audible during inspiration, either at the larynx or trachea, or in any part of the chest. The respiratory murmur, quite pure every where, was abrupt, brief, and not loud. Pulse above 150, sharp. Face flushed and distressed looking. Little cough.

She got Aconite and Ipecacuanha, 1st decimal attenuation of each, every half hour alternately till 5 P. M. Occasionally the interval was only a quarter of an hour. During this period she vomited several times; but no other effect appeared to result from the medicines, and there was no change in the symptoms, with the exception that the flush in the face yielded to a degree of livid paleness. Spongia, 1st decimal attenuation, was then substituted for Ipecacuanha, and by 7 P. M. the respirations had fallen to 50, and were less noisy, and the pulse was below 130. The amendment did not increase, however; but between 8 and 9 in the evening the pulse had risen to 140, and the respirations had resumed their former frequency and character. Aconite was given from this time in more frequent doses throughout the night, half a drop being administered every 20 minutes till between 3 and 4 in the morning of the 25th, and subsequently every half hour, and alternately with it, sometimes Belladonna, sometimes Chamomilla, both of the 1st decimal potency. By 4 A. M. she began to breathe less noisily, and not so rapidly, and in 2 hours more there was scarcely any noise during expiration, the frequency of the respirations had fallen to 40, and the expirations had become much less prolonged. The pulse continued between 130 and 140, but had lost its sharpness and become small and soft. In the course of the night the tracheal noise consisted often of a flapping sound, chiefly during expiration, which ceased from time to time after a loose cough which occurred about every half hour or so. The cough was not violent or prolonged. The bowels were moved naturally several times during the first 24 hours of the illness.

All day of the 25th, Aconite, Belladonna, and Chamomilla, were given successively, every half hour till mid-day, every hour afterwards.

During the day small mucous rattles became audible, though in no great abundance, throughout the chest. The respirations, though of natural character, continued frequent, but not exceeding 40, and the pulse fell below 130, and became very soft and small. The expiration did not resume its prolonged and noisy character. Cough and expectoration occurred pretty often, and sometimes in troublesome fits for several minutes. The tongue had become foul, and the skin continued hot. The same medicines were given at long intervals during the night.

On the 26th, the pulse was 120, and all the other symptoms mitigated. Small mucous rattles continued, as before, in the chest, and the cough and expectoration persisted in a very ordinary measure. Tongue foul; skin hot. Face rather pale; bowels open.

For several days longer, some degree of fever, cough, and expectoration continued; but the disease underwent no aggravation, and gradually ceased. Chamomilla, Mercurius, and Spongia, were the chief remedies employed.

This case, in the abruptness with which the difficult breathing began, the great amount of oppression and breathlessness, the character of the respiratory acts, and the frequency of the breathing and of the pulse, affords a striking example of the first stage of the acute suffocative bronchitis. The second stage, or that of secretion, might have been expected to be dangerous and difficult to treat, if the amount of secretion should bear any correspondence to the violence of the preceding symptoms; yet in this instance, as in the cases of croup, the speedy and powerful impression produced on the first stage made the second mild and easy. There was merely an indication, in the small mucous rattle, scantily present at numerous points in the lungs, of the kind and extent of mischief which would have followed had the disease not been controlled so much at an early period.

The next case resembled the preceding very strikingly in all its symptoms. It turned out to be a still more severe one, probably in part owing to the youth of the child, but mainly in consequence of the bronchial affection having supervened on measles, and that too in connexion with a marked tendency to bronchitic attacks for months previously. In Dr. West's

case of suffocative catarrh occurring a fortnight after measles, the issue was fatal within 48 hours, notwithstanding the bleeding and emetics he recommends, a practice in which all the allopathic authorities, Laennec excepted, concur, although they all acknowledge, as has been seen, the lamentable nature of the results. Laennec objects to bleeding in the suffocative catarrh of children, and, curiously enough, recommends Belladonna, though not on homœopathic principles but in order to diminish the necessity of respiration by its narcotic action.

Case II.

May, 1850.—A female child, aged 13 months, very fat, and subject during the Spring and Winter to occasional attacks of bronchitis of no considerable severity. Had measles about three weeks before her present illness. Is getting her incisor teeth. During the night of the 10th instant was somewhat feverish and restless, and had some cough and coryza on the morning of the 11th. She was brought into town from a distance of nine miles in a close carriage. The day was cold, and though precautions were taken to protect her from exposure, the symptoms of bronchitis increased in the afternoon, and were of the following description when I saw her between 8 and 9 o'clock in the evening:—

The respirations were 54 in a minute; inspiration abrupt and brief; expiration prolonged, and attended by a strong husky wheeze in the trachea. The voice was quite free from hoarseness, and there was no wheeze during inspiration. She coughed occasionally, but very seldom; the face was flushed, skin hot, pulse rapid, but she would not allow its frequency to be ascertained. Bowels confined. Aconite, as in the former case, was directed to be given every hour.

She passed a very restless night, the breathing continuing of its previous character. In the morning of the 12th she appeared in every respect as she had been the evening before. The bowels had been moved by some castor oil. I ascertained that the respiratory murmur was pure all over the chest, without the smallest admixture of rattle, and sufficiently strong though brief.

Aconite and Chamomilla, each of the 1st decimal potency, were ordered to be given every half hour alternately.

Early in the evening I found her worse. The flush had left the face, and was replaced by a certain amount of lividity, not deep, but still distinct. She was inclined to lie still, and suffered herself to be

examined with a passive indifference. The breathing continued to be of the same character as already described, and nearly 60 in the minute. The pulse, now counted for the first time, was 200 in a minute, and not particularly small or feeble, indeed of good size and moderate firmness. The cough had ceased, though the noise in expiration indicated the presence of something that needed to be expectorated, and still the respiratory murmur was everywhere pure and distinct during inspiration. Aconite and Belladonna of 1st decimal potency, were directed to be given alternately every quarter of an hour. Towards midnight the inequality in the acts of respiration became much less, though the rapidity of the breathing continued. The noise in expiration became considerably less also. There was still no cough; the passive listlessness tended to a continued somnolence, from which, however, she was easily roused; the face retained its degree of lividity, and the pulse its remarkable rapidity. After midnight the Aconite was given alone for several hours every quarter of an hour, and with no other result than a smallness and softness of the pulse. Phosphorus 1, and Spongia 1st decimal potency, were alternated at short intervals, with occasional doses of Aconite pretty frequently in the early part of the day, all day on the 13th, but no mitigation of the symptoms occurred. The somnolence and lividity increased; the tracheal rattles during expiration returned and persisted to the last; the pulse continued as frequent, and declined in strength towards the afternoon, and there was a total absence of cough. Death occurred between 8 and 9 in the evening.

Two hours before the fatal event, I examined the chest, and found the inspiratory murmur quite pure, clear and strong, as previously, and there appeared no impediment anywhere to the free entrance of air into the cells of the lungs. The acts of expiration, though they became again accompanied by tracheal wheeze, did not resume the prolonged character they had possessed during the first two days.

In several particulars the foregoing case corresponds remarkably with one of Barthez and Rilliet's, in which the age was 12 months, the pulse 200 in a minute, and the fatal result took place on the third day.

Another example of the disease occurred to me in February, 1848, but it presented less strikingly the more distinctive symptoms of the affection, although the danger could scarcely

have been much less, considering the very tender age of the infant.

Case III.

A boy, aged four months. He had been subject to attacks of bronchitis almost since his birth, but was in other respects healthy and thriving.

He had been affected with fever and cough on the 7th of February and following day, and had been getting Aconite and Spongia, though neither frequently nor regularly, with apparent benefit.

On the morning of the 9th he was worse, having had scarcely any medicine during the previous night. Respirations about 60 in a minute; both acts of breathing attended by tracheal wheeze, the expiratory the more noisy and considerably prolonged. Pulse 140, and small. Very hot and restless. Voice husky, and cough frequent and hoarse.

Aconite 1, and Spongia 1, with Hepar Sulphuris 1st decimal potency, were directed to be given every half-hour.

No improvement had occurred by the evening: the pulse was particularly rapid and small; the tracheal noise continued as before; there was no rattle in any part of the chest. The same medicines were continued during the night, and by 9 o'clock next morning all the symptoms had improved: the breathing was less rapid and less noisy, the pulse less frequent, and the skin cooler. He had perspired towards morning.

The amendment increased during the day, and by 2 P.M. there was but little noise in breathing; the respirations were much calmer and slower; and the pulse much less frequent.

The same treatment was continued for several days before he was quite well; the intervals between the doses having been gradually lengthened as the improvement advanced. No general bronchitic rattle ever occurred.

Believing as I do that the success of homœopathic practice in such acute diseases as are treated of above, depends very much on the persevering frequency with which the medicines are administered, it appears to me of great importance that the medical attendant should ascertain personally, by as constant attendance as possible, that they are so administered until the period of danger is over. I am not certain that in the second

of the cases of suffocative bronchitis the medicine was given so often as was directed during the first night, the most important period of the illness for the opportunity of producing a salutary impression on the disease. It appears not unlikely that when the tendency to stupor and somnolence supervenes, indicating the poisonous influence of imperfectly arterialized blood, the system is much less capable of receiving an impression from remedies; a supposition which suggests an explanation of the failure of the Aconite in one of the cases in producing its characteristic effect on the circulation of an inflammatory disease, though it was given very frequently after the somnolence had begun. Allopathic physicians mention the difficulty with which emetics act in these circumstances, and explain it in the same way.

HOMŒOPATHY AND THE ANCIENTS.

By Thomas R. Leadam, M.R.C.S.

(*Read before the British Homœopathic Society, March* 7, 1850.)

"Wrong notions and false principles," says Lord Bolingbroke, "begot by authority, may be called properly enough the illegitimates of the mind: and yet they are nursed and preserved by it, as if they were the legitimate issue; nay, they are even deemed to be so by the mind itself. The mind grows fond of them accordingly, and this mistaken application of self-love makes many zealous to defend and propagate them by the same kind of authority and by every other sort of imposition.

"It may sound oddly, but it is true, in many cases, to say, that if men had learned less, their way to knowledge would be shorter and easier. It is indeed shorter and easier to proceed from ignorance to knowledge than from error. They who are in the last must unlearn before they can learn to any good purpose, and the first part of this double task is not in many respects the least difficult, for which reason it is seldom undertaken. The task of unlearning error and laying authority aside in the search of truth is not only hard in itself, but it becomes harder still by two considerations, as it implies a self-denial of vanity, and of ambition."

This mode of reasoning is most striking in its application to the homœopathist. When Hahnemann's mind first vibrated with the idea that the whole art of healing, which had the authority of centuries to support it, and was then to all appearance in its golden age, was possibly based on error, what a blow was dealt to his vanity and his ambition. The knowledge he had already acquired by so much labour and patient industry was to be reckoned as nothing, and the prospects he had fondly cherished, perhaps, as growing out of those acquirements, were to be dispersed as the morning mist; but his mind, once awakened from the dream of complacent self satisfaction, received an impulse which urged him on in the enquiry after truth, and sustained him through years of additional mental toil, until he shook off the fetters in which the authority of ages would have bound him, and stood forth in the *Organon* a living expression of independent thought. We too have had to pass through the ordeal of unlearning much of error that had been taught us, *ex cathedrâ*, and although the truth in this case appeared more bright as emerging out of darkness, still the difficulty has been to elude the one and grasp the other.

A portion of the truth is never satisfactory; we hope, therefore, to place before our readers ample evidence to prove that homœopathy existed, in spite of dogmas and hypotheses, in the earliest ages of physic, when names, as honoured as any in the annals of medicine, presided over its destinies, and dispensed its blessings. The art of medicine appears to have emerged from the dark ages in chaotic confusion, but from that to the present time the practice of Hippocrates and Galen has been deferred to with respect, but unfortunately for humanity their errors only have been assiduously cultivated, while their truths have been neglected. The medical mind seems to have been more engaged in the study of pathology, chemistry, and the physical sciences, than in the deep and patient investigation of the effects of the pure and simple remedies given us by the bountiful hand of Providence, while symtomatology, of which Hippocrates was so careful a teacher, has been utterly degraded. While he declared that there was a "*unity of morbid action*," (*omnium morborum unus et idem est,*) the modern pathologists have

been insisting on the morbid *effects*, the products of diseased action, being *the* disease to which all treatment must be directed, instead of the morbid *action* which eventuated in these changes. Chemistry again was employing itself in torturing minerals into infinite combinations, with the view of adding to the list of remedial agents, whose action upon the animal economy has been a matter of mere conjecture derived from a consideration of the heterogeneous elements which entered into their composition, whose curative efforts were directed to the removal of the products of disease, leaving the morbid action to continue its disturbing power. "The aim of the physician should be to do good to his patient, or at least to do no harm," is an axiom descended to us from the Hippocratic age, but modern medicine has exercised its powers to the reverse of this, and refined upon the consequences of sin by the addition of diseases of its own creating. Nor is it alone in medicine that we acknowledge among the ancients superior intellect and wisdom. If we inspect the wonders of art that have been handed down to us from ancient Greece and Rome, we recognize in the lineaments of sculptured beauty, broken and imperfect though they be, the soul-inspiring genius which wrought them into form; or if we could wander, as some have done, among the pyramids of Egypt, or the excavations of Nineveh, we should be struck with admiration in contemplating the lofty imaginations which conceived, or the Herculean labours which achieved such massive memorials of the Ptolemies and of Sesostris. Shall we object then to look back into the Hippocratic age for the foreshadowing of an Idea, which—like the grains of corn that were recently planted, after having been dormant in a mummy case for 2000 years—has been hid in the obscurity of ages, until it was reproduced in the fertile brain of Samuel Hahnemann.

The *science* of medicine is modern, but the medicine of nature, of experience, and of observation, is old, existed from the Creation, and required only to be guided by reason to accomplish all the curative blessings for which it was intended by a beneficent Creator. In respect of animals, the same results are produced in a less fallible manner by the operation of

an intelligent instinct implanted in them, and it is not too much to infer, in the absence of more positive knowledge on this point, that the herb which the animal instinctively eats, when under the influence of disease, by which its health is restored, operates on the same principles as that which observation and experience have led man to the use of, for the purpose of obtaining ease from his corporeal or mental sufferings.

If then, in what follows, we in some degree unfold the evidence which the writings of the ancients affords to the existence of the homœopathic law, we do not intend thereby to detract from the merit of Hahnemann, who, led by an investigating spirit, pursued the original path of actual experiment till he detected the law which, as we shall find, others had hinted at before, but which he alone fully appreciated, and had the unwearied industry to carry out into practice; and though we may find that the Greeks and Romans in their more cultivated, and the rude Indians in their untutored state, practically acknowledged the existence of this law, it was to Hahnemann alone that the universal application of it is to be attributed. Popular medicine has invariably illustrated the law, an example of which exists in the use of Bark, in Peru, for ague, by the natives drinking the water from the rivers and ponds into which the trees had fallen: and again, the willow (Salix) is the natural and local remedy for ague in the fens of Lincolnshire. The term ὁμοιοπαθὴς occurs in the 15th v. 14th ch. of Acts, and again in the 17th v. 5th ch. of St. James, but as it does not apply to any curative process, but is only used in a comparative and moral sense, it has no interest in respect of our present investigation further than shewing the appropriateness of the term used by Hahnemann to define corresponding or correlative actions, whether of the mind or body; and as homœopathy recognizes in so much larger a sense than allopathy the influence of the moral condition of the individual, it may not be out of place to have referred to so early an application of the term. Whether a natural law was indicated, as well as a spiritual, in Numbers xxi, 8, 9, when Moses, by command of the Almighty, raised the brazen serpent, that all who looked thereon might be cured of the bites inflicted by the fiery serpents, may be ques-

tioned, but we mean no irreverence or abatement of the miracle in referring to it. It is just possible that as the ark was the most natural instrument by which Noah and his family could be saved, although it was a type; and as the water which sprung from the rock, at the command of Moses, divinely inspired, was the natural and legitimate remedy for the Israelites dying of thirst,—although it too bore a further and spiritual meaning,—so, in like manner, may the brazen serpent have been an example of the natural law, as well as the establishment of a type.

The law "Similia similibus curantur" may be said to have been first enunciated by Democritus, 361 B. C. That ancient and learned philosopher, the friend of Hippocrates, who, among other wise and good things, first suggested the probability that the beautiful zone which is seen stretched over the empyrean, and called the milky way, owed its brillancy to a mass of stars, also gave the first expression to that simple and beneficent law which was left for Hahnemann to work out, as the former astronomical idea was proved to be true by the astronomers of of the 18th and 19th centuries.

An original mind, such as that possessed by the philosopher of Abdera, which, without the aid of suitable instruments, could look so far into the arcana of nature as to declare a remedial law and an astronomical fact, which should not receive the consent of mankind or be proved truths for two thousand years, must indeed have been gifted with a foresight and penetration which would indicate that the philosophy of medicine and of nature had progressed less than is generally supposed during this long and darkened period of the world's existence. Democritus, reposing in Arcadian shades, devoted to literature, amused himself with the dissection of animals, and was so absorbed in his philosophy that he would either receive his friends with silence or be laughing at the folly of those who made gain their pursuit instead of wisdom. To such an extent did he carry this, that the people of Abdera,* in despair at seeing their noble countryman, as they imagined deprived of

* Epistolæ Hippocratis.

reason, besought the Coan sage to visit him; and when the learned physician approached him he was obliged to confess that he thought they, the people of Abdera, were mad, and not Democritus, for his words were redolent of wisdom. It was at this interview that Democritus asked of Hippocrates what he would give him to cure this supposed mania? He replied "*Hellebore:*" whereupon Democritus gave expression to that law which is now the foundation of homœopathy, and afterwards, at the request of Hippocrates, wrote to him an account of himself in the following letter.

"Democritus Hippocrati felicitatem. You have come to me, O Hippocrates, as to one insane, in order to give me Hellebore, pursuaded by foolish men, among whom the labour of virtue is counted insanity. But then we were writing of the disposition of the world, and of the poles and heavenly stars. But when you have known the nature of these, how wonderfully all things are created, and how far from madness and folly they are, you will indeed praise my disposition, though you have judged me foolish, cruel and mad. For such things as wander through the air deceive us by their images, but are indeed understood to be the world, and are created, having change: my mind, searching through nature, has indeed brought those things to light, of which the books written by me are witness. It behoveth thee, therefore, O Hippocrates, to meet with and converse less with men endued with this humour, whose mind is superficial and inconstant. *For, if persuaded by them, you had given to me, as to one mad, Hellebore to drink, wisdom would have been insanity, and they would have blamed your art,* as that which had been the cause of madness: *for Hellebore, given to the sane, pours darkness on the mind; but it is wont greatly to benefit the insane.* * * * * I have sent back to thee the treatise on madness, written by thee. Farewell." *

It would appear to be after this that Hippocrates gave expression to the same idea in the following passages. Although in his *Treatise on Airs,*† he declares "Food is the cure for

* Epistolæ Hippocr.

† Hippocr. Opera Περὶ φυσων.

hunger; drink for thirst; evacuation for repletion, and repletion for evacuation; rest for labour, and labour for rest; and in a word, the contraries are the cure for contraries," he directs, in his *Treatise on the places in Man*,* this treatment for suicidal mania: "Give the patient a draught made from the root of Mandrake, *in a smaller dose than will induce mania.*" He also recommends Mandragora in convulsions, applied by means of fires lighted round the patient's bed; and then insists, in strong terms, that under certain circumstances purgatives will bind the bowels, and astringents loosen them. He makes also the important remark that although the general rule of treatment be "Contraria contrariis curantur," the opposite rule also holds good in some cases, namely "Similia similibus curantur." In confirmation of the latter principle, he remarks that the same substance which occasions strangury will also cure it; and so also with cough; and further adds, that warm water, which, when drunk, generally excites vomiting, will also sometimes put a stop to it by removing the cause.

Hippocrates also lays great stress upon the consideration of dreams, and says, "He who forms a correct judgment of those signs which occur in sleep will find that they have a great efficacy in all respects." In his book of Epidemics he writes, "With regard to diseases, the circumstances from which we form a judgment of them are, by attending to the general nature of all, and the peculiar nature of each individual; to the disease, the patient, and the applications; to the person who applies them, as that makes a difference for better or for worse; to the whole constitution of the season, and particularly to the state of the heavens, and the nature of each country; to the patient's habits, regimen, and pursuits; to his conversation, manners, taciturnity; thoughts, sleep, or absence of sleep, and sometimes his dreams, what, and when they occur; to his picking and scratching; to his tears; to the alvine discharges; to urine, sputa, and vomitings; and to the changes of diseases from one to the other; to the deposits, whether of a deadly or critical character; to the sweats, coldness, rigors, cough,

* Hippocr. opera. Περὶ τοπων κατ 'ανθρωπων.

sneezing, hiccough, respiration, eructations, flatulence, whether passed silently or with a noise; to hemorrhages, or hemorrhoids. From these, and their consequences, we must form our judgment."

This is very like Hahnemann's accurate mode of investigating disease: how comprehensive and perfect!

Again as an example of the mode in which Hippocrates individualized his cases, just as Hahnemann taught, we quote a learned modern commentator,* from whom we have derived much information. He says: "It is a singular feature in the cases of epidemic disease related by Hippocrates, that the lineaments of a particular disease are seldom to be recognised, and this perhaps may be regarded as a proof of the faithfulness with which they have been copied from nature. In short we here recognise the features of disease in the concrete, and not in the abstract. And is not this what we should expect in all true copies from nature? How often does the candid physician find himself forced to admit that he is at a loss what name to give to the combination of morbid actions which he is called upon to treat! The common herd of mankind would seem to fancy, as in nature there are certain types of all animal and vegetable substances, and the botanist has no difficulty in classing such a plant, for example, as the conium maculatum; and the natural historian can readily pronounce that such a bird is the alcedo ispida—that the physician, in like manner, upon examining the characteristic features of any case, should have no difficulty in pronouncing that it is pleuritis, for example, or pneumonia, or the like. But how often does it happen that the complaint in question is an aggregate of symptoms, produced by peculiarities of constitution and other incidental circumstances, which, taken together, constitute an ensemble which does not well admit of being referred to any one of the general forms of disease described in our nosological systems. Now, I say the most wonderful feature in the cases related by Hippocrates is, that they are descriptive of the symptoms observed in certain diseased individuals, instead of

* Francis Adams, Hippocr. Opera.

being, what most modern cases are, symptoms drawn to correspond with certain ideal forms of disease." Had this been written as a comment upon Hahnemann, instead of Hippocrates, it could not have been more true; it is equally true of the one as of the other.

The practice (allopathic) of the present day is indeed fraught with all the evils of the Cnidian school of medicine, which Hippocrates so much condemned; its chief object being a refinement upon diagnosis, and an endless subdivision of diseases. Galen, a man of great abilities and general therapeutical knowledge, was the chief misleader of the medical world when he taught that diseases were to be cured by contraries, It is well known, however, that Paracelsus, Suetonius, and Hippocrates held in some measure the opposite doctrine of "Similia similibus curantur."

We will now draw attention to the various articles of the Materia Medica, selecting those out of the rather extensive catalogue of remedies used by the ancients which, from their application in a homœopathic sense, illustrate the law above mentioned; and in doing so we are struck with the great number which correspond in their general use with the same remedies in the *Materia Medica pura* of Hahnemann, although they have for centuries been cast aside by the allœopathic practitioner as inert and useless, whereas they form some of the most beneficial remedies in the hands of the judicious homœopathist. This sounds like a voice from by-gone ages approving and attesting the truthfulness of homœopathy, and testifying, at the same time, how the old school of physic has been falling into its dotage.

Agaricum (Agaric) is recommended by Dioscorides and most of the ancient authorities as a styptic, and by Galen in the cure of jaundice and other hepatic affections. It is used homœopathically in hemorrhage from the nose, and in hepatic disease.

Agnus castus.—So called from its anaphrodisiacal properties, noticed by Dioscorides and Galen. It is used homœopathically for the cure of impotence and sterility.

Aconitum was only used by the ancients as an anodyne, and to relieve pains of the eyes.

Aranea (the Spider), when softened into a plaster and applied

to the forehead and temples, is said by Dioscorides to remove the periodical attacks of tertians. Its web, when applied, stops hemorrhages, and preserves superficial sores from inflammation. It is homœopathically indicated in ague and for hemorrhage.

Asarum Europeum (Asarabacca).—Dioscorides used it in chronic sciatica, for which it is homœopathic, and the Arabian physicians for collyria.

Asparagus.—Used medicinally by the ancients in nephritis, as well as other diseases.

Arsenic was much used by the ancients. Avicenna recommended it in asthma, herpes of the nose, and chronic dysentery. Serapion used it in affections of the eyes; it was also used for the cure of asthmas by inhalation. Fracastorius advises the practice of imbibing the fumes of arsenic for contagious phthisis. The Arsenic used by the ancients, it must be remembered, was the orpiment, or yellow sulphuret, consisting of 62 parts Arsenic and 38 Sulphur, and was a more innocent substance than the factitious Arsenic of the moderns.

Aloës, said by some among the ancients to produce hemorrhoids, and bleeding from the anus; by others to close up the mouths of veins in hemorrhoids. Aretæus mentions a form of hepatic dysentery which was usually treated by Aloës.

Amygdalæ.—Plutarch and many of the ancient authorities take notice of the power of Almonds in preventing intoxication. This is a popular truth.

Anemone (Pulsatilla).—Said by Paulus Ægineta to increase phlegm, and remove leprosy when applied, and by Dioscorides and Galen recommended for foul ulcers; in collyria for ophthalmia, and to promote menstruation. Paulus Ægineta says, "Nebulæ may be cleansed by the juice of anemone." In all these instances it is homœopathically indicated.

Aurum (Gold).—Dioscorides and Paracelsus were aware of Auram being an antidote to the effects of Mercury. This is one of its most important uses in homœopathy. Hahnemann has, however, given so full an exposition of the opinions of the ancients on this remedy, in the 2nd vol. of his *Chronic Diseases*, that we need not enlarge here.

Bryonia (White Bryony).—Was much used by the ancients,

though neglected by all of the present day, but the homœopathist. Mesue, an Arabian writer, advises it in dropsy, vertigo, coughs, asthmas, pleurisy, inflammations of the spleen, whitlow, &c. It is well known as one of the most valuable homœopathic remedies in all these diseases, and as we have no evidence to prove in what quantities it was formerly administered, and as, moreover, modern allœopathy has rejected it on account of its poisonous qualities, it is natural to infer that as it is found so efficacious in homœopathic doses in similar cases, the ancients were more careful than the moderns, and used it successfully, because they administered it homœopathically.

Cantharis (Spanish fly) was used in cancerous affections, leprosy and lichen agrius, in dropsy, and diseases of the kidneys. It is homœopathically indicated in these diseases, but is also in several other very important morbid conditions. Galen states that the wings and feet of Cantharides prove useful for removing the deleterious effects occasioned by taking their bodies.

Cannabis.—Dioscorides and Galen commend it for pains of the ears, and obstructions of them; also in the form of cataplasms to soothe inflammations and discuss tumours. Jahr indicates its use in pannus, pains, &c. of the ears; and it is highly useful in many inflammatory conditions.

Castor was employed by Galen, and all who succeeded him, in a homœopathic sense.

Clematis.—Spoken of by Paulus Ægineta and others as a remedy in severe cutaneous diseases, pains in the teeth, diarrhœa, and dysentery. In homœopathy it is applied in all these.

Crocus (Saffron) is another remedy which received the sanction of antiquity, but has not been understood by the moderns, who regard it only for its colour. Homœopathy, however, has found virtues in it, and along with Hippocrates and his successors finds it useful in defluxions of the eyes, erysipelas, &c. They were aware of its exciting to immoderate laughter, and having aphrodisiacal properties.

Cicuta (Hemlock) was supposed to be the same as the Conium maculatum. Dioscorides says, "It is of great use in ophthalmia, erysipelas, and herpes. We use it in the first and

last of these and many more diseases, while in allopathy it is only applicable as a mild sedative.

Elaterium (Wild Cucumber) was used in dropsy, gout, sciatica, rheumatism. Mesue, the Arabian, speaks highly of it, applied as a cataplasm in hemicrania. While modern physicians of the allœopathic school confine its curative power to dropsies, the homœopathist is able to extend its application, as the ancients did, precisely to the same range of diseases, shewing how much further we were going from the right path of observation of the effects of remedies, until Hahnemann brought us back by his therapeutical investigations.

Eupatorium (Thorough-wort).—A remedy quite unknown to allœopathists. It was recommended by Dioscorides for ill-conditioned ulcers, dysentery, and the stings of reptiles; chronic fevers, obstructions of the liver. Dr. Hempel, in his translation of Jahr, states that it is celebrated in America as a cure for the bite of the rattle snake; in chronic fevers and intermittents, and is called ague-weed: it is used, too, in bilious fevers, diarrhœa with tenesmus, &c.

Euphorbium (Spurge) was recommended by Mesue strongly in diseases of the joints, and for noises and hissings in the ears.

Those conversant with Jahr will be aware how exactly the symptomatology of this remedy, referrible to the joints of both the upper and lower extremities, indicates its application in the same class of diseases; also in affections of the ears.

Colocynth (Bitter Apple).—Paulus Ægineta says, "When applied externally it relieves ischiatic disease. Dioscorides gave it as a gargle in toothache. Mesue has treated of it the most extensively, and states that it cures cephalea, hemicrania, epilepsy, apoplexy, vertigo, defluxions in the eyes, cold gout and other affections of the joints, asthma, chronic cough and dyspnœa, pituitous or flatulent colic, dropsy. Pliny recommends it in injections, for *diseases of the intestines*, kidneys, and loins. He says that an embrocation of it with oil cures pains of the spine and hip joint, and is useful in jaundice." Let us turn to Hahnemann for his list of diseases in which this excellent remedy is curative.—"Anxiety, toothache, violent colic, chronic diarrhœa, insomnia, coxalgia, arthritic com-

plaints, paralysis, neuralgia, semi-lateral cephalalgia, epidemic dysentery, chronic psoitis, ischias nervosa." The allopathist uses it as a *purgative!* Misericordia!

Fern (Filix mas).—Galen, Theophrastus and Avicenna speak of it as a vermifuge medicine. Dioscorides adds to this its capability of inducing sterility and abortion. In Jahr's *Manual* it is set down as a remedy for tænia, worm fever, and sterility.

Granatum (Pomegranate) was used by Galen in tænia, dysentery, diarrhœa, and hæmoptysis. All these are homœopathic indications, and it is omitted from modern pharmacopœiæ.

Hepar (Liver).—This is very different to the homœopathic hepar, being the genuine liver of an animal. Paulus Ægineta says, "If that of a mad dog be roasted and eaten, it is said to relieve those who have been bitten by him." The liver of the wolf is added to the *hepatic* medicine prepared from Eupatorium.

This homœopathic principle was so generally diffused among the ancient writings, as the result of observation, that we refer to it in these apparently absurd instances to shew how common the idea was, that "Similia similibus curantur."

Helleborus (Black and White Hellebore).—The White Hellebore is the Veratrum. Both kinds, however, have been almost disregarded by modern physicians of the allœopathic school. Hahnemann has restored them to their just position as most valuable agents. Hellebore was one of the most favourite remedies of the ancients, and scarcely a disease of any activity or fixedness was treated without its introduction. A comparison of the diseases treated by them, and under homœopathic practice, curiously evidences how much nearer the truth they were than our allœopathic therapeutists.

HELLEBORE.

Ancient Therapeutics.			*Hahnemann.*
Hippocrates . .	Melancholia Mania Epilepsy Quartans	Helleb. Nig.	Intermittent fever Hydrocephalus Silent melancholy Dropsy Arthritis Rash Hemorrhoids
Aretæus	Elephantiasis Arthritic diseases		

Ancient Therapeutics.			*Hahnemann.*
Paulus Ægineta	Leprous affections Epilepsy Arthritis Mania		
Dioscorides . .	Scabies Alphos Lichen Fistula Dropsies Toothache Diseases of the ears	Veratrum. .	Melancholia and mania Arthritis Intermittents Hypochondriasis Odontalgia Rheumatismus Scabies Otalgia Epileptic convulsions Cutaneous eruptions

While Hippocrates, Mesue, and Serapion concur in stating that it sometimes induces convulsions.

White Hellebore formed one of the ingredients in the Eau médicinale, the famous remedy for gout; but with this exception, the internal use of Veratrum and Hellebore may be said to have been quite lost to the practice of medicine, not only in this country, but also in the land of Hippocrates and Dioscorides.

Hippocrates again says, "You should put persons on a course of Hellebore who are troubled with a defluxion from the head, but do not administer it to such persons as are labouring under empyema connected with abscess, hemoptysis, and intemperament, or any other strong cause, for it will do no good, and if anything unpleasant happens, the Hellebore will get the blame of it. But if the body have suddenly lost its power, or if there be *pain of the head*, or *obstruction of the ears*, or heaviness of the limbs, or any extraordinary swelling of the body, you may administer Hellebore, provided these symptoms be not connected with drinking, immoderate venery, nor with *sorrow*, *vexation*, or *insomnolency*, for if any of these causes exist, *the treatment must have respect to it*."

Here is a passage worthy of a good homœopathist, for not only is the use of Hellebore indicated in the very diseases, the similitude of which it is well known to be capable of producing, and is therefore homœopathically indicated, but it also takes cognizance of the moral phases of the remedy, and the moral causes of the morbid condition, in correspondence with which the remedy is, or is not, to be relied on. This is assuredly quite different from the practice of the allœopathist.

Cælius Aurelianus, again, prescribed Hellebore for Cephalea, and oppugned the practice of giving purgatives. He also used it in jaundice. Celsus recommends *black hellebore* in cases of melancholia and mania, when the patient is affected with grief, but *white* (Veratrum) if with gladness.

Hellebore was also a remedy in cholera. In my own practice I have obtained the best effects from its use in dropsy of the brain, after scarlet fever.

The following case is recorded in the works ascribed to Hippocrates, and we extract it entire from Dr. Russell's excellent work on cholera:—"A young Athenian, affected with cholera, evacuated upwards and downwards, with much suffering; nothing could arrest the vomiting or alvine evacuations. His voice failed; he could not stir from his bed; his eyes were lustreless and sunken. He had convulsions of the lower extremities from the abdomen downwards. He had hiccough, and the stools were more copious than the vomitings. He took Veratrum in lentil juice, and recovered."

Lactuca (Lettuce). Used by the ancients in watchfulness, alienation of mind, hot inflammations of the eyes, dropsies, gonorrhœa, pollutions, libidinous dreams, jaundice, unpleasant effects produced by intoxication. A reference to Jahr's *Symptomen-codex* will shew how parallel the account is with this, and how restricted is the use of it by the allœopathists.

Lacerta Stellio (Spotted Lizard).—Said to be a good application to persons bitten by scorpions.

Nerium Oleander.—A remedy used by Galen and others for chronic pains of the back and knees, cutaneous eruptions, &c., and revived by Hanhemann in eruptions of the scalp, and the same kind of pains as above mentioned.

Ostrea (the burnt shell of the oyster)—Was in vogue at the time of Galen as a remedy in producing *incarnation* and cicatrization of ulcers; and this effect was produced merely by taking the water in which the burnt shell was infused—quite a homœopathic dose would consequently be received by the patient. I have witnessed in my own practice this extraordinary effect, from the calcarea tincture given three times a-day.

Petroselinum (Parsley)—Is a remedy which was used by the

ancients, and has been revived by Hahnemann. It was formerly used in pains of the kidneys and bladder, and is Homœopathic to them.

Rhus—Was used by the ancients in dysentery, purulent discharges from the ears, apthous ulcerations of the mouth, and for relieving the pain of carious teeth. In the like complaints it is Homœopathically indicated.

Scilla Maritima (Squills)—Was in use in hemorrhages from the lungs, asthmas, epilepsy, complaints of the gums, teeth, and mouth. In the latter it is homœopathic, but not in dropsy, as its primary effect.

Sepia (cuttle-fish).—In the time of Galen and Dioscorides, this was used as a remedy for sycosis, cutaneous affections, and pterygium. Homœopathy finds it one of the most important remedies in chronic, cutaneous, and ophthalmic diseases, while it has been long rejected by the allopathic school.

Strychnos.—This term is applied by the ancients to the Solana—the black and deadly nightshade. Celsus prescribes "Solanum quam στρύχνον græci vocant," and recommends it in phrenitis. Dioscorides treats largely of the virtues of these plants, and recommends them externally as a remedy for erysipelas, herpes, head-ache, heat of the stomach, affections of the eye, ear-ache, flux albus, &c. The Solana are only used in this particular and extensive manner by the homœopathists. The general application of the Belladonna is so well known as a homœopathic remedy, that any further remark is unnecessary beyond the fact of the limited use of an agent, the value of which was so appreciated two thousand years ago, bears witness to the retrograde march of medical science up to the time of Hahnemann.

Sulphur.—This valuable remedy was very imperfectly known to the ancients, but still less to the modern allopathic physicians. Pliny commends it in the following words:—"Natura ejus calefacit, concoquit, sed et discutit collectiones corporum: ob hoc talibus emplastris malagmatisque miscetur, renibus quoque et lumbis in dolore cum adipe mire prodest impositum. Aufert et lichenas a facie cum terebinthi resina et lepras. Harpacticon vocatur a celeritate avellendi, avelli enim subinde debet. Pro-

dest et suspiriosis linctum. Purulenta quoque extussientibus, et contra scorpionum ictus. Vitiligines vivum nitro mixtum atque ex aceto tritum, et illitum tollit, item lendes in palpebris, aceto sandarachato admixto." It is otherwise chiefly referred to as a remedy for itch and other cutaneous diseases, and was given internally in catarrhs, and for favi and achores of the scalp. I need scarcely add the comparison, as it is quite evident that in all these instances it is homœopathically indicated.

Sambucus (Elder tree).—Paulus Ægineta says, "When eaten or drunk, they occasion a discharge of water from the bowels." The two species of Elder, namely, Sambucus Nigra, and Ebulus, are much commended by the ancients for the cure of dropsy. The homœopathist is fully aware how valuable a remedy this is in the cure of that disease, and in my own practice I have found it remarkably effective in dropsies of the cellular tissue, when homœopathically indicated in other respects.

Teucrium marum—Is another remedy rescued from oblivion by the genius of Hahnemann: homœopathists well know its value, while it was used in the time of Hippocrates and Dioscorides in affections of the chest, in ischias, anger, and sorrow.

Vipera (Lachesis).—The flesh of the viper was much esteemed among the ancients, and was said to act principally upon the skin—wherefore it was highly thought of as a remedy in elephantiasis. Dioscorides recommended its use in nervous affections and scrofula. Galen gives a lengthened description of the medicinal virtues of the vipers. Moses Charras says, "The powers of vipers is very much enlivened with the Volatile Salts wherewith the vipers abound, which enables it to force its virtues through the pores though never so close shut to the more remote parts of the body. It is a singular medicine to cure scabs, itches, erysipelas, and particularly the leprosy. It restores *plumpness of body* to persons wasted with long agues and tedious diseases." The viper broth is described in *Quincy's Dispensatory* in nearly the same terms as by Dioscorides, and recommended as "doing good service in leprosy and the other obstinate cutaneous complaints." The famous theriac of Andromachus, physician to the Emperor Nero, which was so celebrated in the records of ancient medicine, had for its principal ingredient the

flesh of vipers, and was thence called the Theriac of vipers. Andromachus, however, formed it from a composition constructed by Mithridates, King of Pontus, who had by repeated experiments upon condemned malefactors, acquired a most thorough knowledge of the proper antidotes for almost every venomous viper, reptile and poisonous substance. Galen expresses great confidence in it as a remedy for inveterate diseases of the skin, such as leprosy and elephantiasis, and said it was used as a remedy for the stings of venomous animals. Averrhoes seems to have referred its action as a medicine to its power in rousing the vital heat of the system, and hence he forbids it to be administered in all cases of an inflammatory or bilious nature. He therefore condemns the use of it in pleurisy, unless when the pain is dull and chronic. He says it ought not to be given in cases of difficult parturition, unless when it is wished to rouse the expulsive faculty.

Moses Charras, who published the *Royal Pharmacopœia* about the end of the 17th century, thus enumerates the uses of the Theriac of Andromachus: "It ought to be very much esteemed as a cure for cold diseases, and all those where the natural heat is feeble and languishing, especially, among the rest, of palsies, epilepsies, convulsions, and all cold diseases of the head. It is proper against all weaknesses and want of retention in the stomach and intestines, against the diarrhœa, dysentery, lientery, morbus cholera, and all sorts of colics; against agues, worms, the pestilence and all epidemic diseases; against *the biting of mad dogs* and all sorts of venomous animals; against want of sleep, griping pains of children; against hysteric passions, the jaundice, and an infinite sort of other diseases." Galen remarks that the poison of certain reptiles occasions jaundice. One of the first, however, whom we find in antiquity to have made use of the flesh of the viper to medicinal purposes, was Antonius Musa, the famous physician to Octavius Cæsar, of whom Pliny tells us, "that when he met with incurable ulcers, he ordered the eating of vipers, and by this means they were quickly healed." It is not improbable that he might have learned this from the great Greek physician Craterus, mentioned often by Cicero in his epistles to Atticus, who, as Porphyrius

relates, very happily cured a miserable slave, whose skin in a strange manner fell off from his bones, by advising him to feed upon vipers, dressed after the manner of fish. Be this as it may in Galen's time the profitable qualities of the viper were very commonly known, himself relating very remarkable stories of the cure of the elephantiasis, or lepra, done by the viper-wine. Aretæus also has most accurately described the elephantiasis, and commands the eating of vipers instead of fish. It has also been recorded by Dampier in his voyages and travels, that the natives of Tonquin, in the East Indies, do treat their friends with arrack in which snakes and scorpions have been infused, accounting this not only a great cordial, but also an antidote against the leprosy, and all other sorts of poison. Galen, again, says that he has known persons bitten by crocodiles manifestly relieved by the application of the fat of the crocodiles themselves to the wound.

Paulus Ægineta directs, "To rub the wound inflicted by the sea dragon with lead, &c., or *wash the part with diluted wine of the brains of the fish itself.*

Dr. Mead, who wrote 150 years ago, says of it "the physicians in Italy and France very commonly prescribe the broth and jelly of vipers' flesh to invigorate and purify the mass of blood exhausted with diseases, or tainted with some vicious and obstinate ferment." In his essay on the poison of the viper, he details the virtues of the Viperine ointment, which the viper-catchers of that day used with so much confidence as to be no more afraid of a bite than of a common puncture, immediately curing themselves by the application of their specific. It is so interesting, and so thoroughly homœopathic, that we need make no apology for introducing it here. He says, "This, though they keep as a great secret, I have, however, upon strict enquiry, found out to be no other than the *axungia viperina* presently rubbed into the wound; and to convince myself of its good effects, I enraged a viper to bite a young dog in the nose; both the teeth were struck deep in; he howled bitterly, and the part began to swell; I diligently applied some of the *axungia* I had ready at hand, and he was very well the next day. But because some gentlemen who saw this experiment were apt to impute the

cure rather to the dog's spittle (he licking the wound) than to the virtue of the fat, we made him to be bit again in the tongue, forbearing the use of the remedy, and he died within four or five hours." "At another time," he says, "I made the like trial with the same success. By this means, the cure, if rightly managed, is so easy and certain as not to need the help of any internal medicines to forward it; but these, however, must take place where, through want of the other, the poison is spread farther, and has tainted the whole mass of blood. Nor yet is it necessary in this case to fatigue the patient with a farrago of antidotes, &c., for *the volatile salts of vipers is alone sufficient to do the work,* if given in just quantities, and duly repeated: thus it succeeded in the before-mentioned cases, and in some others I could relate, in one of which the mischief had gone so far as to induce a universal jaundice." Dr. Mead further remarks that, "in like manner as the *axungia viperina* cures the bite of the viper, so also the Oleum Scorpionum, or oil in which scorpions have been infused, is a present remedy for the sting of that creature."

We have been thus diffuse upon the subject of the poison of vipers, or viperine remedy of the ancients, because it has been handed down to comparatively recent times, as a valuable therapeutic agent, and only lost its position in the Pharmacopœia of the College of Physicians about the middle of the last century, when its rejection was proposed by Dr. Heberden: the college divided upon the question, and there were found to be 13 votes for retaining, and 14 for rejecting it. It is still, however, retained in the Codex Medicamentarius of Paris, and is said to be much used by the Greek physicians in Constantinople.

Had the chemical physicians of the last and present century turned their attention to the more perfect separation of the volatile salts of the viper, in which the medicinal virtues are supposed to reside, instead of thrusting it out, unreformed as it were by the aid of modern science, notwithstanding the general repute it had held from the earliest ages of medicine, they might have conferred more benefit upon the healing art than all their poisonous mineral combinations put together have done.

Dr. Hering, of Philadelphia, has, however, added a lustre to

homœopathy by the reintroduction of this valuable medicine into the materia medica, under the name of *lachesis*, and we who are conversant with Hempel's translation of Jahr cannot fail of being struck with the distinct homœopathic indications which the ancient writers shew to have guided them in the application of one of their most favorite remedies. *Modern science has rejected it!* probably on account of the gross manner of its preparation aforetime, not being in accordance with the more refined pharmacy of the present day: but upon the same grounds many of the most powerful remedies of the old pharmacopœiæ, which have been reproduced under a new guise, or tortured into combinations by chemical process, might have been laid aside. Had the talent which has been wasted in eliminating new remedies and new names, without the least conjecture as to what diseases they were to cure, been employed in proving what were the real virtues of those medicines already in existence, how much more forward should we have been in therapeutical science.

A knowledge of the curative powers of medicines must ever be the basis of a rational treatment of disease, and no conjecture derived from chemical combinations can afford a satisfactory indication for their use. It is only, then, by first proving medicines upon the healthy body that we can establish their true effects, and this has been so systematically taught by the great founder of homœopathy, whom we may truly designate as the modern Hippocrates, that we need not insist further on it in this place. Dr. Hering has followed his great master's instructions in proving this viperine remedy, and the extent of its symptomatology is a sufficient proof of his industry and care; and if to combine the *utile et dulce* be the perfection of art, in converting the coarse remedy of the ancients into the homœopathic *lachesis*, he has achieved a work which will do credit to his name, so long as the medical art exists. The homœopathists will, we trust, find in these references to antiquity a powerful confirmation of the law "Similia similibus curantur;" for not only are the same diseases curable under the old and new mode of administering it, but the very condition of the body in which it is most suitable, namely, that of leanness, emaciation,

exhaustion, or cachexia, is referred to by the ancients, equally as in Jahr's Symptomen-Codex. These appear to be the principal remedies in use among the Greeks and Romans which have indications of their being used in their homœopathic relations—in accordance with the law "Similia similibus curantur;" although they did not fully recognize the law under which they acted. Observation, however, in the majority of instances led them into it, and if one had been diving into the records of medicine with the purpose of discovering by what rule of action, or by what principle they were guided in the application of their remedies to the treatment of disease, we believe the foregoing comparisons would abundantly testify to the more general adoption of our law, so far as the inference may be drawn from their practical applications. The Arabian authors, moreover, furnish testimony of the same character—some earlier, others later than the times of Hippocrates, Pliny, and Galen; and through the learned labours of Mr. Francis Adams we are able to compare these also with our modern therapeutics, and to elicit the spirit of homœopathy which breathes therein.

Camphor.—Serapeon, who translated Dioscorides into Syriac, says, that its medicinal virtues are applicable in cases of inflammation, vertigo and cholera; that it cures the hot intemperament of the brain, and induces sleep; removes vertigo; stops hæmorrhages from the nose; and all fluxes in general. When *too much used* that it induces insomnolencies; coagulates the semen, and engenders coldness. Aben Mesuai says, "*it is astringent of the bowels,*" while Aben Amram says, "it is useful in cholera." Mesarguil, another Arabian writer, states, that an acquaintance of his took 6 drachms of Camphor at one dose, which impaired his digestion and brought on impotence. It was generally believed to produce premature hoariness of the hair.

Senna.—Serapeon was the first who described Senna as an article of the materia medica. He recommends it for removing the inquietude accompanying melancholy; for aches and disturbances of the nerves; epilepsy, chronic headache, scabies, pustulæ parvæ, &c. Avicenna says it is a remedy for pruritus, and scabies, *in pain of the neck, fetid breath,* and *watery*

stomach (pyrosis). These symptoms are the basis of its application as a homœopathic remedy.

Berberis (Barbery).—Rhazes speaks of it as useful in diseases of the stomach, liver, and uterus; in bilious diarrhœa—it is homœopathically indicated where a bilious diathesis prevails, and in painful menstruation.

Anacardium (Malacca bean) was used by the Arabians in mental diseases, especially in loss of memory; also in coldness of the nerves, and in paralysis and spasms. I quote from Hahnemann's Chronic Diseases, vol. 2, the references to these authors, to shew how clear he was as to the principle by which the Arabians were guided in their application of this remedy.—"This most powerful drug, together with others of which the ancients availed themselves with great benefit, had been completely forgotten for the last 1000 years." Serapeon in his book *de Simplicibus*, c. 346, quotes most of those Arabian authors who have written on the use of the Anacardium juice.—Aben Mesuai, "*Est bonus corruptioni sensûs et memoriæ.*"—Alcalahamen, "*Proprietas ejus est, conferre relaxationi nervorum (paralysis).*"—Bedigoras, "*Removet oblivionem et acuit sensum.*"—Abugerig, "*Est bonus paraliticis, et eis quibus timetur adventus ejus.*" This last author recommends caution in the use of the juice, "*Commovet baras et lepram et apostemata et fontassis occidit (novicus) juvenibus et cholericis.*" I need scarcely add that it is a powerful homœopathic remedy in the same diseases, although the modern allœopathic physicians have been entirely ignorant of its powers. It is the province of the practitioner of the healing art to administer remedies correctly, and therefore curatively. If he gives a large dose of a drug, he may induce dangerous symptoms, but if a small dose he may cure. It is the abuse of poisonous substances that has caused their true medicinal virtues to be lost and forgotten.

Borax (Borate of Soda) was much used by the Arabians for the cure of toothache, and to promote uterine action. This sufficiently indicates its homœopathicity.

Staphisagria (Stavesacre) was used in painful affections of the nerves and for toothache. This is most truly homœopathic.

Dioscorides, Pliny, Galen, Alexander and Paulus Æginetа, agree in recommending the Hæmatite in hæmoptysis: this is a native Oxide of Iron. Pliny, the elder, advises the juice of Henbane in hæmoptysis.

In cholera, Hippocrates used Hellebore: Alsaharavius, an Arabian writer, advises an Infusion of Aloes and Wormwood.

In lienteria, Hippocrates used Hellebore and the Theriac of Vipers.

Diabetes is described by the ancients with great clearness, and by Aëtius was treated by bleeding and diuretics. They were not, however, acquainted with the fact that the urine sometimes possesses sacharine properties.

Having thus given a comparative glance at the Therapeutic Codex of Hippocrates and Hahnemann, how refreshing is the contemplation of having met with the rude form of some great truth, and traced it on through succeeding ages, examining its early birth; its protracted growth; its developed maturity. It is like drinking at the fountain head of a mighty river, and then wandering along its banks, regarding with grateful delight its irrigating streams, spreading fertility all around, and bearing on its bosom the healing of nations.

That medicine has retrograded during the last few centuries, is unquestionable, and the further it has deviated from the investigation of simples, the further it has gone from answering the beneficent intentions of the great Creator of the universe. Hahnemann has been the instrument by which it has been restored to its primitive purity, and aided by the light of modern science, he has restored the structure without destroying the foundation. In proving, then, the law of harmony, "Similia similibus curantur," to be universal, he has earned the gratitude of mankind, and borne another testimony to the law of order which pervades creation.

REVIEWS.

HANDBUCH DER HOMÖOPATHISCHEN ARZNEIMITTELLEHRE, &c., von Dr. CARL FRIED. TRINKS, Dr. ALPHONS NOACK, und Dr. CLOTAR MÜLLER. Leipzig, 1841 & 1848. 3 vols.

AUSFÜHRLICHER SYMPTOMEN-CODEX DER HOMÖOPATHISCHEN ARZNEIMITTELLEHRE, &c., &c., von G. H. G. JAHR. 4 vols. Düsseldorf, 1843, and Leipzig, 1848.

JAHR'S NEW MANUAL (OR SYMPTOMEN-CODEX), translated, with additions, by Dr. C. J. HEMPEL and Dr. JAMES QUIN, and others. New York: RADDE, 1848. 2 vols, 8vo.

As long as the homœopathic Materia Medica was comprized in the comparatively compact form of the first few volumes of Hahnemann's Mat. Med., the want of any compendium was little felt, as the work was in the hands of every practitioner, and the contents of it to a great extent stored up in his memory. But as the number of Hahnemann's volumes increased, and other remedies were proved and the symptoms published in various periodicals, the necessity of some complete and compendious collection was universally felt. Of the works published to meet this demand, the Manual of Jahr was among the best, and remained long the most used and most popular, both in Germany and France. The arrangement was lucid and simple, and the materials gathered together with great industry, and on the whole it afforded a pretty fair representation of the practical results to be found in the homœopathic literature, merely brought together without authoritative or critical discrimination. With the progress of science a more perfect manual was naturally called for, to keep pace with the accumulation of experience, and then the defects of Jahr's Manual naturally attracted attention, and a new one was undertaken by Drs. Trinks and Noack, who from their position were qualified to supply some of the defects of Jahr's work, which, however, is generally acknowledged to have done good service to the cause, in its day. Jahr, we believe, was not originally brought up to the medical profession, but adopted it after having been for

some time engaged in a different calling; and though he has, by praiseworthy diligence and labour, attained a considerable share of medical knowledge, still the deficiency of early training and sufficient practical knowledge are visible enough, and take away that stamp of authority quite indispensable for the author of a work such as is now under consideration. Accordingly the body of homœopathic practitioners were rejoiced to see such men as Trinks and Noack undertake the task. Dr. Trinks has long been a homœopathic practitioner of high standing and repute in Dresden, a man of extensive experience, and so much practical knowledge and tact, that his skill is well known and esteemed among the profession at large, allopathic as well as homœopathic, and he is one of those men whose personal influence has been very great in advancing the cause of homœopathy, though he has not written very much. Dr. Noack, though a considerably younger man, and therefore of less extensive experience, has rendered great service to the cause of homœopathy by his labours in proving medicines, and his directorship of the Leipzig hospital for several years. The first part of the Handbuch, from Aconite to Kali hydriodicum, was written jointly by Drs. Noack and Trinks. Their joint labours were then interrupted by the emigration of Dr. Noack from Germany. Dr. Trinks then continued the work alone as far as Plumbum. He was then joined by Dr. Clotar Müller of Leipzig, who aided in the work till the end, and took on himself the entire labour of compiling the repertory.

The work commences with an introduction, which contains in a short and intelligible form one of the best and most philosophical as well as most practical treatises on homœopathic pharmacodynamics that we have ever seen, and which in fact almost supersedes the whole more voluminous works on the theory of homœopathy. We may give a brief outline of the contents of this treatise. The first section gives a short account of the various modes hitherto proposed to ascertain the therapeutic powers of medicines, and displays the importance and value of the discovery of Hahnemann. The next section is entitled Physiological Pharmacodynamics, which comprises the account of the action of medicines on the healthy body, and contains full

rules for the proving of medicines. In this section the admirable powers of Hahnemann as an observer are fully appreciated and confirmed by the results of subsequent experience. The third section is entitled Pharmacodynamics applied to Practice, or General Therapeutics. From this the author passes to the explanation of the curative process. Here we cannot think him very successful, as, after giving the various explanations offered in Germany, he adds one of his own which we cannot see differs at all from Hahnemann's, that the stronger artificial disease overcomes the weaker natural one. Believing as we do that the explanation of Dr. Fletcher is the true one; viz. that the therapeutic action of our remedies is in reality antipathic, and supplies the defect and not excess of action, in which the morbid process consists, we cannot of course agree with our author, and we cannot but wonder that such a simple and applicable hypothesis as Dr. Fletcher's has not attracted more attention among the homœopathists of Germany. Dr. C. Müller has, it is true, attempted a very similar explanation in his paper on Pneumonia, but makes no mention at all of Dr. Fletcher, and it is possible has never heard of him, but takes his theory of inflammation from Henle, who has given views almost identical with those of Dr. Fletcher, in his *Rationelle Pathologie*, also without any mention of Dr. F., which we cannot but think inexcusable in a man so well acquainted with English medical literature as Henle. However, as no great weight is laid by our author on any explanation of the homœopathic process of cure, we may consider this a digression, and pass on. In the following sections, Dr. Trinks treats of "The choice of the remedy," "The mode and duration of action," "Determination of the dose," "Repetition of the doses," "Change of the medicine," "Alternation of medicines," "Use of intermediate remedies," "The homœopathic exacerbation," "Increase and diminution of the dose," "Relations of the medicines," "Local application of remedies," "Antidotal relations of the medicines." These sections contain the essence of all that is practically valuable on the subject, and in such a form that abridgment is impossible, and therefore we must content ourselves with recommending them, as above said, as the most complete and philo-

sophical treatise on the subject: their chief value consists in the strong practical common sense and evidence of personal knowledge and experience that runs through every page. Trinks we think is more imbued with the real spirit of Hahnemann, and appreciates him in his best works and in the best days of his mind better than the great majority of the homœopaths of Germany, and this we think mainly because his mind is eminently of a practical character, and seizes at once and instinctively on the positive and practical parts of Hahnemann's work, on which, after all, his true and enduring fame will ever rest. The value of this introductory treatise may be indicated by an extract such as the following. It is well known that the duration of the action of the medicines is a subject on which Hahnemann has been by many thought to have gone to great exaggeration, or even extravagance, and no doubt in many cases he may have done so in regard to single doses of the higher dilutions. When, however, we hear Hahnemann's views on that subject defended or enforced by those who are mere echoes of everything he ever said or could say, such defence or enforcement carries no weight at all, and adds just nothing to the statement of Hahnemann. But when a man like Trinks, who has tested every statement by his own experience before accepting it, and thereby incurred the bitterest enmity of Hahnemann and his flatterers, makes a statement like the following, then it comes to us with a very different aspect indeed.—

"Hahnemann from the first directed attention to the bad consequences of such a boisterous, hasty and rash mode of acting in chronic diseases, and confesses that it required the greatest self-control to moderate his impatience. Even therefore if his data are somewhat exaggerated, yet his warnings should deter us from falling into the far more pernicious extreme of doing too much, and of stormy, hurried meddling and interference, whereby even greater evils are produced than by waiting too long idle. . . . . It is a fact that very often the cure of a chronic disease is delayed and bungled by the circumstance that the remedy has been disturbed and interrupted in its curative action either by the untimely repetition of the dose, or by the administration of another medicine, and

thus by a froward interference and impatience the benefit is lost which the undisturbed action of a remedy had already effected and could still effect. As in acute diseases an ill-grounded passive behaviour on the part of the physician often lets slip the fortunate opportunity for interference, so in chronic diseases a hasty and rash meddling just as often ruins the best grounded expectations, while waiting patiently would have conducted safely to the desired goal. The curative effects of the majority of mineral waters only make their appearance weeks or even months after the use of them, and it is precisely the substances which are contained in them that we administer in many chronic diseases."

In the preceding page Dr. T. attributes to many of our medicines, chiefly the mineral medicines, a duration of action of from fifteen to forty days, *i. e.* if they have been given in the lower dilutions, and repeated for a time. He does not allow such a duration to the 30th and similar higher dilutions, whose action he considers more transitory.

We pass now to the body of the work itself. It consists of a condensed list of symptoms in the usual order of the handbooks, preceded by the synonyms, chemical and botanical notices and references to the literature of the medicine, and followed by, first, the pathological anatomy, and the clinical experience, of the old school, which often contains valuable confirmations of the homœopathic use of those remedies well known among us, and hints for the trial of those not so well known as yet in homœopathic practice. Then follows what we may consider the chief excellence of the work; viz. the complete account of the homœopathic therapeutic use of the medicine as far as yet known, weighed and sifted by Trinks in many cases, and his own experience clearly and intelligibly given. Then the antidotes, related medicines, duration of action and dose are added. The doses recommended are generally of the lower dilutions, though in some cases the range of dilutions extends to the 30th. Some of the less powerful medicines are recommended to be at times used in the pure substance or undiluted tincture, such as Verbascum, Ferrum, Moschus, Camphor, Viola, Taraxacum, &c.

At the first, Drs. Noack and Trinks seemed to have aimed

more at a real hand-book, and abridged the list of symptoms very considerably, exercising a discretionary power in the selection of the more important symptoms: subsequently this plan seems to have been abandoned, and the latter medicines are simply copied from the original sources with the prover's initials after each symptom. We do not know why the plan was changed—probably from insufficient data for criticism of the provings. The clinical remarks at times contain general remarks on the proving and critiques on the imperfectly proved remedies which show the vigilance of Dr. Trinks in keeping them up to the high standard of the Hahnemannic provings. We may quote the remarks on Sanguinaria.—

"The mode in which the Sanguinaria acts on the organism, and the manner in which it disorders the general sensibility and the activity of the organs on which it acts, cannot be recognized from this proving, and it is thence not possible to make an accurate representation of the characteristics of its action on the whole system or individual parts of the organism. The homœopathic method imperiously demands that each case of disease should be accurately comprehended and represented in all its individuality, and that the remedy should be chosen accurately corresponding to the individuality of the case. The constant advance of science must therefore impress on us the necessity of conducting physiological provings in such a manner that the peculiarities of the physiological action of such remedy, not only as regards the parts it acts on, but also the character of its action on the organism in general be accurately recognized. For without this fundamental condition it must remain impossible to adapt any remedy to the individuality of the disease to be treated. Judged according to these rules the provings of the Sanguinaria must be reckoned among the most incomplete which have been furnished of late; and it is greatly to be wished that on the first opportunity it should be re-proved on healthy persons with more correctness and diligence. This judgment will doubtless be approved of by any who will compare accurately this proving with that of Mercurialis perennis by Dr. Hesse!"

On the whole, therefore, we think this manual is one of the most valuable practical works that has ever appeared in homœopathy; and in the absence of any practice of physic of a

complete character, we would recommend this as the best book for the every-day use of the practitioner. In fact, if we were called on to name any single book by which we would be content to have homœopathy represented in its practical character to an enquiring allopathist, or a medical man already converted and anxious to practise homœopathy in its completest form, we should not hesitate a moment to name the Hand-book of Noack and Trinks.

We turn with much less satisfaction to the second work on our list; viz. the new German Manual of Jahr. The body of this book is composed of the same materials as the other; viz. the condensed reprint of the symptoms of the medicines from the original sources; but all else that is valuable in the first is here wanting—the experience, knowledge and authority of the practical man, and the guides to the use of the remedies, and in place of these we have a mere compilation of symptoms in which the medicine is supposed to have been curative, interspersed through the pure symptoms with distinctive marks. This practice is quite condemned by Hahnemann and all the scientific of the homœopathic body. As it will be noticed when speaking of the American translation, we shall say nothing more of it here. Then again, instead of the admirable introduction we have in this work a preface longer indeed than the above introduction, but containing absolutely nothing that has any pretensions to scientific bearing at all; being, in fact, composed of a strain of partizan reasoning and personal invective, to us really astonishing, and as we do not know what it is all about, not a little ridiculous. The author seems in a great rage with some parties in Germany, who he thinks have treated him ill, but the grounds of his complaints we do not know, and in truth, do not care to know, as such matters are not profitable to science in general, and least of all in a practical manual of materia medica. One thing in this preface we may notice, and that is, that Jahr commences by saying that he was for a time deterred from publishing his work by the appearance of Noack and Trinks', and it was only after seeing a considerable part of it that he determined on writing his, which was intended to be

different. This we notice because it is stated by Dr. Hering in the American preface, that Noack and Trinks' book was got up in opposition to Jahr; we presume Dr. Hering alludes to the earlier editions of Jahr's Manual, for as regards the one under consideration, it will be seen that Noack and Trinks' Handbuch preceded it by two years. So much for Jahr's two first volumes; but of the two last we must speak in a different strain—that of praise. These contain the repertory, which is a very complete one in the form of a combination of the repertory of Rückert and his own analytical catalogue of the symptoms. Here the great diligence and wide spread acquaintance with the homœopathic literature possessed by Jahr are in their right place, and have enabled him to give a valuable help to the practitioner of homœopathy in the searching for the symptoms. We generally use the repertory of Jahr and the manual of Noack and Trinks.

We come now to consider the last of the three works on our list. One of the great difficulties to which a new scientific body is exposed, is the hindrance which their small number throws in the way of getting books, owing to the expense of publication and the deficiency of labourers. Though the number of our body in England is still small, yet the number of English homœopathists, as far as the language is concerned, cannot be considered small, when we look to our brethren in America, and it is to them we must look for works of such an expensive character as to require the association of large numbers of purchasers to publish. Accordingly it is to them the practical men in this country gladly and thankfully acknowledge they owe the boon of a practical manual. But we have some words to say on this manual. In the first place the very title caused some embarrassment, as we understand difficulty was experienced in introducing the work at the Custom House from opposition by the publishers of Dr. Curie's second edition of Jahr's French manual. This appears to have been got over, as the work is now in the hands of most of our practitioners. We regret that the work of Noack and Trinks was not selected for translation

by our American friends rather than that of Jahr; but had this been done it would have been necessary to re-write completely the first volume of the former work, which, as we have before hinted, is written on quite a different plan, and, as we learn from the preface, was compiled by another hand. This would have involved a considerable amount of additional labour, but would have greatly enhanced the value of the materia medica. Another reason for the preference of Jahr to Noack and Trinks may possibly be found in the caustic observations which Dr. Trinks occasionally indulges in when speaking of Dr. Hering. In a note at p. 1442 of the Handbuch of Noack and Trinks, the latter criticises with great severity Dr. Hering's proving of Fluoric Acid; and without for a moment supposing that Dr. Hering deliberately substituted an inferior work for translation on account of a personal grudge, yet it was not in human nature not to be unconsciously biassed, when called upon to decide between two works of nearly equal pretension and both of great merit, against that one which contained so severe a censure of his own labours—and a censure which, even were it deserved, is certainly expressed in a tone of undue acrimony, and gives one the impression of there existing in the mind of Dr. Trinks a certain tendency to deal too severely with Dr. Hering. Thus, it seems to us, by an unadvisedly sharp tone of criticism of the work of another, Dr. Trinks has prevented that perfectly impartial judgment of his own which would have led to its legitimate preference, and Dr. Hering has been unable to withstand the influence of a certain personal sense of wrong in deciding upon the work to be translated for America and England. We should have been glad to have seen an introduction similar to that contained in Trinks: in place of this there is a preface by Dr. Hering, in which he gives his reasons for preferring Jahr's work, the validity of which we are unable to admit; and a short introduction by the editor, from which we learn that many valuable additions are made by some of the most eminent practical men in America. These we have had occasion several times to verify in practice, particularly the one of the Iodide of Mercury has been a valuable addition. We find also that the editor undertakes to incorporate the peculiar parts of Noack and

Trinks with Jahr, and thus combine the excellences of the two. One of the great blots in Jahr's book we find also, that the editor declares himself against in the following words.—

"It cannot be denied that the dissolution of a pathological group falsifies its true character, and that the disconnected indication of the symptoms constituting such a group, frequently obscures and even destroys their meaning. Let us take the following group recorded among the clinical observations of Spongia.—'Acute bronchitis; seated, sticking-aching cramp pain below the throat, in the upper portion of the thorax, behind the sternum; constrictive oppressive feeling of pain over the chest, the breathing frightfully oppressed, hurried, anxious, irregular, laboured, frequently completely arrested, with cough without expectoration, hoarseness, dryness and roughness of the throat. The patient sits erect in his bed; the skin is dry, hot and red, the pulse hard and frequent.' This group of symptoms was cured frequently with Aconite and Spongia. Now let us see how the symptoms of this group have been arranged by Jahr. In the first place they are all recorded under the head of Spongia, as if Spongia had been the true curative agent in this case, whereas it is more than probable that all the symptoms of this group yielded to Aconite. At any rate it must be evident to the most careless observer, that the hurried respiration, the sense of suffocation, the seated pain in the region of the bifurcation of the trachea, the constrictive cramp pain, arose from a violent congestion of blood, which, together with the synochal fever, would most certainly have disappeared under the action of Aconite. Jahr has scattered the symptoms of this group among the chest symptoms of Spongia in the following fashion: 'Humid respiration, with sense of suffocation and rattling.' Then at a considerable distance from this symptom, 'Seated sticking-aching pain in the bronchial region;' and lastly, a good way off, 'Constrictive cramp pain through the whole of the chest.' To cut up a pathological group in this fashion is like separating the human body into single parts: of what use would they be to the soul in the execution of its mandates? Why should a 'constrictive cramp-pain through the whole chest' be ranged among the chest symptoms of Spongia any more than among those of Aconite? or why should not a hurried, anxious, and laboured respiration, with sense of suffocation and rattling in the chest, indicate Aconite or Ipec. or a number of other remedies rather than Spongia? I undertake to say that no

physician would be sure of prescribing the proper remedy for a symptom stated in the above disconnected, vague, and unscientific manner; and it is with a view of obviating what I consider a defect in the original work of Jahr, that I have transferred the clinical observations contained in *Noack and Trinks' Manual* to the present American publication; in those observations the natural groups of symptoms which Jahr has severed in the most arbitrary manner are described in their connexion, exhibiting the true value and character of every member of the group, and offering the reader an interesting opportunity of exercising his physiological and pathological acumen."

In these observations we heartily agree, and only wish the translator had used more freedom with the original text, and pruned it still more of its "clinical" redundancies; but though we find that in many instances the cured symptoms in Jahr have been expunged, yet still in a good many instances they have been retained, and we have a goodly number of the zeroes, asterisks and dashes and italics, of which Jahr is so redolent, scattered about in a somewhat arbitrary manner, and carrying with them to our minds little weight, as before said. Those accented cured and pure symptoms in Jahr often remind us of the passage in Gibbon's history where, in narrating some wonderful story, he adds a note to the effect that Abou Rafe testifies to the fact as an eye-witness, but who vouches for Abou Rafe? In like manner who vouches for Jahr? We think the plan of putting symptoms in italics in handbooks should be abandoned, except in the case of such pathogenetic symptoms as have been so marked by the original prover himself.

On the whole we think this American manual is an excellent work, and a great boon to those of our practitioners who are not familiar with the German language, and we feel bound to express our thanks to the editor and publisher for it. In case of a second edition, we would recommend, however, the editor to be as republican as he pleases in accepting offers of advice and assistance, but when he has once decided on his plan, to be as despotic as possible in the execution, and bind down his fellow workers to the strict adherence to the plan as regards the symptoms, and smoothness and uniformity of translation, and if he would also add Dr. Trinks' introduction, and copy his

clinical remarks to the medicines a little more fully and completely, the work would then be as perfect as the present state of homœopathy will allow.

THE HOMŒOPATHIC THEORY AND PRACTICE OF MEDICINE, by E. E. MARCY, M.D. New York: RADDE, 1850.

THE work before us does not at all invalidate the opinion we formerly expressed against the writing of systematic treatises on the homœopathic practice; for although we are far from denying that there are many useful things in this volume, and several original and valuable observations, yet to have promulgated to the profession all that it contains of good and new, the author did not need to have written a large volume on the whole practice of medicine, for the great mass of his book is composed of what every homœopathist knows very well, or what any might have compiled from a few systematic treatises on the one hand, and Jahr's manual on the other.

We consider it a retrograde step, a departure from the principles inculcated by Hahnemann, indeed foreign to the spirit of Homœopathy, and a thing impossible in the present state of our science to do satisfactorily, to write a formal treatise on the practice of homœopathy in the style and on the model of the old school treatises; for the essence of our practice is to individualize to the last degree, and a work like this is necessarily constructed on the extreme opposite plan of vague generalization, at least as far as regards very many diseases, respecting which we have neither a sufficiency of clinical experience, nor an adequate *a priori* guide in the recorded provings of our medicines. What we should much prefer to any "system of homœopathic practice" would be a series of papers —volumes if you like—on diseases in which homœopathy has been well tested at the sick-bed, and respecting which accordingly we are able to lay down those special practical rules which are alone of value to the homœopathist; but to dogmatize in a systematic treatise from mere *a priori* speculation on many diseases where our system has seldom or never been tried

—or tried but with problematical success, is to fall into the worst errors of that school from which we have just been emancipated. The time, we repeat, has not yet arrived for the production of a treatise on general homœopathic practice, and the best mode we can adopt to hasten that time is to furnish the only materials on which such a work can be constructed, namely, thoroughly proved medicines and a large array of carefully recorded and accurately observed histories of cases. Were our materia medica perfect, which it is not and never can be, there would be no use for such clinical records, except for the corroboration of the truth of our system; but we know full well that the provings of medicines in many cases, give us but faint and feeble hints for our selection of a drug, and throw positively no light at all on the dose or repetition of our remedies; beyond these slight hints all that we know has been derived from the source that Hahnemann unwisely, we think, slighted—the *usus in morbis.*

Dr. Marcy commences his book by a brief survey of the chief medical doctrines of the past and present; he then propounds a very chemico-mechanical pathological theory; he next discourses of the doctrine of the vital principle, nervous fluid, or whatever name it may be called by, as governing the actions of life, and asserts that it is the intelligence or real soul that presides over all the functions of the body. He mentions some remarkable experiments by Dr. Dowler, which, if corroborated, would go to invalidate the reflex-action theory. The entire brain and spinal cord having been removed from an alligator, it was found that both voluntary motion and sensation continued, which is curious if true. He combats Hahnemann's notion that the material substance of the drug can ever be changed by our processes into a medicinal spirit, and has some very sensible observations on this point, which, however, we need not transcribe, as most of our readers are doubtless of Dr. Marcy's opinion. He contends for the necessity of a medicine being absorbed in order that it should produce its effects, and gives some remarkable experiments and observations corroborative of this assertion. After two well written chapters on allopathy and homœopathy, he has a chapter on dilutions and the repetition

of the dose, and on these subjects he advocates opinions similar to those we have frequently expressed, which we need not repeat.

From the more practical portion of his work we may give a few quotations, which may be interesting and novel to our readers.

Talking of *yellow fever* our author says:—"The late and much lamented Dr. Taft, of New Orleans, was eminently successful in his treatment of the yellow fever as it occurred in that city. * * * * The remedies which this physician found most successful, and upon which he chiefly relied, were *aconite, ipecacuanha, belladonna* and *bryonia* in the *first* and sometimes *second* stages: in the second and third stages, in addition to the above, *rhus tox., ars., verat., canth., carb. veg., nux vom.* These medicines were usually employed in the first attenuation, and frequently repeated either singly or in alternation, as the circumstances of each case seemed to require."

On the subject of *cholera* he has the following remarks:—"Probably in no part of America did the cholera rage with more violence in 1849 than at Cincinnati, Ohio. Two physicians, Drs. Pulte and Ehrmann treated 1,116 genuine cholera patients, in all stages of the disease, and with a loss of only 35—2 Americans and 33 Germans. These gentlemen also treated 1,350 cases of *cholerine*, and many cases of malignant dysentery after the subsidence of the cholera, without the loss of a single patient. Of the cases of genuine cholera asphyxia, 538 had *vomiting, diarrhœa* and *cramps*, 70 of these being in a state of collapse, and the balance 578 presented with *vomiting* and *rice-water* discharges. These last being subjected to prompt treatment were speedily restored without the supervention of more serious symptoms. The treatment adopted by Drs. Pulte and Ehrmann was as follows:—In the *first stage* of the malady *tinct. camph.*, one or two drops every 5 minutes for one to two hours, or until profuse perspiration ensued, which should be kept up for several hours, care being taken to keep the patient well covered. This remedy was perfectly effectual in almost every case during the early part of the disease. In the *second stage*, when cramps, general prostration, and rapid

sinking of the physical energies appeared, *veratrum* when the cramps were in the lower extremities; *cuprum* if in the bowels and breast, and *secale cornutum*, were relied on. The latter remedy was found of eminent service in elderly people. In cases of *decided collapse*, *arsenicum* and *carb. veg.* were the remedies employed. Mild frictions of the extremities with the hands alone were the only external means made use of. In St. Louis, New Orleans, and other cities of the west and south, a similar plan of treatment was adopted by homœopathic physicians, and with results which, for the most part, compare favourably with those detailed by Drs. Pulte and Ehrmann."

He has the following observations on *delirium tremens*:—"The vapour of *sulph. ether*, of *chloroform* and *nitrous oxyde gas*, may be inhaled with advantage in cases which are characterized in the commencement by great mental exhiliration; increased muscular force; constant desire to move about rapidly, to dance, to sing, to leap, to fight, or to do something extravagant; flushed cheeks; accelerated respiration; frequent pulse, succeeded in a short time by profound sleep—or sleep disturbed by visions; general insensibility to external impressions; with pallid and death-like expression of countenance. These remedies are admirable specifics in this affection, and we have known their exhibition in several instances of serious *mania a potu* effect the most speedy and happy cures."

Regarding *gonorrhœa* as a purely local disease, he counsels the following treatment:—"Our remedies during the first or *preventive* (?) *period* are, the occasional injection into the urethra of a solution of *nitrate of silver* (in the proportion of 2 or 3 grains to the ounce of distilled water), or of *sulphate of zinc*, in the proportion of 4 grains to the ounce of water. The occasional use of these injections after an impure coition, with strict temperance and quiet, will usually prevent the occurrence of the disease. * * * There is also a certain and speedy cure for the second or *forming stage*. The symptoms of this stage, as we have seen, are a tingling or itching at the end of the urethra, with a slight redness, and a slightly increased secretion of mucus. The remedy for this stage is a *saturated solution of nitrate of silver*, a small quantity of which is to be

applied, by means of a glass syringe, or by a small bit of sponge, to the urethra for an inch in extent. The solution should be delicately and rapidly applied, and a quantity used just sufficient to give the portion of the membrane touched a *white* cast. This causes a smart, but healthy, medicinal inflammation, which subsides in about 24 hours, leaving the structure cured. * * Our own experience with this solution has been extensive, and we therefore confidently recommend it as a perfectly safe and sure remedy in this stage of the complaint."

This is the method, we believe, adopted by Ricord with great success, and it is undoubtedly homœopathic in its operation. We have ourselves adopted it with the happiest results. Hahnemann himself, in his first work "on the Venereal Disease," held gonorrhœa to be a purely local malady, and advised a somewhat similar treatment, which he afterwards renounced when he came to entertain different notions respecting the nature of gonorrhœa.

Our author asserts that he has found *serpentaria virg.* a valuable remedy in amenorrhœa.

"In *ascites* and *hydrothorax*," he remarks, "the first trituration of the common *honey-bee* has proved astonishingly efficacious in our hands. The influence which this remedy exercises upon the urinary organs, as well as upon the peritoneum and pleura, is of the most prompt and decided character. In large doses it causes a sense of fulness, constriction or suffocation in the thorax; difficult and anxious respiration; pain and tenderness of the abdomen, increased by pressure or contact; symptoms worse in the horizontal posture; great secretion of urine, which is of a pale or straw colour, and deposits a reddish or brick-dust sediment; frequent desire to urinate, and strangury. Our method of preparing the medicine is as follows:—enclose the bees in a close vessel, and expose them to a temperature of 90° (Fahr.), until all the moisture has escaped from them, and they are sufficiently dry to pulverise readily; we then triturate 5 grains of this powder with 100 grains of sugar of milk for the usual period, and administer the trituration in grain doses from two to four times in twenty-four hours."

He then gives the following case.—

"The patient, a boy of 12 years of age, was attacked in July 1849 with dysentery. After several weeks of medication under an allopathic physician the acute symptoms subsided, and the evacuations gradually assumed their natural state; but there remained an unnatural fulness and tenderness of the abdomen; some difficulty of respiration, especially on assuming the recumbent posture; a dry and harsh skin; and a materially diminished secretion of urine. Notwithstanding the persevering employment of the usual allopathic routine of cathartics, murcurials and diuretics, the patient continued to grow worse: his abdomen became very much distended with serum, and very tender to the touch, and even to the pressure of the bed-clothes; the respiration became exceedingly laborious and difficult, obliging the sufferer to remain for a good portion of the night in his chair; impaired appetite; an almost entire suppression of urine; emaciation; debility; small and rapid pulse; anxious expression and other signs accumulated. In this condition he came under the care of Dr. Taft, who administered *digitalis*, *ars.*, *dulc.*, *merc.*, *chin.*, *sulph.*, *bell.*, as the symptoms seemed to indicate, but without any amelioration of the symptoms. In the meantime, the increasing difficulty of respiration, loss of rest, of appetite, and pain, had reduced the patient to so serious a condition, that I was called in council with Dr. Taft, in order to decide respecting the propriety of *paracentesis abdominis*. On consideration of the urgency of the symptoms and the inefficacy of the remedies that had been used, I evacuated the effused fluid, amounting to 16 pounds, and advised a second trial of *ars.* and *dig.* No effects, however, resulted from their use: the secretion of urine remained the same; the skin dry and husky; the abdominal effusion continued; the oppression of the chest, sense of suffocation and difficulty of breathing gradually increased, and signs of thoracic effusion began to be exhibited. Recourse was now had to the powder above alluded to, and with the most speedy and marked results. After two or three doses, a large quantity of urine was passed, and the symptoms were all ameliorated. After the remedy had been continued for two weeks all traces of effusion disappeared; the appetite and strength began to improve, and the respiration became natural and easy. The patient continued to convalesce without any further unfavourable indications, until perfect health was restored.

"We have witnessed the effects of this remedy in two other cases of ascites; in one case of protracted general dropsy, and in one case of hydrothorax, and with the same favourable results. The powder of dried honey-bees has long been used as a remedy in dropsies by the aborigines of our country."

The foregoing extracts will convey to our readers some idea of the character of Dr. Marcy's work, and indeed they are almost all that we can discover in it of an original or novel character, except perhaps the author's notion that Jews are exempt from bronchitis (a fact we were not aware of) by their habit of wearing beards, and from scrofula by refraining from eating pork.* But of course in a work of this sort we were not to look for many novelties, as its object is to present a condensed view of homœopathic practice; and as a handbook of that character, we have no doubt it will prove of use to those commencing the practice of homœopathy, though it is far too vague and superficial to be of much service to those who have already seen a good deal of practice. We would recommend our book-making friends to occupy themselves rather with the elucidation of points of practice and the study of particular diseases, than to attempt general systematic works on treatment. In order that a good homœopathic practice of medicine should be written, many years of careful observation, and of the accumulation of correct and well authenticated data are yet required; in the mean time our best guide-books will be the materia medica and the accurate records of clinical experience.

HOMŒOPATHIC INTELLIGENCE.

The Hahnemann Hospital and School.

We announced in our last number that a dinner was to be held on the 10th of April, at which the establishment of a free homœopathic hospital and school of homœopathy were to be proposed. A large sum of money was collected at the dinner, and since then the Board of Management, subsequently elected to carry out the scheme, have not been idle.

* Our excellent friend Dr. Liedbeck ascribes their exemption from tænia to the same cause (v. *Homœopathic Times*, No. 47.)

Subscriptions and donations to the extent of about £3000 have been received; the constitution of the hospital has been drawn up, and approved at a meeting of the subscribers; and large and commodious premises have been secured for the hospital. We are glad to observe that the constitution of the hospital is as liberal as we could wish. The management is to be entirely non-medical; the officers of the hospital are to be elected by the subscribers only; and all duly qualified homœopathic practitioners are eligible for the various posts. The concordance of the homœopathic practitioners with regard to the principle on which the hospital is to be conducted is remarkable,—ninety of them having expressed themselves favourable to it. It remains for these ninety to exert themselves among their patients and friends in order to obtain sufficient funds to form an endowment for this hospital and school. The latter forms not the least important feature of the scheme; and we trust that the greatest care will be exercised in the appointment of those who are best qualified to instruct in the homœopathic doctrine and practice, for it is impossible to calculate the advantages that may accrue to our system by the establishment of a regular school provided with able teachers. Many of the students who throng the other hospitals and medical schools of the metropolis would think it worth their while to complete their medical education by a course of homœopathic instruction at the hospital and school; and we have no misgivings as to the result of such instruction on their minds, provided the hospital be well supported, and the chairs in the school occupied by talented professors. We would therefore urge on all who are favourable to homœopathy to use their utmost exertions to aid in this most important undertaking, which, if well supported, must eventually prove the most efficient engine hitherto devised for the spread of our cause, by sending forth a body of well-instructed homœopathic practitioners, whose training at the hospital and school will be a better guarantee to the public of their possession of a competent knowledge of homœopathy than as at present, the mere purchased qualification of a box of globules and *Jahr's Manual.*

Since we last wrote, a homœopathic hospital, as most of our readers are aware, has been established in Golden Square, but the principle on which the election of its officers is based deprives it of that public and catholic character which we conceive any homœopathic hospital must at present possess, in order to secure adequate support from the public—we allude to the rule of its constitution that limits the selection of its officers from amongst the members of the British Homœopathic Society, against which two thirds of the members of that society have expressed their public protest by giving in their adhesion to the more liberal principle of the Hahnemann Hospital. Though we should be extremely rejoiced to see not one but a half-a-dozen private hospitals spring up in addition to the public one, we must confess our regret that any section of the homœopathic

body should have fixed upon the present inopportune moment for diverting the current of public support from the great idea of a free and endowed hospital, into any narrower channel of private benevolence; and we sincerely trust that some arrangement may still be entered into to unite in one effort the upholders of both schemes, and those who at present hold aloof from both, until they see that desirable union accomplished.

We think the position taken up by the British Homœopathic Society is no longer tenable. There was a time perhaps when it was advisable that the choice of a non-medical hospital committee should be guided by a society whose rules for the admission of members were somewhat stringent, thus affording a presumptive test of fitness for the post of medical officer. But now the body of properly qualified homœopathic practitioners is far too large to render such a test practically applicable; and in fact the British Homœopathic Society, from other causes, quite unconnected with educational or intellectual unfitness on the part of those who hold aloof from it, has failed to include within its ranks more than a fifth of the homœopathic practitioners of this country. We sincerely hope, therefore, as above said, that some amciable arrangement may be come to between the two parties, and thus the advantage of one large and well endowed hospital and school may be secured.

The Manchester Homœopathic Hospital.

The Manchester Homœopathic Hospital was opened for the admission of patients on the 10th of April, the anniversary of Hahnemann's birthday. It is situate in a tolerably wide and airy street near the centre of the town, and is a building presenting a front of 108 feet, with a depth of 36 feet, capable of affording accommodation for 60 patients. At present there are but fifteen beds, with a staff of matron, house-surgeon, dispenser, three nurses and three domestic servants.

Up to this date (the 21st June) several cases of interest have been treated with success. Amongst those were two of erysipelas and two of pneumonia, and one very smart attack of fever, caught in Ireland. Curious to say, the last occurred in the person of an allopathic physician, on a visit to some friends in this town, who having great faith in homœopathy, readily acquiesced in the advice given them to send him to the hospital. In addition several surgical operations have been successfully performed.

The hospital is managed by a lay-committee—of which the medical officers are honorary members, for the sake of affording suggestions on points where their opinion is indispensable. The dispensary for the treatment of out-patients is incorporated with the hospital. It is not a free hospital, for although the subscriptions realized have been about £700 yet that sum is too small to justify the committee in doing what it very much wishes—throwing it open to all. At present each out-patient pays

a shilling a month if he can afford it, and in-patients are charged five shillings a week if without a recommendation from a subscriber, and half-a-crown if they have. To prevent the charity being abused no domestic servant can be admitted at a less charge than ten shillings a week.

In our next number we hope to be able to publish a report of the cases treated from the opening, and to give in each succeeding number such cases of interest as may occur during the three months previous to publication. We sincerely hope that the experiment of the establishment of an hospital in Manchester may prove successful—not only for the sake of that institution itself, but for the example it will afford to other provincial towns.

The Homœopathic Congress.

As most of our readers are already informed by the circular of Drs. Black and Ker, the first annual meeting of homœopathic practitioners will take place at the Queen's Hotel, Cheltenham, on Thursday the 12th and Friday the 13th of September next. The objects of this meeting are to bring together a large number of the homœopathists of this country, chiefly, we believe, in the hope that from such meeting something may be elicited that shall tend to unite them more closely as a body, and enable the experience and observations of each to be available for all, and for the advancement of the practical parts of our science. The business already announced is in the first place a report and address by one of the secretaries, then a communication by Dr. Drysdale on Kali bichromicum, and suggestions respecting the compilation of a Homœopathic Materia Medica; and lastly, a paper by Dr. Madden on the treatment of uterine diseases; other communications are likewise expected. We trust that all who are able will attend the Congress, from which we anticipate good results. The place and time of meeting for the Congress next year will be determined by a majority of those present on this occasion.

The Hahnemann Medical Society.

A society with the above title (which by the way must not be confounded with the Hahnemann Society, or *Homœopathic Publishing Society*, as it was originally termed) has been formed since the publication of our last number.

Its objects, as expressed in its regulations, are the friendly union of all who practice homœopathically, the cultivation and development of medical science, and the extension of homœopathy. All duly qualified homœopathic practitioners are eligible for membership. Elections take place by ballot; a majority of the members present suffice to elect the candidate. The affairs of the society are managed by a council of 15, assisted by the Secretary and Treasurer, which has its special meetings for the private business of the society once every three months. There is no per-

manent president, but a chairman is elected by rotation from the members of council to preside at every meeting. The ordinary meetings are on the first and third Tuesdays of every month, and an annual assembly takes place in the month of April. The society's meetings are held in a public room, and one of the chief aims of the society will be the collection of a good homœopathic and general medical library, the use of which provisions are made by the laws for enabling provincial members to avail themselves of. There are no fines excepting for the detention or destruction of the books. On the whole, the laws of the society appear admirably adapted for rendering it popular among homœopathic practitioners; upwards of fifty members are already enrolled.

A committee was recently appointed at a general meeting to consider the best means of organising the society for the purpose of developing the practical aspect of homœopathy, and they advised that the following plan be adopted:—At each meeting some subject of practical importance and interest should be discussed and deliberated on by the society. Members of the society should be invited to propose to the council points of practical interest on which it was important to have the accumulated experience of all the members. Some time, probably a month or six weeks, previous to the meeting, the council should assemble and determine what subject should be brought under the attention of the society. All the members should thereupon be advised of the subject determined on, and invited to give their experience and observations upon it; those in the provinces who might be unable to attend, should be solicited to send a written abstract of their opinions and experience, and those who might be present, should also be prepared with an abstract in writing of their remarks; these documents should be delivered into the hands of one of the members of council (each of whom should take the duty of reporter in turn) who should prepare a digest of the whole for publication. If this plan be carried out, as we have every reason to suppose it will be energetically and ably, we shall be furnished with valuable materials for perfecting our science, and the observation and experience of every member of the society will become thus the property of all, to their great mutual benefit, and to the interests of the public and of homœopathy.

German Homœopathic Congress.

The Homœopathic Congress for Northern Germany is announced to take place this year at Hamm, in Prussia, on the 31st of July, in place of the 10th August, as heretofore, under the presidency of the veteran Bönninghausen.

Homœopathy in Spain.

The Peninsula seems peculiarly favourable to the growth of our system. Some time since we announced the appointment of Dr. Nunez the distin-

guished homœopathist, to be physician to Her Catholic Majesty; and now we read in both the *Lancet* and *Medical Gazette* that the progress of homœopathy is still very great, it having obtained a footing in the General Hospital at Madrid, and the results of the treatment there having led to the establishment, by royal ordonnance, of two chairs of homœopathy, one for clinical, the other for theoretical lectures on our system, filled respectively by Drs. Rio and Nunez. We trust it will not be long ere we shall be able to announce the establishment of similar chairs in London, if not by royal ordonnance, at all events by the united exertions of the friends of the system.

Homœopathy in Paris.

Homœopathy has gained a great acquisition in the French metropolis in the person of Dr. Tessier, physician to the Hôpital Ste. Marguerite, who has tested the system in his wards, which contain one hundred beds, and has recently published the results of his experience in two of the most formidable maladies we have to deal with, pneumonia and cholera. A very interesting analysis of Dr. Tessier's book has been given to the English profession in the pages of the *Homœopathic Times*, by Dr. Ozanne.

CLINICAL RETROSPECT.

(*Continued from Vol. VIII. p.* 288.)

Prosopalgia.

A woman of about 24 had lain in of her second child, when she caught cold, and all at once was seized with shooting and aching pain in the right temple, that extended to the forehead and involved the whole right side of the face; there were irregular attacks after short and rare remissions, during which a numbness was felt in the affected parts. The pain was worst in the evening and night, and allowed no sleep. All means previously tried had been in vain: the pains had even increased. She got *belladonna* 30, 1 gl. This was followed by quiet, and a better night. Next morning the pain commenced anew; the same remedy in water given by spoonfuls was of no avail. The mild disposition of the patient, her propensity to weep, her pale appearance, indicated *pulsatilla*, a dose of which, consisting of 2 gls. of the 30th dilution, cured the pain radically. Sollier, *Revue hom. du Midi.*, March, 1848.

A woman of about 40 had long suffered from neuralgia, which affected the head and chest, either all together or in succession. All conceivable remedies had been employed without effect. The pain now took in the right side of the face, following the course of the supraorbital nerve; it was generally worst in the afternoon and evening, cutting, shooting,

burning or aching; the features expressed deep suffering; she was pale, weak, emaciated, the upper lid partially covered the eyeball, which was often convulsively moved, so that she seemed to squint; she saw double; the mouth and nose were drawn to the right side, the tongue semi-paralyzed, the speech confused; great vertigo; the limbs gave way whilst walking. She got *bellad.* 12, gl. 3, in 200 grammes of water, a tablespoonful morning and evening. In four days she was able to walk alone, she could speak distinctly, and had no pains. But 1 spoonful was now given per diem; she was quite cured of her pains. She had formerly had Belladonna in large doses.—Sollier, *ib.*

Dyspepsia.

A strong, active housewife of 50, suffered often from indigestion and bitter taste in the mouth, for which her physician treated her ineffectually; among other things he gave her an emetic which acted powerfully, but since then the bitter taste had much increased: she could not enjoy her food. She had now been ill two years. The head was unaffected, the tongue clean, appetite somewhat improved; after eating, frequent empty eructation, the hepatic region felt hard, the abdomen was full and tense: bowels regular. *Bry.* 200 was of no avail. *Nux vom.* 200 had a good effect on the taste, and was followed by diarrhœa of eight days' duration. After that was gone the bitter taste returned, but *nux* no longer was of service. The pulse was observed to be very slow, 50 beats in the minute. *Dig.* 200 was given night and morning. On the third day the pulse was normal and the bitter taste gone. The same remedy was successful in some threatenings of a recurrence of the complaint, and in four weeks the cure was perfected.—Nehrer, *N. Archiv,* iii, 1, p. 75.

Dysenteric diarrhœa.

A single woman, aged 36, had for six days violent purging with excessive cutting pains in the abdomen; she must often go four times to stool in an hour; she is better at night. She has at the same time alternations of heat and cold, with much thirst; to-day some blood appeared in the motions, which consist chiefly of mucus, with much tenesmus and pain in the loins. She has used many remedies, but in vain. On the 20th August she got *dulc.* $^{2}/_{30}$. 21st, much better; 23rd, a normal evacuation, all pain gone.—Schreter, *N. Archiv,* iii, pt. 2, p. 146.

Mesenteric disease.

A boy of 6 years old, weak and scrofulous, had been treated for a year for supposed worms, and brought to the brink of the grave. Great emaciation, cough night and day, and diarrhœa for a long time. The mesenteric and cervical glands feel as large as hazel nuts; abdomen swollen and tense; constant feverishness, small, weak and quick pulse: profuse nocturnal perspiration, so that in the morning he often lies bathed

in moisture. Appetite very small, and the little he eats is often vomited whilst he coughs. Very weak and breathless whilst walking. On the 5th May he got *silic.* which had no effect in three days. He then got *cina* 6, until the 17th, a dose daily, under which he improved. The cough grew less violent, the fever and perspiration less, but for the last two days no progress was made. He then got successively *sulph.* 12, *lyc.* 14, and *ars.* 12. The last remedy did good, the two others nothing, but the case was far from a cure. On the 17th June he got *calc. c.* 12, prepared in the ordinary way, which up to the 24th June had no effect. He then got *calc. c.* 6, prepared with 1000 shakes, and by the 28th there was a great alteration: the abdomen had begun to become soft, the cervical glands smaller, the diarrhœa and nocturnal perspirations less, and the appetite better. The same remedy was repeated, and the improvement went on. On the 2nd July he got four doses, with instructions to take one every second day. In ten days he returned quite well in every respect.—Wahle, *N. Archiv*, iii, pt. 1, p. 30.

Tænia.

A Mexican youth, 11 years old, of weakly and delicate constitution, had suffered for two years from the following symptoms of tape-worm.—Large pieces of tape-worm often pass from him, and he constantly complains of violent pains in the belly, with constant hunger. Sweet things always occasion much suffering.* He looks miserable and pale, probably in consequence of the quantity of purgative medicine he has taken the last two years. He got 8 powders of *filix mas* 3, one to be taken night and morning. On the fourth day he was better: little pain, appetite more normal, and no appearance of the worm. After taking 24 doses of the same remedy in 18 days he got quite well. Months have since elapsed, and no traces of the tape-worm have been seen.—Wahle, *ib.* p. 32.

Gastrodynia.

A gentleman aged 46, of good constitution, had always enjoyed good health, except that some years since he had suffered from spasms in the stomach, which lasted four months. He had now been suffering from the same complaint for four weeks. No cause for it could be ascertained. In the forenoon he had pressure in the pit of the stomach, spreading thence down over the abdomen, relieved by eating. He got *nux vom.* 3, 10 drops every 3rd night. After the third dose he was quite cured. He had another attack a year afterwards, which lasted a few days, and yielded in a short time to a similar dose of the same remedy.—Elwert, *Hygea*, xxiii, p. 56.

A young lady, 23 years old, had for several years suffered occasionally

* Dr. Wahle considers this symptom to be the peculiar indication for *filix mas.*

from spasm in the stomach. In the morning, nausea, as also after dinner; pain in the stomach pressive and squeezing, increased by external pressure, as also by eating. The pain went through to the back and loins, causing dyspnœa; rumbling in and torpid state of the bowels, heat of face and cold feet. On the 11th September, 1845, she was ordered cold washing all over the body, homœopathic diet, and 8 drops of *nux vom.* 4 every second night. On the 23rd she declared herself cured. On the 26th October she complained of feeling of fulness in the abdomen, especially after coffee. She got for a fortnight *nux vom.* 4 alternately with *sulphur* 6, each for four successive days, after which she was perfectly cured.—Elwert, *ib.* p. 58.

A woman, aged 32, had some years since suffered from epileptic attacks; for the last three years she has had almost constantly the following symptoms: nausea to faintness, retching up of her food or of frothy phlegm, flow of water into the mouth, eructations of air, pressure and squeezing in the scrobiculus and stomachic region, going through to the chest and back, painfulness of the belly to the touch, stools hard, and during their evacuation great weakness and shivering. On the 20th June 1847, she was ordered daily cold ablution of the whole body, homœopathic diet, and every morning 4 drops of *veratrum* 3. 11th July, the pain in the back, retching and flow of water to the mouth quite gone, but the stomachic pain no better. She was ordered 8 drops of *nux vomica* 4 every second morning. 22nd August, she announced herself quite cured. This had occurred after the sixth dose, but a few weeks later she had again severe pain in the back, retching, squeezing and pinching in the abdomen, which yielded with equal rapidity to *veratrum.*—Elwert, *ib.* p. 59.

A man, aged 44, of cachectic appearance and emaciated, has had for a year the following symptoms, daily.—Dryness of the tongue, bitter taste, nausea often passing into vomiting of food or of a yellowish green mucus; pressure and burning in the abdomen, which is often the precursor of looseness of the bowels, occurring several times during the day and also during the night. Has undergone much allopathic treatment. On the 2nd December, 1840, he sought homœopathic aid. No cause for his sufferings could be ascertained. He got *verat.* 2, 3 drops every morning and evening. On the 20th December he reported that the vomiting had ceased the second day after commencing the medicine, but that the diarrhœa became for several days more severe, but had afterwards diminished, and that now he was only occasionally troubled with nausea and diarrhœa without pain. He got *ars.* 6 gtt. xxx, Aq. spirit. dr. ij, M. to take 3 drops of this morning and evening. This produced a cure. —Elwert, *ib.* p. 59.

A gentleman aged 40, thin, unhealthy looking, was cured homœopathically in the year 1843 of gastralgia, with flow of water in the mouth,

eructations, &c., which had lasted for a year, by means of *nux, sulph.* and *baryta*, in the space of 5 weeks, and his appearance considerably improved. On the 18th June he applied again for a similar affection. For nearly three months he has had the following symptoms.—Earthy, yellowish complexion, bitter-sour taste, anorexia, eructation and retching of his food or of a slimy fluid sometimes sourish, sometimes bitter, anxiety, pulsation, feeling of fulness, pressure and pinching in the scrobiculus and stomachic region. *Nux vom.* 3, alternately with *sulph.* 3, four days a-piece for sixteen days, did no more than diminish the pulsation and anxiety in the precordial region. On the 4th July he got 15 grs. of the 3rd trituration of *Bismuth*, mixed with 2 drachms of Aq. spirit., 8 drops to be taken every second morning. After the third dose he felt much better; he only complained now and then of more tenderness in the region of the stomach and eructations. He continued the medicine, but the last mentioned symptom had not ceased by the 9th of August. He then felt his mouth dry or clammy; the eructations occurred even when the stomach was empty, but more after eating; they did not produce relief, however, for a feeling of fulness in the scrobiculus and chest often remained, slight pressure in the stomach going through to the back, and attacks of shuddering. For this he got *verat.* 4, a few drops every other morning. No alteration after a fortnight. After waiting a few days longer, he was ordered 4 doses, each of 2 drops of *arg. nitr.*, one to be taken every fourth morning. After this course he was completely cured. —Elwert, *ib.* p. 60.

Gastralgia.

A man aged 45 had long suffered from gastralgia, which, notwithstanding his good constitution, had reduced him much. Ten years previously he had had itch, which was driven off by inunctions, and soon afterwards he was affected with dyspepsia, variable appetite, diarrhœa or constipation; afterwards spasms in the stomach, especially after eating, with great, almost burning heat in the stomach extending up into the chest; great thirst, eructation as if he would vomit, or with the taste of food, troublesome nausea, ejection of sour or bitter matters, flatulence. Many antispasmodics, sedatives, &c. had been given in vain. He got *sulph.* 30, 3 globules in water, a dose every day. After the fourth dose there occurred great itching in those parts of the skin where the exanthema had previously existed; after the sixth dose there came an itch-like eruption. The medicine was discontinued. The eruption lasted six weeks; whenever it appeared the stomachic symptoms gave way, and the man was perfectly cured.—Sollier, *Revue hom. du Midi*, April 1848.

Hæmorrhoids.

A man, aged 42, affected with hæmorrhoids for 8 years, and subject to frequent attacks, characterized by painful swelling of the hæmorrhoidal

tumours, shootings in the anus, and a flow of blood which usually terminated the fit. All the appliances of the old school had been tried without success. In his childhood he had suffered from scrofulous enlargement of the cervical glands, on the disappearance of which a purulent ophthalmia set in, which lasted several months, and re-appeared several times in the course of the year. It was cured by blisters and purgatives. When 20 years old he had a cutaneous eruption on the right cheek, which yielded to external applications in five months. At 34 the hæmorrhoids first appeared, which gradually became worse, and the bowels became costive. At present he has two large, red, hard tumours, sensitive to the touch, at the border of the anus, with violent shooting and smarting pains, and feeling of a large substance distending the anus, so as almost to lacerate it. Hypogaster painful, frequent desire to urinate, with difficult and painful emission, great sufferings at stool, pulse hard and frequent. *Acon.* 6, 2 drops in a glass of water, to be taken every hour in tablespoonfuls. The following day the fever was almost gone, the pains were much less, the urinary excretion was performed with more ease. The day afterwards the fit had terminated without any evacuation of blood. The fits formerly lasted five or six days. To effect a complete cure, *sulph.* 12 in solution was now given, a dose every morning. Eight days afterwards the same remedy was repeated in the 15th dilution. During the time the constipation ceased, the tumours decreased and the slight pains usually present went off. After two months of the same treatment, the hæmorrhoidal tumours almost disappeared, but he still occasionally took a dose of *sulph.* until the non-occurrence of the fits shewed the cure to be complete.—Gillet, *Rev. hom. du Midi*, April 1848.

A man aged 52, having had syphilis several times, for which he was saturated with Mercury, consulted Dr. G. for hæmorrhoidal tumours at the anus, that caused him much pain on going to stool, tumefaction, flow of blood, itching moisture, constipation, alternating with diarrhœa, &c. He got *nitr. ac.* 12, a dose every day; afterwards the same medicine in the 15th, 18th, and 30th dilution, which in four months destroyed every vestige of the complaint. *Lycop.* terminated the cure by regulating the bowels.—Gillet, *ib.*

Syphilis.

A man aged 28, of robust constitution, had for several years suffered occasionally from chancres and gonorrhœa, and had always been treated by external remedies. In the autumn of 1844, he was cured homœopathically of chronic syphilitic symptoms. The following spring he contracted a fresh chancre in the glans whilst travelling, with which he returned to Rome on the 8th June. He got a dose of *merc. viv.* 6, prepared with 1000 shakes. On the 11th the ulcer was better, the inflammation less, and very little pain. No further improvement being perceptible on the 14th, he got a second dose of the same remedy. On the

18th the improvement was still going on, but slowly. He then got 4 powders of the medicine, one to be taken every day. On the 22nd the improvement was much greater, the ulcer had healed up, the cicatrix was only a little tender. He got 4 more doses, one to be taken every evening. On the 26th June he was perfectly cured.—Wahle, *N. Archiv*, iii, p. 34.

An artist, of stout, ill-developed figure, had been several times affected with syphilis, for which he had been treated allopathically. Hahnemann, to whom he applied in Paris, gave him but little hopes of deliverance from his mercurio-syphilitic disease, from which he suffered occasionally. When he applied to Dr. W. he had contracted a fresh chancre. On the 25th June he got *merc. viv.* 6, prepared with 1000 shakes, a dose to be taken night and morning. Great improvement the third day: the pains were almost gone, the ulcer was flatter and cleaner; and on the 28th he got six more doses, to be taken in the same way. On the 1st July only a small raw spot was to be seen. He got no more medicine, and on the 4th July he presented himself quite cured.—Wahle, *ib.* p. 35.

A shoemaker's apprentice, 22 years old, had a year ago a chancre which he healed by means of bluestone externally. A fortnight since he was again infected, and got three chancres on the corona glandis and frenulum, the largest almost the diameter of a large pea, somewhat elevated, with a lardaceous surface, which he has been treating for ten days with external remedies, and a bubo has since then appeared in the left groin. On the 22nd July he got *merc. viv.* $^{2}/_{60}$, dissolved in 8 spoonfuls of water, to take a spoonful every night. On the 25th he had violent shootings in the bubo, for which cold compresses were prescribed with relief. On the 1st of August the bubo burst, the chancres commenced to heal. On the 5th the bubo formed a large, deep, lardaceous ulcer. He got *acid. nitr.* $^{1}/_{30}$ in 10 spoonfuls of water, one every night. On the 16th the bubo looks better, the chancres are healing. Two days ago he cut his finger, and there a venereal ulcer has formed: *acid. nitr.* 30. He gets better daily; the bubo becomes always smaller, cleaner, as also the chancres. Under the left axilla a gland has swollen like a bubo. The 7th September: the bubo in the left groin quite healed; of the chancres only a small, red, elevated, moist spot remains; the gland in the left axilla is more swollen and painful. *Hep.* $^{1}/_{30}$, a spoonful every evening. By the 18th September the gland under the axilla is resolved, and not a trace of the chancres remains.—Schreter, *N. Archiv*, iii, pt. 2, 138.

A man aged 33 had for ten days a chancre at the frænum, not deep, with lardaceous surface and irregular borders; the first he had ever had: for six days he has had a bubo in the left groin. Nothing has been used except cold water. The 25th July he got *merc. viv.* 30 in 4 spoonfuls of water, one to be taken night and morning. The 29th July the prepuce is much swollen, cannot be retracted; on attempting to do so the chancre

bleeds violently; the bubo increases, but does not cause pain. On the 1st August no more pain in the chancre; the bubo commences to grow tense. The 5th August the bubo is less painful; he can walk better. On the 8th the bubo becomes red, begins to be tense and to burn; the chancre looks less and better. *Merc. viv.* $^1/_{60}$, every night, till the 20th. The 14th, the bubo the size of a middling apple, red, soft; the pains less, the chancre healing. The next day the bubo opened in three places the size of peas, whence much bloody matter flowed. The chancre quite healed. The 3rd September the openings became deeper and larger. *Acid. nitr.* $^1/_{30}$, in water, a spoonful every evening. The 6th September, the holes in the bubo have run into one, and form a deep ulcer with lardaceous edges. The 15th September he finished the *acid. nitr.*, and on the 20th all was healed, and the patient cured.—Schreter, *ib.* p. 139.

A man aged 28. Impure connexion a fortnight ago, followed in a few days by burning at the frænum, where an ulcer formed later, that grew bigger every day. On the 2nd July a long-shaped ulcer, the size of two lentils, with red elevated and lax surface secreting a green pus, was observed near the frænum, which was also somewhat corroded; he has sometimes burning in the ulcer, especially when the urine touches it. He got *merc. viv.* $^1/_{60}$ in water, a spoonful night and morning till the 5th July. During this time the ulcer spread, secreted more pus, and he often felt shooting pains in it. The 12th, no improvement, the state the same. *Acid. nitr.* $^1/_{30}$ was given in 10 spoonfuls of water, one every night till the 15th. For two days he had burning and cutting in the ulcer, especially on making water. On the 18th, better. On the 27th it began to heal. The ulcer is covered with a thin red skin. On the 5th August the disease is perfectly cured.—Schreter, *ib.* p. 140.

A man cook, aged 24, had for a fortnight a chancre for which he was treated by an allopath externally and internally by Mercury, but it became always worse. On the 12th August a lardaceous elevated ulcer was observed on each side of the frænum, and a third is externally on the anterior part of the penis. He got *acid. nitr.* 30, in water, a dose every evening, which he used till the 25th August, when all began to heal, though slowly. On the 16th September the elevated spots were flatter, and by the 25th all were healed.—Schreter, *ib.* p. 141.

Incontinence of urine.

A youth of 18, delicate, of short stature and dark complexion, had suffered from his childhood, which had been passed in misery, with incontinence of urine, that had resisted all allopathic means. Six doses of *kreos.* 6 caused the cessation of his complaint, but a month afterwards it returned; *sulph.* 30 was then given with success; another relapse yielded to *kreos.* 7, and the affection did not again return.—Perussel, *Rev. hom.* vol. i, p. 562.

Condylomata.

A man 24 years old, of scrofulous constitution, much addicted to wine and women, repeatedly subject to syphilis, had been some months previously treated by the inunction cure. On the right cheek of the podex was a deep, lardaceous ulcer about the size of a large hazel nut, which had come in consequence of scratching off a wart. Over the sacrum was a large sycosic condyloma with a broad base, but painless. He had suffered fully two years with this complaint occurring after a chancre. *Thuja* 200, two drops daily, healed up the ulcer in eight days, and flattened the wart. In fourteen days he was quite cured.—Nehrer, *N. Archiv*, iii, pt. i, p. 71.

A little, lively lady of 28, had a year before become affected with a conical wart on the border of the right lower lid, towards the outer angle, more like a condyloma than a verruca. Under allopathic treatment this increased in volume, involving the eyeball, preventing closure of the eye, causing a great deal of pain, and obstructing vision. On examination, the right eye was considerably inflamed and very irritable to light, all objects appeared dim and covered with a veil; much lacrymation. An exhalation proceeded from the wart similar to that from persons affected with many condylomatous growths. Her spirits were sad and depressed. She got *thuja* 12, six doses, one to be taken morning and evening. However, she did not continue under homœopathic, but went back to allopathic treatment for seven months more, when all sorts of washes, ointments, &c., were applied, whereby the state was much aggravated. The wart was suppurating, and bled at the least touch. Its size was one third of an inch high, and one fourth of an inch in diameter. The lid was becoming affected with ectropium. At the bottom of the inside of the lid a lentil shaped body was visible, whence the wart evidently sprung. Many vessels filled with blood spread from that body over the eyeball like roots. The whole eye, as well as the external parts in its vicinity, was much inflamed, with burning shooting pains and copious flow of scalding tears. In the morning the lids were agglutinated. The external parts were red and hot, and the whole eye presented a disgusting appearance. She now got *thuja* 6, prepared with 1000 shakes, 6 doses, one night and morning. On the third day the eye appeared less inflamed, the pains were diminished, and the condylomatous exhalation was less. She got 6 more doses of the same remedy, but after three days no change was perceptible, nor yet after three more days, when she got no medicine. The 10th day she got *acid. nitr.* 6, prepared with 1000 shakes, 6 doses, one night and morning. In three more days the inflammation was almost gone, she could see objects distinctly; no lacrymation, no pains; the wart had partially fallen off, and its root, the lentil-shaped body, was diminished to half size. She got 6 more doses of the same remedy, and the improvement went on rapidly; in three days more, no trace of the

wart was to be seen, only a little hardness. She now got but one dose a day, and in three days more not a trace of the hardness was present. She went after this into the country, and continued to take a powder of the same remedy every second day. In a fortnight she wrote that she was quite well, and she has continued so ever since.—Wahle, *N. Archiv*, iii, pt. i, p. 37.

Metrorrhagia.

The wife of a tapster, 33 years old, of middling height and squat figure, who had never had children, was attacked the end of June 1844 with violent metrorrhagia, with discharge of lumps of black blood, seeming as if it would never stop. Violent pains in the abdomen soon came on that gave her no rest. An allopathic physician prescribed baths, leeches to the anus and thighs, daily purgatives, opiates, henbane, conium, &c., without the slightest benefit; on the contrary, the pains increased in intensity, the metrorrhagia became more profuse and fœtid. As the disease grew worse from day to day the physician declared it a hopeless case of cancer of the womb. Recourse was had to homœopathy. The patient lay in bed complaining of the most violent pains in the loins and womb, extending into the thighs. Deep in the pelvis it seemed as if there lay a heap of red hot coals, or as if the parts were burned with vitriol, which caused her to moan day and night. Large masses of blood came away which were so excessively fœtid as almost to choke one. The vagina was very narrow and seething hot; great laxity of the mucous membrane; the womb very low, its neck hard and swollen; round the mouth of the womb small wart-like growths; all the internal parts very irritable and painful on being touched. Externally the fundus uteri felt swollen, and the slightest pressure caused pain as from an abscess. From the constant administration of purgatives she suffered from diarrhœa, and she always lost much blood at stool. Pulse small, hard, and quick. In this state the poor woman had passed two months without having one hour of quiet sleep. She was exhausted, and the appetite was completely gone. She first got *bry.* 6. After taking this for several days without relief, she got *ars.* 12, *con.* 6, *sec.* 3, *bell.* 12, *graph.* 12, and *sab.* 6, which produced no alleviation to the sufferings; on the contrary, the excessive fetor of the discharge constantly increased. On the 29th Sept. she got *kreos.* 6, a dose night and morning. Under this remedy the hæmorrhage gradually ceased, the fetor was rapidly diminished, the pains grew less, the pulse became softer and more normal, sleep and appetite returned. In the course of 10 days there was no more fetor, the hæmorrhage had ceased, and the pains disappeared. On the 30th October the catamenia came on without any discomfort, and lasted five or six days. From this time she got a dose of *kreos.* 6 every second or third day until the next monthly period, which was regular in every respect. Strength

had returned. She has continued well ever since, and never experiences the slightest pain at the monthly period.—Wahle, *ib.* p. 48.

A woman, aged 32, had for three months a metrorrhagia that brought on a syncope to such an extent that she was thought to be dead. On the physician's arrival he found the tapers already lighted, and a number of good ladies engaged in prayer round the bed. The pulse was almost imperceptible, as also the motions of the heart. A cup of black coffee was fetched from the nearest coffee house, and five or six spoonfuls were introduced successively into the patient's mouth, whereby consciousness was restored in a quarter of an hour. The following morning a dose of *cham.* was given, which stopped the metrorrhagia, and completed the cure.—Lehaitre, *Bull. de la Soc. Hom.*, vii. 303.

The wife of a baker, after her confinement, had a metrorrhagia which, although not very copious, came on whenever she made the slightest movement; she had besides a cough—dry, frequent, spasmodic—which fatigued her much. She had been treated in vain allopathically for 25 days, and the hæmorrhage began to exhaust her. She got *hyos.* $^{2}/_{12}$. In 24 hours the metrorrhagia and cough were much ameliorated. The medicine was repeated, and in four days she was quite cured.—*Ib.*

Amenorrhœa.

A young lady, aged 22, brunette, of a soft lymphatic constitution, but well developed, fell seriously ill in consequence of some moral emotions, which produced suppression of the menses. Her appetite diminished, her strength failed; she grew thin, her complexion became pale, she grew melancholy and lacrymose. Steel in various forms was given without benefit; she grew worse; the renal region became painful; she felt contractive pains like labour about the uterus; at the same time palpitations came on, especially on moving about, and she had attacks of dyspnœa; she had shooting and tensive pains in the temporal region; the eyes grew weak, the sight dim, and she often saw sparks before the eyes; she slept ill, was restless at night; for more than 20 days the inferior extremities were œdematous; the feet constantly cold. She got *puls.* $^{3}/_{12}$ in 6 ounces of water, a spoonful every morning. The third day of using this medicine the menses returned very copiously, and all the symptoms declined, and in three weeks she was perfectly recovered.—Rampal, *Rev. hom.* vol. i, p. 541.

Swelling of male mamma.

A shoemaker's apprentice, aged 15, had for 8 days the left mamma so swollen that it resembled the breast of a young woman. Except tension he felt nothing in it. On the first September he got *bell.* $^{2}/_{30}$. On the 3d it was much smaller, and on the 10th quite normal.—Schreter, *N. Archiv*, iii, pt. 2, p. 147.

Uterine disease.

A young married lady sought homœopathic advice the 7th July, 1844. She had been ill several years. She was excessively emaciated, slender, and bedridden. She said she had not been on comfortable terms with her husband for some time; this had been the cause of much annoyance, and had made her ill—for which she had been treated with strong purgatives and venesections without the least benefit. Eighteen months ago the catamenia had come on very violently and would not stop. After they had flowed more than a week she was treated with baths, purgatives, venesections, leeches, and hemlock externally and internally, but without benefit, at last the discharge was stopped by the injection of some unknown substance; but this was followed by violent pains in the abdomen that continued day and night, and had kept her constantly confined to bed. On examination the vagina felt very hot and was very sensitive; the lymphatics and mucous follicles were much swollen, some of the latter were as large as filberts. The neck of the womb was hard and swollen; on its left side were three lumps of different sizes, one had attained the size of a hazelnut, and was felt to consist of several tubercles, which appeared about to take on the cauliflower degeneration, it was also much more painful than the others. When she got up to get her bed made she felt in the abdomen a great weight and increase of pain. She suffered most either at the time of the catamenia—which occurred once in six weeks—or shortly before the period. The blood was black, fetid, and came away in lumps. She had always a weight like a lump of lead in the abdomen, with violent lancinating stitches in the uterus, shooting down the thighs like an electric stream. The pains were always burning and shooting, but she often had shoots in the uterus as if a dagger were plunged through it, which also extended down the thighs. She was very weak, when she rose her limbs trembled beneath her. Little appetite; constipation, bowels opened only every two or four days with much effort. Complexion sickly and miserable; frequent shivering, but without subsequent heat and perspiration. Sad, anxious, sometimes desperate humour. Pulse frequent and hardish. Up to the 16th July she got seven doses of *graph.* 12. Her state improved every day: the pains lessened; the appetite became better; the sleep more tranquil; and the evacuations more regular. On the 16th July she experienced a great vexation which aggravated her symptoms, and she therefore got from the 17th to the 30th of July a dose daily of *bry.* 6. On the 30th the catamenia came on without much discomfort, and lasted five days: after their cessation she got until the 15th August, *bryonia;* then from the 16th August to the 14th September, *kreos.* 6. On the 7th September she had her catamenia with little pain, and no lumps. On the 19th September she got some more doses of *graph.* 12, as the constipation had recurred. On the 10th October the catamenia occurred without pain, and after they

were finished, the internal parts on being examined felt more normal, the glands as well as the tumours on the neck of womb were much diminished. On account of another vexation a few doses of *ign.* were given, but from the 19th October to the 17th November she got nothing but *bry.* and *kreos.* according as each was indicated. On the 9th November the catamenia came on properly, and from some vexation reappeared on the 17th. After this she took some more doses of *bry.*, *graph.*, and lastly *natr. mur.* 12, and felt quite well at the begining of the year 1845—she was strong; went about walking; performed all her household duties; her menses came on without uneasiness; bowels regular; appetite and sleep good; and in all respects well.—Wahle, *ib.* p. 44.

Dysphonia clericorum, &c.

A clergyman, 25 years old, had in his youth the itch, which was repelled with ointments. Six months ago he caught cold; since when he suffers from chest affections; is much exhausted and becomes hoarse from speaking. His feet exhale a fetid perspiration. For some time he has had burning ulcers on the inside of the cheeks and the tongue; on lying down in bed, throbbing in the ears; after eating he becomes exhausted and inflated with flatulence. Bowels and sleep right. Frequent pollutions, for which he drank Lichen islandicus. The 15th December, *graph.* $^{2}/_{30}$; at the beginning of February he was quite well, and could preach without fatigue.—Schreter, *N. Archiv*, v. iii, pt. 2, p. 150.

Loss of Speech.

A young lady, aged 21, tall and of good constitution; of lymphatic sanguine temperament, was engaged to be married, and when the ceremony was about to take place her betrothed suddenly died of typhus fever. On learning the fate of her betrothed, she fell to the ground, without sense and convulsed in all her limbs; when she recovered from this state it was discovered that she could not speak, and she was forced to express herself by signs like the deaf and dumb. She was bled, leeches were applied in the course of the jugulars and behind the ears—she got footbaths with mustard, and anodyne draughts. These remedies producing no good result, she then got purgatives, antispasmodics, sinapisms to the neck, a blister at the back of the neck, but all in vain. This state of things had continued three months when she sought homœopathic advice. She was then perfectly dumb; she had difficulty in moving her tongue; transient shooting pains through the head — otherwise, her health was good. *Bellad.* $^{3}/_{12}$ in 6 oz. of water, a spoonful every morning was prescribed: after taking this for eight days no change was perceived. Ten days were allowed to elapse and then *hyos.* $^{5}/_{9}$ was given in the same manner. After the fifth dose the patient felt at night a convulsive movement which produced a shock through all her frame; being frightened she sat up in

bed and called out to her father in a distinct voice; from that time forward she was able to speak perfectly as before.—Rampal, *Rev. hom.* vol. i, p. 543.

Croup.

On Sunday, 4th November, 1849, I was sent for to see a healthy, well-grown infant, aged 6 months, which had been suffering from feverish and catarrhal symptoms since the day before. It had become a good deal worse during the last 12 hours, and the cough had assumed a harsh loud character. A few doses of Belladonna, followed up by Hepar, relieved the symptoms so much that the cough was nearly gone on Tuesday, and the child seemed nearly quite well. On Wednesday a sudden change took place in the weather, which became very close and damp and unnaturally warm for the season. The child on that afternoon seemed to be worse again, and with more cough and some fever. Towards evening these symptoms increased, and in the night the cough put on the loud harsh character of croup and came in frequent paroxysms, attended with great difficulty of breathing as if suffocation would take place. These became so violent and alarming that the child was put into a warm bath and I was sent for in great haste and arrived at the house about 2 a. m. The child was then just out of the bath, with its face flushed and suffused, and the lips and mouth contracted and pale; the breathing was very difficult and attended with a hissing sound, it was at the same time faint, and there was no voice when the child attempted to cry. The face in a short time became pale and contracted about the mouth, and every now and then the breathing seemed almost to cease entirely, and at one time the parents and attendants thought the infant was dead for a short time. At these times I sprinkled the face suddenly with cold water and spirits, and that caused a sudden respiratory effort and slight cough, which relieved the breathing for a little. *Spongia* 1st dil. was given in solution, a teaspoonful every ten minutes, and after five doses, one dose of *Belladonna* 3. At one time a small mustard-plaster was applied to the nape of the neck for a couple of minutes. After remaining about two hours I left the child somewhat better, and the breathing easier; the cough had again become more distinct and stronger. The medicines were ordered to be continued every half hour. During the Thursday the improvement continued, though the cough was still very hard and much thirst and general fever were present. The *Spongia* was continued at longer intervals, when the cough became more loose. *Tart. emet.* was given on the Saturday, the 10th. On the 12th there still remained a good deal of choking cough, only in the night. This was removed in two days by *Kal. bich.* 3 every four hours. The child has been quite well since.—*Communicated by* Dr. Drysdale.

A stout, full-blooded, lively boy of two years old got croup. An

allopathic physician ordered leeches, emetics, &c., which were not used; homœopathy was applied to. The symptoms were: hoarseness, sibilant respiration; hollow, barking, quite dry cough; attacks of suffocation; dilatation of the alæ nasi; tenderness of the larynx to external touch; boring of the head backwards in the pillow, &c. On the 16th May at 1 a.m. he got 3 globules of *acon.* 200 in milk sugar. At 3 a.m. the dose was repeated. The child grew tranquil and fell fast asleep, but was often disturbed by the cough. In 2 hours the breathing was freer. At 7 a.m. he got *spong.* $^{4}/_{200}$, repeated at 11, 3 p.m., and 11 p.m. At noon on the 17th he was going on well, the breathing quite free, cough seldom, less rough and dry. At 10 a.m. profuse perspiration had broken out. He took some soup with relish. 18th: At 7 a.m. he got *hepar* $^{5}/_{200}$, the same at 3 and 9 p.m., and on the 19th at 3 a.m., and 3 and 10 p.m., and on the 20th at 6 a.m; on that day he was moving about the room, he ate and drank with appetite, coughed very little and like an ordinary catarrhal cough, coryza came on again as before the attack of croup. At 2 and 10 p.m. *hepar* $^{3}/_{200}$, which was continued every 8 hours until the 23rd, when he was quite cured.—Tietze, *N. Archiv*, iii. pt. 2, p. 154.

Dr. Nehrer's own son, 4 years old, had already been affected several times with catarrh in the larynx, with barking cough and hoarseness, which generally yielded readily to *hep.* 6. This time the affection was much more severe. He suddenly started up from sleep, breathless, coughed with a croupy tone, and the peculiar sawing respiration was audible. *Acon.* 6 soon subdued the first violence of the disease, the boy became quieter, but breathed with difficulty, and coughed with a barking tone. Two doses of *hep.* 200 at intervals of half an hour relieved the breathing, removed the cough, and two hours after he first awoke he fell into tranquil sleep. In the morning he had as usual coryza with much mucous secretion from the nose.—Nehrer, *N. Archiv*, iii, pt. 1, p. 76.

A stout boy, aged 8½, of lymphatic temperament, after having had for a few days an insignificant cough, was seized in the morning with uneasiness and shivering. At two o'clock he suddenly uttered a plaintive cry, and became excessively oppressed, the breathing quick, noisy, with a frightful whistling sound, the cough rough, dry, in painful prolonged fits at short intervals. During the fits of coughing the limbs were spasmodically extended, after coughing there remained a sense of suffocation and strangulation. These symptoms continued to grow worse, the attacks more frequent, great agitation, burning fever, &c. Seen at 4 o'clock; he got a drop of *acon.* 12. At 7 p.m. there was excessive anguish, face red and bloated, eyes tearful, haggard, sometimes projecting, highly injected, the alæ nasi convulsively moved, the head drawn violently backwards, the trunk erect, swelling of all the submaxiliary region, pain of the larynx on the least pressure, burning heat of the skin, pulse hard, 130; carotids beating violently, inability to lie on the back, the child is seated

up, is restless; the voice hoarse, bass; cough harsh, dry, short, recurring by fits at short intervals, accompanied by aphonia and signs of suffocation; after the cough efforts to vomit; expiration accompanied by a snoring sound, sharp whistling noise on inspiration. He got now *acon.* $^{3}/_{12}$ on the tongue, and *acon.* 6 a drop in water, to be taken frequently. At 8 p.m. profuse sweat, pulse less hard, fits of coughing not so frequent, but the cough retains the same character. *Spong.* $^{3}/_{12}$ at once, *acon.* as before, every 20 minutes. At 9 p.m. he fell asleep. At 11, much improvement, expectoration of viscid mucus, cough less rough, but respiration as noisy as before, and suffocation. *Spong.* $^{4}/_{30}$ and *hep.* $^{3}/_{30}$ in solution, to be taken alternately every hour. About 4 a.m. the child fell asleep, all the symptoms much improved. *Acon.* was again given in the morning, and by noon the child was quite well and remained so.—Chargé, *Rev. Hom.* vol ii, p. 42.

Asthma.

A delicate female of 30 years; had been married at 17; caught syphilis from her husband, which was treated chiefly by external means; since that time had never been well. In her two first pregnancies she miscarried at eight and seven months; she had afterwards three children weakly and scrofulous. For several years, she had suffered during winter from catarrhal fever, for which she was purged and bled—latterly she was affected by periodical asthma. On the return of this affection in Dec. 1843, she was bled from the arm six times in 24 hours. She grew worse after each bleeding, and her medical attendants declared her case hopeless that same evening. In spite of this verdict she recovered gradually, but with shattered strength, and a continual cough with much thick, gray, salt expectoration; constant wheezing and rattling in the chest; dyspnœa; and occasional returns of the asthma, especially in damp weather, which were always sought to be combatted by bloodletting. Under this treatment the strength continued to sink and the asthmatic attacks to return at shorter intervals. Homœopathy was applied to in March 1844, when the condition was as follows: excessive emaciation; panting breath, with rattling and wheezing deep in the bronchia; cough day and night, with much expectoration of green, thick, and salt, sometimes sweetish sputa; fœtid breath. Pains in chest and side on coughing; bowels open only every three or four days; anorexia. Rigors in the forenoon, transient heats in the afternoon, perspiration in the morning; pulse small and quick. Depressed sternum; crepitating rattles in some portion of the lungs; no sound to be detected in others, whence the cough-irritation proceeded. Under the employment of *lycop.*, *rhus*, *staphys.*, *silic.*, *bry.*, *sep.*, *natr. m.*, and *phos.*, she so far recovered that by the end of June she could travel to her estate in the Appenines, where she remained till late in the Autumn, and returned to Rome in good health, blooming and pregnant. She had no asthma during the summer; but on the 29th Nov. she

had an attack, which was soon removed by *ars.* 12, but some cough and catarrh did not quite go away. On the 10th Jan. she lay in bed, her breath was tight and voice embarrassed. *Ars.* 12 was given, but eight hours afterwards she was almost breathless, sitting in bed, with dark red, swollen face; much expectoration of bright red, frothy blood; throbbing pulse and great thirst; her lungs appeared to her stopped up. *Aconite* 6 was given. A quarter of an hour after the first dose she got more tranquil; another dose was given in four and again another in eight hours. Next day she spat no more blood, and in five days she left her bed. She had no more return of her asthma; was safely delivered of a strong healthy boy. After her confinement, her breath still remaining excessively fœtid, *carb. v.* and *kreos.* 6 removed this symptom.—Wahle, *ib.* p. 17.

Sciatica.

A man, aged 46, had suffered for six months from sciatica; he had previously been much subject to attacks of colic. Leeches, blisters, &c. had done no good. The pain is acute, shooting, dragging; its seat, the posterior part of the right side of the pelvis, proceeding in the course of the sciatic nerve; numbness and aching in the knee and ankle; it seemed to the patient as if these joints were compressed in a vice; the numb feeling of the knee worst when moving, that in the ankle worst when at rest. *Colocynth* 12, 3 globules, cured him in a few days.—Sollier, *Revue hom. du Midi*, April, 1848.

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THE HOMŒOPATHIC REMEDIES IN TYPHUS FEVERS AND IN TYPHOID FEBRILE STATES.

Studies by HOFRATH DR. WOLF, *of Dresden.**

A DESIRE for monographs on the therapeutics of special diseases is often expressed, but the most experienced homœopathic physicians shrink from attempting them. He who would satisfy this desire should not be deterred therefrom by the acknowledged imperfection that must attend the commencement of such an undertaking, and we must confess to ourselves that at present our endeavour should be to furnish mere preparatory works.

In laying before my colleagues these essays on the special indications of particular remedies in the above forms of disease, which are but preliminary sketches that may be of use to the beginner, but can scarcely contain anything that is not already known to experienced homœopathic physicians, I shall by way of preface say a few words explanatory of my design.

The forms of disease I am about to consider belong to those that are frequently the subject of our medical treatment, and whose issue is proportionally much more favourable under

* From the *Hygea*, neue Folge i, 31.

homœopathic treatment. If we cast a retrospective glance at the past, we may regard with some, I may say with great satisfaction, the progress made by homœopathy in these diseases. We have obtained a knowledge of a larger range of efficacious remedies, and have attained to much greater certainty in the employment of each of them separately. What we possess is undoubtedly far behind our requirements, still I consider it useful to have a comprehensive and remunerative exposition of the total amount of our practical knowledge respecting them. It would afford the advantage of securing to science the possession of what has already been ascertained, and at the same time throw a clear and warning light on the deficiencies, for the supply of which our efforts must be directed. For such an exposition I select the indications of remedies, because there is no surer standard for ascertaining the actual state of practice than a more or less perfect approximation to the essential requirements of therapeutics, viz. the knowledge of remedies for a disease in all its modifications, and the definite indications for each remedy; characteristic indications sufficiently well defined not only to demonstrate the particular sphere for which the remedy is suitable, but also distinguish it with certainty from other remedies to which it bears an affinity.

But it is not very easy to solve even the problem of secondary importance, namely, to ascertain the actual position of practice by the detail of the indications of the remedies.

In the first place we can only assign a real value to those indications that are based on experience. The experience of a single physician, independent of the errors he is liable to, does not furnish the requisite material, at all events not for all medicines. In the next place many criteria may be easily learnt at the sick-bed which cannot be taught by word of mouth. And finally, the physician may possess a just and sure conviction of the correctness of his choice of a remedy, without possessing a clear consciousness of his reasons for it; he may have penetrated into the genius of the medicine, have mastered the characteristic features in which it expresses itself, without being able to state them precisely to himself and still less to others. Every happy selection the motives for which are incommunica-

ble, whether it originate in the above manner or be owing to a kind of instinctive impulse founded on experience in similar cases, is very useful to the physician himself, but is of no value to science. And yet much of our successful practice comes under this category!

I do not allude to these difficulties in order to excuse the imperfection of my work, but solely in order to point out that they are chiefly only of a relative character, and that their partial removal is possible even at present.

The gifts and opportunities of one enable him to effect what was not possible for another. There are happy moments in which we find words for what the fetters of speech seemed to prevent us expressing. A very striking case will often suddenly reveal clearly the motive by which we had often been actuated, whereon depended the appropriateness of the remedy we had administered with success, but not for very clear reasons. One physician may have occasion to administer a medicine very frequently, and so comes to know it better; another may have discovered some special indication, the knowledge of which dies with himself.

All this is so evident and palpable that the project of establishing the special therapeutics of a disease by combined action on the part of a number of physicians has already been mooted and highly approved of. That it has not been carried out depends perhaps on this, that though the will was not wanting, some rallying point was still required. I could wish that this essay of mine were regarded as such. If therefore experienced colleagues who share my views as to the object of these pages, endeavour to advance it by corroborating from their experience what they find correct, by amending and discussing what they may deem erroneous, and by adding what is wanting, the arrangement I have adopted will render it easy for every one to do so in articles of greater length or in shorter notices; and I hereby call upon them to aid in the work.

After giving the indications of the remedies, I shall make some general observations on the treatment of typhoid fevers; on the dose; repetition of medicines; the treatment of particular accessory circumstances; and, on prognosis.

To those who find it objectionable that I should treat of forms of disease together in spite of their presenting different anatomical bases, I would reply, that diseases readily distinguishable on the dissecting table, during life frequently pass into each other, and that with very ill-defined boundaries; that I write for purely practical ends, and that where there is otherwise a great concordance in the phenomena, those which exhibit more especially a diversity in their anatomical character do, upon the whole, seldom give the clue to the selection of the proper remedy; but the cases where the reverse of this is the fact are easily distinguishable.

Belladonna.

In the attempt to demonstrate the therapeutic relation of Belladonna to the typhoid fevers, I deem it most expedient to commence with the pure, uncomplicated form, and I regard the following as general indications for Belladonna. When, along with a greater or less exalted activity of the vascular system of the character of synochus, or even approaching to that of synocha, there occurs great determination of blood in the direction of the more prominently affected sphere of the nervous system;* when the nervous symptoms in their degree and course run parallel with, and seem to be caused by, the violence of the general vascular excitement, or of the local determination of blood and its variations.

Belladonna is consequently not the remedy in typhoid fevers where the affection of the nervous system is pourtrayed in a purer and more independent manner,† and the boundaries of its sphere are, on the one hand, where the general vascular excitement or a local inflammatory irritation exhibits such intensity as to point to the use of Aconite; and on the other hand where

* Generally the brain. In those cases in which that is exempt, the spinal chord and the solar plexus frequently shew themselves especially affected, and also occasionally particular nerves.

† In highly developed typhous character there occurs, as is well known, an opposite relation betwixt the vascular and nervous system. During violent delirium the pulse becomes smaller and weaker, whilst in the periods of quiet it rises. Something similar takes place in respect to the temperature.

the vital force is actually sunk; where, in the congestive states, a certain vigour in the arterial movements and in the general relations cannot be perceived, where typhoid symptoms are dependent on passive congestions of blood, or are owing merely to a depression of the nervous power—in all such cases Belladonna is contra-indicated; it is then not only useless, but often injurious.*

In fevers which present the typhoid character from their very commencement, the states that require Belladonna only occur in the commencement, but then very frequently, and it often cuts short in that period the whole disease, especially in children.

Many typhoid fevers, however, never lose a sub-synochal character throughout their whole course, and in such Belladonna proves advantageous to their very termination. This form is, however, proportionally rare; as a rule, the energetic action of the vascular system subsides more and more after several days, in more robust subjects (especially in contagious typhus) not before the 7th or 9th day, and the typhoid element becomes more prominent, wherewith the indication for Belladonna ceases. In some few cases it happens occasionally that, after this second stage has run its course amid very bad symptoms, accompanied by great prostration, the vital force again becomes much exalted, and the vascular excitement shews such activity that at the termination of the fever it becomes again requisite to administer Belladonna or even Aconite.

As regards the so-called status nervosus, the compound of typhoid and congestive phenomena corresponding to the character of Belladonna is frequently, and for the most various lengths of time, combined with considerable fevers of all kinds, at one time appearing immediately, at another only in the stage of increase. And it not unfrequently occurs that it is not until the affection of the primarily attacked sphere is on the decline,

* I have several times observed that when Belladonna has been given during a state of stupefaction that depended solely on a sunken energy of the brain, the stupefaction visibly increased. This mistake is best remedied by quickly giving a dose of Opium or Phosphorus.

that cerebral symptoms appear, threatening a transition into a stadium nervosum, and then Belladonna is often suitable.

The following enumeration of the several symptoms, states and conditions which experience has shewn to be especially note-worthy in reference to the indications for Belladonna in typhoid fevers, I shall, for the sake of the beginner, preface by the observation, that the presence of one or other symptom the opposite of some of those enumerated, by no means constitutes a contra-indication of the employment of Belladonna, provided the more essential, more important ones correspond to its character.

Humour apathetic or very violent, peevish, cross; or depressed, sad and sometimes sorrowful (when the disease is milder in nature or not so highly developed).

Soporous state, stupefaction, or more or less violent deliria,* with hideous appearance of men and beasts assailing the patient, which he tries to ward off. In children, sudden starting up from sleep, with vehement crying and weeping. (Compare *pulsat. cham. coff.*)

Sleeplessness from deliria, sleeplessness with great fatigue and great desire for sleep.† Sleepy recumbency.‡

Complaints of fulness, weight, confusion, muddled feeling in the head. Difficulty of collecting the thoughts, feeling of intoxication.

Vertigo. Staggering. Unsteadiness in walking.

Shootings, throbbings in the head.

Fiery look. Dull, fixed, staring look, indicative of a vision; unsteady, wandering look. Dislike to light. Contracted pupils. Vision of sparks. Red, congested eyes.

Rolling eyeballs.

Roaring in the ears.

* In cases of violent, furious deliria with an aggressive character, particularly when combined with a display of great physical power, Belladonna is more frequently suitable than any other remedy; they often alternate with soporous states or apparent deep sleep, from which the patients not seldom break out suddenly into violent delirium.

† A combination of symptoms in general very suitable for Belladonna.

‡ The pulsation of the carotids should be observed.

Swollen, red face. Pale, somewhat brownish complexion, with a certain amount of shininess. (This symptom is usually combined with desire for sleep.)

Visible pulsation of the carotids, congestive and inflammatory symptoms of the fauces, of the thoracic organs (palpitation of the heart with anxiety), of the abdomen.*

Complaints of great dryness of the mouth without corresponding inclination to drink, or even with dislike for fluids (hydrophobic symptoms), frequent violent spitting of small quantities of saliva, tongue dry, red, with elevated papillæ, or with a yellowish white fur, or dry.

Bilious symptoms, with sensitiveness of the epigastrium.

Urine brownish or *red.*

Satyriasis (but only in the first stages of the disease).

Drawing, jerkings here and there (in the extremities, face, distortion of the eyes), cramps.

Neuralgic pains, with congestions. Painfulness of the spine of the back.

Pulse accelerated, resisting.

These peculiarities are alone essential. A full and hardish pulse certainly points more distinctly to Belladonna; it may, however, be indicated just as well when the pulse is softer, sufficiently resisting or contracted, apparently small and hardish. (The hardness of the pulse is an indication for Belladonna.)

Sensation of internal heat, elevated temperature of the skin, or very unequal distribution of heat, *e.g.* the head very hot, with scarcely normal warmth of the extremities, and even occasional complaints of coldness in certain parts (at the commencement of the disease.)

Bryonia.

General character. Excitation of the vascular and nervous

* These states which are of themselves suitable for Belladonna very often suffice to determine its selection, especially in the commencement of the disease, when the vital force is seldom so depressed as to contra-indicate the employment of Belladonna.

systems, with the character of erythism with greater or less implication of thevegetative sphere.

In virtue of this character and of its peculiar relation to many states and organs, this medicine ranks high in the treatment of the forms of disease under consideration. It is the remedy which most frequently, in febrile diseases, arrests the threatened development of a typhoid state, and gives a favourable turn to the disease, and although it corresponds principally to the first stage of the disease, it is often indispensable in the subsequent periods, and this as well in the cerebral as in the abdominal typhus.

That complication which is denominated "nervosa versatilis," with the excitation of the phantasy and of the humour, the over-irritability of the senses, the rapid change of the symptoms and their increase and decrease, as also the numerous other symptoms of excessive action of the nervous and vascular systems, whose strength is not in proportion to their liveliness, gives a general picture of the state that indicates Bryonia in typhoid fevers, for which it suffices even when there is a considerable development of the typhoid symptoms, and its use may be continued for a considerable time—not unfrequently throughout the whole disease—*as long as the vital force has not declined considerably.**

From the marked limitation of Bryonia in the last mentioned direction—from the unmistakeableness and peculiarity of the above described conditions, which Bryonia often corresponds to in a very marked manner, even relatively to the individual symptoms, the selection of this remedy is in many cases one of

* A decline of the vital forces is, with rare exceptions, perceptible in all so-called typhoid fevers; but it often does not go so far as to deserve especial attention.

But if the weakening of the powers attains such a degree that the successful termination of the fever cannot be expected, then, in choosing the remedy, we must observe that besides being otherwise suitable, it also possesses the power of depressing the forces. Now for such states (which I term "considerable prostration") Bryonia is not adapted. And should certain states peculiarly adapted to it render its administration advisable, it should only be given transiently or in alternation with some other medicament that corresponds to the sunken state of the strength.

the easiest and surest to those at all conversant with their profession.

The positive recognition of the boundary betwixt Bryonia and Belladonna is attended with some difficulty, and it is of all the more importance, because the cartarrhal and inflammatory affections of serous or mucous membranes in every part of the body, which are especially frequent in the first stage of the disease, and the gastric states can, according to circumstances, require either the one or the other of these remedies; and, moreover, in respect to the peculiar painful sensations (shooting, throbbing headache, feeling of heat) there exists much similarity between the two.

The following is what may be said in general on this point (as far as it bears relation to the general indications for Belladonna).

If we examine the impression of the whole state, Bryonia is indicated when the energy is already somewhat broken, which may be recognised even during lively vascular action, and when typhoid symptoms occur spontaneously. The constitution of the patient; the natural tendency to typhoid states; the duration of the disease; the knowledge of the march of the epidemic when the case occurs under such circumstances: all these are worthy of attention as serving to complement our knowledge.

In intimate connexion with the particular character of both medicines, it happens that in many states in which both remedies correspond in respect of the general state, something distinctive is noticeable in certain finer shades, or even in certain individual symptoms, which decides for one of them.*

Those symptoms that correspond to one only of these medicines, should be sought for all the more carefully. The more significant their import is, the better will they decide the question.

* I shall hereafter speak of such cases, limiting myself to states that are proper to typhus fever. To enter minutely into the varieties of symptoms relating to inflammatory and gastric states *per se*, that can determine our choice betwixt Belladonna and Bryonia, would be to give this essay an extent I by no means contemplate.

By carefully attending to these circumstances we shall be generally able to avoid making a mistake in our selection, which, as many histories of cases shew, occasionally occurs.

However, it cannot be denied, cases present themselves in such a form that even the most experienced practitioner may hesitate and make a mistake. Such are the cases in which there is a very peculiar combination of symptoms, some important states and deciding points pointing more to Belladonna, others more to Bryonia, so that we must occasionally seek for our determining motive in symptoms of a secondary importance. From my own experience in such matters I can for instance state, that pale urine points rather to Bryonia.

From what I have said it is evident why the cases are of frequent occurrence in which Bryonia is applicable after Belladonna.

It much more frequently happens with Bryonia than with Belladonna, and indeed most other medicines, that we find it again indicated in the subsequent course of the disease, and after the employment of other medicines has been found requisite.

The various states of excitation that are more adapted for Mercurius and Hyoscyamus, will be more appropriately discussed when treating of those remedies.

Disposition irritable, peevish, seeking causes for anger, lacrymose.

Anxiety.—Anxiety and anguish constitute an important indication for Bryonia; they appear as a mere expression of moral derangement, or as a symptom connected with the somatic state.

Deliria at first only in sleep and on awaking, in a more advanced state of the disease when quite awake, *and then often very constant.*

The deliria relate chiefly to daily occupations which the patient imagines he has to perform, and have in general only that tendency, even when accompanied by violent efforts to get out of bed. The patient imagines he must dress himself. Children talk about school or wish to go home. They think they are not in their own bed, &c.

Some questions are occasionally answered properly, and then the patient commences to rave again.

Visions.—People seem to stand round the bed, and especially at its foot, *particularly every time the eyes are closed.*

This very common delusion is of great importance for Bryonia.

Restlessness, constant desire to change the position.

Sleeplessness from anxiety, from fear of visions (the patients do not dare to close their eyes), with great desire for sleep. Sleep, with tossing about, talking, groaning, starting. Anxious dreams. Nightmare. Unrefreshing slumber.

Vertigo.—Much more observable on raising himself up. Confusion and weight of the head. Trembling walk. Hot feeling in the head, shooting, throbbing, tearing, contractive (like a ligature), expansive pains.

Look dull, sometimes piercing; the eyes mobile, glassy; frequent dislike for light, and, in general, for all strong impressions on the senses. The photophobia is not so strong as when Bellodonna is indicated, or it obviously proceeds more from a nervous cause, with proportionally inconsiderable injection of the conjunctiva. Catarrhal symptoms.

Ringing in the ears, a characteristic symptom for Bryonia. In many cases it is the remedy indicated, when this phenomenon, in the course of acute affections, announces a threatened transition into a typhoid state, which is often warded off by Bryonia. Chirping before the ears. Roaring. Dulness of hearing, or hyper-sensitiveness of the auditory faculties.

Nose, in general, dry.

Face red.

Tongue, at the commencement of the disease sometimes very clean, more frequently covered with a yellowish mucous fur; afterwards dry, brown, parched, cracked. The skin of the lips brown, as if burnt. Tongue somewhat trembling.

Taste mucous, bitter, sour as long as the tongue is not parched. Sensation of dryness. Thirst.

Choking; nausea; tenderness in the scrobiculus cordis. Constipation.

We need not, however, greatly regard an opposite state if

Bryonia is suitable otherwise. Even moderate abdominal typhous diarrhœas are no contra-indication, if the state of the strength is otherwise still satisfactory.

Pale, crude urine. Brownish, without sediment. Increased call to urinate.

Quickened, short, unequal respiration.

The typhous processes of the mucous membrane of the respiratory organs—albuminous, viscid, mucous secretion.

Bryonia corresponds in this with Phosphorus, Rhus, Arsenicum, Carbo vegetabilis, (Nitric acid?)

It is, however, so very distinctly adapted to the local process itself, to wit, the bronchitis, that when the sunken state of the strength and the collective symptoms do not exactly point to those remedies, we need not be deterred by a considerable amount of weakness from administering Bryonia, giving at the same time, in reference to the state of the strength—if it be necessary—another medicine in alternation. (I have often found Rhus and Acidum phosphoricum particularly suitable.)

In the hypostatic pneumonia accompanying typhus, the forces are often too low for Bryonia, and in the state which arises secondarily from the typhous process in the bronchial glands, this is still more the case.

In genuine typhous bronchitis, on the contrary, whether primary or secondary, I have seen much good from Bryonia.

The complex of symptoms which precede the occurrence of perspiration, and those that accompany miliary eruptions, viz. increased febrile action; great discomfort; restlessness; tossing about; sensation of heat; desire to throw off the clothes; dry skin; quickened, soft, or irritable, somewhat sharp pulse (in typhoid fevers it does not often become undulating); palpitation of the heart; rapid respiration; oppression; *sensation of anxiety*, as the primary seat of which, the region beneath the sternum, or that of the heart is referred to, sometimes decided painful sensation, in the former situation only a pressure, in the latter also shooting. Visible amelioration of the symptoms on the breaking out of perspiration.

These states of such frequent occurrence in the course of typhoid fevers, exactly suited for Bryonia, usually appear in a

too advanced stage of the disease to admit of the employment of Aconite.

As regards the miliary eruption, in addition, the symptoms, namely the typhoid ones, frequently still more violent; frequent complaints of suffering in the precordial region; groaning and *sighing;* remarkable sour smell; itching of the skin: sweat may be already present, and in this state it usually does not produce such a striking amelioration.

As regards the miliaria, Bryonia concords with Ipecacuanha, also with Carbo vegetabilis, and I believe with Kali carbonicum.

Ipecacuanha is more suitable when the febrile state is less violent; there is more tension and contraction across the chest; less heat, or even partial shivering; sighing more frequent, whereby the thorax is sometimes more widely expanded. Accessory spasmodic symptoms support the indication for Ipecacuanha.

Respecting Carbo vegetabilis hereafter.

Certain pains in the serous membranes.

A symptom regarding which I have no very pleasant reminiscence, in weakly, unenergetic individuals; there often occur unexpectedly excessively violent, generally shooting or cutting pains, which have their seat apparently in the pleura or peritoneum. One would be inclined, owing to the circumstance that external contact causes great pain, to consider it as inflammatory, but its sudden appearance, its disappearance, and recurrence at the same or another spot, show it to be of a different nature. The patients beg importunately for relief, for which Bryonia is often serviceable, but unfortunately without being productive of any further benefit, for those pains are a very ominous premonitory sign of a bad result.

Rheumatic pains.—Not unfrequently are the febrile states of a prominent rheumatic character, wherein the pains cease completely from the 9th or even the 7th day, and a fully developed typhoid or even abdominal typhous process appears. The symptoms of the first period are frequently of such a character as to indicate Bryonia, especially when fixed irritated states of the serous membranes are present, and also when some signs allow the future typhoid state to shine through.

Syncopes.—They are a characteristic symptom for Bryonia,

when they are only the sign of a transient but not constant great weakness.

Involuntary, frequently repeated movements, periodically recurring, which have quite the appearance of being intentional, *e.g.* sitting up and lying down. They are disagreeable to the patient himself, as they tire and exhaust him.

Quickened, irritated pulse, variable while speaking, moving, and on other occasions; not too powerful, but also not too sunken pulse, although the latter is not much to be attended to if a tolerable state of strength is appreciable from other symptoms.

Warm, dry, or perspiring skin. In very violent, weakening perspirations, Bryonia is not indicated.

Turning dry of the previously moist skin, with increase of discomfort, and dull humour. At the commencement of the disease, chilliness; sometimes also in the subsequent course of it.

(To be continued.)

EVIDENCES OF THE TRUTH OF THE HOMŒOPATHIC LAW.

By C. B. Ker, M.D. Edin.

In the present state of Homœopathy in this country, when so many new converts are almost daily being made, and when so many more may be expected, it appears to me that such a contribution to the pages of the Journal as the following may prove of some little service. Evidences of the truth of the law *similia similibus curantur* cannot be too greatly multiplied. They may confirm believers, remove the doubts of those who are still wavering, and convert the sceptical. There are some minds, however, so constituted, as to reject any amount of evidence brought forward to establish the truth of a new doctrine, if prejudice is enlisted against it. There are others who refuse assent to a proposition, unless the proof recommends itself to their reasons with all the cogency of a mathematical

demonstration. The following evidence is not addressed to such as belong to either of these classes. The one applies himself to the perusal with his mind already made up on the question, determined not to be convinced, and so he remains unconvinced. The other is equally unsatisfied after his study, as he requires an amount of proof which cannot be given to him, and which, when it is a point of medicine we are endeavouring to establish, it is impossible to bring forward. To establish a fact in medicine is not an easy matter. It was well said by Cullen, that in medicine there are more false facts than false theories. We have, therefore, to exercise much judgment and discrimination in our investigation of a question in medicine which professes to be founded on facts. We have, in the first place, as far as may be, to satisfy our minds that the so-called facts are *bona fide* facts: and, afterwards, we have to proceed to examine into the conclusions from these facts, to ascertain whether they are properly deducible from them. Medicine is not a demonstrative science, and we are therefore obliged, when we examine a question belonging to it, to rest satisfied with an amount of evidence or proof short of what would content a mathematician. It is this that renders the study of new doctrines in medicine so difficult, and that necessitates very great judgment and caution in our investigations; for if we too readily give credence and our adherence to the discoveries, so-called, which are every day being given to the world, we would justly lay ourselves under the imputation of a too great credulity, and of too readily leaving the beaten path to follow new things. And, again, if we wilfully shut our eyes and our ears against such discoveries, we close them against truth as well as error, and so deny ourselves the chance or possibility of progress. It would be no easy task to define the limits which separate credulity from scepticism. Like all extremes these two meet, and we are generally apt to fall into the one when we make too great endeavours to avoid the other. Each one for himself must guide his own investigations, and give or withhold belief as his judgment dictates; no general rules can be laid down for his guidance. To the liberal minded and reasonable man, I cannot help thinking that the evidence

in favour of the homœopathic law here brought forward will have some weight, and I would beg to remind him that evidence may have very great weight without being conclusive. I shall have gained my object if he is induced by anything written in these pages to examine carefully, and in a philosophic spirit, into the doctrine of medicine founded on the law *similia similibus curantur*. As to the result of such an examination I have no misgivings.

In the introduction to the Organon, Hahnemann brings forward a great mass of evidence, corroborative of the position he is endeavouring to establish—that diseases are cured by administering medicines which are capable of producing in the healthy body symptoms similar to those of the disease they are given to cure. He could not have advanced evidence in proof of his argument more satisfactory or more convincing. The proofs which he adduces of the homœopathic action of the medicines successful in disease, are all derived from the works of writers of the so-called orthodox school. As the evidence in favour of christianity is always considered strongest which is derived from the works or testimony of unbelievers, so that which is brought forward to prove the truth of the law *similia similibus curantur* from the writings of those who recognise no such law, must be considered to have very great weight. The great value of Hahnemann's introduction to the Organon consists, therefore, in the fact of his strongest arguments in favour of homœopathy being derived from the writings of his opponents. The *argumentum ad hominem* is applied in a most decided and conclusive way. There is no truth in the law *similia similibus curantur*, say the "orthodox" writers. How then is it, Hahneman observes, that nearly all of your best remedies are homœopathic to the diseases they are given to cure? That they are so I prove to you from the works you consider of most value, and which you use as text books. No satisfactory answer has yet been given to this argument, and till an answer has been given, it must be allowed to Hahnemann that he has succeeded in maintaining his position.

The following additional evidence in favour of the homœopathic law cannot be considered so conclusive as that which

Hahnemann advanced. He quotes from the work of an author of the old school of medicine a case of disease successfully treated by a particular medicine, and he afterwards adduces from a writer of the same school testimony showing that the medicine used was known to produce symptoms similar to those of the disease in which it was so successful. For instance, at page 86 of the Organon (Dr. Dudgeon's translation), Hahnemann says:—"From the writings of Beddoes and others, we learn that the English physicians found *nitric acid* of great utility in salivation and ulceration of the mouth occasioned by the use of *mercury*. This acid could never have proved useful in such cases if it did not of itself excite salivation and ulceration of the mouth. To produce these effects it is only necessary to bathe the surface of the body with it, as Scott (in *Hufeland's Journal*, iv. p.353), and Blair (*Neueste Erfahrungen, Glogau*, 1801), observed, and the same will occur if it be administered internally, according to the testimony of Aloyn (in the *Memoires de la Soc. Méd. d'émulation*, i. p. 195), Luke (in Beddoes'), J. Ferriar (in the *Sammlung auserles. Abhandl. für pract. Aerzte* xix. 2), and G. Kelly (Ibid. xix. i. p. 116)." From this extract may be seen the style of argument made use of by Hahnemann. All the other examples showing that homœopathic remedies are the most successful are of the same character as the above, and many of them are cases much stronger in proof of his argument. Hahnemann, it will thus be seen, only quotes from the writings of his opponents. In a note at p. 58 of the Organon (Dr. Dudgeon's translation), he says:—"In this, and in all the examples that follow, I have purposely abstained from reporting either my own observations or those of my pupils, upon the special effects of each individual medicine, but merely those of the physicians of times past. My object for acting in this manner is, to show that the art of curing homœopathically might have been discovered before my time." As we have said above, such evidence must be considered more conclusive than what might have been brought forward by Hahnemann himself, from observations of his own provings of the medicines, or those of his disciples. Dr. Black, in the third chapter of his work on the *Principles and Prac-*

tice of Homœopathy, has followed the example of Hahnemann, and given a great number of illustrations of the truth of the homœopathic law, compiled laboriously from the works of modern authors. This chapter has been reprinted in the work published a few years ago by Dr. Drysdale and Dr. Russell, entitled, "*Introduction to the Study of Homœopathy*," and is one well worthy of diligent and careful perusal by the student of homœopathy, as a good sequel to the introduction to the Organon.

The evidence corroborative of the truth of the law *similia similibus curantur*, which I shall now bring forward, is derived from the writings of medical authors of the present day, and chiefly from medical journals published within the last two years. But the proof of the homœopathic action of the medicines used in the cases which I shall quote, is not derived, as that of Hahnemann and Dr. Black, from the writings of authors opposed to us, but from the *Materia Medica Pura*. The evidence may, therefore, not have the same, if any, weight with our opponents, but it may, nevertheless, be considered good testimony by homœopathists, and by those who are inquiring into the new doctrine, but who still require more arguments in its favour than have yet been presented to them. Such as look on Hahnemann's Materia Medica as a genuine production, and a faithful record of the effects of medicines on the healthy body, will consider the following evidence satisfactory, and all that is required to prove the homœopathic action of the medicines in the diseases in which they were successfully used. Those who still deny honesty to the homœopathists, and refuse to receive any arguments in favour of our law derived from our Materia Medica, cannot be expected to be influenced by what follows. Such, it is to be hoped, will, ere long, show greater liberality, and such a thirst for truth, for its own sake, as to lead them to overcome their most cherished prejudices, rather than close their eyes against the smallest ray of that light of which they are in search. Truth occasionally comes in an unwelcome shape, and there are some who have not the energy or courage to hail its advent. Many who do not recognise it at first, and therefore oppose its approach, afterwards make it a point of honour to continue their opposition. To own themselves in the

wrong requires a moral strength of which they are not possessed. But let these give us credit at least for not presuming to deal in a wholesale system of falsehood, a course which would argue the direst infatuation on our parts, and which would be so easily exposed as to lead in a short time to our utter extinction as a body. Let them put to the proof our assertions. Let them institute a series of experiments with one medicine only, and so satisfy their minds on the question, whether or not it does really cure a disease similar to that which it has the power of producing in the healthy body. It surely is not asking them much to do this. Were it only to expose our ignorance and our so-called falsehoods, it is strange that such examination has not already been made. The desire of gaining such a triumph would induce, we might reasonably think, some of our opponents to make the experiment above recommended. But such has never been made, nor have any reasonable objections been yet brought forwards against the principles or practice of homœopathy. Till such are advanced we must conclude that we have the best of the argument. Our doctrine has been introduced with an overwhelming mass of evidence in its support, and till that evidence has been proved of no weight, we cannot allow ourselves to attach much importance to the minor objections against some of the details of homœopathic practice. It rests with them to controvert our arguments. We have done all that is necessary to be done in establishing a new doctrine in medicine. Were it not for the periodical medical press, which exerts so pernicious an influence over a large portion of the profession, many, who would willingly follow the dictates of a liberal and philosophical spirit, and examine into and prove questions which are advanced by their medical brethren, however strange and contrary to all the former experience they may appear, are deterred from doing so by the fear of drawing on themselves the imputation of favouring quackery, and of receiving castigation in consequence. But this influence is on the wane, and we may therefore hope that, before long, everyone will be allowed to pursue his investigations into new things without necessarily exposing himself to the animadversions of a licentious and bigoted press, or to loss of practice.

Isolated facts, such as the following, are not deemed by me to be conclusive evidence in favour of homœopathy. Their number ought, however, to lead inquirers to consider seriously the question whether there is not more in the law *similia similibus curantur* than they have been in the habit of thinking. A system of medicine in favour of which such evidence may be brought, ought surely to be at all events investigated. And I shall have, in a great measure, gained my end in writing these pages if they lead to an examination of homœopathy any one individual who has hitherto been prejudiced against it, or if they succeed in confirming in their faith any who have been doubting rather than believing that there is truth in our system. It is the question of *dose* which prevents that examination into homœopathy which its importance, as a system of medicine, demands. If then, the fact that infinitesimal doses of medicine are given by homœopathists is really the stumbling-block in the way of its being examined into and adopted, why do not our opponents reject the question of *dose* altogether, and endeavour to satisfy themselves on a much more important point—whether or not medicines are successful in disease on account of their power to produce in the healthy body analogous symptoms. Hahnemann did not diminish the dose when he first used medicines homœopathic to the diseases he was treating. Experience alone led him finally to do so, as he found that violent aggravation of the symptoms was occasioned when he employed doses of the usual size. Why then should not our unbelieving brethren act in the same way? Let them examine into the homœopathic law without attending to the question of *dose* at all. Let them give in the usual doses medicines homœopathic to the diseases they are treating. The result will be, as in Hahnemann's case, that they will soon diminish the dose. Afterwards, they will come to the conclusion, that infinitesimal doses are, after all, the best. But at the same time they will recognise the fact, which so few seem to realize, that homœopathy and infinitesimal-dose are not equivalent terms. Those, therefore, who rail against small doses, and laugh at the idea of their being useful, should be told that the question of *dose* is a secondary one altogether, and that homœopathy may be studied

by them without their being first obliged to believe in the possibility of small doses acting in disease. They will more readily study the system if they can do so without laying themselves open to the charge of such folly. Many will examine into the question—"Is homœopathy a true law in nature?" who would not readily be induced to inquire into this other one—"Is the decillionth of a grain of Aconite useful in acute inflammation?"

The work from which the pathogenetic symptoms of the medicines are quoted is Jahr's *New Manual*, translated by Dr. Hempel, and published in New York in 1848. It is a compilation from the *Materia Medica* of Hahnemann, and from many other homœopathic works. I have been careful to give only the symptoms produced by the medicines on the healthy body. The clinical symptoms I have not given, as far as I know, in any case. The value of this new American edition of Jahr is materially lessened by the introduction into the body of the work of all the clinical symptoms observed by different writers. It increases our difficulty in consulting the work, when the pathogenetic and clinical symptoms are intermixed in the way they are here. But I trust we shall have, ere long, a pure Materia Medica, founded on Hahnemann's, and introducing all the provings which have been made since the publication of his last edition. Such a work is a great desideratum, and we should not rest till it is supplied.

I have generally given the experience of the different writers in their own words to prevent the possibility of my misconstruing their meaning. I might have added very much to this list of illustrative cases, for a medical journal cannot be consulted without meeting with many such, but I have given a sufficient number for my purpose, which is to prove that the most successful treatment of disease is by medicines which are homœopathic to the symptoms.

Arsenic in Ague.

"M. Boudin, Physician-General of the Military Hospital at Roule, has reported most favourably of the effects of *arsenic* in marsh fevers. During five years *quinine* has never been used. No accident has

resulted from the employment of the *arsenic* during eight years. The patients have been more rapidly cured than even by *disulphate of Quinine*."—*Medical Times* xx, 453.

In the proving of *arsenic* there are the following symptoms:

"Coldness of the limbs; general coldness, with parchment-like dryness of the skin, or with profuse sweat; chilliness, violent, with shaking; heat, which is generally dry and burning; violent fever; fever commencing with coldness; chilliness, generally in the afternoon or evening, less frequently in the morning or forenoon, followed by dry heat, generally in the evening, and lastly, sweat at the termination of the fever, mostly at night or towards morning; alternation or mingling of coldness and heat; feeling of illness in the whole body; weakness, desire to lie down; anxiety; pains in the pit of the stomach; the sweat sets in at the close of the fever generally at night; during the sweat excessive thirst, and a diminution of all the pains accompanying the fever; pulse intermittent; general rapid sinking of strength; the pains appear periodically, and are particularly apt to recur every day or every fourth day."

Arsenic in Diseases of the Skin.

In the twentieth volume of the *Medical Times*, at page 443, there is the report of a Meeting of the "Westminster Medical Society." At this meeting Mr. Hunt read a paper entitled—"Suggestions towards simplifying the diagnosis and treatment of Chronic Diseases of the Skin." The remedy he most strongly recommends is *arsenic*.

The following are among the pathogenetic effects of *arsenic*:

"The skin of the body peels off in large scales; itching, particularly of the thighs and arms; burning, and burning itching; urticaria; pimples; itch-like eruption; pustules; ulcers."

Tartar Emetic in Pneumonia.

In the first volume of the *British and Foreign Medico-Chirurgical Review*, at page 273, there is an account of the successful treatment of pneumonia—especially in children—by *tartar emetic*.

In the proving of *tartar emetic* there are the following symptoms:

"Short, difficult breathing, obliging him to sit up in bed; frequent attacks of unequal, intermittent breathing during sleep; unusual

oppression of the chest; violent titillation in the larynx, producing cough; rattling of mucus; great heat and thirst; full, quick pulse.

Belladonna in Vomiting.

In the same volume of the *Brit. and For. Med.-Chir.*, and at page 555, M. Trousseau recommends *belladonna* in the vomiting of pregnant women.

Belladonna produces the following morbid symptoms:

"Nausea; frequent retching; vomiting of bile and mucus; vomiting of undigested food which had been taken twelve hours previously."

Quinine in Acute Rheumatism.

Quinine is recommended as a good remedy in cases of *acute rheumatism* by Dr. Vinet.—*Brit. and For. Med.-Chir. Rev.* ii, 259.

China has the following pathogenetic symptoms:

"Insupportable pain in the small of the back, like a cramp, or as if bruised or beaten to atoms, aggravated by the least movement; pain of all the limbs, particularly the joints; pain as if strained in every joint, in the bones and periosteum, with drawing and tearing, particularly in the small of the back, back, knees and thighs; darting, tearing, increased by contact, particularly in the hands and feet; tensive pains; increased temperature of the body; burning heat with throbbing of the arteries; internal and external heat."

Phellandrium Aquaticum in Bronchitis.

Dr. Michea asserts the great utility of the seeds of *phellandrium aquaticum* in bronchitis, chronic catarrhs, pulmonary phthisis and asthmas.—*Brit. and For. Med.-Chir. Rev.* ii, 272. And M. Sanders has made use of the same medicine, and to much purpose, in phthisis and chronic bronchitis.—*Brit. and For. Med.-Chir. Rev.* iii, 279.

The following are some of the pathogenetic effects of the *phellandrium aquaticum:*

"Dry, suffocative cough and short breathing; oppression of the chest in walking; oppression of the right side when breathing, in a space the size of a hand; sticking deep in the left chest; dull stitches from the last true rib to the xiphoid cartilage, with painful sensation in the stomach, as if screwed together; dull stitches in the mammæ: cough, with mucus and hawking at night."

Arsenic in Skin Diseases.

"Dr. Sweich has prescribed *arsenic* with great success in various cases of furunculus, and has found the cure very durable. . . . . Acne simplex, in which the knotty pustular appearance of the eruption gives it the character of a miniature furuncule, and which is often so obstinate, yields as readily to the *arsenic*."—*Brit. and For. Med.-Chir. Rev.* ii, 554.

We have already seen that *arsenic* produces a similar state of the skin when taken by a person in health.

Quinine in Insanity.

"M. Piorry has of late prescribed large doses of *quinine* in certain cases of insanity, with speedy and good effect. They have been especially cases in which the insanity has seemed to have been connected with certain changes of the functions of the organs of sense—especially of hearing; or, in the case of hypochondriasis, with certain abdominal sensations. Periodicity is a characteristic in many of these cases, just as it is in other affections of the nervous system; and hence the utility of the *quinine* in such."—*Brit. and For. Med.-Chir. Rev.* ii, 554.

China produces these symptoms:

"Fears and apprehensions; great, inconsolable anguish; he wants to destroy himself, but has not courage enough to do it; he is beside himself, and tosses about in his bed in despair; indifference and apathy; taciturnity; he despises everything; vehemence to such a degree that he would like to stab people: fitful mood; nervous irritation, attended with depression of spirits, and intolerance of noise, or of anything which affects the senses; pressure, with heaviness in the whole abdomen."

Belladonna in Enuresis.

Belladonna has been used very successfully by M. Trousseau and M. Bretonneau in enuresis.—*Brit. and For. Med.-Chir. Rev.* iii, 280.

The proving of *Belladonna* has among its other effects:

"Inability to retain the urine; discharge of urine in the day-time while in a deep sleep; enuresis at night; frequent and copious emission of urine."

Lobelia Inflata in Asthma of Children.

"A child, aged one and a half year, had been seized daily, at midday, for three months, with asthmatic paroxysms of difficulty of breathing, terminating in cough without expectoration. An intermittent fever prevailing in the vicinity, the author supposed that the disease might partake of its nature, and administered *quinine* with *hyoscyamus*, &c., as well as external derivatives; but without any avail. The *tinct. lobel. infl.* (15 drops every three hours) was then given in weak tea, and by the third day the paroxysms had become much diminished in intensity and duration, and in fourteen days no traces of the affection remained, the child continuing quite well when seen a year and a half afterwards."—*Brit. and For. Med.-Chir. Rev.* iii, 533.

The following are among the symptoms produced by the *lobelia inflata:*

"Titillation in the larynx, with frequent, short, dry cough; a general tightness of the chest, with short and somewhat laborious breathing; oppression of the chest; oppression of breathing; acceleration of breathing, with the feeling as if it were insufficient, and therefore required from time to time a deeper inspiration: short inspiration, slow expiration; paroxysmal asthma; pain under the middle of the sternum."

Chloride of Gold in Lupus.

M. Chavannes has made use of the *Chloride of Gold* in lupus, and with much success.—*Brit. and For. Med.-Chir. Rev.* iii, 538.

Aurum muriaticum has the following pathogenetic effects:

"Whitish scurfs falling off after three or four days; intolerable itching, and appearance of an herpetic exanthema forming scurf very speedily; condylomata."

Nitrate of Silver in Purulent Ophthalmia.

In the purulent opthalmia of infants, Dr. Mildner administers the *nitrate of silver*, and with much success.—*Brit. and For. Med.-Chir. Rev.* iii, 540.

This medicine has these symptoms:

"Heat and pain in ball of the eye when moving or touching it; the conjunctiva bulbi and palpebrarum looked inflamed and puckered;

nightly agglutination of the right eye; the eyes are filled with mucus; the canthi are as red as blood; the caruncula lachrymalis is swollen; clusters of intensely red vessels extend from the inner canthus to the cornea; mucus in the eyes drying up in the lashes and forming scurfs."

Subnitrate of Bismuth in Gastro-Intestinal Affections.

The *subnitrate of bismuth* is strongly recommended by M. Monnerat in gastro-intestinal affections, such as diarrhœa, cholera, gastralgia, &c. as in these disorders he has found it of great service.—*Brit. and For. Med.-Chir. Rev.* iv, 297.

Bismuth produces the following symptoms:

"Watery diarrhœa; pinching pain in the abdomen, with rumbling and urging to stool; pressure in the stomach, especially after a meal; burning in the stomach; inclination to vomit, and actual vomiting; repeated, easy vomiting of bile; vomiting and diarrhœa; violent, convulsive guggling, and inexpressible pain in the stomach; oppression of the stomach, and colicky pains, with emission of a quantity of wind from the stomach, and loose bilious stool."

Sulphuric Acid in Hiccough.

"During a long practice, Dr. Schneider has met with many cases of hiccough, occurring in both sexes and at different ages, and persisting with such obstinacy as to give rise to great suffering and exhaustion. His sovereign remedy in such cases is one of the preparations of dilute *sulphuric acid*, which acts with great promptitude."—*Brit. and For. Med.-Chir. Rev.* v, 274.

Sulphuric acid has among its pathogenetic effects: "Hiccough."

Aconite and Ipecacuanha in Dysentery.

M. Marbot, a French naval surgeon, not succeeding in checking an epidemic dysentery by the usual remedies, has recourse to *aconite*. The success he meets with surprises him. The type of the dysentery was inflammatory. The chief symptoms were—intense fever; hard, contracted, rapid pulse; violent headache; dry and bitter mouth; tenderness of the abdomen; colic; distressing pulsation in the right hypochondrium, and tenesmus. After the administration of the *aconite*, the feverish

symptoms subsided in less than a day, and the blood disappeared from the stools in a few hours. But M. Marbot found that, though *aconite* was of great service, it was not sufficient to complete the cure. The fever, the hæmorrhagic discharges from the bowels, and the abdominal tenderness were all relieved, but the stools continued nearly as frequent as before. *Ipecacuanha* was then tried, and succeeded in completing the cure, though it had been found inefficacious when given before the *aconite* was tried.—*Brit. and For. Med.-Chir. Rev.* v, 275.

The proving of *aconite* shows the following symptoms:

"Excessive heat of the whole body with thirst; jerking, full, strong, feverish pulse; violent headache; dryness of the mouth and tongue; bitter taste; the abdomen is sensitive to the touch; colicky pains in the abdomen; frequent, loose stools, with tenesmus."

And *ipecacuanha* has these symptoms:

"Diarrhœic stools, having the appearance of being fermented; stool covered with red, bloody mucus; bloody stools; stinging, cutting, burning pain in the margin of the anus."

Tartar Emetic in Asthma.

Dr. Itzingsohn, of Neudamm, describes several cases of *idiosyncratic asthma* in the *Pr. Ver. Ztg.* 30, 1849. His first patient was a healthy shopkeeper, 40 years of age, who, as often as he had occasion to handle freshly ground coffee, was immediately seized with oppression at the chest, accompanied with sense of constriction extending to the throat, and soon followed by loud râles heard over the whole breast—short, painful cough, and scanty, tough expectoration. Bloodletting, sinapisms, &c. had been used by different physicians without benefit. Itzingsohn found *tartar emetic* and *assafœtida* most useful.—*Monthly Journ. of Med. Science,* cxii, 365.

That *tartar emetic* produces analagous symptoms may be seen above.

Belladonna in Epilepsy.

A M. Dobreyne in many cases of *epilepsy* which he has treated found *belladonna* more useful than any other medicine. —*Monthly Journ. of Med. Science,* Feb. 1850.

The following are some of the pathogenetic effects of *belladonna:*

"Spasms, startings, and convulsions of the limbs; with weariness and anxiety; with screams and loss of consciousness; with contortion of the eyes; with extension of the limbs, or violent distortion of the muscles; tetanic spasms; paroxysms of stiffness and immobility of all the limbs, or of a single limb only; epileptic spasms; trembling of the limbs; weariness; laziness and indisposition to work or stir; great general debility."

Colchicum in Gout.

In a paper read before the Westminster Medical Society, by Dr. Garrod, he says "*Colchicum* possesses an almost magic power in relieving gout." This has been long known, and *colchicum* is therefore one of the chief, if not the chief remedy made use of in the treatment of gout.—*Medical Times,* vol. xxi, 207.

Colchicum produces the following symptoms:

"Boring stitches over the nail of the right big toe, or lancinations in the ball. Tingling in the right big toe, as if it would go to sleep. Pain in the left big toe, as if the nail would grow into the flesh. Drawing with pressure in the toes. Tearing in the feet, particularly in the heel, the left tarsus, the dorsa of the feet, and the left sole. Œdematous swelling of the legs and feet. The pains are worst from evening till morning; in the evening they are frequently so excessive that they would almost drive one mad. Pulse large, full and hard. Dry heat of the skin. Frequent shiverings along the back.

Opium in Delirium Tremens.

At another meeting of the Westminster Medical Society, in a discussion which followed the reading of a paper on *Delirium Tremens,* by Dr. James Bird, it was given as their opinions by Dr. Snow and Dr. Lankester that *opium* was of more service in that disease than any other remedy.—*Medical Times,* vol. xxi, p. 225.

Opium produces symptoms very similar to those of *Delirium Tremens:*

"Furious delirium; visions; frightful fancies; complete loss of consciousness and sensation; stupefaction of the senses; complete

loss of memory; painful headache; congestion of the blood to the head; throbbing of the arteries of the head; staring and glistening eyes; red, bloated, swollen face; violent, quick, hard pulse, with heavy, impeded respiration."

Phosphorus in Diseases of the Skin.

Dr. Burgess, in a work which he has published on diseases of the skin, thus recommends a medicine which he has found of great service.—"There is a remedy which exercises a powerful influence on the cutaneous exhalents, and which I can specially recommend in the treatment of the more rebellious forms of diseases of the skin—namely, *Phosphorus*. It is one of the most valuable medicinal agents we possess in those inveterate cutaneous diseases—leprosy, proriasis, lupus, in which the skin seems to adapt itself to the morbid condition, which it retains with singular tenacity against all the usual methods of treatment."—*Eruptions on the Face, Head and Hands, &c., by T. H. Burgess, M.D.*, pp. 16, 17.

Phosphorus produces the following symptoms:

"Sore, excoriated spots on the skin, with redness, or smarting and stinging pain. Scaling off of the epidermis; round herpetic spots over the whole body; burning itching over the whole body.

Sabina in Abortion and Uterine Diseases.

"When the disposition to abortion is dependent upon a diminished vitality of the uterine system or functional weakness of its nutritive vessels, Dr. Metsch says that medicines of a stimulant and strengthening description, acting powerfully on the circulation of the organ, are indicated, and of all such substances *savine* is that which is most to be relied upon for this end." . . . . . "The *savine* has also been found useful in various chronic diseases of the female genital organs, connected with vascular and secretory torpor, especially in passive hæmorrhages and leucorrhœa. In the same way it is of good service, conjoined with mechanical means, in treating prolapsus uteri consequent on frequent or difficult labours and abortions." . . . . . "If the disposition to abortion depends upon an augmented irritability and contractility (a condition not always opposed to the first named), the *savine* does not alone suffice, but a medicine is required that exerts a special effect in regularising uterine irritability, the *ergot of rye*, which should be added to the savine infusion in the

proportion of one to two when former miscarriages have been induced by the primary contraction of the womb without preliminary hæmorrhage."

Sabina acts powerfully on the uterus, and produces a train of symptoms very similar to those that characterize abortions and the predisposition to the disease, as will be seen from the following extracts from the pathogenetic effects of that medicine:

"Drawing pressure in the hypogastrium towards the genital organs, as if the menses would make their appearance. Severe stitches in the vagina, deep, from before backwards. The menses appear without pain, but are three or four times more profuse than usual; she passed clots of blood after rising. The os tincæ is open, the blood looks red, the discharge being profuse and at intervals, especially during motion. Violent menstruation, twenty-six hours after the regular menses, with violent colic and labour pains; the blood was partly fluid, partly lumpy. Hæmorrhage from the uterus at the period of the menses. Miscarriage; metrorrhagia. Leucorrhœa, with itching of the pudendum."

The following are also symptoms produced by *secale cornutum:*

"The menses are too profuse; congestion of blood to the uterus. Metrorrhagia. Excessive uterine contractions, so that the uterus seemed to burst. All the symptoms are worse previous to the menses."

ILLUSTRATIONS OF THE APPLICATION OF PATHOLOGY TO HOMŒOPATHIC PRACTICE.

By Dr. G. M. Scott.

In connection with a few remarks inserted in a recent number of the Journal on the special relation of pathology to homœopathy, I beg to add the following illustration of their practical application. Let us take for an example the case of pleuro-pneumonia, or the combination of pleurisy with pneumonia, which may be thus described. Lungs congested, hepa-

tized, or marked with purulent infiltration; pleura inflamed with or without effusion; cough dry and short, or accompanied with rust-coloured tenacious expectoration; pain in chest dull and constant, united with acute pain increased by inspiration and movement; respiration most easy generally in the erect position; pulse accelerated generally, soft when the parenchyma of the lungs is principally affected, harder when the symptoms of pleurisy are more urgent; occasional hæmoptysis; skin hot and dry; face flushed, tumid, purplish; expression anxious; headache, occasionally accompanied by delirium and coma; urine high coloured; bowels constipated. Dulness on percussion; harsh friction sound; ægophony, bronchophony, or absence of respiratory sounds, according to the stages and extent of the disease.

Such are the characteristics of the disease; some of them only demonstrated, strictly speaking, by post mortem examination, yet as truly constituting *symptoms* as the more superficial. But these are not to be sought for in the results of pure experiment, which it would be unwarrantable to push to this extent. We, therefore, examine cases of poisoning accidental or intentional for those symptoms which we feel assured exist in any given case of disease from stethoscopic or other sources of information. The following effects of various poisonous substances are quoted by Dr. Christison in his work on poisons, from various authorities.

Aconite.—Lungs gorged with blood; venous congestion in the head and chest; the lungs particularly being much gorged with blood. Lungs dense, dark and gorged; cerebral vessels turgid; face livid; pulse languid; slow, laborious respiration; asphyxia; blood black and fluid.

Arsenic.—Irritation of lungs and air passages; shortness of breath; sense of tightness across the bottom of the chest; decided pain in the same quarter darting through the upper part of the chest; sometimes pneumonia has appeared a prominent affection during life, and been distinctly traced in the dead body; serous effusion into the pleural cavity; redness of the pleura; redness and congestion of the lungs; inflammation of the lungs; pleura, pericardium, and whole lungs deeply inflamed (in animals); lungs in the highest state

of inflammation, and so congested as to resemble a lump of clotted blood; pneumonic symptoms during life; in the dead body lungs excessively gorged; lungs gorged with blood and presenting the characters of pulmonary apoplexy; lungs presenting sufficient congestion to have completely impeded respiration; headache; stupor; coma; delirium; blood black and fluid.

Antimony, (Tartar Emetic).—Lungs as it were in a state of putrefaction (this statement is given with hesitation); injected into a vein caused the lungs to be of an orange red or violet colour, destitute of crepitation, gorged with blood, dense and in some parts hepatized. Inhalation of the vapour of antimonial compounds led to headache; difficult breathing; stitches in the back and sides; difficult expectoration of viscid mucus.

Bryonia—when introduced into the cavity of the pleura, causes rapid death by true pleurisy, ending in effusion of fibrin.

Croton Oil.—Laborious respiration; blueness of the lips and fingers.

Carburetted Hydrogen inhaled.—Lungs congested; scarlet redness of the lungs; accumulation of bloody, frothy mucus in the air tubes.

Colchicum.—Pleura red; lungs much gorged; surface covered with ecchymosed spots; tightness of chest; oppression of breathing.

Hydrocyanic Acid.—Lungs injected and gorged with blood; turgid so as to resemble liver; blood fluid.

Ipecacuanha.—Dyspnœa; lungs inflamed.

Mercury.—Inflammation of the lungs.

Nux Vomica.—Lungs gorged with black fluid blood.

Opium.—Lungs distended and gorged with fluid blood (death by pleuro-pneumonia. Laennec).

Nitrous Acid Vapour inhaled proved fatal in two days with the symptoms of violent pneumonia—pneumonia on one side, pleurisy on the other—death by inflammation of the lungs.

Oil of Tar.—Lungs gorged with blood; pulmonary mucous membrane highly injected; rattling respiration; feeble pulse.

Phosphorus.—Lungs gorged with blood; pulse feeble; blood fluid.

Poisonous Fungi.—Lungs sometimes gorged or even inflamed; vessels of the brain turgid; pulse feeble; blood very fluid.

Sulphuret of Potass.—Lungs soft; gorged with black fluid blood; not crepitant; face livid; pulse at first quick and strong, afterwards feeble.

The foregoing extracts contain, we believe, the principal results of toxicological investigations as far as they bear on the subject, including, though not merely, especially what we have called the recondite symptoms. We shall now enumerate some of those symptoms recorded in the *Materia Medica Pura* which indicate the homœopathicity of a medicine, to what may be called the more superficial symptoms of this disease; and this last we shall find includes several of those already mentioned.

Aconite.—Anxiety with fear of suffocation; confinement of the chest impeding respiration; cough, with great heat of the body; cough, with bloody expectoration; dry cough; anxiety in the chest, and oppression in the right half; afterwards throughout the whole extent. Lancinating and pressive pain on right side of sternum; lancinating pain in chest on breathing; at each inspiration lancination from the last false rib on the left side to the top of the scapula, crossing the middle of the chest; great heat, with short respiration; headache; countenance bluish; abundant discharge of urine which deposits blood.

Ammonium carbonicum.—Chest as if fatigued; pressure and confinement in the chest, especially in bed; dyspnœa; cough, with abundant expectoration of mucus; lancination on breathing and singing; lancination on left side of chest, not allowing to lie on that side; violent lancination on left side of chest, proceeding from region of the heart towards the side, and thence to the back.

Antimony.—Cough, with burning in the chest; stifling oppression and paralytic orthopnœa; shooting in the chest on drawing breath; accumulation of mucus and rattling in chest; cough, with obstructed respiration; obstructed respiration in bed; short breath; dyspnœa; inflammation of the lungs.

Arnica.—Pressive pain in the head; dry cough; bloody expectoration; respiration short, noisy, impeded, hasty; oppression of chest, with anxiety and headache; dyspnœa; pressive pain and lancination in the chest; pain in left side of chest as from needles; lancinating pain in both sides of chest, with short cough increasing the pain, with continued oppression of the chest.

Arsenic.—Headache; face bluish, livid, red, and swelled; lips and tongue bluish; mucous expectoration streaked with blood; lancinating pain in the upper part of chest in right side, especially on breathing; pressure in chest; heat in chest; dry cough; cough on

lying down; in drawing a long breath, lancinating pain in left side of chest; lancinating pain in side, preventing lying on *that* side; dyspnœa; great anxiety and weakness; heat throughout the whole body.

Bryonia.—Pressive headache; viscous mucus in the throat; dry cough; expectoration of much mucus; cough, with lancinating pain in side; hasty respiration; stitch in side and oppression of chest; rapid, anxious respiration, with lancination; on turning in bed lancination in side, on which the patient is *not* lying; lassitude; dry heat.

Colchicum.—Difficult respiration; dry cough.

Copper.—Face and lips bluish; dry cough; cough with expectoration of whitish mucus; respiration accelerated, rattling with wheezing.

Ipecacuanha.—Headache; stertorous noise in bronchia on breathing; dry cough; cough on exposure to cold air or on lying down; excited by a long breath; with thick mucous expectoration; hæmoptysis; burning heat; bloody urine.

Mercury.—Headache; dry cough, short, fatiguing from tickling irritation under the sternum, occurring principally on speaking; cough with expectoration; hæmoptysis; difficult respiration; pressure on left side of chest, preventing a long breath; sharp lancinating pains in chest; lancinating pain on sneezing, coughing, breathing; pulse languishing; anxiety; urine high coloured.

Nux vomica.—Headache; cough with bloody expectoration and pain in chest; dry cough when lying on the back; shortness of breath; constriction of chest; lancination between shoulder blades during movement and respiration; great lassitude; heat; anxiety.

Opium.—Headache; face bluish and livid; skin hot and dry; dyspnœa; bloody expectoration; dry cough; respiration rapid and oppressed.

Phosphorus.—Flow of blood to the head; lips bluish; difficult respiration in bed; chest much oppressed; respiration very short; pressure on chest as by a weight; constriction of the whole lung; oppressed respiration with violent headache; lancination on left side of the chest on breathing; cough with lancinating pain in chest; dry cough with headache; cough with mucous expectoration; bloody and mucous expectoration; weakness; dry heat; anxiety.

Neither of these lists is complete, but they will serve for illustration. By combining the symptoms of the same medicine

in the two lists we shall find to what extent that individual medicine presents a true feature of the natural disease.

An examination of these lists will at once shew how difficult it must be to select any medicine, *a priori*, from any collection of symptoms we as yet possess, since all those enumerated include *many*, and perhaps none of them include *all*, of the characteristic features of the disease. We hence see how necessary it is to treat each case as an individuality, and to avoid the error of treating *names* rather than *realities*; and also the necessity of looking to the test afforded by experience, and *that* not only the experience of those who adopt the homœopathic law as a guide, but also of others who, without any such acknowledgment, may have treated the disease successfully; for while the enlightened and candid homœopathist fully believes in the absolute and universal authority of that law, he is well aware that its influence on practice may not be consciously felt by the individual practitioner, nor may he be able himself in every case *to shew* that a medicine undoubtedly *efficient* is manifestly *homœopathic*. Had philosophers never ascertained the difference in the specific gravity of different gases, the ascent of a balloon would have been *apparently* an insuperable objection to the Newtonian law; but, nevertheless, it would have been *really* a striking illustration of its universal authority.

In judging of the comparative claims of different medicines from the results of toxicological investigations, it must be remembered that these may not bear a strict proportion to their prominence in the list, because this circumstance may be owing to causes perfectly irrelevant. Thus Arsenic is much more prominent than Tartar emetic or Phosphorus, principally because it is much more frequently employed as a poison, and consequently many more opportunities are afforded of investigating its effects. We must therefore seek to qualify, as well as to implement, the one list by the other, and both by experience. Of the medicines in the first list, that which presents the most marked and complete exhibition of symptoms is Arsenic, which is also found to hold a very prominent place in the second. Perhaps it is specially called for when the mucous membranes are in a marked degree affected, and particularly in senile pneumonia.

Though there is quite sufficient in the observed effects of Antimony to shew that it bears a strictly homœopathic relation to pneumonia, and therefore to warrant the belief that it is in virtue of that power that it has proved successful in that disease, yet the symptoms recorded in neither of the lists have a very marked claim on our attention; those of the second list are more clear and definite than those of the first. Yet it would argue great ignorance or unjustifiable prejudice to deny the well attested results of experience in its favour.

Again, the effects of Phosphorus in the second list warrant very sanguine expectations from its employment, though the disclosures of the first list are but meagre, perhaps from its being rarely used as a poison. Yet it would argue equal ignorance or unfairness to deny to this substance a very high value in the treatment of pneumonia.

When we consider the acknowledged sedative and depressing effects of Tartar emetic, and the very large quantities that have been employed in pneumonia, may we not suppose that it has often acted as a *continued palliative*, which by keeping the circulation sluggish has, as it were, *starved* out the disease, while nevertheless its specific action on the lungs has not been prevented? And this view may afford some explanation of the fact, that Tartar emetic has proved more efficient with the ordinary school than with homœopathists, while the most satisfactory results have been obtained by the latter from Phosphorus, which the former have almost neglected. It seems unquestionable that *large* doses of Tartar emetic have been most useful, while *small* doses only of Phosphorus have been employed, but these have effected cures in even a larger proportion of cases. The larger doses of Tartar emetic may have acted in the two-fold manner suggested above, but principally in virtue of its pathogenetic depressing powers; while the vastly superior energy of Phosphorus, as well as its more close homœopathic relation, requires that it should be used in doses so small as to avoid as far as possible its pathogenetic effects.

It does not appear necessary to follow the subject further—the instances already given being sufficient to illustrate the practical application of the remarks in the previous paper.

ON THE ABUSE OF PURGATIVES AS A CAUSE OF PROLAPSUS UTERI, AND ITS HOMŒOPATHIC TREATMENT.

By Dr. A. Henriques.

(*Read before the Hahnemann Medical Society, June 18th*, 1850.)

It is an undeniable fact, that notwithstanding the marvellous contrivances that nature has devised for fixing, protecting and retaining the uterus in the pelvic cavity, it is subject to frequent and numerously diversified displacements. Without entering into any detailed accounts of the several varieties of uterine prolapsus, I might be allowed to observe that all these changes of position to which the uterus is liable might be classified under the heads of—

1. Hysterocele, or hernial displacements;
2. Hysteroptosis, or direct displacements;
3. Hysteroloxis, or oblique displacements.

Judging from the all-important functions that the uterus exercises on the living economy, and its known sympathetic relation with every other part of the organism, one would be naturally led to imagine that its displacements could not occur without always producing considerable constitutional disturbances. Such is not, however, the case; for several instances are recorded of women, who have lived for years in tolerable health, with the womb even turned completely inside out; and daily experience teaches, that in many instances of partial deviations, so little inconvenience do they occasion, that they often remain undetected till they have so increased as to become incurable. Whilst studying in Paris, I attended M. Hatin's course of obstetrics at the Ecole Pratique, where, among the many cases exhibited as illustrations of uterine displacements, I recollect seeing one of reducible procidentia in a female of the lowest class. This patient used to remove the pessary that she wore habitually, so as to allow the uterus to protrude through the vulva, and although she remained standing for

nearly two hours, till all the pupils, forty in number, had examined the tumour, yet she never manifested the least degree of suffering, either during or after their repeated operations of touching. Hence it is a remarkable fact, but nevertheless true, that uterine displacements do not always produce disturbances in the living economy commensurate with their extent and gravity. It is, therefore, highly important, in treating the diseases of females, to be ever mindful of this fact, otherwise we are apt to neglect this accident, or to mistake the symptoms of prolapsus uteri for other diseases, and thereby commit grievous therapeutical errors.

The symptoms that usually accompany uterine displacements are various and numerous. They depend principally—

1. On the direct pressure of the uterine organ upon the circumjacent viscera;

2. The undue stretchings of the ligaments that support the uterus in its normal position;

And lastly, the numerous sympathies which exist between the uterus and the other parts of the organism.

Hence according to the degree of displacement, temperament and complications, they will consist in a greater or lesser intensity of bearing down, pressure, and dragging pains in the lumbar and sacral regions, which increase by walking, diminish during repose, and recur when the patient is again in motion. These sufferings are generally acuter when the displacement has occurred suddenly, than when it has taken place gradually, as is more frequently the case. Besides the foregoing phenomena, there are sometimes fainting, abdominal pains, metrorrhagia, vesical and intestinal tenesmus, dysuria, constipation, leucorrhœal discharges, feeble voice, and a great variety of distressing nervous sensations.

With respect to the causes of these abnormal changes of position in the female organ of generation, pathologists of the old school admit two species; viz. the *predisposing* and the *efficient*.

The predisposing causes are said to be: 1. Increased capacity and relaxation of the vagina; 2. Weakness and undue expansion of the broad and round ligaments; 3. Congestion of

the uterus; 4. Leucorrhœa; 5. Menorrhagia; 6. Softening of the ligaments of the womb; 7. Chronic metritis.

The efficient causes are ascribed to efforts made in lifting great weights and carrying heavy burthens; all sudden and violent exercises; prolonged upright position, particularly soon after parturition; undue abdominal conpression; constipation; direct pressure upon the uterus, by abdominal, pelvic and uterine tumours.

Without disputing the reality of the foregoing external and internal conditions, signalised by the allopathic school, as predisposing and efficient causes of prolapsus uteri, my experience has led me to the conclusion, that the well known abuse of purgatives, so common in allopathic practice during gestation and after parturition, is the principal occasional cause in the production of the great majority and ever increasing amount of uterine displacements.

A cursory analysis of the morbid actions originating from the administration of that numerous class of pharmaceutical agents called *medicamenta purgantia vel cathartica* by allopathists, will suffice to demonstrate the truth of the foregoing opinion. Their immediate effects are, loss of appetite, disgust for food, frequently nausea, and sometimes vomiting. If the vital reaction is not sufficiently strong to relieve the organism of the offensive and irritating substance by vomiting, the patient shortly after its ingestion begins to experience abdominal pains, a sense of heat in the intestines, borborygmi, and an indeterminate number of intestinal evacuations occur, that are followed by a sense of *bearing down* in all the pelvic organs, but more particularly in the rectum, also burning in the anus, tenesmus, venereal desires, giddiness, headache and lassitude. It is scarcely necessary to observe that these symptoms must vary considerably, according to the nature of the purgative substance employed. Each of course will act according to its kind. Now it is evident, from an attentive consideration of the preceding phenomena, compared with the characteristics of prolapsus uteri, that purgatives, by virtue of the morbid actions that they set up directly in the intestinal mucous surface of the stomach and large and small intestines, if frequently had recourse to, must determine

those precise states which I have previously mentioned as the generally admitted predisposing causes of uterine displacements.

I am of opinion then that purgatives produce these direful results, because—

1. They necessarily pervert or derange the life of the uterine system, by making the pelvic region a focus of morbid action;

2. They produce necessarily congestion of the uterus;

3. They relax and weaken its mucous tissue, by the abundant mucous secretions they create;

4. They determine abnormal and undue muscular contractions of the uterus and its appendages;

And lastly, by exalting the susceptibility of the uterus, they often create leucorrhœal discharges, sometimes menorrhagia, and not unfrequently chronic metritis: all of which affections, as we have already noticed, are causes of prolapsus uteri.

From the foregoing considerations, I conclude that the etiology of these affections, in the homœopathic view of dynamic pathology, might be stated to consist, in the majority of cases, of the pathogenetic effects of purgatives, whose morbid actions are communicated from the intestines to the uterine apparatus, by continuity of the vessels, nerves and mucous tissue, that are common to both systems of organs, by contiguity of their external surfaces, and by virtue of that dynamic relation that the unity of the vital principle establishes throughout and between every part of the living organism.

Having thus endeavoured, as briefly as possible and as far as the nature of the subject would permit me, to demonstrate the fact with which I set out, it now remains for me to treat relative to the diagnosis and treatment of prolapsus uteri. The signs by which the degrees and kinds of uterine displacements might be recognised are two-fold; viz. anatomical and dynamic.

The anatomical signs are discernible by the *touch* per vaginam. When the uterus protrudes beyond the vulva, it is not possible to mistake this derangement of its position. It is true that cases are recorded in which females afflicted with procidentia uteri have been considered as hermaphrodites, but such errors can only occur from absolute and unpardonable ignorance of anatomy. In these cases an elongated and almost cylindrical

tumour is seen hanging between the thighs, enveloped by the vagina, which forms a sort of *cul-de-sac*, that contains not only the uterus and its appendices, but also the bladder, a part of the rectum, and some other portion of the intestines. There is also discernible at its extremity a transversal aperture that allows the escape of the catamenia.

When we are induced by any given group of symptoms to suspect the existence of an incomplete uterine displacement, the operation of touching is the only positive test by which the partial displacements are to be distinguished. Elongations of the cervix uteri, also fungous tumours and polypus of the uterus, passing into the vagina through the uterine aperture, have been occasionally mistaken for incomplete descent of the womb. A careful analysis of the dynamic phenomena compared with the anatomical data derived from the operation of touching, will readily, however, enable the medical attendant to avoid such grave errors of diagnosis. The following physical signs indicated by the touch will always enable us to diagnosticate every case of uterine relaxation and prolapsus.

1. On the introduction of the finger, an unnatural tumour will be felt at the entrance of the vagina, which will be easily recognised as the neck of the womb, projecting in the axis of the superior strait of the pelvis.

2. The os tincæ will be found resting either upon the posterior or lateral walls of the vagina.

3. This tumour may be readily raised upwards by the finger, but it falls down again as soon as the support is withdrawn, unless there should exist preternatural adhesions between the neck of the womb and the vaginal parietes. It is necessary to remark, that before proceeding to explore the sexual organs in these cases, the following preliminaries should be strictly attended to.

1. The patient should be examined whilst standing upright.

2. The examination should never be made immediately as the patient rises from the recumbent posture, but some time after she has been moving about.

3. The contents of the bladder and rectum should be previously evacuated.

With respect to the dynamic signs, it suffices to state that the general and local symptoms which usually accompany these displacements will be found to vary much in character and intensity, according to the degree of displacement, temperament, concomitant circumstances, the modes of occurrence and the chronicity of the affection. Hence it would be useless to attempt to enumerate them; I shall therefore now proceed to discuss the treatment of these affections. It might be divided into *palliative* and *curative* means: the former consists in restoring the uterus to its normal position, and in adopting appropriate mechanical appliances to retain the organ in its place; the latter comprises hygeinic and pharmaceutic means.

There is commonly no difficulty in reducing a relaxation or prolapsus of the womb. It suffices in most cases to let the patient lie down on her back, and the organ of itself will return in a short time to its normal situation.

In true procidentia, besides placing the patient in the horizontal posture, the pelvis must be raised above the level of the head, the abdominal muscles must be relaxed by having the thighs and legs drawn towards the abdomen. Should these means fail to reduce the tumour, wet compresses of cold water should next be applied to the hypogastric and genital regions. Remedial agents will be administered according to the nature of the obstacle to reduction.

Hence if it arises, as is generally the case, from simple congestion of the womb and surrounding parts, without febrile action, $^5/_{12}$ of Nux vomica dissolved in four tablespoonfuls of water and one spoonful given every half-hour will suffice to remove this pathological condition.

Should the reduction be prevented by active inflammation and accompanied by fever, a dose of the low dilutions of Aconite should be administered every hour till this febrile state should have subsided; after which, if there exists sufficient hyperæmia of the parts, so as to prevent the reduction, a few doses of Nux vomica, as indicated in the preceding case, will be found efficacious.

It is worthy of remark that whether prolapsus uteri occurs at the non-gravid or gravid states, during parturition or after

delivery, the same means as previously indicated should be employed to reduce it, due regard only being had to such concomitant circumstances as might attend every individual case.

Should it be found, however, difficult to effect the reduction of the tumour during pregnancy without risking the injury of the mother or the child, it is more prudent to abandon the attempt, to be contented with giving proper support to the womb, to make the patient observe the horizontal position in bed till labour begins, when it will be advisable to assist nature in expelling the fœtus by hastening labour with a few doses of Nux mos., Secale cornut., or Pulsatilla.

Nux mos. is preferable when pains exist, but they are of a fruitless, spasmodic character.

Secale cornut. will be administered when there is absence of pains, from constitutional weakness and inactivity of the uterus.

Pulsatilla is indicated when in addition to the total want of or inefficient labour pains, there is vesical and rectal tenesmus.

After the delivery of the fœtus it is important that the placenta should be removed as quickly as possible by the hand, aided with a few doses of Puls. or Secale.

As cases have occurred in which, although the tumour is reduced, yet nevertheless the patient suffers so much from the pressure of the womb, when returned to its natural position, that it becomes advisable to allow the procidentia to remain unreduced, it is necessary to notice these cases and to indicate such measures as are required under these circumstances. It would be advisable to support the tumour by means of an appropriate suspensory, so as to prevent its further descent, to draw off the urine with a catheter, in order to avoid excoriations that this secretion is likely to produce if allowed constantly to wet the tumour.

Platina will be found a useful remedy in diminishing the uterine susceptibility in these cases, and perhaps enable us to reduce the tumour.

Belladonna will also be found a useful remedy in these cases.

The second indication in the treatment of prolapsus uteri is to retain the organ in its place by physical means, till the affec-

tion is cured radically by therapeutical agents. For this purpose numerous mechanical contrivances under the name of pessaries have been devised. An entire volume would not suffice to explain all the forms of pessaries and the materials of which they have been made. As a general rule the use of these instruments, of whatsoever shape and composition, is objectionable, because,

In the first instance, they are at best but clumsy and very inconvenient palliatives, sometimes impracticable, and often unsafe and injurious;

Secondly, they pervert or prevent the functions of defecation and urination;

And Thirdly, they retard the radical cure by keeping up a constant state of local irritation, general disturbance, and moral dejection;

Although from the foregoing considerations I feel convinced that the general use of pessaries ought to be abandoned, and that they must be superseded by the future progress of pharmacodynamic science, it is nevertheless true that in the actual state of practical medicine the use of a pessary becomes sometimes necessary. The most efficacious and rational method of retaining the uterus in its place is no doubt the horizontal posture, which ought to be continued as long as the case requires; but unhappily there is a certain class of females who from one circumstance or another are unable to follow this injunction, and consequently the medical attendant is compelled to use the pessary, as the next best substitute. In such cases the patients must be instructed not to wear the pessary at bedtime, and they should dispense with it by adopting the horizontal posture as many days during the week as is convenient. Having indicated the exceptional circumstance under which the pessary might be employed, it now behoves us to select, among its innumerable varieties, that which experience has taught me to be the least objectionable. The priapiform pessary recommended by Meigs, and of pure caoutchouc, I consider the best. It consists of a bag filled with air, which, although very simple and light, supports the parts very well, without irritating them. - Being made of the shape somewhat like the male organ, and as they can be

varied, as to length and diameter, they adapt themselves to the vagina, and may be retained by means of the bandage or by the napkin usually worn during the catamenia.

For the radical cure of prolapsus uteri, the hygeinic means are: a well-regulated homœopathic regimen; to avoid stay lacing and horse riding. As therapeutical agents the following medicines will be found most useful.

If the prolapsus is accompanied by a relaxed condition of the muscular and mucous tissues in general and of the vagina in particular, spasms in the abdomen, constipation, frequent and ineffectual want to evacuate and to urinate, increased sexual desire and considerable prostration of the strength, either Stannum, Nux Mos. or Granatum will be found beneficial.

If from weakness or softening of the broad and round ligaments of the womb, tension in the two hypochondria, burning in the rectum, and too frequent emission of urine, Calcarea carbonica is indicated; also Alumina, Cuprum and Arnica might be administered with advantage.

If the prolapsus has followed long continued profuse leucorrhœal discharges, Sepia will be found the most appropriate remedy.

If from profuse menorrhagia, Phosphorus and Phosph. acid.

If attended with congestion, Sulph. and Nux vom.

If it be the result of chronic metritis, Acon., Bell., Conium, Murex purpureus. Bryonia or Lachesis will be selected as the most efficacious in these special cases.

If it is the result of mechanical injuries, Arnica and Conium.

And lastly, if the prolapsion has been caused by chronic gastritis, from abuse of purgatives, Ipecac., Pulsat., Veratr., Bry., Euphorbium, Ranunculus, Canthar., Arsen., or Hyoscyamus will be found useful.

Having given a general summary of such remedies as I have found useful in my practice, it behoves me now to notice in particular the few that I deem as peculiarly and specifically necessary in the treatment of prolapsus uteri.

1. *Secale cornutum.*—When there is evident congestion of the cervix uteri, whether primary or secondary, and when it arises from want of muscular tone, the result of sanguineous

losses, either by miscarriages or repeated and long continued metrorrhagia, I have observed several instances of radical cure effected by the sole use of this remedy. My method of administration has been to give for three successive days five or six globules of the 6th or 12th dilution, dissolved in half a tumbler of water, and a few teaspoonsful of French brandy, that quantity being taken at intervals during the twenty-four hours. I then cease for three days, and recommence the 7th day, provided there is no contra-indication, and so on till complete cure.

2. *Murex purpureus* is remarkably efficacious in cases where the prolapsus is accompanied by extreme irritation of the mucous surface of the vagina, hysteralgia or intense shooting pains in the cervix uteri, extending along the thighs, with great soreness, violent contusive pains in the whole lumbar and pelvic regions.

3. *Conium maculatum* when the prolapsus is accompanied by chronic induration of the cervix uteri, is very useful; this remedy I have frequently alternated with Iodium.

4. *Stannum* and *Hellebore* I have also frequently employed alternately in those cases where the leucorrhœal discharge appeared to me to be the characteristic symptom of the affection.

COMMUNICATIONS, THEORETICAL AND PRACTICAL.

By Dr. Trinks, *of Dresden.*

(From *Hom. Vierteljahrschrift, erster Jahrgang,* 3tes Heft.)

Beyond the earnest and careful prosecution of the proving of medicines on those in health, the fountain of all positive knowledge in pharmacology, there lies the solution of two problems of no less importance to science.

The first refers to the establishment upon an anatomico-physiological basis of the pure action of medicine obtained from its proving on the healthy organism, by which the studious physician in his closet may be made acquainted with the

essential action of each medicine, and the practical physician assisted in every possible way, and saved from errors and misapprehensions in the discovery and choice of the medicine suitable for the cure, both of the more common and rarer forms of disease which present themselves. This end will be obtained when, as Hahnemann expresses himself, the spirit of each medicine, or, what is the same thing, the fundamental character of its total action upon the healthy organism and its systems and organs, is thoroughly studied and intelligibly represented. Then must the peculiar action of each medicine, by which it is distinguished from that of others, be peculiarly and emphatically brought out and characterised: lastly, those organs and systems of the animal economy upon which a medicine particularly exerts its pharmaco-dynamic operation, and the manner and way in which it is affected in its constitution by the drug, must be accurately given—so that not only the local sphere but the distinctive physiological kind of action of a medicine may be accurately known and easily surveyed. For pharmacology has its diagnosis as well as pathology. It is this so necessary physiological working up of our pharmacopœia which has been wrought out by me, so far as time and space served, in my *Hand-book of the Pure Materia Medica*. It is to be wished, for the interests of science, that this most important object may henceforth receive the greatest attention, for it is only in this way that the great treasure of healing power which has been obtained up to this time, by the proving of medicines upon the healthy, can be disclosed. Another not less important department of labour in the Materia Medica, is that which brings into clear view the healing power of medicine in diseases derived from clinical observation, and discerns and establishes by induction out of a great multitude of facts corresponding in their results the indications for the administration of medicines in the various acute and chronic diseases, with an accurate exposition of all the attendant conditions and circumstances.

Hahnemann himself acknowledged the importance of the establishment of some indications for the administration of medicines *ex usu in morbis*. Even so far back as in his *Pure Materia Medica* he allowed himself when describing particular

medicines and whose operation in diseases he has observed with his matchless penetration, to drop what he calls "practical hints and cautions," which were then, and still are of the greatest practical importance. In his "chronic diseases" he communicated in the preface to each medicine the clinical experience he had collected regarding it, and characterized in the concrete the diseased conditions in which he had found it of use. This example of Hahnemann's was followed with more or less success by his pupils, and many other homœopathic physicians who published in the various periodicals cures of diseases, manifestly with the view of establishing, "*per usum in morbo,*" the curative power of the drugs administered. This end was more or less perfectly attained, according to the ability of the different observers. Upon these clinical materials, even yet so very defective, are the efforts of those homœopathic physicians based who have attempted to erect a work upon the homœopathic practice of physic. The more keenly we feel the need of such a work the more must we wish that the materials may increase and accumulate, and be sifted and prepared with the most severe scientific criticism.

Private practice has alone afforded the experience hitherto collected, for until quite lately homœopathy was excluded from hospital-practice. And I need not say how difficult it is to collect from the former exact and indubitable observations and experiences regarding the curative action of medicines, especially in chronic diseases. Nevertheless much, very much, has been done by homœopathic physicians in reference to the curative action of medicines, especially in acute diseases, notwithstanding the great difficulties and obstacles, and well deserves to be acknowledged.

Although the practical art must always remain problematical, yet must science unceasingly strive to accumulate the facts established by observation and experience, and to find out by induction the laws on which they rest, which then serve as secure points of support to the physician in the exercise of his art by supplying him with well established laws and rules. Hence, every fact seen by experience and not appropriated by science is an irreparable loss.

In homœopathic medicine the practical physician can undoubtedly attain to much more certain observations and experiences in respect to therapeutics than in the old system, because he is in a position to observe the operation of a single medicine upon the disease to be cured if he be thoroughly acquainted with the conditions of its development dependent upon its peculiar nature—and this science demands from every thoroughly accomplished physician: such an one will certainly be in a position to distinguish the natural changes in the course of a disease from the curative action of the medicine administered. Hence, we may not only hope but confidently anticipate that the day will speedily come in which a "practice of physic," based upon facts alone, may be prepared which shall satisfy both the requirements of science and the necessities of the practical physician.

The best beginning of such an undertaking will be the preparation of monographs upon those diseases for which materials most abound, which must by all means be subjected to a rigid criticism.

The efficiency and practical utility of a "practice of physic" will depend in a great extent upon the clear and well defined representation and delineation of those diseased conditions which determine the choice of a remedy. There must be no ambiguity in the indications given, but they must be laid down with the greatest precision, so as not to leave the physician who seeks counsel from them in a state of painful uncertainty and doubt. The physician will most frequently turn to his "practice of physic" for instruction in the changes and transformations which often occur suddenly in the course of an acute disease, and which are very frequently difficult to foresee, and in such a case there is no time to hunt through the Materia Medica and Repertories. In chronic diseases he will less frequently require this assistance if he carefully note down every case, and mark out for himself the medicines which suit it. The pure action of medicines on the healthy body, as they are displayed in the best provings, shew us clearly and distinctly the systems and organs, as well as the manner and way in which their functions are pathogenetically affected by each drug. Hence the

special sphere of action of each medicine is a kind of map upon which the figures of the different diseases produced by the medicine are topographically delineated.

The physician sees in the sphere of action of each medicine in what natural disease this or that medicine may possibly be the proper remedy, and is thus led to the choice of his remedy. But that this particular medicine is curative in this or that disease and under these or those peculiar circumstances and conditions, the only way of establishing this as a certainty is "*ex usu in morbis.*" Thus, for example, in the physiological action of Veratrum we find the most perfect picture of cholera represented, and yet Veratrum does not cure this disease in all its stages, but only one particular form, as is proved by the experience of all homœopathic physicians. And thus it all comes to this: *to fix definitely those conditions and forms of disease in which a medicine has proved itself experimentally useful.*

It is then upon such observations and experiences that those indications must be grounded which shall serve as secure and trustworthy points of support for a physician in the practice of physic. So long as these did not exist in great numbers, we could not expect to have a disease worked out into any very useful nosologic therapeutic plan—for the Materia Medica affords enough of ready-made mere recommendations and indications for the administration of this or that medicine—but a "practice of physic" should teach us that this medicine is not only capable of curing this or that disease in certain specified circumstances, but that it has already cured it, and therefore that it must always cure it in similar circumstances. But such a "practice of physic" must be derived from an immense mass of experiences and facts.

Bryonia.

After these general considerations, I turn to a special subject which relates to the extraordinary power of Bryony in inflammations of the serous membranes at a particular period of their development.

From no small number of cases which I have carefully marked down, the fact comes out that Bryonia is the sovereign remedy in all inflammations of the serous membrane which

have advanced to the stage of serous effusion. This action of Bryonia extends over all the serous membranes which cover the thorax and abdomen and the organs situated in these cavities, and which are so often attacked by inflammation.

As long as the local inflammatory condition had not reached this stage, the fever being still of a sharp, well-pronounced synochal character, the Bryonia was of no use, but at this time Aconite and Belladonna were the specific medicines which arrested the inflammation before it had been developed to the stage just specified. But when on the other hand the inflammation had advanced to the stage of serous exudation, then in all cases Bryonia shewed itself as a medicine of quick and certain operation, which not only removed the still existing local inflammation, but also with the least possible delay effected the absorption of the serous effusion which had already taken place.

I find in my journal many cases of inflammation of the pleura, as they occur very frequently in Dresden in the beginning and end of winter, during the prevalence of strong east and north-east winds, in persons disposed to tubercular phthisis; then two cases of inflammation of the pericardium with serous exudation into the pericardium, and two very note-worthy cases of inflammation of the peritoneum, with very copious effusion of serum into the abdominal cavity, which I may communicate in fuller detail.

The first case was that of a scrofulous girl ten years old, who had been attacked with inflammation of the bowels six days previously. On a careful investigation I found the abdomen in its whole extent still very painful to external pressure; the pains were described as stabbing and pressing; the abdomen was hot and hard, and filled with a fluctuating fluid. No motion of the bowels; urine very scanty, red with a jumentous* and lateritious sediment, also great thirst, great dryness of mouth and tongue, which were covered with a dirty white coating; remittent fever with dry skin and great restlessness by day and night; in the sleep, which was always short, there was slight wandering; great weariness.

* *Jumentös*, *i. e.* like the urine of a *jumentum* or working horse.

Diagnosis.—Inflammation of the anterior surface of the peritoneum, with very copious serous effusion into the cavity of the abdomen, and remittent fever.

The time for the administration of Aconite and Belladonna seemed to me to be past; Calomel had been already given in large doses by the allopathic physician, and vain attempts had already been made with inunction of mercurial ointment, so I proceeded at once to the administration of Bryonia, of which the patient got three drops of the second dilution every three hours.

By the very next day after this had been given, the curative power of the medicine shewed itself by the decrease of the local inflammation, thirst, greater rest, longer sleep, &c. On the third day the improvement advanced more rapidly: there was a very hard stool, followed by great relief; the urine was more copious and not so red; the pain in the abdomen had very much diminished. On the fourth day there was a very copious discharge of urine, upon which the hard swelling of the abdomen collapsed; the tongue became clean and moist; and the pains gradually subsided in the course of the following days, on which the medicine was given at longer intervals, and the patient was perfectly cured on the twelfth day after the administration of the Bryonia. The nutritive powers, which had sunk very low, soon rose under the influence of nourishing diet. The strong doses of medicine produced neither an aggravation of the existing disease in this case nor any other bad consequences, so far as I could observe.

The next case that came under my observation was in November of last year, in a woman of thirty-five years old, who was seized with peritonitis, attended with serous effusion in consequence of catching cold after her confinement. On being called to see the patient upon the eighth day of the disease, I found the following symptoms:—After severe *rigor* there had been developed inflammation of that part of the peritoneum which lines the pelvic viscera and the hypogastric region, attended with severe stabbing and burning pain and synochal fever; the lochial discharge, which was going on at the time, and the scanty secretion of milk, had been at once arrested, and gastric symptoms had made their appearance. In spite of the application of the whole antiphlogistic apparatus, the inflamma-

tion had advanced to serous effusion, which was very copious. The bowels were bound; urine was red, turbid and sedimentous; the skin dry, the fever remittent, the head clear; great thirst, dryness of the mouth, sleeplessness, great restlessness, much exhaustion of the vital forces.

There was no doubt about the diagnosis; the business of the physician was to cut short as quickly as possible the still existing inflammation of this serous membrane, and then to remove the effusion by absorption. Both of these ends could be obtained by Bryonia, which was energetically administered without delay. The patient got three drops of the second dilution every three hours, under which treatment the still existing inflammation was arrested within the first seventy-two hours, and absorption of the effusion began, attended with a very copious discharge of urine. Ten days after the administration of the Bryonia, not a trace of effusion was present; the digestion was put right, and the patient rapidly recovered from her state of prostration. However, neither the lochial discharge nor the secretion of milk returned. In this case likewise I observed nothing but beneficial action upon the existing disease from the frequent repetition of strong doses of medicine.

I have not, however, been able to observe any beneficial effect from Bryonia in many cases of effusion into the cavities of the chest and abdomen in consequence of organic diseases of the liver and heart, although I have administered it in the higher as well as in the lower dilutions.

Bryonia has proved itself useful to me in some other diseased conditions, which I will here detail.

Bryonia is of no service in the primary affection of the mucous membrane of the mouth and fauces, the nose and upper part of trachea; here it is surpassed in sanative efficacy by many other medicines, and just as little have I observed it of use in inflammation of the tonsils. On the other hand, it will be found of remarkable efficacy in the inflammatory state of the mucous membrane of the trachea and bronchiæ so long as this has not reached the point of tracheitis and bronchitis, for which Mercurius is the sovereign remedy, as I can testify from a large experience in corroboration of that of Dr. Schroen (*vide* first number of *Hom. Vierteljahrschrift*, p .125). This state of

irritation of the mucous membrane of the lowest part of the bronchiæ characterizes itself—by dry, more or less severe cough, often rising to the point of retching, which is excited and maintained by a constant 'tickle' in the lower part of the trachea or under the breast-bone, which is more severe by day than by night, and forces up only a very small quantity of clear, sometimes blood-streaked, expectoration; gives rise to pain of being shaken in the abdomen, or in the chest and head, and makes the patients often complain of an extremely annoying pressure under the sternum, which confines the breathing. These states occur frequently in elderly persons, with stuffing of the nose, running from the eyes and derangement of the stomach, at the beginning and end of winter. For this condition Bryonia effects all that can be expected from a medicine, and that very speedily.

The pressure on the stomach, a much more frequent affection of the gastric mucous membranes in the female than the male, generally caused by irregularity in diet, eating indigestible food, bread not enough baked, coffee, brandy or bad beer, finds for the most part its radical cure in Bryonia. It comes on when the stomach is empty as well as when it is full, but more frequently immediately after it has been emptied of its contents; the patients complain of a pressure at the pit of the stomach, *as if they felt a heavy annoying stone there;* it lasts from two to four hours, before and after dinner, sometimes longer, and goes off with much eructation. In worse cases, the so-called water-brash is an accompaniment, or there is a great deal of acidity generated, which shews itself by sour risings, heartburn, and vomiting of a very sour and gastric mucus. In the severer degrees of this pain of stomach, the epigastrium becomes extremely sensitive to external touch and pressure, and the patient cannot bear the clothes to be firmly put on. Bryonia was still the radical remedy in a majority of these cases, and I gave it in repeated and not too weak doses. It was insufficient only in very deep-rooted cases, which then yielded to Bismuth. In pure nervous cramp of the stomach I have never seen any good results from giving Bryonia; on the other hand I have reason to believe, upon the ground of one single observation, that Bryonia is a very helpful remedy in acute inflammation of the mucous membrane of the stomach.

In far advanced so-called organic diseases of the stomach, scirrhous induration of the cardia and pylorus, I have seen just as little permanent benefit from Bryonia as from other medicines.

In inflammation of the spleen, of which rare disease I have only seen two cases, I cannot recommend Bryonia. In a remarkable case of affection of the spleen, which had existed for several years, and in which an inflammatory condition occurred every four or six weeks, in an unmarried woman, attended with the following symptoms: sudden very rapidly increasing drawing pain in the spleen, which continued two or three days without cessation; then the formation of a strong hard swelling of the organ, which protruded in its whole circumference, upon which the drawing pain gave way and stabbing pain set in; along with this there were slight gastric symptoms, costiveness and fever. Bryonia did no good whatever, not even when the hard swelling came on attended with the stabbing pain. Belladonna shortened the duration of this state very much, but was just as unable to effect a radical cure as Bryonia. The patient is still under my treatment, which has hitherto had at least this result, that the inflammatory attacks occur on the whole at longer intervals.

Against stabbing and pressive pains in the liver with tenderness to pressure of the hepatic region, I have often given Bryonia with advantage; and in pure hepatitis, but with the assistance of other medicines, especially Belladonna and Mercurius solubilis, a cure has been effected. In pure enteritis I have always found Bryonia of use only after the previous administration of Aconite and Belladonna, and in cases in which after the synochal fever had been allayed, pressive-cutting pains were still felt in the inflamed portion of the gut which remained still sensitive to external pressure. In many cases Belladonna was not sufficient to remove altogether these remains of inflammation of the bowels, and then Bryonia took them away in a very short time.

In the great praise this medicine has received from many homœopathic physicians, and even from Hahnemann, in constipation arising from inactivity of the colon and rectum, I cannot agree. Neither from the higher nor the lower dilutions, which I have given at shorter and longer and at long intervals, have I

experienced the desired effect; and I have now, after so many fruitless trials, entirely lost confidence in it. And upon the strength of this negative result, I should least of all think of employing this medicine in cases of ileus, although Vehsemeyer seems to have cured a case of this kind by Bryonia.

ON DELIRIUM TREMENS.

By John Moore, M.R.C.S. *Liverpool.*

Delirium Tremens is a disease now happily well understood, which was not the case before the end of the last century, for though the early writers describe a disease resembling it, they always classed it under the head of phrenitis or mania, from both of which diseases it is distinguished by the most striking peculiarities, and its diagnosis is a matter of the highest moment specially to the practitioners of the old school—mistaking it for phrenitis being certain death to the patient.

To the labours of Dr. Wm. Saunders, of Guy's Hospital, Dr. Sutton, of East Kent, Physician to the forces, and Dr. Pearson, of Newcastle, we are indebted for a clear account of this distressing malady, and for the virtue and efficacy of the opiate treatment in contra-distinction to the anti-inflammatory treatment previously adopted with so fatal results.

This disease presents itself in two forms, one—the simple, or true delirium tremens, the other—a compound state, which may be denominated the inflammatory or congestive delirium tremens.

This latter form (the inflammatory) is characterized by hot skin; quick pulse; red face; furious delirium; and muscular tremor; and is generally met with in those persons who have taken large quantities of malt liquor, as well as occasional potations of spirits: such as brewer's draymen, coalheavers, &c., and it comes on immediately after intoxication, *or even in the course of a debauch*, whereas the *true* delirium tremens never comes on until a longer or shorter period has elapsed after the complete withdrawal of the accustomed stimulus, or the greatly diminished use of it; attention to these circumstances will, I

think, greatly aid us in arriving at a correct view of the precise pathological state of each individual case. It must be admitted that these two forms (the true or simple, and the compound) are often so blended at first that we cannot wonder at the error so long persisted in of treating the disease as phrenitis, with the almost certain death of the patient. Happily for us who treat the disease homœopathically such complications do not perplex the practitioner, nor damage the patient, the guiding principle in every individual case being the fundamental law of our great master, "Similia similibus curantur."

Delirium tremens, properly so called, is a disease characterized by pale countenance; cool skin, covered with perspirations, generally profuse, often cold and clammy—the coldness limited to the hands or even extending over the body. Delirium of a peculiar character—always accompanied by terror or dread of something real or imaginary, and by optical illusions of various kinds; tremors always of the hands and arms, sometimes extending to the whole muscular system of the body; the pulse is frequent, but generally soft and very easily compressed; the tongue is covered with a whitish fur generally moist, occasionally dry from constant talkativeness—a symptom generally present in this disease—and it is also tremulous.

The causes of this disease are so well known that they need scarcely be enumerated; suffice it to say, that, in addition to alcoholic liquors—the most common cause of the disease in Europe—opium-eating produces the disease; venereal indul gences are said to cause it; and I may add that I have seen a similar state produced by an intense anxiety, and watchfulness long continued in the absence of food, or of sufficient food for the wants of the system, when it has been proved that a very insignificant quantity of stimulating liquors has been taken.

A few words on the diagnosis of this disease may not be unimportant to the young practitioner, or to such as may happily not have met with many cases of this frightful malady. Phrenitis and mania are the only two diseases with which it can be confounded. From phrenitis it may be distinguished by the peculiar character of the delirium, by the state of the pulse—*hard* and small in phrenitis; soft and generally full in delirium

tremens; by the absence of that intolerance of light, and the ferrety eye so characteristic of phrenitis; by the presence of the cool profuse perspiration: the very opposite of what is met with in phrenitis. From mania it may be distinguished by the history of the case, the period of invasion, and the presence of the tremors, which are absent in mania; by the state of the pulse—in mania frequently unchanged—accelerated always in fully formed delirium tremens. Writers on this disease have mentioned a symptom characteristic of delirium tremens, which is absent in mania, viz. that the violence of the symptoms undergoes remission at day-break in delirium tremens, but no change in mania. I cannot confirm or deny the truth of this assertion. In order to the appropriate treatment of this disease, it is advantageous to divide it into three distinct stages, which are sufficiently well marked to merit attention and division.

1st stage. The disease sets in rapidly but more generally slowly; the patient complains of nausea or vomiting; occasional headache; depression of spirits; anxiety about his business; an unsteadiness or a trembling of his hands; cramps occasionally in his feet and legs; pulse slow; skin generally cool and perspiring; tongue coated with white fur, moist and tremulous.

The 2nd stage sets in with wild look; great irritability; hurried, anxious manner; desiring to do something connected with his usual pursuits; a busy restlessness; delirium of a more or less violent character, of which the prevailing feature is, dread of something imaginary, which presents itself to the eye in the shape of hideous objects, which he calls devils, hence the popular name of the disease; at times he sees serpents, rats, mice, &c. and nothing can persuade him to the contrary; he wishes to run away from these horrible objects, and he struggles generally to do so. There is now constant tremor of the hands and arms, frequently of the feet and legs; perfect sleeplessness; profuse perspiration on the body, which is generally cold; pulse rapid and soft; tongue various but generally covered with whitey-brown fur.

3rd stage. If sleep does not follow the treatment in the second stage, the third sets in, which is an aggravation of all the former symptoms. Delirium increases in fury, causing the

patient to struggle most violently; optical illusions increase in number and hideousness; tremors extend to all the muscles of the body. The perspirations increase and possess a peculiar odour, like garlic. There is a constant and violent talkativeness. Pupils become contracted. Convulsions often supervene, and death closes the horrible scene.

In some cases the violent talkativeness and the distressing struggling continue to the very last, in other cases a calm is experienced before the appalling finale. Throughout the whole of this disease no pain is experienced. The headache in the first stage is only an occasional symptom.

The post mortem appearances afford only negative evidence of the nature of the disease; very slight alterations are apparent in the vascular condition of the brain and membranes, sometimes slight opacity of the arachnoid; slight effusions are found in the ventricles, less frequently on the surface of the brain. The thoracic and the abdominal disease so frequently found are clearly traceable to the former habits of the patients, and throw no light on the special nature of the disease, though they are very explanatory of its complicated forms. A due consideration of all the symptoms through life, coupled with the post mortem appearances, or rather with their *non*-appearance, warrants the conclusion that this disease is essentially nervous, not vascular —that it is the result of the exhaustion of the sensorial powers from unnatural stimulation—that exhaustion manifesting itself chiefly by irritation of the whole cerebro-spinal system—that irritation originating in the ganglionic system, and extending to the cerebro-spinal—so that a complexity of symptoms is met with in this disease unknown in the great majority of cerebral affections.

Treatment of Delirium Tremens.

This may be considered mentally, physically, dietetically, and medicinally. Though we cannot minister effectually to a mind so diseased as we find it in delirium tremens, much may be done by the kindness of sensible attendants yielding for a season to the delusion of the patient, admitting their hallucinations to be correct, and never contradicting them or endeavouring to reason with them on the false nature of their delusions,

for their visions appear to them as clear and certain as their own existence, and nothing can persuade them to the contrary. As much harm may be done by contradiction, or treating with levity their apprehensions, let it always be remembered that in this appalling disease the great majority of patients regard everybody around them in the light of enemies—hence the necessity of *striking* kindness being shewn to them.

2ndly. Touching the physical treatment, I have to remark that the less restraint placed upon the patient the better. On no account ought the straight waistcoat to be resorted to. A medical friend who has practised allopathically for upwards of thirty years, and seen much of this disease, informs me that he has seen two or three patients die, whose death he considers to have been greatly accelerated if not actually caused by this treatment. And this is very easily understood, when we reflect that the reigning idea in the mind is that of *terror*, how greatly therefore must such treatment strengthen this idea, and with it the "irritation" which is exhausting the system!

I believe, when it is practicable, it is decidedly good treatment to allow the patient's wishes in reference to exercise to be gratified; to walk him out, and to walk him far, and when he returns to his home, sleep will often follow. I have seen such results under allopathic treatment, when large quantities of opium had been given without effect, and after exercise the patient has gone to sleep, and awoke up in health. I have not had occasion to do so under homœopathic treatment, but believe cases may occur requiring it.

The subject of diet is one of great importance in delirium tremens, chiefly in reference to the former habits of the patient. For many reasons it is very desirable to leave off entirely the intoxicating cup if possible, and I believe if the true homœopathic specific be administered, return to the alcoholic stimulants will be quite unnecessary in the great majority of cases. Two of the cases described below exhibit such practice with decided success. The food administered should be chiefly farinaceous. One of the patients, a frequent subject of the disease, whose case is given, said beef-tea always made him worse; oatmeal gruel was the acceptable thing.

As to medical treatment, the writer of this paper is decidedly of opinion that homœopathy supplies us with medical appliances infinitely superior to those adopted by the old school, and the much vaunted and justly celebrated remedy, *opium*, is thrown into the shade by other medicines far more suitable to the disease, because possessed of properties specific to the state of system met with in delirium tremens, or in other words, more *truly* homœopathic.

In considering the homœopathic treatment of this disease, the three great groups of symptoms should be borne in mind, viz.—the Delirium, its character always accompanied by Terror or Dread, and by optical Illusions—the Muscular Tremors—the profuse and cold perspirations. Bearing these things in mind, it is the opinion of the writer that opium is homœopathic to a certain number of cases of delirium tremens, and that a limited number only: that it is not homœopathic to all, nay more, that it does not bear any homœopathic relation to many cases met with, and hence will not cure in homœopathic doses. If asked to point out the cases in which it is homœopathic, I should reply that it is just in such temperaments as those in which Opium produces its unpleasant effects, viz. terrific visions, wakefulness, restlessness, cold sweat, &c. These are the highly nervous temperaments and the idiosyncratic. Such persons we meet with in homœopathic practice, where the 12th or even the 30th dilution produce unpleasant effects. Two cases of this kind may be quoted, one from Hahnemann's Materia Medica, symptom 635, where the woman had Opium administered to her for sundry affections of the stomach and nervous system, and had the peculiar character of delirium which is met with in delirium tremens: she saw ghosts, devils, masks, around her bed, which tormented her very much. The other case is mentioned by Dr. G. Schmid, where the woman laboured under phthisis, and from taking Opium became possessed with a fixed idea that officers of justice were in quest of her to put her into prison.

Now if we study the pathogenetic effects of Opium in *the great majority* of cases, no such effects as those above described are met with. The mind, so far from being filled with

torment and dread, is the very reverse: instance the Opium eater and his delightful imaginations. The wakefulness is not a *general* effect of Opium, but the reverse; the cold sweat a very unusual occurrence; and tremblings do not appear *in ordinary* as a result of moderate doses of Opium. It appears very clear to me that Opium is not the grand homœopathic specific for delirium tremens. I agree moreover with our great Master in believing that Opium is homœopathic to but very few diseases, and that its benefit in acute disease arises from its narcotic influence, producing insensibility and sleep while the reactive energies of the organism cure the disease. In those cases where it is the specific remedy, the allopathic dose overreaches the curative point, and the "maddening" or poisonous effect of Opium is produced; hence the allopath is obliged to go on dosing till he succeeds in thoroughly narcotizing the system, and sleep or death is the result.

Such, I conceive, is the rationale of the allopathic cure of delirium tremens *when it is cured by Opium*, but in the great majority of cases Opium is combined with other medicines which are homœopathic, for instance, Tart. emetic and Calomel, both which medicines bear homœopathic relation to the disease, the former strkingly so. A late physician of Liverpool, Dr. Baird, was wont to boast that he never lost a case of delirium tremens, and his grand recipe for the cure of such cases was Tart. emetic, Calomel and Opium.

Two things are admitted by all allopathic practitioners with whom I have conversed: 1st, That there are cases of delirium tremens in which Opium does no good, but great harm; and 2nd, That its good in all cases is only apparent when profound sleep is produced. Now it will be readily admitted by all, that if specific to the disease, some good effect would be seen before deep sleep appeared; but all allopaths agree that Opium must be given largely, so as to produce profound sleep, before good is effected in delirium tremens, and that small doses are perfectly ridiculous, viz. less doses than two or three grains of Opium or half a grain of Morphine, repeated every two or three hours. From the above considerations I have come to the conclusion that in allopathic practice generally when Opium cures

it does so by its *narcotic* influence, and that in homœopathic practice, as such narcotic influence is conscientiously avoided, Opium will be found specific to a limited number only of cases, and those chiefly amongst the highly nervous and such temperaments as, for want of a better name, I shall call the "idiosyncratic."

The following cases illustrate the power of three or four of the *principal* medicines for this disease, and I shall here merely enumerate those which bear relation to the disease, and from which one or two medicines may be selected according to symptoms in individual cases. I believe two medicines will be generally required in the completion of the cure, though one of the cases cited below needed only one. Perhaps such striking homœopathicity may not be very frequently met with in one substance in this malady.

Two or three remarks may be permitted on the necessity in this disease, as in all others, of choosing the medicine according to the *tout ensemble* of the disease. Striking at the "central focus," as our Continental brethren style it, and not having regard to one symptom merely, we must avoid the error into which our allopathic brethren so frequently fall, viz. attacking the symptom of wakefulness, which is a symptom merely, and not the disease.

Delirium tremens is a disease involving the great ganglionic system of nerves as well as the cerebro-spinal, and our choice of medicines while guided by symptoms must not overlook the tissues involved. Daily experience confirms the writer in the opinion that pathological knowledge is absolutely necessary to good homœopathy, and that the pathology of our medicines must be more complete before we attain to the dignified position which we hope to occupy at some, and no very distant, period—*certainty in physic.*

Bearing in mind, therefore, the tissues involved in delirium tremens, and symptoms manifested, we should *a priori* be led to the conclusion that Arsenicum would hold a high place in the homœopathic treatment of delirium tremens, being a medicine which involves in a very special manner both the great systems of nervous influence above specified—and facts

sustain us in this view. The writer's personal experience of the virtues of Arsenicum in this disease, and in states analogous to it, is such, that if shut up to one remedy for delirium tremens, his choice would fall on Arsenicum. Next to Arsenicum, Tartar emetic he believes to be a medicine of great importance in the treatment of this disease, though its provings do not supply us with so complete a picture of the disease as Arsenicum, chiefly in the hallucinations and optical illusions; yet in the tremblings and cold perspirations it is eminently homœopathic to this malady, and its cerebral pathology shews a great similarity to that which is met with in many cases of delirium tremens. The writer believes that it will be found most serviceable in those cases where vomiting or purging, or nausea, are prominent symptoms; in such he would feel disposed to commence the treatment with it instead of Arsenicum, whereas if the tremors were the prominent symptoms, Arsenicum would be selected and persevered with for the first six, eight, or twelve hours; if it happened that the tremors had abated, but no change in the delirium, he would select out of the following medicines one which most harmonizes with the *character* of the delirium and with *the optical illusions*, of whatever kind they happen to be. On this depends, in his opinion, the success of the treatment homœopathically. Thus, in one of the cases below, Hyoscyamus was selected because the patient saw serpents, and thought that they were approaching her and biting her. Hyoscyamus has as a primary symptom, "Strange fear of being bitten by animals," and, corresponding in other symptoms to the state of the system, cured the disease *without any other medicine*. In another case the tendency to fight and to violence pointed to Stramonium, which was successful; indeed the delirium of Stramonium corresponds strikingly to many of the cases of delirium tremens, chiefly in the optical illusions, such as that symptom of Stramonium where "figures of animals are seen starting out of the ground on every side," a very prominent symptom in many cases of delirium tremens.

If we compare the pathogenesy of Stramonium or Hyoscyamus with Opium, chiefly as regards the character of the hallucina-

tions and the optical illusions, we shall readily perceive the far greater homœopathicity of the two former medicines to this disease than that of Opium, and our experience *ab usu in morbis* will, I believe, confirm this view. The delirium of Stramonium appears to me to be most analogous to the greatest number of cases of the delirium occurring in this disease.

A list of the medicines for delirium tremens may be thus expressed.—

For the first stage.—Nux, Ignatia, Coffea, (Pulsatilla?) Moschus.

For the second and third stages.—Arsenicum, Aurum, Tart. emetic, Veratrum, Belladonna, Hyoscyam., Lachesis, Opium, Stramonium, Camphor (Tereb.?) Agaricus.

For the complicated forms.—Aconitum, Belladonna, Mercurius, Phosphorus, Bryonia, Sulphur.

What *Nux* is to the first stage, Arsenicum is to the second. What Coffea is to the first stage, Hyoscyamus, Stramonium, or *Opium* is to the second and *third*. One or two doses of Nux may be indicated in any stage of the disease, but not as the *reliable* medicine.

Cases of Delirium Tremens.

Case I.

Mrs. W., aged 36, a tradesman's wife, of lymphatic temperament, was visited on the 8th of November, 1849, and found vomiting incessantly, trembling, and very nervous, but perfectly collected. Prescribed *ars.* 3, and a dose of *nux* 2 at bed-time. Next day was much better, and following day was so well as to enable me to take my leave, previously prescribing Ignatia for profuse menses, under which she incidentally stated she was labouring.

On the 11th of November, at 8 P.M. (the day after I left off attending her for the vomiting), I was summoned in haste to see her, and found her in a most excited state, in which her husband stated she had been throughout the former night. Was trembling all over, or rather starting; looked very wild, and constantly pointed to *serpents* which she saw creeping up towards her, and fancied they were in the bed approaching her. Her husband was obliged to sit on the bed and hold her to keep her quiet. I ascertained that the metrorrhagia continued, and that the Ignatia obtained the day before was

not taken. On looking out for a medicine suitable to the case, I thought of *hyoscyamus*, and, on examination of the symptoms in Jahr, found that they corresponded to her case in the three following particulars:—the illusion of the senses; delirium, with fear of being bitten by animals; and profuse menses.—I prescribed *hyoscyamus*, 1st decimal dilution, at 10 P. M., a drop every hour, until some effect was manifested; then every two hours: to give nothing else, excepting gruel; no stimulating liquors unless the medicine should fail to quiet the delirium—if so, to allow her a little brandy, which she sometimes took, though her chief beverage was ale and porter. Early in the morning I received the gratifying intelligence that she began to be quiet about 2 A. M., viz. six hours after the commencement of the treatment, and dozed off comfortably about four, and continued dozing until eight, when my information was penned, and that *no brandy was required.*

12th of November.—Visited her, and found her as described above. Much less excited; said that the serpents had been thrown out of the house by her husband, but still believed in their existence. Cont. *hyoscyamus* as before, every two hours.

13th.—Passed a very good night; has seen nothing since; is convalescent. Cont. med. ter die.

14th.—Perfectly well. I may add that the metrorrhagia subsided under the Hyoscyamus, one dose of Ignatia 3 being interposed.

In this case the first stage was only checked by the treatment; the second stage or fully formed delirium tremens, was produced by the total withdrawal of the stimulus through her *inability* to get out for it, and by the depressing effect of the menorrhagia.

This woman was again ill in May last, and was fast passing into the same state. She had the tremors very extensively over the body, complete wakefulness, but she was not confined to bed, and decided delirium had not set in. I gave *hyoscyamus* 1, but no effect was produced the first night. I then prescribed *ars.* 2 in the day, and gave *hyoscyamus*, 1st decimal dilution, at night, and the following day she was quite well. I am of opinion that Hyoscyamus must be given either in the 1st decimal dilution or in the mother tincture, if good is to be effected by it.

The Arsenicum in this case as in others had decided power over the tremors.

Case II.

Capt. R., aged 37, of nervous temperament, had been ill about a month when he consulted me on December 9th, 1849. He said he felt a trembling all over; could scarcely utter a whole sentence, forgetting the words he was about to utter if he spoke to anybody; if he sat down to write, could not keep his mind fixed on anything; the same if he tried to read. At night he could not sleep but for a very short time, and then would start up suddenly, and seize hold of anything near him. Had the fear of something laying hold of him; fancied a *mountain* was coming down upon him. He soon recovered himself on awaking, but remained wakeful until the morning. Pulse frequent and small. Tongue thickly coated with white fur. No appetite. Bowels regularly moved. *Skin* cold, and covered with perspiration. Has been taking spirits and wine to the extent of three glasses of gin and half a bottle of wine daily on his homeward voyage, and at the same time taking very little solid food. Does not at present take much liquor. Had allopathic treatment at Cork, but with little benefit; was then vomiting greatly, which was checked by medicine, but the sleeplessness and nervousness continued, though he took narcotics by advice of a doctor. Prescribed *nux* 2, 4tis horis, and allowed a glass and a half of porter at bedtime, but discontinue spirits entirely.

December 10th.—A better night, but still sleepless; has *lost the mountain feeling* to a great extent.

December 11th.—Better of all the symptoms but sleeplessness. *Coffea* 1. Leave off the porter.

12th.—Complains still of the *starts*, which he describes as being "like an electric shock," which come on just as he is dropping to sleep. This symptom being characteristic of Nux, resolved to adhere to *nux* 6, and no porter or stimulants.

13th.—Greatly better. Had scarcely any starts last night, and slept for nine hours.

14th and 15th.—Continued equally well. Does not know himself that he has any starts, but his wife notices it a little.

17th.—Quite well.

Two errors were doubtless committed in the treatment of the above case.—1st, the non-withdrawal of the stimulants *entirely;*

and the use of the *low* instead of the middle dilutions—Nux 6 evidently answering better than No. 2, as might have been expected from the chronic nature of the case.

Case III.

S. J., aged 34, of nervo-lymphatic temperament. Has often had delirium tremens before, but never treated homœopathically. Was seized with delirium tremens on the 12th of July, when called to him on the 13th found him in a state of excitement, requiring the assistance of a man to keep him in the house. His wife stated that he had two fits in the night, which alarmed her very much. She describes them as coming on with great gasping for breath and straining of the eyes, and unconsciousness: they last for ten minutes, and he then comes to himself without any knowledge of the fact. He is very violent when he comes out of them, and will fight and struggle with those around him. Appeared to know me very well and talked rationally, though on the following day when he came to himself he did not remember that I had been to see him. He remembered someone had been but not me. His state is the following. Pale countenance; skin cold and moist, but not perspiring so profusely; eyes staring and wild looking. Tremors very great, especially on movement. He appeared quite conscious of his state, and talked rationally, saying that it would not be an easy matter to cure him, but would take a long time, he knew it well. I prescribed *ars.* 2 every hour for six hours, and then *stram.* 1st decimal dilution, every hour through the night until sleep came on.

14th July visited and found him better. Had slept an hour and a half at one time, and remained quiet the rest of the night, so that his wife had no occasion to keep the man in attendance. His wife remarked that the trembling was better the very second dose of Arsenicum he took, and that she had never known so quiet a first night under allopathic treatment. To continue *ars.* 2, in the day, and *stram.* 1st dec., in the night as before.

15th July. Had not slept quite so well, but was very quiet through the night. Continue the *ars.* 2, and *stram.* 1st dec.

16th July. Found that he had got up and taken an ounce of Epsom Salts in the night, which were on the mantel-piece; these had purged him greatly. Tremors very much worse from the purging. No return of the delirium. Prescribed *tart. emetic* ϕ this medicine having been of great service in former attacks when treated allo-

pathically, and now appearing to be indicated homœopathically. Cont. *stram.* 1st dec. at night.

17th. Found him better, able to walk out and no relapse.

This case is instructive from the fact that, having been often under allopathic treatment, the two treatments may be contrasted. His "recoveries" had always been much slower on former occasions, and Tartar emetic was the only medicine from which he derived any benefit, and from that striking relief has been obtained in doses, less than those which cause nausea, vomiting and purging, proving clearly its specific effect.

In former attacks Opium had been tried allopathically, but always with the effect of "maddening" him, so that the last time he was seized in Liverpool his friends finding that the doctor was administering Opium, and that he became worse, took him to Manchester to a young doctor there who "understood his complaint," having treated him frequently while residing there. The prescription he gave them was the said "Tartar emetic" dissolved in Camphor mixture, in doses of about the 16th of a grain every two or three hours, and as before stated relief was obtained without the vomiting and purging, which this medicine is so well known to produce.

The invasion of these attacks of delirium tremens in this man's case illustrates plainly the nature of the disease to be—irritative exhaustion of the nervous system. The process is the following, according to his wife's statement (she is a truthful and respectable woman).—After a severe drinking fit he feels rather indisposed—he does not take the usual amount of the accustomed stimulant—he is very quiet, and sleeps very well for one or two nights as long as "the drink is in him," when that goes off the delirium and wakefulness sets in, and sometimes the fits above referred to. She always notices that he is worse after he has been drinking spirits, which I believe will generally be found to be the case.

Case IV.

On the 12th March, 1850, was called to S. H., aged 28 (a draftsman), a strong man of lymphatic temperament. Takes fits of drinking occasionally. Has had one of these fits lately, and is now

suffering from its effects, which are the following:—Great tremblings, chiefly of the hands and arms, so severe that he cannot raise a cup or glass to his mouth with *one* hand, but requires *both*, and then only with the greatest care; is very sick; pulse quick and full, with turgid countenance and wild expression of the eyes; sleepless, or if he dozes, wakes up in a state of terror seeing all sorts of figures; is restless in the day, and desires to move about. Delirium not violent but distressed with the tremors. Prescribed *ars.* 1, having that only in my case, and *bellad.* 2 at night. His wife stated that the very first dose of Arsenicum allayed the tremors so much that he was able to take up a cup with one hand, and also his mind became more composed. Belladonna caused him to have a quiet night, and in three days he was so well as not to require further attendance.

This case is mentioned only for the purpose of showing the power of Arsenicum over the tremors. I have not preserved minute details of the case, and cannot give a daily report.

The following cases have been kindly furnished me by Dr. Wright, of Halifax. They are the only cases he has treated homœopathically.

Case I.

J. H., aged 50, has for the last four months been drunk every day. Was called to him on the 11th of July, and found him in bed in a state of great nervous excitement. The whole body in a state of profuse perspiration; pulse 110; tongue white, and the stomach rejecting all solid food, I ordered him *nux* 1 in aquæ ℥ iv, one teaspoonful every two hours, and to have beef tea, two half pints of home-brewed beer during the day, and sago gruel with a wineglassful of whiskey in it at night. He continued this treatment for three days. Pulse gradually abating, and perspirations less. Still his nights were sleepless and that peculiar restlessness both of body and mind continued. I then ordered him, without attending to the somewhat (to me at least) dubious statements respecting antidotes, *nux* 6 and *arsen.* 6 alternately. He from that time began to rest at night, his capability to take solid food to increase, and on the 19th he was in such a good state of health that I ceased to attend him.

This gentleman had often been treated allopathically for delirium tremens. He gives a decided preference to the new mode of treatment. He says the headache, thirst, and increased

stomachic derangement, caused by the old medicines, were intolerable.

CASE II.

Was very easily treated. After being without sleep for many nights, he came one evening and got a powder with 5 drops of *coffea* 3, with written directions to dissolve it and take so much every half hour till sleep was produced. He swallowed the powder at once, and on reading the directions and finding out his mistake, he returned in great trepidation, and thought "it was all up with him." I gave him a little *sacc. lact.* He went home, slept all night, and a few doses of *nux* and *carb. veg.* completed the cure.

A curious case was met with by this gentleman in his former allopathic experience in connexion with this disease.

A strong plethoric man, labouring under this disease, had been cupped, and had large doses of Morphine administered to him, and other medicines, but *without the least effect*, when, by mistake, he swallowed a Liniment which had been sent for his mother's leg, after taking which he fell asleep, and recovered. The Liniment was composed of *lin. sapo. comp.* ℥ iss, *ol. tereb.* ℥ ss.

Query.—Was it the Camphor contained in the Lin. Sap. Comp. that effected the cure?—In the quantity taken there would be rather more than half a drachm of Camphor.—Or, was the Turpentine the efficacious agent? I believe the Camphor met the necessities of the case, and its homœopathicity to this disease cannot be questioned.

In conclusion, the writer regrets that he is unable to give any cases illustrative of the homœopathic action of Opium in this disease. He hopes that this deficiency will be supplied by those practitioners who are in the possession of cases in an early number of this Journal. He will rejoice if his observations on Opium may prove the means of eliciting information on this confessedly obscure subject; whether such information tends to confirm the writer's views or to overthrow them matters but little; it is, however, "a great matter" to obtain well attested facts on this subject—such facts as will lead to the right use of Opium in this and in analogous states of disease. Assuredly the convert from allopathy to homœopathy feels no greater diffi-

culty in his new position than that of the total abandonment of Opium in relieving pain; and the thought often arises in his mind—Is not Opium really more homœopathic to some diseases than we are disposed to think? Are there no landmarks for its use in this very disease? Are not its provings very imperfect? The solution of such questions is worthy the attention of our ablest men.

The writer fears he has not stated clearly the doses given in the cases narrated above. His usual practice is to give a drop of the specified dilution for a dose, save in those cases where Arsenicum 1 or 2 have been administered, then three or four drops are diluted in a large tumbler full of water, and a tablespoonful given every two, three, or four hours, as the case may be.

Though it may hold good as a general rule that high dilutions act best in nervous maladies, the writer thinks this disease is an exception, and does not believe that it is possible to produce such *sudden* and beneficial effects from the middle and higher dilutions as from the lower, save in those cases where it has assumed a chronic form; and when it is considered that the system of these patients is daily and hourly subjected to powerful stimulants often of a drugged and poisonous character, it is easy to understand the reason why the dose administered should surpass in material bulk that usually given for the cure of nervous ailments; even tic-douloureux presents itself in forms where "massive doses" are absolutely necessary for its removal. This will be found true in those cases where Ammon. carb. and China are specially indicated.

The writer regrets that his experience of the *morale* of this disease coincides with that of most persons who have had much to do with it; viz. that though the wretched sufferers describe it as "the most awful state into which a human being can be brought," they return in the great majority of instances to their pernicious and enslaving practices; and happy will it be for us homœopathists, if, by curing the disease without recourse to the intoxicating cup, we shall be enabled to break through the morbid concatenation or soul-bound spell by which the minds of these unhappy persons are enthralled.

CASES OF INFLAMMATORY DISEASE OF THE ORGANS OF RESPIRATION.

By John Ozanne, M.D., *Paris.*

Having been lately engaged in writing a series of papers, published in the *Homœopathic Times*, under the title of "Homœopathy in Paris," I was strongly impressed with the necessity of collecting an extensive series of accurately reported and detailed cases, which might serve to decide many questions which are constantly presenting themselves to the mind of every homœopathic practitioner, and which the most successful and most extensive practice of the new system cannot enable him to decide satisfactorily. Such a decision can only be, at best, the opinion of an individual, and cannot therefore carry with it the authority which an extensive series of facts, carefully analyzed and brought to bear upon questions in dispute, would possess.

I have, in the series of papers above alluded to, endeavoured to draw from the results of the practice of Dr. Tessier of Paris the inferences which are legitimately deducible, in such a form as to shew the extent to which the homœopathic treatment is useful in the treatment of pneumonia. These inferences have been framed into a few propositions which I quote below, and which whilst they are expressive of the power of homœopathy, likewise demonstrate the power of infinitesimals to control acute disease.

If in this country we collect an extensive series of cases of inflammatory disease of the respiratory organs, treated by means of the lowest attenuations, we shall be able to advance a step further towards deciding the long mooted question, as to the preference to be given to low dilutions in the treatment of *acute* disease; for a comparison of them with the results obtained by Dr. Tessier, by means of *infinitesimals*, will at once lead to some practical inference of the highest importance.

In two of the numbers of the present volume of this periodical, Professor Henderson has contributed a double series of most interesting cases of inflammatory affections of the respiratory organs. His cases are valuable not only on account of the instructive comments appended to them, but likewise because he

has reported *all* his cases of the most serious description since his "Inquiry" was published, leaving out only cases of bronchial affection too slight to be worthy of publication.

After reading the latter of these two papers, in the number for July, I at once determined to record all my cases of acute disease of the organs of respiration, and to publish them from time to time in the pages of this journal. In pursuance of my determination, I therefore publish the cases I have had to attend since it was formed. In doing so, I am fully aware that this communication bears the impress of a hurried hand; but I trust I shall be excused for any imperfections in it, because, being anxious to get others to follow my example, I was desirous of at once making a beginning.

I had also the intention of giving an abstract account of about a hundred cases of fever, observed during the last eighteen months, but I had not time for this; neither had I time to give an account of those cases of typhus, in which that serious complication—congestion and inflammation of the bronchi and lungs—occurred. These cases will therefore form the subject of a future communication.

The propositions already alluded to are the following. They are framed upon the results obtained at the *Hôpital Ste. Marguerite* at Paris, by Dr. Tessier, in the treatment, by *infinitesimals*, of sixty-three cases of pneumonia. The ages of his patients averaged somewhat above 41 years.

1. If the homœopathic treatment of patients affected with acute inflammation of the lungs be commenced before the fifth or sixth day of the disease, it is followed by a perfect recovery in *all* the cases.

N.B.—That this is not to be understood of patients affected with tubercular disease of the lungs, complicating pneumonia, need scarcely be mentioned.

2. The above proposition is applicable to patients of all ages and of both sexes. (As patients in the puerperal condition and infants rarely find a place in the wards of the *Hôpital Ste. Marguerite*, this proposition is not to be extended to them; in this respect Dr. Tessier's are, however, in the same position as those of Louis, Andral, Bouillaud, Chomel, Grisolle, &c.)

3. That when the treatment was *not* commenced before the eighth day of the disease, it was followed, in *all the patients excepting two,* who did not present at their admission into the hospital unequivocal signs of suppuration in the lung, by a speedy and perfect recovery.

4. That these two exceptions consisted (first) of an old man, whose treatment was commenced on the eighth day of the disease, and who remained affected with induration of the lung; and (second) of a man admitted on the fifth or sixth day, whose antecedents were so peculiarly unfavourable, that no general inference can be drawn from his case, constituting as it does the sole exception to the following proposition (not contained in the original series).

5. That with the above single exception, *all* the patients (not affected with advanced tubercular disease of the lung) who were admitted before the eighth day of the disease recovered.

6. If we except the two patients alluded to above, and the tuberculous patient, all those who were admitted before unequivocal signs of suppuration in the lung were manifest recovered.

As in the above propositions there are no deductions drawn from the treatment of pneumonia in infancy, or occurring during the puerperal state, it is obvious that we need a more extensive series, which will comprise such cases, before we can frame a set of propositions expressive of the true value of the homœopathic system, as practised at present.

Nothing but a careful study of cases, as above indicated, can lead us to a correct idea of the expediency of using high or low attenuations. This is a question to be decided not by theoretical deductions, but by a long series of carefully recorded and accurately reported cases. A critical analysis of such a series would teach us more in a few months, than the expression of the private opinions of scores of the most able homœopathic practitioners.

It is evident that such a series, as will answer our purpose, cannot be the work of one man; many industrious and careful observers are wanted. The advantage to be derived from cases, recorded in different localities, with the diversity of climate so manifest in different parts of Great Britain, (and in

the Norman Isles,) is too conspicuous to need to be pointed out.

May I trust that this appeal for careful observations will ere long be fully responded to? There are I know many talented and zealous men in the ranks of homœopathy, who only require to have their duty pointed out to them, to lead them to active and sustained efforts in the cause we are advocating.

Case I.

Double Pneumonia.

A young lady, aged 22, had an attack of bronchitis about the middle of June in the present year. Treated homœopathically, she recovered in a few days. In the evening of the 27th she walked out, rather imprudently, in the open air, being at the time too lightly clothed. On the 29th she had a violent fit of shivering, and felt so ill that she was compelled to take to her bed. Dr. Chepmell, who happened to be in the house, having arrived that morning from England, saw her, and prescribed for her up to the morning of the 3rd of July, when he returned to London.

This young lady, who is generally considered delicate, had a severe attack of pleurisy four years ago, with considerable effusion into the cavity of the right pleura, I attended her during this illness. She recovered very rapidly under homœopathic treatment, although her life was at one time despaired of.

As the case was decidedly a very severe attack of pneumonia, I will first transcribe my notes of the phenomena observed during the time she was under my care, and then I will give those taken by Dr. Chepmell, which he kindly forwarded to me subsequently by post.

My first visit was on the morning of the 4th July. I was told that the patient was better than at any time during the three preceding days, but as her sufferings in the left side had been very intense during the preceding day, after Dr. Chepmell's departure, and as she was even now in a very alarming state, I feared that her illness had assumed a more serious form. Whether my opinion was correct or not, the reader will be able to judge when I set before him the notes subsequently sent to me.

Skin very hot, moist. Pulse 132, full, not hard. Tongue dry, of a dark red colour; the teeth crusted with dry sordes. Breathing

short and difficult; (she breathes with her mouth open;) the breathing is said to be less difficult than during the preceding days. The cough is so frequent that the inspirations cannot be counted. The cough is hard, tears her chest, and distresses her considerably. There is pain in the left side of the chest, which is not so violent as yesterday. Expectoration tenacious, scanty; some of the sputa are simply stained with blood, others contain pure blood. There has been some epistaxis since yesterday. The examination of the chest is difficult on account of the very great debility of the patient; the faintness is so great that it is with difficulty she can submit to it during a few seconds, although supported by her attendants. There is marked dulness on percussion from the base of the lung on the left side to within a finger's breadth of the spine of the scapula. In the whole of this extent there is intense bronchial respiration. The respiratory sounds are not distinctly heard on the right side. There is, however, some crepitus at the lower third of the right lung.

Prescription—Phosph. 3rd dil. gtts. vi, Aq. fontis ℥ iij, one dessert-spoonful to be taken every two hours.

I visited her again at 9 P. M. and found her rather better. Pulse at 120, not quite so full. Inspirations 35 per minute. The expectoration has lessened.

Pr.—Phosph. 2nd dil. gtts. v, Aq. fontis ℥ iij, to be taken as before.

5th, at 10 A. M. Has had a quieter night, and has slept a little. No pain excepting when she coughs. No expectoration. Less cough. Heat still great. Pulse 112, less full, soft. Inspirations 28. Right lung better; scarcely any crepitant rattle. A few bullæ of a coarse sub-crepitant rattle about the middle of the left lung. Bronchial respiration elsewhere, as before. The tongue and mouth continue dry and feel sore.

Repeat the Phosph. 2.

6th, at 11 A. M. Had a much better night. She does not feel so weak, yet it is with difficulty that she can sit up as long as is necessary for an examination of the chest, although supported. Tongue not so dry, still of a dark red colour; sordes on the teeth; gums red; the whole of the mouth feels very sore. The cough is looser, less painful and less frequent. No expectoration. Less heat. Skin bathed with perspiration. Pulse soft, 92. Inspirations 28. By percussion less dulness is perceived at the base of the left lung;

the dulness is now most marked at the scapular region, where likewise the bronchial respiration is most intense. In the other parts of the lung there is bronchial respiration only here and there. No râles. In the right lung, with the exception of some roughness of the respiration, there is nothing abnormal. No appetite for food as yet.

Repeat the Phosph., one dessertspoonful to be taken every three hours.

7th. Not nearly so weak; feels more comfortable, and is in good spirits. Pulse 96. Inspirations 34. No râles. The dulness at the base of the lung less marked. At the scapular region it is to be found much the same as yesterday, together with the bronchial respiration. Lower down there is no bronchial respiration; the vesicular respiration can be heard, it is however rather rough. The tongue and mouth are not so dry, but still feel sore; the gums are paler.

Pr.—Beef-tea; continue the Phosph.

8th. Mouth still painful; in other respects the improvement continues.

Pr.—Mercurius corosivus 2.

9th. Tongue and mouth well. Respiration quite natural below the scapula. Still some bronchial respiration and dulness in that region. Pulse 88.

Pr.—Beef-tea and bread. Phosph. 3rd dil., gtts. iij, Aq. ℥ iij.

10th. A little bronchial respiration below the left clavicle and in the corresponding part of the left upper lobe behind.

Pr.—Phosph. 3.

11th. Feels quite well, and is found sitting up. The lung had regained its natural condition; her strength returned rapidly. A week afterwards she crossed the water to Sark (the usual resort of Guernsey invalids); her health remained and now continues good.

I wrote to Dr. Chepmell and obtained the following account of the first days of her treatment.

"30th of June. Great debility; face flushed; headache; she can only lie on her back. Breathing very rapid. Pulse full, 145-150. Considerable dulness upon percussion down the whole of the back of the left lung, and slight dulness at the lower part of the right lung. Respiration entirely bronchial at the left scapular region, with bron-

chial respiration and crepitant râles in the more dependent parts. At the back of the right lung—bronchial respiration at the scapular region; crepitant râles lower down; tenderness on pressure between the ribs anteriorly.

"Pr.—Aconite and Phosph. alternately every hour.

"1st of July. Seems rather better; still lies upon her back only. Pulse 140. State of the chest much the same, excepting that there is rather more dulness upon percussion on the right side. Expectoration scanty, tenacious, slightly tinged with blood.

"Pr.—Phosph. every two or three hours.

"2nd. Improving. Pulse as before. In the course of last evening she expectorated a large quantity of bloody, watery mucus and frothy blood, after which the breathing was manifestly relieved, and the pulse fell to 120.

"3rd. In the morning Dr. Chepmell found the right lung better; the dulness in the left lung less extensive. Pulse 120, of moderate strength.

"Pr.—Phosph. every four hours."

In the course of the day she was seized with intense pain about the region of the heart, which extended through the chest to the back; the pain was intense and lasted for some hours without abatement, it then diminished somewhat in severity. The next morning I found her as previously described.

This was evidently a case of double pneumonia, affecting first the left lung, and then proceeding to the right, where it, however, never reached the same extent as in the left, and subsided more speedily. In this case the hepatization commenced at the scapular region, and proceeded downwards. The resolution, in the left lung at least, proceeded in a contrary direction. From this it is to be inferred, that the depth to which the inflammation extended at the scapular region, was probably greater than below it.

It is clear upon reading the account given by Dr. Chepmell of the progress of the disease whilst under his treatment, that up to his departure from Guernsey the right lung improved, whilst the left remained in a stationary condition; but that, during the course of the day, an aggravation took place. This was marked by the accession of severe pains, of an increased

frequency in the pulse, and of marked bronchial respiration, and dulness on percussion in the base of the left lung.

This circumstance led to the suspicion that—as the Phosphorus was supplied from a medicine chest in the house, the tinctures in which were not all recent—this medicine might have lost its power, for nothing had occurred, no imprudence had been committed, which could account for this aggravation. As the Phosphorus in my own pocket-chest not having been recently renewed, I paid my patient a visit in the evening of the same day, in order to substitute a more recently prepared tincture for that which she was taking.

This gives me an opportunity of remarking upon the necessity of paying great attention to the state of preservation of homœopathic medicines. Where medicines are so delicate (if I may use the expression), and where so much depends upon their speedy action, no attention of this kind can be looked upon as superfluous. But in reference to Phosphorus, this attention is doubly necessary. The exposure of the small bottle of the tincture to the light, and each time it is used the admission of fresh atmospheric air, together with the succussion it inevitably undergoes in pocket-cases, the effect of which is to mix the atmospheric air with it, may transform a portion or the whole of the Phosphorus in solution into Phosphoric acid or oxide, the action of which upon the inflamed lung is not the same as that of this medicine in its pure state. It is easy to avoid this source of danger by keeping the 1st dilution of Phosphorus, in Sulphuric ether, in a cool and dark place; from this the 2nd or 3rd dilutions may be at any time prepared in a few minutes.

I will not comment at any length upon this case, the severity of which, and the rapidity of the recovery are self-evident. But I will take advantage of it to make a few remarks upon some statements made by Professor Alison in two clinical lectures upon pleurisy and pneumonia, reported in the *Monthly Journal of Medical Science, for August* 1850.

He makes some allusion to homœopathic medicines, calling them *placebos*, and allows "that this practice has appeared, on fair inquiry, to be more frequently successful in inflammatory disease than *he* could have expected." At the same time he

ascribes the recoveries to "the provisions of nature." He next proceeds to explain how it is that bleeding is less frequently required, and less frequently resorted to than formerly. He believes that it is less frequently resorted to than twenty-five years ago because the constitutions of the Scotch have changed in that period of time! How singularly blind man becomes when under the influence of prejudice. Professor Alison firmly believes that the constitution of the present generation of the Scots is different from that of the preceding generation—*because* when affected with inflammatory disease they require less bleeding! In the course of the next twenty-five years it is to be expected that the more general adoption of homœopathy in Scotland will render blood-letting much less frequent! Will Professor Alison, if his life be spared so long, say that the constitution of the Scots has undergone a further change? We all know the tendency of aged people to look upon their fellow creatures as greatly deteriorated in a moral as well as a physical sense. Is it in this manner that we are to explain the learned Professor's opinion—that the Scots are so deteriorated in their constitutions that they *cannot bear* the same amount of blood-letting as twenty-five years ago? A case such as the above shews that in Guernsey at least, inflammation of the lungs *may* be of that degree of severity which would, under allopathic treatment, require the most energetic anti-phlogistic measures. We may, therefore, fairly conclude that Professor Alison's anxiety to explain the homœopathic cures of severe cases of pneumonia and pleurisy, has obscured his reasoning faculties, and led his judgment astray.

Case II.

Pneumonia in the Left Lung.

Mrs. F., *du Pont, St. Pierre-du-Bois*, a char-woman, aged 54, generally considered delicate, being habitually dyspeptic, of a spare habit, and looking rather worn. Was at work in the morning of the 23rd of July. She did not feel quite well, neither had she felt so the previous day. About one o'clock in the afternoon she felt so ill that she was compelled to give up her work, in order to return home; in her way she called upon Mr. D., a gentleman who is in the habit

of prescribing homœopathic medicines: as she was feverish he gave her some Aconite. In the evening there came on a severe pain at the base of the chest on the left side; this pain, which increased considerably whenever she took a deep inspiration, coughed or moved, did not in the least abate by the next morning, when I was requested to call upon the patient. The pain continued severe, and was so much increased by lifting her up to examine the back part of the chest, that the examination by auscultation could not be satisfactorily performed; there was however some dulness upon percussion on the left side, the respiratory sounds being inaudible (I was not aware until afterwards that she had on her chest at the time three coverings, one of which was a thick flannel waistcoat). There was a frequent short cough, which caused much pain; dyspnœa; the expectoration not copious although frequent, semi-transparent, tenacious, frothy and bloody. The frequency of the pulse and of the respiratory movements was not noted, but the pulse was little above 80; the face presented the icteric tinge.

Pr.—Tinct. Bryoniæ 2nd dil. gtts. viij, Aq. fontis ℥ iv, M.;
one dessert-spoonful to be taken every two hours.

25th. As the distance was too great to allow me to visit her every day, unless it were imperatively necessary, her son, as I had requested, reported her state to me. He stated that the pain was much better; that she had coughed much, and had expectorated freely (nearly half a pint from midnight to 3 A. M.); that she had slept a little in the morning.

Pr.—Phosph. 2, gtts. viii, Aq. fontis ℥ iv, M.;
to be taken as above.

26th. I found her looking better; the yellowish tinge was less marked; pulse 76; inspirations 24-25 per minute; beats of the heart strong and sharp; ringing noise in the first sound. The pain although not gone had so far diminished that I was able to obtain a good examination of the back part of the chest. Dulness on percussion on the left side from the base of the chest to the scapula. I first put my ear on the base of the lung, but I could hear nothing; however at the part immediately below the scapula a loud, distinct bronchial respiration was audible, well marked, especially when compared with the same region upon the opposite side. After causing the patient to cough and to take deeper inspirations, bronchial respiration and bronchial voice became manifest the whole way down from

the spine of the scapula. Expectoration less copious, tenacious; some of the sputa frothy; the whole transparent, the bloody tinge replaced by a rust colour; viewed by transmitted light, part of the expectoration had a greenish cast.

27th. Her son stated that she had had a restless night, on account of a "jumping pain," not at the base of the chest, where she first had pain, but higher up, chiefly in the shoulder. The expectoration of the night, which he brought me, consisted only of three or four sputa of a light pinkish tinge, and transparent; the greenish cast no longer perceptible. Very little cough. Much depression of spirits.

Pr.—Bryonia 1st. dil. gtts. viij, Aq. fontis ℥ iv, M. one dessert-spoonful, as usual, every two hours.

28th. Visit in the afternoon. Decidedly better; scarcely any pain in the side. I now ascertained that the pain reported by her son was chiefly seated in the shoulder, neck and back; was evidently only a rheumatic pain, and apparently caused by her lying too near a window on the left side of her bed. Pulse 76. Inspirations 24. Tongue red, rather dry. Dulness on percussion as before. Bronchial respiration and voice still at the scapular region; below this, rough and loud inspiratory and expiratory sounds with some crepitus. Expectoration yellow, without any tinge of blood; scarcely any cough.

Pr.—Phosph. 2, gtts. vi, Aq. ℥ iv; one dessert-spoonful every three hours.

29th. She was reported as having had a comfortable night; a little pain still in the shoulder, but none at the base of the chest. Expectoration scanty and white. She now manifested some appetite for food. She was ordered to take the Phosphorus which had not yet been commenced.

30th. Visit in the afternoon. Felt well but weak. Pulse 54. Inspirations 21. Expectoration white and scanty. Free perspiration since the 28th. Still some pain in the shoulder; none in the chest. There was yet some dulness on percussion, chiefly at the scapular region. Bronchial respiration slight and only on a level with the scapula; below this, natural respiration.

Pr.—Bryonia 2, gtts. iv, Aq. ℥ iv; one dessert-spoonful every four hours.

1st. August. Visit. Quite well. Chest comfortable; appetite good. The yellow tinge of the face quite gone. No cough or expectoration. No pain in the chest, but still some in the shoulder;

on which account the Bryonia already prescribed was to be continued. Pulse 58. Inspirations 18. Less dulness on percussion at the scapula and below: it is in fact very slight. The respiratory sounds are full and natural; rather too rough and too intense at the region of the scapula.

This patient has continued well since.

Although less violent and of course less dangerous than the preceding, this case was not without its dangers, as regarded the issue; if not likely to terminate in suppuration, as it was under treatment from the commencement of the disease (the patient having taken Aconite before I first saw her), there was some reason to fear its assuming a chronic form. This issue, considering the want of vital energy in the patient, her worn condition, her age, was not at all impossible. Nevertheless, the same as in all the cases of Dr. Tessier placed under treatment before the eighth day of the disease or before suppuration of the lung had set in, the recovery was rapid.

On the 28th, the sixth day of the disease, resolution of four-fifths of the hepatization had taken place; the patient had virtually recovered. Her appetite was slow in returning it is true, but it must be remembered that she was all along allowed some beef-tea and thin arrow-root prepared only with water, and also that she was habitually dyspeptic.

By the 30th she felt well, and thought herself cured; however, I desired her to remain in bed until my next visit, as her cottage was rather damp and cold. On this, the eighth day of the disease, there was only a very small portion of the lung, on a level with the scapula, in which the characteristic bronchial sounds indicated that the pulmonary tissue had not regained its natural elasticity and permeability to air.

On the 1st of August, the tenth day, the respiration was natural, but there remained some dulness on percussion still, indicating that, although the lung had resumed its functions, its specific lightness had not completely returned. To what are we to ascribe this persistence of the dulness of the lung after pneumonia, when the patient is in every other respect perfectly well? Is it to an over distension of the capillaries with blood, or is it to some plastic effusion upon the surface of

the pleura resulting from pleuritis, which we know so often complicates pneumonia? This I will not attempt to answer satisfactorily; but I can aver that during my clinical studies in wards where active allopathic treatment was usually practised (by Professor Fouquier, at *la Charité* of Paris, being at the time attached to these wards as *élève externe*), it was a general subject of remark by the learned Professor, that it was singular how long sometimes the signs of hepatization persisted when apparently the patients were perfectly recovered. In this case there remained no sign of hepatization, strictly speaking, for dulness on percussion alone is not sufficient to denote its presence.

Case III.

Lobular Pneumonia in the left lung, hepatization.

On the 19th of June I was requested by a lady to attend upon a child nearly three years old, residing in Pollet Street. I first saw it at 6 o'clock in the evening.

About a fortnight previously the child, when at the infant-school, fell from a bench upon his head, was insensible for some minutes, but felt no further inconvenience from this accident.

On the 16th the child was seized with shiverings, followed by cough and fever. The parish surgeon was desired to see him, but paid no attention to the case. On the 18th the lady who applied to me gave a drop of Aconite tincture, in four ounces of water.

On the 19th the child, although very hot, was said to be less so than on the preceding day.

The child's countenance expressed much anxiety; the breathing was difficult, catching, the inspirations being suddenly-suppressed when half completed, and attended by that half-stifled groan which in children should always lead us to examine the state of the lungs at once. He lay upon his back, the head thrown back as far as he could upon the pillow, so as to extend the larynx as much as possible. There was a short, dry cough every now and then. Dulness on percussion, not intense, at the back part of the left lung; bronchial respiration and bronchophony at the middle of the lung, extending upwards to the scapula, occupying a space of about two square inches. Eyes rather sunk, with a blueish line underneath.

Pr.—Phosphorus 3, gtts. iij, Aq. ℥ iij, M; one tea-spoonful to be taken every two hours.

20th. The child had a quieter night and slept a little, but coughed more, which made his mother uneasy; the catching of the breath was less marked; the inspiration not attended by any groan. The bronchial voice less marked; the bronchial respiration replaced by sub-crepitant râle.

Pr.—The Phosp. to be repeated.

21st. The resolution going on; much loose cough, which was very troublesome.

Pr.—Tart. emet. trit. 1, gr. j, Aq. ℥ iij, one teaspoonful every three hours.

22nd. Much improved. Less cough.

Pr.—The Tart. em. to be continued.

23rd. Improving. Less cough.

Pr.—Repeat the Tart. em.

24th. The child was sitting up in bed, playing with a toy; the auscultatory phenomena removed.

Pr. Tart. emet. 6th, eight doses, each containing two globules, to be taken at intervals of eight hours.

25th. Still some cough.

I now lost sight of this patient, not being able to attend regularly at the Dispensary; but I was informed that after a few days' further homœopathic treatment the cough ceased and the child was well.

In this case the treatment was commenced with Aconite. The improvement which followed the use of Phosphorus was both rapid and striking.

There was not the least uncertainty respecting the diagnosis, as the corresponding regions in both lungs were carefully compared together, a precaution which should never be neglected, especially in children. As the diagnosis of pneumonia in young children requires more than ordinary circumspection on the part of the auscultator, I hope I may be pardoned if I dwell upon the subject. If the results upon which to found our knowledge of the curative powers of homœopathic treatment in pneumonia are at all to be trusted, it is only with this indispensable proviso, that the cases are accurately observed and accurately reported. Those physicians therefore who are not very expert in the diagnosis of chest disease should be exceedingly

cautious in forming an opinion in any given case of chest-inflammation in young children. Bronchial respiration or voice should only be declared to exist after a careful comparison with the corresponding parts on the other side of the chest.

It is often difficult to obtain a satisfactory examination of the chest in little children below the age of three or four years. If the child do not cry it is easy to ascertain the state of the anterior part of the chest; but it is seldom that the child will be quiet enough for this. At the posterior part it is less difficult, for if the child be taken up by its nurse, and placed with the face over her shoulder in such a manner as to bend the body forward, the back will be in the best posture for an examination. I have often been annoyed by the child, who will hold its breath for a long time—much longer in fact that I could myself; but this annoyance I have not experienced in the more serious affections of the respiratory organs, for in them the child *must* breathe frequently.

In the above case Tartarus emeticus was prescribed after the use of Phosphorus. This medicine, so freely used by allopathists, and to which many of their cures are due, is of great service, especially in the decline of the inflammation of the lungs; it appears to me suited to the particular state in which the bronchi or pulmonary vesicles are full of a thick, viscid effusion or secretion which the patient finds it difficult to expel, when that substance is no longer tinged with blood. Hence it seems most appropriate in pneumonia during the resolution of hepatization, and in bronchitis, especially in children, when at the same time that the breathing is difficult there is a sub-crepitant or mucous rattle in the lungs. This condition is often occompanied by fits of suffocation, with spasmodic cough. In such cases the Tartar emetic gives very rapid relief.

The preparation I usually prescribe is the 1st trituration. This in pneumonia does not cause vomiting in children, but if given for simple bronchial catarrh, every spoonful of a solution of one grain of the trituration in four ounces of water, may cause vomiting. In such cases it is proper to resort to the second trituration, or to any dilution up to the fifth; for it is never desirable in homœopathic treatment to produce the *phy-*

siological effects of any given medicine, its curative action being alone needed. In the beginning of last year, in a case of double pneumonia (in a man seventy-three years of age, habitually intemperate), I gave one grain of the pure salt, in four ounces of water, one dessert-spoonful every two hours, when his state seemed almost hopeless. This patient, although affected with chronic heart disease, and continually delirious during eight days, recovered, and was able on the sixteenth day of the disease to walk down stairs, a few steps out of the house, and up again to his bedroom, being supported by one person on each side.

The diseases of children are either very rapidly improved by the treatment or speedily take a bad turn. They are therefore, on that account, very interesting to the observer; sometimes they give very striking illustrations of the propriety of the treatment. The following case, although not one of pneumonia, is properly placed immediately after the preceding, which it resembles in many respects.

Case IV.

Acute Bronchitis; congestion of the lungs?

On the 29th of June I was requested to call at Mr. C— to see his infant son, aged twenty-six months, who had been ill two days. At 11 o'clock A. M. I found the child lying upon his back, breathing very fast, the respiratory movements being chiefly abdominal; every inspiration was short, half suppressed, and accompanied by a sort of groan. The child's attention could be with difficulty called to any thing. There was much general heat, and a short cough. No dulness on percussion in either lung; no crepitus; sibilant râles in both lungs.

Pr.—Phosphorus 3, gtts. iv, Aq., one-fourteenth part to be taken every 2 hours.

The next morning I found the child sittting up in his bed, his breathing comparatively easy. He had had a quiet night. I was told that in the course of the afternoon the child's breathing improved considerably.

Pr.—Repeat the Phosph.

July 2nd. The child was reported as much better, being in fact

able to run about the house, although still affected with a little cough. The Phosph. was continued, and soon removed the remaining cough.

In this child the respiration was of the same character as in the preceding case, that is, short, suppressed, as if the inspiratory movements caused pain. This gave rise at once to the suspicion there might be pneumonia, pleurisy, or both. An examination of the chest immediately dispelled this idea, for numerous sibilant râles—which seem almost incompatible with pneumonia, that accompanying typhus, however, being excepted —were heard. I could not even then, neither can I at present, refrain from thinking that there was some active congestion of the lungs, in other words incipient pneumonia. Had I thought otherwise, I should have given Aconite, and certainly not Phosphorus. Perhaps the most correct practice would have been to give Aconite until nightfall, and then follow it up with Phosphorus; for the simple congestion preceding pneumonia is evidently the condition which chiefly claims the administration of Aconite. Once the effusion of the products characteristic of pul monary inflammation is accomplished, the disease is no longer within the sphere of action of Aconitum, but requires Bryonia or Phosphorus. With symptoms like the above, Aconite or Belladonna were the medicines required. But I was strongly impressed with the idea that probably by the evening the development of pneumonia might take place, and the disease pass on rapidly to hepatization. In young children our treatment to be successful must be quickly adapted to the requisite ends: now, this patient lived at some distance in the country.

Whilst I acknowledge that my practice was not the most correct, the result shews that medicines, even when not very strictly homœopathic to the case, may do much good. Were it otherwise, could we number so many cures?

Case V.

Chronic Pneumonia in the left lung, complicated with pleuritic effusion.

L. ——, residing at *le Foulon*, aged 17 years, a thin, delicate-looking youth, usually employed on a farm, came to my house on the

12th of August. He had walked above a mile and a half, and looked much fatigued; he was, however, able to walk back to his residence. I was informed that about a year ago he took cold, had a bad cough for some time; this was accompanied by hoarseness which has continued ever since. A fortnight before his visit he was again taken ill, his chief symptom being a pain at the base of the chest on the right side, the intensity of which was greatest a little below the right breast. He stated that he now had some difficulty in drawing his breath; but had it not been that his breathing was rather short I should not have thought of examining his chest. I found dulness on percussion (the patient leaning forward so as to render the thorax prominent behind, in which position the scapulæ are raised higher than usual) well marked from one finger's breadth, and very dull indeed from three fingers' breadth below the lower angle of the scapula to the base of the chest. In front, dulness on percussion to the extent of three fingers' breadth from the base, upwards. *Voix de polichinelle* at the upper part of the dull portion behind; lower down the voice decidedly tremulous. Respiration loud and rough immediately below the angle of the scapula, inaudible at the base. For some time there had been a thick greenish expectoration.

Pr.—Arsenic 3, gtts. ij, Aq. ℥ iv, one dessert-spoonful every three hours.

14th. I called at his residence and found him rather better; he felt, he said, more comfortable in his side, and had less difficulty to draw his breath. Pulse 76. A loud crepitus was perceptible in all the parts in which the dulness on percussion existed; the bullæ appeared unequal, like those found during the resolution of a hepatized lung. About the lower third of the lung, marked bronchial respiration. Expectoration partly greenish, partly grey, semi-transparent, some of the sputa opaque and greyish, as if containing purulent matter.

Pr.—Tinct. Sulphuris ϕ, gtts. vi, Aq. ℥ iv, M.; one dessert-spoonful to be taken every two hours.

15th. Much the same. The same medicine to be continued.

17th. Less cough; copious perspiration.

Pr.—Repeat the Sulph.

19th. Less bronchial respiration at the middle of the dull part; the crepitus seemed here and there to be replaced by a rough vesi-

cular murmur. *Friction sound* at the base of the chest. Difficult as it was to distinguish a friction sound co-existing with crepitus, I could not for a moment doubt that I heard it; the patient himself was conscious of a sound or sensation different from the crackling sound of the crepitant râle. He compared it to the sound or sensation produced by chewing india-rubber. Much perspiration. Pulse 76. Appetite pretty good; notwithstanding which he was evidently losing flesh still.

Pr.—Phosph. 2, gtts. iv, Aq. ℥ iv, M.

22nd. Bronchial respiration in the same place as before; fewer crepitant râles elsewhere. The friction sound no longer perceptible. Pulse 80.

Pr.—Phosphorus 2, gtts. iv, Aq. ℥ iv; one dessert-spoonful every three hours.

25th. The bronchial respiration less intense; fewer râles; but on causing the patient to cough and take a deep inspiration, some crepitus, intermixed with large bullæ, were heard about the centre of the space between the base of the chest and the lower angle of the scapula at and around the part in which there was bronchial respiration; below this, natural respiration, with crepitus here and there. Dulness on percussion less marked. Pulse 84-88 (one hour after dinner).

Pr.—Repeat the Phosph.

29th. Rather better.

Pr.—Sulph. Tinct. ϕ, gtts. iv, Aq. ℥ iv; one dessert-spoonful every four hours.

Sept. 1st. Improving.

Pr.—Phosph. again.

4th. The dulness on percussion diminishing; a little crepitus about the centre of the affected part; he feels better, and has gained flesh within the last week.

This case, although not yet brought to a termination, I could not avoid reporting, if I would adhere to my resolution. I do not, however, regret this necessity, as it is interesting for different reasons; first as regards the *diagnosis*, and secondly in reference to the *treatment*.

After my first examination of the patient, my impression was that his case was simply one of latent pleurisy with effusion; my prognosis was naturally unfavourable, for, taking into account

the patient's antecedents, and a hoarseness of voice which had lasted upwards of twelve months, together with the fact that the pleurisy had scarcely been heeded, there was reason to fear either that it was caused by the presence of tubercles, or that it would end in empyema, or some other form of chronic pleurisy. In order to induce the absorption of the fluid as speedily as possible, the 3rd dilution of Arsenic was prescribed. Its action must have been quickly beneficial, for by the next day various sounds arising from disease in the lung itself, apparently in process of resolution after hepatization, and which were not perceptible on the previous day, were now audible.

The effusion into the cavity of the pleura must have been completely removed by the 18th or 19th (the seventh or eighth day of the treatment), for on the latter day there was a friction sound perceptible.

The only doubt that now remains in my mind is whether the case be simply one of pleuro-pneumonia, assuming from the first a chronic form, or whether there may not be some tubercular deposition in the middle and lower lobe of the lung, which was itself the predisposing cause of the pleuro-pneumonia. The antecedents of the patient, and his age (which would favour the production of an acute rather than a chronic disease), are, I fear, in favour of the latter hypothesis. But the event will shew, very shortly, what interpretation we are to give of the symptoms.

The reasons for the use of the Tincture of Sulphur are obvious; the effusion to be absorbed and a chronic inflammation of the lung, perhaps depending upon the presence of tubercles, to be brought as quickly as possible to a happy termination. Phosphorus was alternated with this medicine, being one of the most powerful agents in disease of the pulmonary tissue.

Case VI.

Acute Pleurisy on the left side, with bronchial catarrh.

M. Q., a delicate unmarried woman, who for the last five years had not been able to hold any situation as servant on account of her bad health, which only allows her to do a little needlework, sent for me in the afternoon of the 2nd of August. As she resided at some distance from town (*ès communes*, Forest), I was not able to go at once,

but sent some Aconite. In the evening I received another message, stating that she was so bad that she could scarcely live through the night; I therefore set out to see her, and arrived at her cottage at 10 P.M.

There was much difficulty of breathing, caused by a very severe pain in the left side of the chest, at its base. There was a frequent and troublesome cough, which she was obliged to suppress as far as possible, on account of the great pain it caused. A thin expectoration (not recent), white, and rather frothy. The heat of the skin considerably above the natural temperature. Pulse strong, hard, 112. Inspirations 36. Tongue white, red at the tip. The chest was examined, but no abnormal sounds were heard.

On inquiring into the antecedents of this case, I was informed that my patient had been affected with a cough and expectoration about a fortnight; that on the 28th of July, after walking a distance of fourteen miles, she had been seized with shiverings and increased cough; and that on the 31st she had again experienced the rigors. On the 1st of August the pain in the side came on, and went on increasing up to the period of my first visit in the evening of the 2nd.

Pr.—Tinct. Aconiti 1, gtts. vi, Aq. ℥ iv, M.; take one dessertspoonful every two hours.

3rd. The pain she said was less acute, but the breathing more oppressed. The cough frequent, and the expectoration (which had been collected as requested) was copious. Skin less hot. Pulse 96, feeble, soft. Inspirations (reckoned several times) 64 per minute. Marked dulness on percussion on the right side of the chest, reaching nearly to the scapula. No respiratory sounds, whether vesicular or bronchial; this seemed to be due to the circumstance that the respiratory movement was checked as much as possible by the patient on account of the pain it caused. Much thirst; mouth dry; tongue brown and dry along the raphe. Had slept by snatches, about ten minutes at a time, in the course of the night.

Pr.—Repeat the Aconite.

4th. After my visit on the 3rd the breathing for a time seemed to get worse rather than better; there came on much cough, and very copious expectoration. In the night she slept about six hours. In the morning there was again much dyspnœa, cough, and expectoration; all her friends thought her on the point of death. When I saw her she looked and felt better. The pain in the side was not

felt whilst she remained quiet, but was immediately brought on by coughing or moving. Pulse 92, soft. Inspirations 24. Tongue still red and dry. On percussing the chest, dulness was found from the middle of the scapula to the base; most intense to the extent of about the breadth of the hand from the base. Respiration loud and full on the right side; not audible at the base on the left side; scarcely audible underneath the scapula. In the latter part a sort of fine rustling sound. After being let down upon her bed again, she complained of pain in the left side, her breathing became more oppressed, and her lips quite blue. The expectoration, which was thin, frothy and transparent, amounted to more than four ounces.

Pr.—Arsenic 3, gtts. vi, Aq. ℥iv; one dessert-spoonful to be taken every two hours.

5th. Visit at half-past 9 A. M. After my visit of the preceding day my patient became much worse,—being affected with faintness, increased dyspnœa and vomiting, which in the course of the day became very frequent; every thing she took, even the medicine, was vomited. She did not sleep at all during the night, but slept about one hour in the morning. Expectoration of the same character, somewhat less copious. Pulse 96-100. Inspirations 47. No pain in the chest when quiet, and without cough. State of the chest the same as before.

Although I had left the patient on the 4th with increasing dyspnœa, I could not account for the great alarm evinced by her friends, and which had made them send me a very early message that morning. But, on inquiry, I found that the Rev. Rector of the parish had attended her in his ministerial capacity, and had so far exceeded the proper limits of the duties belonging to his sacred office, as to inveigh against homœopathy, and to declare that unless she sent at once for an allopathic physician, she should certainly die. At midnight all her friends were summoned to her bedside to witness her last moments; in the morning the same scene was renewed. Before my visit, the Rev. Rector, without doubt impelled by the most laudable motives, had sent to persuade the patient's friends to call in an allopathist. He was not aware, in his ill-judged and ill-timed zeal, that this family, although amongst the humblest of his parishioners, had numerous connections in other parts of the island, and that the merits of homœopathy were not by any means unknown to them. Had it been otherwise, all my efforts to quiet the patient's mind and to allay

her fears might, after the painful scene which had occurred the previous day, have proved fruitless, and a disease of a complicated character, already sufficiently serious, have proved quickly fatal.

Pr.—Tartar emet. trit. 1, gtts. ii, Aq. ℥ ii; one tea-spoonful every two hours.

Visit at half-past 7 P. M. No sleep, but more comfortable; had vomited once, soon after my visit, but not since; less cough; expectoration more free. Pulse 88. Inspirations 43. Skin moist. She wished for some butter-milk, which was allowed.

6th. Had a bad night; frequent cough and fits of dyspnœa. The cough rendered painful and difficult by the pain in the side. State of the chest as before. On awaking from her sleep the pulse soft, feeble, 96. Inspirations 33. Expectoration as before; no vomiting.

Pr.—Arsenic 3, gtts. vi, Aq. ℥ iv; one dessert-spoonful every two hours.

7th. No sleep in the night; cough very harrassing; much thin white frothy expectoration. Much debility; nausea; no appetite. Pulse 92. Inspirations 35. Profuse perspiration. The respiration could be heard lower down than previously.

Pr.—Repeat the Arsenic.

8th. Expectoration undiminished. She complained of shooting pains in the left side and in the shoulder. (There had been very heavy rain during the night and the whole of the preceding day; she was lying on a temporary bed between the window and the wide fire-place of the cottage; it was therefore evident that she had taken cold.) Pulse 92. Inspirations 30.

Pr.—Scilla m. 3, gtts. vi, Aq. ℥ iv; one dessert-spoonful every two hours.

9th. A much better night; slept well for a few hours; less cough; expectoration diminished by nearly one-half, still frothy, but thicker. Had two watery stools preceded by colic; nausea; tongue rather red, a brownish coating at its middle line, but not dry; pains in the left side of the neck, and in the face and shoulder (evidently due to the window close to her bed, on her left side); pulse 100; inspirations 25. Dulness on percussion hardly lessened; the respiration could be heard the whole way down to the base of the lung, its intensity not being more than one-fourth of that in the other lung.

Pr.—Repeat the Scilla.

10th. Decidedly better. Expectoration not one-third of what it was three days previously; no appetite, she tried some beef-tea but could not take it, neither could she take any thing else; pulse 88; inspirations 28-29. The breath more easily drawn and deeper; the lung evidently expanded more freely; inspiration feeble but audible to the base of the lung; dulness on percussion less marked, but still distinct from the scapula to the base of the chest.

Pr.—Arsenic 3, gtts. vi, Aq. ℥ iv; a dessert-spoonful every two hours.

11. Diarrhœa; no appetite; otherwise much better; slept well the chief part of the night. State of the left lung improving as regards its expansion, but the dulness continued unabated. Expectoration diminishing and more easy; pulse 92; inspirations 24.

Pr.—Scilla 3, gtts. iv, Aq. ℥ iv; to be taken at longer intervals.

12th. General state better. Diarrhœa still; expectoration increased to two-thirds of its original amount; much less cough nevertheless; pulse 92; inspirations 24.

Pr.—Arsenic 3, gtts. iv, Aq. ℥ iv.

13th. Improved in every way excepting the dulness on percussion, which remained the same as on the 11th.

Pr.—T. Sulphur ϕ, gtts. ij, Aq. ℥ iv, one dessert-spoonful every three hours.

14th and following days, same state and same medicine.

17th. Still a little diarrhœa. (I was informed that last year she had diarrhœa which lasted without interruption during several weeks.) Expectoration diminished by two thirds.

Pr.—Merc. corr. 2, gtts. iv, Aq. ℥ iv, one dessert-spoonful every four hours.

19th. Decidedly better. Diarrhœa nearly removed (reported by her brother).

Pr.—T. Sulphur ϕ, gtts. iij, Aq. ℥ iij, one tea-spoonful every four hours.

21st. (Visit.) Well and sitting up. Scarcely any cough or expectoration. Bowels rather free. The dulness on percussion very slight; respiration not quite so strong as on the opposite side.

Pr.—Mercur. corr. 3, gtts. iv, Aq. ℥ iv, one dessert-spoonful four times a day.

24th. A messenger stated that she was well; had scarcely any cough. Bowels moved twice a day.

Pr.—T. Sulph. ϕ, gtts. v, Aq. ℥ iv, one tea-spoonful four times a day.

28th. (Visit.) Quite well; bowels moved once a day since 24th. No cough; she however now and then expectorates some phlegm. Pulse 84, soft, not too weak.

No dulness on percussion on the left side; the respiratory sounds not quite so strong as on the right side.

Had it been my intention to select a case illustrative of the different points to be considered in the *homœopathic diagnosis** and the homœopathic treatment of acute pleurisy, I could not have chosen a better case than that which by chance first came under my observation after my determination to collect and publish all my cases. I may therefore, without impropriety, make some remarks upon the treatment pursued. This patient was habitually in very delicate health, and had for five years been unable to better her condition by resorting to the usual resource of persons of her class, namely, to enter into a gentleman's house as a servant. In consequence she resided at her father's, and had of course to live upon the same coarse and scanty fare as the other members of her family. This circumstance, together with the fact that she was usually *dyspeptic*, rendered her constitution very little fit to bear a severe attack of acute disease. Nevertheless, she recovered perfectly in a space of time which may be considered short if the complicated nature of the attack be taken into account. This is, however, only an additional illustration of the fact, so well known to all homœopathists in extensive practice, that delicacy of constitution, although it may retard, seldom prevents the recovery of patients labouring under acute disease.

This case, together with that of a woman affected with pneumonia whose case is detailed above, and also that of an old

* I use the expression "homœopathic diagnosis" advisedly. The diagnosis required by the homœopathic practitioner is not the naming of the disease in accordance with nosological classification. His diagnosis should, if possible, point out the precise tissue affected, and the mode in which it is affected, rather than consist in *naming* or *classing* the disease.

man affected with double pneumonia and organic disease of the heart, mentioned incidentally, do indeed prove that the previous state of the patient's health is of much less importance, as regards the issue of the disease, than the prompt administration of the appropriate remedies. This has already been proved by Dr. Tessier's practice at Paris; but such things cannot be too much dwelt upon, for it is important not only that the profession in general should know, but also that the homœopathic practitioner himself should be fully aware of the power of a good homœopathic treatment.

In this case the pleurisy was complicated with a form of bronchial catarrh which is in itself always a source of much suffering to the patient. The copious and rapid secretion of a thin transparent phlegm—to call it mucus would not be correct—being indeed always associated with considerable dyspnœa, assuming in most cases, when acute, that form usually known under the name of *asthma*. Although not pure asthma, this is certainly the most frequent form of that disease; hence that which requires the greatest share of attention on the part of the practitioner. In this disease a certain amount of serum of the blood, containing more albumen than usual, is poured out into the bronchi in quantities varying from half an ounce to a pint and a half in each period of twenty-four hours. The expired air in the act of coughing passes through it easily; hence the difficulty experienced in expelling it. I have known cases in which the quantity expectorated was certainly small, and in which the patient could not lie in bed, the dyspnœa occasioned by the recumbent posture being excessive, if the amount of the secretion was considered. I know no medicine better calculated to give rapid and permanent relief in such cases than Arsenic. Its symptomatology would lead us to expect this; but there are other medicines which, if the expectoration chiefly attract our attention, we may feel inclined to prescribe, for instance Senega, Scilla, &c., but neither of these will usually give such rapid relief as Arsenic. In asthmatic cases it is seldom that the Arsenic is required during the whole of the disease. Usually the catarrhal stage is preceded by one of simple congestion, for which Belladonna is better suited, or

congestive and febrile, which requires Aconite, and is often followed by a last stage, in which the expectoration is thick and yellowish, which requires Tartarus emeticus. My pleuritic patient was, I thought, in imminent danger, not from the pleurisy alone, but from this untoward complication. The dyspnœa was at times excessive, coming on in paroxysms (as the number of inspirations carefully noted at each visit indicates), and impeding the free circulation of the blood through the lungs. After examining the chest of my patient on the 4th, I witnessed the commencement of one of these paroxysms, and noted the blueness of the lips. In such a case it is urgent to administer the proper remedy quickly, for, with the imperfect circulation of the blood here, there was reason to fear a rapid increase of the effusion into the cavity of the pleura, and we know that in a few hours this effusion may increase to such an extent as to put life in peril. Arsenic, the only remedy that we can rely upon for a speedy and a beneficial action in such cases, was given, and brought the patient safely through this crisis.

When the diminution of the dyspnœa * had taken place, it became desirable, if possible, to lessen the amount of bronchial secretion, which was, on account of the difficulty experienced by the patient in coughing, the principal source of her sufferings. Squilla was therefore prescribed on the 8th, 9th, and again on the 11th, with beneficial results; the expectoration speedily diminishing under its use by two-thirds, but subsequently increasing nearly to its original amount, in consequence, I thought, of the depression of the temperature and the dampness of the atmospheric air. Arsenic was again prescribed, and

* The reader will find an interesting paper on the treatment of pleurisy in the 1st Vol. of this periodical, which alone would render it worth his while to purchase it, if it is still to be obtained. It is extracted from a memoir on the subject by Dr. Wurmb (who is, I am glad to find, now at the head of a *Homœopathic Hospital* at Vienna.) In it (p. 51) there is a statement the truth of which I have often verified in my practice, not in pleurisy alone, but in other chest affections.—"It is very remarkable that the dyspnœa should be relieved before the effusion is diminished, and is explicable only by supposing the *arsenic* to take effect on the heart and large vessels, which we know are implicated in the disease and very much under the influence of this medicine."

performed all that could be effected by it—namely, it removed whatever serous effusion there may have been. But when the dulness on percussion had decreased in intensity, especially (in the space of the breadth of the hand) at the base of the chest, it became necessary to meet its hidden cause by a more effectual remedy. Here it could not be a fluid that caused the dulness, for the voice did not present that tremulous quality which indicates its transmission through a thin layer of fluid. It must therefore have been a fibrinous * exudation of some sort, which had to undergo a process of organization or of absorption before the patient could be considered safe. In such a case there could of course (at this stage) be no immediate danger to apprehend; but as it is well known that such exudations may, under unfavourable circumstances, be transformed into pus-corpuscles —and that the formation of a few pus-corpuscles will speedily contaminate the whole mass—or else become the seat of the deposition or formation of tubercular matter, the necessity for a speedy modification of this exudation was obvious. For this purpose the Tincture of Sulphur is very effectual. In this case it answered the desired end, and removed the dulness on percussion by removing its cause. The lung expanded less upon the side affected than on the other, it is true, but a portion of the semi-fluid exudation having probably become organized, whilst the remainder was absorbed, such a thing was to be expected. By degrees the lung would regain its elasticity, as it usually does.

The treatment of pleurisy is more difficult than it is usually thought by those not fully acquainted with homœopathy. The physician, who has from the first carefully auscultated his patient, and known his disease to have been simply pleurisy,

* I cannot understand why Dr. Craigie, in the second edition of his excellent work on "General and Pathological Anatomy," calls this exudation *albuminous!* At page 702 he says, "I have already stated that the exudation of inflamed serous membrane *owes its coagulability to the presence of albuminous matter, and indeed upon the proportion of this ingredient the process of coagulation depends.*" Such a sentence in the earlier editions of Andral could be accounted for; but in 1848 it is unaccountable to anyone who knows anything of organic chemistry! Were not Craigie's evidently a standard work I should not notice this.

will not, if it take a chronic form, and his patient die in a decline, derive consolation from the idea that he was affected with an incurable complaint—the tubercular diathesis.

It is the belief of many homœopathists, and I believe I have read it somewhere in Hahnemann's works, that after homœopathic treatment inflammation of the lung is less likely to assume a chronic form, or a portion of the hepatized part to become the seat of the formation of tubercular matter, than after allopathic treatment. The rapidity of the cures obtained by Dr. Tessier with *infinitesimals*, at Paris, tends to confirm this opinion. But if this holds good for pneumonia, may it not likewise be true of pleurisy, which has evidently a greater tendency to end in consumption than pneumonia? As yet this is only a presumption—but it is one which ere long we may see confirmed by our experience.

One of the best means of preventing such a termination of pleurisy is, whilst the acute stage lasts, to bring the case to a perfect cure. If no fibrinous exudation is left unabsorbed or not organized, there will be no material out of which the pus-corpuscles or the tubercular matter can be formed. *Sulphur* seems as yet the best medicine to accomplish this desirable object. With the same intention *arnica* may be useful, and this is probably the condition in which it will be found most serviceable. It is highly desirable that further observations be collected upon this point and other medicines indicated, upon the action of which we may rely in given emergencies.

The reputation of *arsenic* as an absorbent of the serous or sero-albuminous effusions, is now pretty well established, and that of its allies *digitalis* and *rhus* scarcely less so. The latter, however, when Arsenic has been judiciously used, will seldom be found requisite.

The great point in the treatment of pleurisy is to examine day by day the state of the chest, and prescribe in accordance with the changes observed.

Thus during the first or febrile period, when the pain in the chest is intense, the pulse accelerated, strong and full, *aconite* is the medicine. It should be used alone, and not in alternation with *bryonia*, the action of which in this period is little to be relied upon. Belladonna might be of more service, but

extensive clinical experience will alone decide whether the use of Belladonna is needed, or whether it is *superfluous* and hence to be discarded. The action of Aconite should be kept up until exudation or effusion into the pleural cavity are manifested by auscultation and percussion.

For the effusion of sero-albuminous fluid Arsenic seems the principal remedy, and for the exudation of fibrinous or sero-fibrinous, the Tincture of Sulphur. I believe that if these be judiciously administered, other medicines will seldom be needed, unless complications sufficiently serious to compel us to interrupt the regular plan of treatment should arise.

The above is a broad sketch of the treatment of pleurisy, which must, like everything else advanced or asserted in science, be submitted to the test of experimentation in various circumstances of time and place, before it can be received as true. The reader will therefore feel how important it is that he should communicate the results of his experience in the shape of carefully recorded and detailed cases, to enlighten his colleagues upon these statements, whether it be to modify or to confirm them.

ADDRESS ON THE OPENING OF THE HOMŒOPATHIC CONGRESS,

HELD AT CHELTENHAM 13TH & 14TH SEPT., 1850.

By Francis Black, M.D.

Man is eminently social, and it is strongly inherent in his nature to form associations as tending to his defence, happiness, and knowledge. In meeting here, we follow this natural impulse; we desire to cultivate kindly intercourse, and to discuss various points bearing on the improvement of therapeutics; and we feel that such labours cannot be carried on so well singly, and independently, as by hearty cöoperation. Thus while we cultivate science, and improve the art of medicine, we form new,

and confirm old friendships; we hold an anniversary not only of labour, but of pleasure. Such an annual assembly is to be regarded as complementary to any society meetings; it is a field open to all practitioners believing in homœopathy; it is wholly unconnected with any private association, and therein is its great advantage—for various differences may exclude from private societies, which have no force, no existence here. This congress must ever be purely catholic, a meeting in which every follower of Hahnemann has a common right, whose place and time of meeting are at the disposal of a majority of those favourable to such assemblies.

In order to know in what direction our labours should tend, it may be well to take a brief sketch of the past and present condition of homœopathy. It is now more than half a century since Hahnemann, in Hufeland's Journal, enunciated the therapeutic formula, *similia similibus curantur*, as a general law of healing, and not long after, by numerous experiments, presented to the profession such a knowledge of the physiological action of many remedies as permitted at once of the application of the law. Like all great truths his discovery met with no kindly reception, and in addition to abusing the discoverer, the aids of even the civil power were invoked to suppress the heresy. But gradually converts were made; every year added to their number, and to their experience; public confidence in the system increased; many valuable publications appeared, and, ere long, this new law of healing spread from the old to make rapid progress in the new world. It has been practised now for nearly twenty years in Great Britain, and during the last eight years it has made a very steady and rapid progress, notwithstanding the unwearied opposition of the medical profession, and if in the next few years it increases as it has done, (as we may justly hope,) then will homœopathy present such a body of practitioners, such a mass of facts, and such an amount of public confidence, as must impress on the medical world the immediate necessity of examining the merits of a system which has so steadily made way in the face of every obstacle. This year has been especially a period of marked progress. Many new medical converts added to our ranks; new societies founded,

and especially one, the Hahnemann Publishing Society, which has been enabled, owing to the diligent labours of Dr. Dudgeon, to bring out the first volume of what promises to be a most admirable Pathogenetic Cyclopædia; three homœopathic hospitals established; a quarterly journal devoted to the scientific progress of homœopathy, reaching its eighth year; and a new weekly periodical pursuing a vigorous, and we hope, useful course. Among many practical improvements we must not pass over the employment of Cod-liver oil in conjunction with homœopathic remedies; a valuable addition in the treatment of strumous affections: and to Dr. Madden is the praise due of having introduced this dietetic agent into homœopathic practice. Nor must the very important experiments of Dr. Tessier, in the hospital of St. Marguerite, Paris, be omitted. A high land-mark they are for the year 1850; much cause have we for congratulation that an able physician, possessing such a field for experiment, has devoted not weeks or months, but years to the examination of Hahnemann's doctrines, and after such an examination come to the conclusion, that the homœopathic medicines, in minute doses, do influence in the most favourable manner the symptoms, the march, and the duration of disease; for example, pneumonia.

We may naturally wish for a more rapid progress of our system, an almost universal conversion, but great truths ever travel slowly, and this is undoubtedly to the advantage of the elimination of these truths. For years to come we must be prepared for a more bitter opposition than has hitherto existed; but it is no vain hope to trust, that the next generation of practitioners will see homœopathy holding that high rank in medicine which its merits duly deserve. Again, there is cause for congratulation in the indirect operation of homœopathy on ordinary practice. Of these indirect effects there is much evidence in a paper, by Dr. Forbes, entitled, "Homœopathy, Allopathy, and Young Physic," which must be familiar to you all. An article in which, though he regards homœopathy as "degrading to the physician," he admits that ordinary practice is so bad, it cannot be worse, it must mend; an article in which he admits the high personal claims of Hahnemann, and the

honesty of many of his followers, and in which he points to the homœopathic cures as valuable records of Nature's efforts.

Many quotations from various works, to the same effect, might be made, but it will be sufficient to allude to a late lecture, by Dr. Alison, Professor of Medicine in the University of Edinburgh, and the remarks bear on that very disease, a fatal case of which, occurring some years ago in Dr. Henderson's wards, was one of the main sources of that unfair attack which led to his resignation of the clinical chair—an attack in which his amiable and talented colleague, Dr. Alison, bore no part.

"On this point (the efficacy of provisions of Nature for the cure of inflammatory diseases), we have important facts in the experience of homœopathic practitioners, for I presume we are agreed on this, that the treatment by infinitesimally small doses of a variety of medicines, all thought to be specifics, is in fact treatment by *placebos*, or is another name for what is usually called the *expectant* practice, admitted by all to be, in some circumstances, the best of all kinds of practice. We must admit, I think, that this practice has appeared, on fair inquiry, to be more frequently successful in inflammatory diseases than could have been expected—*i.e.*, the practitioners who have thought themselves justified, by that theory, in trusting more than we do to the provisions of Nature, aided only by regimen, for the cure of such diseases, have had fewer deaths and better recoveries than we should have expected. ..... But this leads me to take notice of another statement made by the homœopathic practitioners, which is certainly more staggering—viz., that under their plan of treatment the convalescence from inflammatory diseases is more rapid than under the depleting plan. This, they say, they can show statistically; and although I place little reliance on statistics in such an enquiry (on account of the numerous fallacies to which they are liable), yet I know that this observation has been made by intelligent and unprejudiced witnesses of this treatment—*e.g.*, by Dr. Balfour, who saw it in Vienna, and a little reflection will enable us so far to understand it. For all must allow, that, after full and repeated bleedings, whether for inflammatory or other diseases, convalescence is necessarily slow; and, farther, that relapse is easily produced, inflammation being always easily excited in a weakened constitution. .....

"What I have stated is enough to show that some of these cases occurring in former times would have been differently named,

although not, as to essentials, differently treated; and this, I think, may go far to explain the fact which I stated as presenting a difficulty—the number of cases of thoracic inflammation now going on favourably without affording you an illustration of the use of general blood-letting.

"But I must confess, that I do not think this explanation sufficient. I am strongly inclined to believe, from reflection on many other cases as well as these, that there has been a gradual change in the usual form and character of these inflammations, as occurring in the inhabitants of this country, and that, even although seen from the earliest period at which they can be recognised, they do not in general present the same intensity of local symptoms, nor the same amount of febrile reaction, as used to attend similar diseased actions in the same parts in former times; and that the fever attending them is more frequently either slight, or in several respects of a truly typhoid character; and, therefore, that they do not furnish the same indications for blood-letting, and do not admit of the same amount of depletion, without dangerous depression of strength. On this point I do not speak with absolute certainty, but I can give you what I may call statistical evidence on it; for it not only has appeared to myself that there is a change in the usual character of inflammatory diseases within my recollection, but I have put the question to many experienced practitioners in different parts of Scotland and the North of England, and in every instance, but one, I have been assured that the result of their observation agreed with my own; and that, judging by the same rules as formerly as to the cases requiring it, they have much fewer occasions to use the lancet for inflammatory complaints now than they had thirty or even twenty years ago—or might be expected from the writings of Cullen, or even Abercrombie, or from the well-remembered precepts of Gregory. Of course it may be said that this is only to be ascribed to the gradually increasing caution of advancing years; but when I add that the faith of all the gentlemen to whom I allude, in blood-letting for the cure of well-marked and violent inflammation, is unshaken, and as they believe confirmed by experience, and that they think as I do, that cases still occasionally present themselves in which it appears as distinctly demanded, and as clearly useful as formerly; but that, in general, the symptoms on which we rely, as guiding us in its use, are either so slight as not to demand it, or of such a character as to limit or even contra-indicate it before it has been carried to any con-

siderable extent; you may probably think this general inference from extensive experience deserving of attention."*

While we congratulate ourselves on the spread of our therapeutics and its indirect effects in modifying ordinary practice, we may learn a useful lesson from the perusal of criticisms unfriendly to homœopathy, whenever these are made in a scientific spirit. Men in our position are too apt to fall into the error of cantoning out themselves a little medical Goshen, where day blesses us, and light shines, while without all is regarded as thick Egyptian darkness,

> "If self the wavering balance shake,
> It 's rarely right adjusted."

To guard then against such prejudices, we may profitably consider an article in the April number of the *Brit. and For. Med.-Chir. Rev.*, in which the writer takes an ethical view of the relations of ordinary practice to the various empirical systems of the day, Homœopathy, Hydropathy, Mesmerism, and Morison's Hygeism.

The reviewer denies the existence of our therapeutic law, but he removes homœopathy from the list of quackeries, and gives it a place among medical heresies. He enumerates various characteristics of medical heresies and quackeries: let us listen to the indictment. *First, we seek for the use of specific remedies* (p. 287). To this charge, in the sense in which the reviewer employs the term specific, we plead not guilty. Our therapeutic formula leads us to choose remedies which stand in a distinct relation to the disease, and, as standing in this relation, they may be called specifics, but we do not suppose that there is one specific remedy for a disease—that is, as applying to the arcana—or medicines that work by occult influences; in such practice we have no interest. A specific practice, such as charged on us, is a routine practice, requiring no exercise of the intellect; whereas to practise homœopathically requires a knowledge of anatomy, physiology and pathology in order to arrive at the necessary information relative to the disease and the powers of the remedies; and then to apply successfully the therapeutic law demands all the qualifications of mind which

* *Edin. Monthly Journ. of Med. Science*, Augt. 1850.

stethoscope, is it not notorious that it was long neglected by the mass of the profession? The reviewer seems entirely ignorant of the fact that, instead of homœopathy rejecting the stethoscope, the first notice made in this country of Skoda, one of the most experienced auscultators of the present time, was written by Drs. Russell and Drysdale in the *Edin. Med. and Surg. Jour.*, April 1841, and that the first number of the *Brit. Jour. of Hom.*, Jany. 1843, contained a very full review of Skoda's work, which review was published in so early a number in order to testify to the desire of homœopathic practitioners to employ all the aids of scientific diagnosis. The rest of the charge is so groundless that it requires no answer: if homœopathy be true, then does it enter into that glorious chain of truth in which all sciences are mutually linked.

"*This*," says the reviewer, "*brings us to the last general characteristic of medical heresies and quackeries which we shall here notice: they all appeal from the judgment of the educated profession to that of the uneducated public.*" (p. 298.) To this charge, which the reviewer admits applies less to those physicians who have abandoned orthodox medicine for homœopathy, we reply that homœopathy was communicated to the profession by Hahnemann in Hufeland's well-known Journal; his first essay on the power of medicines was written in Latin,* and his works were addressed to the profession, and never did this great man, by the publication of marvellous cures, appeal to the credulity, the curiosity, or the love of the marvellous of society. That the public has ever been appealed to by his followers is undoubtedly owing to the bitter opposition and prejudice of the profession, who have denied, and still as a body deny, that full examination which the system demands. We maintain that in the infancy of a system so rejected by the profession, an appeal to the public, conducted in an honest and scientific spirit, is legitimate. The sin against medical ethics is only committed when the appeal is made in an unscientific manner; when the merits of the man and his curative powers are blazoned abroad in a puffing spirit, while the relation of the system is a very secondary object, and is sacrificed to the personal aggrandise-

* *Fragmenta de viribus medicamentorum positivis.* Leipzic, 1805.

ment of the individual. Did Dr. A. Combe lose his claim to orthodoxy when he in so happy a manner communicated to the public simple views of health and disease? Was not his fame raised by works possessing the rare merit of being read with pleasure and profit both by the public and the profession? This desire to communicate to the public what may be regarded by some as professional knowledge has extended even to such abstruse sciences as astronomy and the higher mathematics. The demand for elementary treatises, and popular expositions and principles, has been liberally answered. Mathematicians, in common with men of science in all departments, have long since begun to perceive the desire for such information, and have to their credit, by simple statements and pointed illustrations, gratified that earnest and laudable endeavour of the public to be informed. Why should medicine as regards its principles be tabooed to the public? Wolfgang Menzel, a man well known in literature, writes—

"Innovations in religion were opposed to the priestly hierarchy, and had to appeal to sound common sense, as well as to the interest of the laity, in order to gain their support and to conquer with them. Reformers in medicine are now opposed to the hierarchy of doctors, and they too appeal to the sound common sense and interest of the laity for support and protection to the good cause. Is our understanding less qualified to try the medical controversy than formerly the theological? we shall see. Are we less interested in it? surely not. Every blow which the medical parties strike at each other falls back at last upon us the patients; and everything good which they discover turns finally to our advantage. Methinks this gives us a a very good right to inform ourselves upon the principles according to which physicians treat us; it might sometimes be useful to remind them, that they are made for the sick, not the sick for them—for it has often really seemed as if physicians imagined the latter."

Such are the views taken of homœopathy in a journal of deservedly high character, and as appearing in such they may be regarded as the opinions of a class of the profession whose good opinion it is desirable to gain. However erroneous we may individually regard the position in which they place us, it should not the less be our endeavour to shew by conduct and practice the incorrectness of such impressions.

It is alleged by them that it is a fallacy to suppose that their opposition to homœopathy is merely an opposition to its doctrines, or arises from jealousy of its success; their objections are principally owing to our breaches of medical ethics, so that they consider themselves justified in quoting the following laws from the American code of medical ethics as strictly applicable to homœopathic practitioners.

"Every individual on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while by unwearied diligence he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have by their labours brought it to the elevated condition in which he finds it.—(§ 1, chap. ii.) It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand-bills, inviting the attention of individuals affected with particular diseases; publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cures and operations in the daily prints, or suffer such publications to be made; and boast of cures and remedies; to adduce certificates of skill and success; or to perform any similar acts."

With individual defaulters to these laws we have nothing to do; but we maintain that as a body these laws gain our respect, and we sincerely desire to observe them. Nay, more, we deny the applicability to ourselves of the following law which excommunicates the empirical but duly authorized practitioner.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. ..... But no one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids furnished by anatomy, physiology, pathology and chemistry."

But strict attention to ethics does not alone seem sufficient;

if our conduct in this respect be found correct, then the profession consider the primary aspect of the system as sufficient to exclude it legitimately from examination.

"How can the conscientious practitioner," say they, "accept the so-called facts and experience of Hahnemann's Materia Medica Pura? or occupy his precious time with even an attempt to verify them? ..... The rejection by the profession of the principles of homœopathy is unavoidable."—(p. 301, *loc. cit.*)

No, this will not be the case with all we feel assured, and in this belief we more gladly turn to the admission that, "fruitful experience will be found in homœopathy."

"The experiments of homœopathy may be made rich in results," in showing the effects of diet and regimen, the natural course of disease. "And one thing every true practitioner is bound to study, viz., to what extent the present routinism, and medication, or treatment by drugs, is necessary or unnecessary; and whether much suffering caused by over-active medication may not be altogether avoided. This knowledge, we repeat, the true practitioner must seek after, and the results of homœopathic practice present him with the crude materials ready at hand. If then he will not, or cannot, conscientiously practise homœopathically, let him investigate the doings of those who can and will. To ignore the facts altogether is high treason against orthodox medicine; it is to inflict a great injury on his art, and on the body to which he belongs."—(*loc. cit.* p. 308.)

Homœopathy has now made such progress that there is less need, less anxiety, to press its external development. To indoctrinate the public in medical matters is a difficult and delicate task; and when done let it be in a spirit free of all sectarian bitterness, while the error of principle is shown, it is quite unnecessary to abuse those who uphold the principle. That we have been reviled is no reason for retorting in epithets, the weakest of all arguments; a plain simple statement is eventually more powerful than jokes or sarcasm. The maxim of Erasmus cannot be too much borne in mind—"Hold up the torch of light and the darkness of error will be dispelled." The best weapons of offence and defence are our internal resources, the more they are developed, the higher must be our position. This is a course beset by no temptations from public

approbation; here there are no inducements to play the charlatan; all praise gained is rightly merited; here is the true foundation of public confidence, and the sure source of that greatest of pleasures—the approval of a man's own conscience. Let us then strive by developing the resources of therapeutics to enlarge the records of medicine, and thus prove that we are no sectarians, but true earnest workers in the universal school of scientific investigation. Let our relation to ordinary practitioners be that of men who, while they believe their own system to be the best, still look with no bigotry on those who maintain the contrary doctrine, but who regard with gratitude and reverence all that has been done in medicine, who claim a common share in all sound medical experience, and in all the accessory sciences.

Instead of indulging in philippics against the prejudices of the profession, we should remember, that the idols of the den and those of the market are failings to which we as well as they are liable to bow to: recollecting what a stumbling-block infinitesimal doses were at first to ourselves, it will be more profitable to remove the prejudice by steadily and patiently showing the reasonableness of our therapeutic formula; how accordant it is with what is known in physiology and pathology; how frequently it is met with in ordinary practice; how out of the principle follows the advantages of small doses; how in nature there are numerous examples of great results following very apparently inadequate causes. Thus led on, the doctrines may be confirmed by carefully digested cases drawn up with all the aids of modern diagnosis. While thus showing the efficacy of medicines, we, by attention to all those circumstances whose existence or removal are often alone sufficient to bring about recovery, prove that we have not an overweening confidence in remedies, but that our experience is founded on true principles.

As regards our relation to each other, we must remember that union is strength. It is a matter of great congratulation that there is abroad among us a desire to forget all minor differences and to unite as brothers. It is to be hoped that the late union of the two Parisian Societies is a sign that the term of pure Hahnemannianism is for ever laid aside. How sad that, in men claiming the title of medical reformers, such differences as exist

in the use of the high or low dilutions, the reserved or unreserved adoption of all the practices and dogmas of Hahnemann, should form a ground of exclusion. Hahnemann in his old age unfortunately became an exclusive, and looked with no kindly spirit on those who dared to differ from the letter of the Organon. But is this the spirit in which he is to be followed? Is this the hero-worship we must tender to a great reformer? Are we ever to follow in the course of his chariot wheels? Are we not rather to imitate his reforming spirit—his acute observation and his unwearied diligence—seeking for all that it is true, rejecting what may be false? Has not he called medicine a science of experience?—it must, therefore, be one of progress. To consider all the precepts of Hahnemann as for ever fixed, is to regard him as a prophet, his teachings as revelations. Nothing in nature is fixed; all is in eternal progress; our business is not only to preserve, but to improve.

While we make no compromise to what we know to be true, we may still regard, as fellow-workers in the same cause, those men who admit the great applicability of the homœopathic law, but who may differ from us in minor matters, or who, from circumstances or experience carefully acquired, do not apply the law in all cases. There is a wide difference between the physician who honestly and with all attention applies the law, however exceptionally, and that person who, hypocritically eclectic, suspends or follows the law, not doing so to benefit his patient, but to improve his own pecuniary position, or to save himself further trouble. A simple and divine rule indicates the relation in which we stand to ourselves—"Every man's conscience is a law unto himself." Guided by self-respect and councilled by that still small voice within us, duty and interest will always appear coincident.

The subjects to be discussed at this Meeting are of two kinds, and indicate the two courses, the following of which seems best calculated to advance the internal development of homœopathy.

1st.—The condition of the Materia Medica.

2nd.—The recording of our experience.

Such are the labours before us; in pursuing them, and thus advancing our position both ethical and scientific, we cannot err

if we follow the council conveyed in an observation of one of the greatest and kindliest men of this century, the late Dr. Chalmers, he says—"I have observed that those men most advance the welfare of humanity who trust in God as if God did all, and who labour themselves as if man did all." Thus actuated we will realise the beautiful expression of Bacon—"Truly it is heaven upon earth to have a man's mind move in Charity, rest in Providence, and turn on the poles of Truth."

BIBLIOGRAPHICAL NOTICES.

DR. CASPARI'S HOMÖOPATHISCHER HAUS- UND REISEARZT, HERAUSGEGEBEN VON DR. F. HARTMANN. 8te Auflage. Leipzig, 1850.

DR. CASPARI'S HOMŒOPATHIC DOMESTIC AND TRAVELLING PHYSICIAN, EDITED BY DR. F. HARTMANN. 8th Edition. Leipzig, 1850.

THIS is a nice, simply arranged work on domestic homœopathy, written in an easy and comprehensible style, and which, as the announcement "8th edition" shews, has become extremely popular in Germany, and to our mind it is arranged on a much better principle for popular use than any of those that have yet appeared in this country. It is constructed somewhat on the plan of our old friend Buchan, and whilst on the one hand it avoids the needless prolixity of some of our domestic works, on the other it does not attempt to cure all diseases of ordinary occurrence by means of a dozen or twenty medicines. What chiefly interests us however in this work is a description of our illustrious master given by Dr. Hartmann, one of his earliest disciples, and who had frequent opportunities of seeing and conversing with him.

"Hahnemann," he says, "was a noble man, and the peculiarities for which he has been blamed may have had their origin in the various disagreeable events of his life, in a misapprehension of his character, in the baseless and malicious calumnies and injurious aspersions with which he was assailed, and in his final withdrawal from all social intercourse. The author of this had for several years free entrance into Hahnemann's house, and was in the best position for forming a correct judgment upon him as a man, and, young as I then was, I have never been able to alter the opinion I then formed respecting his character, notwithstanding a

more mature experience and knowledge of the world. The only faults of which I cannot altogether acquit him were mistrust and avarice; but these were only shewn on particular occasions, so that a long intercourse with him was necessary to enable others to detect them. In his domestic circle he manifested an amiability that enchanted every one, as I frequently had an opportunity of experiencing, along with several other of his favoured disciples. There sat the silver-haired old man, with his high, vaulted, thoughtful forehead, with his fiery, intelligent eyes, with his calm, enquiring expression, in the midst of us, as if among his children, who also took part in these evening entertainments. Here he demonstrated clearly that the stern appearance he usually wore was owing only to the profound and continual investigations in which he was engaged and to the aim he always held in view, but that it was by no means the mirror of his inner nature, the brilliant side of which revealed itself in its best light whenever an opportunity occurred, and was easily accessible to emotions of joy, to humour, to confidence, candour, wit, &c. How comfortable the master felt in the circle of his family and friends, among whom he reckoned not only his disciples but also distinguished persons of other professions who did homage to his doctrines; how beneficial was to him the recreation to which he abandoned himself in his arm-chair from eight o'clock in the evening, over his glass of mild Leipzic small-beer. It was then highly interesting to see him become animated, which most readily occurred when the modes of practice of the old-school physicians at the sick bed were detailed to him; he would then push hither and thither the velvet skull-cap on his head, on account of the glow of animation that broke out upon his face, and he would often send forth such volumes of smoke from his pipe that he seemed to be enveloped in a cloud; if he came upon the subject of his eventful life, and related incidents that had occurred to him, his pipe would go out, and one of his daughters was quickly there unbidden to light it again. In addition to his own science he chiefly delighted to converse about chemistry, subjects of natural history, the condition of foreign countries and people; but he disliked to be consulted upon cases of disease in these hours; he then either became laconic or said in a friendly way to his interrogator, "Let us talk about that to-morrow," not because he wished to evade the subject, but because he felt himself too much exhausted in body and in mind; for the following day in his consultation hours he often himself brought on the question that had been raised, freely gave the assistance of his counsel, and was pleased when his questioner stated his views openly, or even contradicted him, and not unfrequently he conformed his opinion to that of his interrogator.

"His consultation hours were from 9 to 12 o'clock in the morning, and from 2 to 4 in the afternoon. No one was admitted into his ante-room without first undergoing an inspection, which duty was performed every week by his daughters, in turns, and for which purpose they made use of

a small window near the hall door, just like the warder of a castle. His room was generally already filled with patients when I came to him, and then some time elapsed before my turn came, for a new visit never prevented him from devoting the necessary attention and care to each individual patient. He examined minutely and wrote down himself in his journal every trifle the patient complained of, however unimportant it might seem; he then shut the book, and went into another room to fetch the medicine required. When the clock struck 12 and 4 no new visitor of any sort was admitted, for exactly as 12 struck he was summoned to dinner, and then it was not easy for anything to detain him. It sometimes happened that in the eagerness of conversation he paid no attention to the first or second summons, but when his wife called to him a third time in somewhat sharper tones he would say with a smile, 'This time I shall get a black look!' Hearing this observation from him several times convinced me that this great man, who had such influence over others, was not absolute master in his own house; but this he suffered willingly, and allowed his 'better-half' this small triumph, as with that exception she paid the greatest attention and deference to all his peculiar ways, endeavoured to the utmost to please him, allowed him to want for nothing, and besides that unaided and alone conducted the education of his children, to whom he could not devote the requisite attention in consequence of his many occupations. After his afternoon consultations were finished, it was the daily recreation of himself and family in all weathers to walk about the town for an hour; he himself went first, arm in arm with his wife, and three daughters followed him a few steps behind, likewise arm in arm; it was only rarely that he made a farther or morning excursion to Schleussig, the little Kuchengarten, Goblis, &c. As he preferred making use of his students as provers of medicines, he sometimes thought it necessary to give them a little amusement, which he did by inviting us occasionally to a friendly supper, to which however only those were admitted who had distinguished themselves by industry, intelligence and strict morality. On such occasions everything was not quite in the homœopathic style, for although I can certify to the plain way in which the excellent food was prepared, yet, in place of the usual small beer, good wine was brought out, which however from respect to our master was but moderately partaken of. Good humour and wit always prevailed on these occasions, and there was never any lack of entertainment, for other persons of great intellectual acquirements were usually invited also. Hahnemann was the gayest of them all, and participated in the most extravagant spirits of the rest, but without ever offending against the rules of propriety or making any one the butt of his wit. About 11 o'clock we left the house, and long afterwards dwelt with pleasure on the remembrance of these delightful evenings.

"He had, in truth, stood forward as a martyr in defence of his new

system of medicine, and passed many care-harrassed hours. His whole life was devoted solely to straining after truth, and he willingly laid aside this high aim to enjoy the lesser and more transient pleasures of life! Peace be with his ashes!"

JAHR'S CLINICAL GUIDE, OR POCKET REPERTORY FOR THE TREATMENT OF ACUTE AND CHRONIC DISEASES. *Translated and edited, with annotations, by* CHARLES J. HEMPEL, M.D. New York, 1850.

JAHR'S POCKET DICTIONARY AND CONCORDANCE OF HOMŒOPATHIC PRACTICE; *a clinical guide and repertory for the treatment of acute and chronic diseases. Translated by* CHARLES J. HEMPEL, M.D., *and edited, with enlargements and the addition of a complete Glossary and Index, by* JOSEPH LAURIE, M.D., *&c., &c.* London, 1850.

THE original of the book whose English and American titles are given above has been composed by that indefatigable book-maker Jahr, by taking all the first sections of every chapter in the second volume of his well-known *Manual* (not the new edition), re-arranging them in a sort of alphabetical order, adding thereto the so-called clinical remarks prefixed to each medicine in the first vol. of said manual, and printing all in a convenient form for putting into the pocket. His American translator Dr. Hempel has translated and re-arranged so as to suit the English idiom, this elaborate work, and has retained the small pocket size of the original; but Dr. Laurie, on the one hand, has enhanced its utility by extending the clinical remarks upon the medicines and by adding a very copious index, so as to make it more adapted for ready reference, but on the other his edition is not so well suited for the pocket, as it is about twice the weight of Dr. Hempel's. We dwell on these mechanical particulars because indeed there is nothing else to criticise about the book. It reminds us very much of the ever famous performance of Hamlet with the omission of the part of the Danish prince, as it is in fact Jahr's Repertory with the Repertory left out. Of course it is of no use to anyone who has the Repertory, and who has not? Dr. Laurie, apparently doubtful of its taking with the profession, has endeavoured to popularize it by adding a copious glossary of the medical terms, but we imagine the public will much prefer Dr. Laurie's *Domestic Homœopathy*, which is infinitely better suited to their requirements.

HOMŒOPATHIC INTELLIGENCE.

Homœopathy in Germany.

During a tour recently made by one of us in Germany, we were enabled to ascertain from personal observation the condition and prospects of homœopathy in the land of its birth, and we think it may not be uninteresting to our readers if we attempt to convey to them the impressions we received in our excursion.

In the northern parts of Germany our cause seems to be making slow but steady progress. The casual traveller might possibly be inclined to imagine that homœopathy is on the decline or even extinct, so seldom would he hear anything concerning it, unless he were to institute direct inquiries on the subject. But as we made it a duty on every possible occasion to introduce the subject in conversation with strangers, it was soon evident how widely spread the system had become, for every one seemed to understand perfectly well the chief peculiarities of the doctrines of Hahnemann, and expressed himself favourable or adverse to them as his prejudices or experience suggested. The names too of the principal homœopathic practitioners in the neighbouring towns seemed to be familiar to all; and many, while condemning the system, were willing to admit the talents and scientific attainments of its representatives. All the larger towns are well supplied with practitioners, and there are very few towns of five or six thousand inhabitants without their homœopathic physician. Several of those inhabiting these small towns enjoy a great reputation throughout all the surrounding district, and patients flock to them for advice from many miles distance. One medical man informed us that it was no uncommon occurrence for a waggon-load of patients to be deposited at his door, consisting of peasants residing at a great distance, who had clubbed together for the purpose of visiting the homœopathic doctor, and who had perhaps journeyed all night in this primitive and inconvenient manner in order to attend the morning consultation. The many and excellently arranged railways throughout Germany (which might serve as a pattern to our own in everything except speed), have, as might be expected, added vastly to the number of patients from a distance, of whom a great portion of every homœopathist's practice consists.

But the spread of homœopathy is not confined to the lower and middling classes, the system is domiciled in many of the German courts; the last convert of note being the King of Hanover, who was previously violently prejudiced against it, but has recently appointed Dr. Weber to be court physician, and when we were in Germany the young princes were under his care. In the large towns, as Berlin, Dresden and Leipzic, the number of practitioners is very considerable in proportion to the population. Thus Dresden, with a population of 90,000, has ten homœopathic practitioners,

all, we were told, in good practice, and some of them possessing among the largest practices in the city.

The great increase of late years of the doctrines and practice of the physiatric or expectant school, which we might term Young Physic were it not that their distinctive characteristic consists in giving no physic at all, has greatly tended to produce in the rising generation of allopathic physicians a spirit of scepticism, which, while it leads them to regard with contempt the drug-giving, bleeding and blistering of the old school, prevents them from examining the doctrines and practice of homœopathy. So wide spread has this do-nothing system become, and so thoroughly is it carried out, that on going over the large new hospital at Leipzic with the visiting physician Professor Bock, we were told by him that he gave no medicine, drew no blood, and applied no blisters; fomentations, compresses and variations of diet were almost the sole means employed. Some gum and water coloured with burnt-sugar or liquorice was used, to make the patients believe they were getting medicine. The system pursued here was identical with what we remember to have seen in a large hospital at Vienna, under the direction of Dr. Dietl. The results obtained by this plan are said by its partisans to be superior to those that can be shewn in hospitals where the heroic allopathic practice is resorted to. At the time of our stay in Leipzic the cholera had broken out again, and one ward of the hospital was full of cases of that disease in every stage. The sole treatment here consisted in making the patient drink as much hot water as ever he could. From what we afterwards witnessed in the dead-house, we cannot say that this practice seems to be attended with very great success.

The progress of this new method of abandoning altogether the use of drugs and all heroic practice among the adherents of the old school, is to our mind a hopeful sign for the future of homœopathy, for sooner or later a reaction from this state of absolute pyrrhonism must ensue: on the one hand, the rising generation of medical men will not long consent to act the part of nurses to their patients and deceive them with a semblance of medicines; and on the other, patients will eventually discover the cheat, and ceasing to have confidence in those who have no confidence in their tools, will flock to the practitioners who exhibit a knowledge of and still manifest a faith in medicine. Thus medical men will be impelled, by their necessities as well as by their love of science, to search into the action of medicines, and as they have already lost all reliance in the quondam universal drugging, their minds will be in a fit state for the reception of the truth in medicine, *i. e.* homœopathy. And thus it is to a great extent in Southern Germany. Vienna has longest been the seat of the sceptical school, and it can at this moment boast the largest proportion of homœopathic practitioners of any city of Europe; and the influence of the capital has extended even to the provinces, more especially in Upper Austria, where immense numbers of the country practitioners have accepted the

homœopathic faith, and are among the most devoted disciples of Hahnemann. It may seem odd that Austria, the most conservative of European powers, the China of Europe, should present the spectacle of the greatest spread of the reform in medicine; but it must be remembered that the scientific world of Austria had never in the least participated in the conservative principles of its political rulers, but that Vienna has long been the fountain head of medical progress; and curiously enough, the government, so stationary in other matters, has favoured the new system more than any other of the European powers, so that at the present moment Austria can boast of five homœopathic hospitals and several duly installed professors of homœopathy, besides a complete abrogation of all those laws which still oppress homœopathists in other countries.

As regards the much vexed question of the dose, we found a large number of practitioners staunch adherents of the "high potencies" as they are termed, some few indeed who practised exclusively with them, but much the greater number of the partisans of these ethereal preparations resorted occasionally if not frequently to the grosser doses, and considered that there were many affections that could not be cured otherwise than by the lower dilutions. It struck us that the high potencies found most favour with those physicians who practised in isolated localities, whereas the great majority of those residing in towns where there were several homœopathic practitioners, such as Dresden, Leipzic and Berlin, either rejected entirely or only used exceptionally the high potencies.

Connected with this subject, we may mention that Jenichen, the redoubtable stall-meister who originally prepared the high potencies, shot himself last year; but previous to doing so he made a will, leaving 12,000 thalers for the foundation of a homœopathic dispensary in Wismar, to be conducted by some physician who should practise exclusively with his (Jenichen's) high dilutions. Dr. Stapf of Naumburg was commissioned to nominate the physician to the institution, and he appointed Dr. Rentsch of Potsdam, who is now settled at Wismar, and, it is said, has inherited the secret of preparing the high potencies, which he will be happy to supply to any practitioner who may require them, provided the money is first sent. In Dr. Stapf's house we saw a full sized portrait of the hero Jenichen, stripped to the waist to shew his muscular frame, and holding the magic vessel (a 4 oz. bottle), in which he made the fluid rattle "like silver coins" by the impulse of his herculean arm. In our opinion it is a vast pity that this episode of seeming charlatanery and nostrum dealing should ever have occurred in homœopathy and met with the patronage it did; for firstly, even if dilutions carried to the exaggerated extent of the "high potencies" were more efficacious than more rational doses, which has never been proved, it would be a pity for homœopathy, as it would serve still more to repel allopathic practitioners already sufficiently shocked at the infinitesimalness of our more ordinary preparations; and secondly, if the high dilutions of Jenichen transcend all other high dilutions, the mystery he

made of his mode of preparing them must do more harm to homœopathy than the superiority of his preparations could ever have done good to its practice. It has been said that Hahnemann had he been alive would never have encouraged this high potency aberration, but we are not very sure of this; for although he did at first express himself opposed to the high dilutions of Korsakoff,* we know that he was much influenced by the opinions of the same gentlemen who first adopted those of Jenichen, that he in the latter years of his life employed dilutions considerably higher than the 30th, and moreover that he never prepared his own medicines, for we have seen letters to Dr. Lehmann of Cöthen in which he distinctly states this; in fact Dr. Lehmann continued to prepare all Hahnemann's medicines up to the time of his decease. We have no doubt, however, that Hahnemann would have insisted on the mode of preparation being made public, and would have discouraged all attempts to engraft a piece of mystery upon his system, which it had been his constant endeavour to keep quite clear of anything savouring of secresy and mysticism.

Among the cities of Northern Germany, Leipzic and Dresden, the two places where homœopathy first found adherents, possess the greatest proportional number of homœopathists, among whom are many of those who have chiefly contributed to the advancement of our system by their writings and provings of medicines. Two journals, a weekly and a quarterly, are regularly published in Leipzic, and are sufficiently well known to our readers by their scientific merits. The clinique or public homœopathic dispensary of Leipzic still flourishes, and its supporters are in hopes of being able at some future period to convert it into an hospital. Dispensaries supported by charitable subscriptions, such as we have in England, are unknown in Germany, the poor being generally treated by physicians at their own houses.

The Central Society of Homœopathic Physicians is in connexion with and supports the clinique of Leipzic. This society was founded on the occasion of a fête given at Cöthen to Hahnemann on the 50th anniversary of the day on which he obtained his doctor's degree, namely on the 10th August 1829, since which time, with an occasional interruption, it has continued to hold an annual meeting on the same day in different parts of Germany. This year it was held at Liegnitz in Prussian Silesia, and notwithstanding that that is rather an out of the way locality, and the prevalence of cholera in many of the larger towns of Germany which necessarily kept physicians busy at home, the meeting was attended by 22 physicians from various parts, and though very little matter of a scientific kind was brought forward,† all appeared to derive much gratification from the opportunity thus afforded of meeting and conversing with their colleagues.

Among other subjects brought forward at this meeting, it was announced

* Vide *Brit. Jour. of Hom.* Vol. v, p. 130.

† A report of the meeting was inserted in the *Hom. Times*, No. 56.

that the statue of Hahnemann, for which, as our readers are aware, subscriptions have been collecting for some years back, was now nearly finished, and would be inaugurated at Cöthen on the 10th of August of next year. We expressed our surprise that Cöthen should have been definitely decided on as the most appropriate place for a statue of Hahnemann, as with the exception of his having resided there under the protection of the late Duke of Anhalt-Cöthen, (to whom homœopathy can scarcely be said to be indebted, for doubtless the Duke derived benefit from Hahnemann's practice equivalent to the protection extended to him,) Cöthen possesses nothing in itself which could justify the selection. It is a dull, uninteresting, fifth-rate German town, enjoying no very great reputation, except a bad one, on account of its large railway station, the only fine building in the place, having been built for gambling purposes. It was originally proposed to erect Hahnemann's statue opposite this pandemonium, but we presume the absurdity of such a site for the statue of one of the greatest benefactors of our race was too glaring, and the market-place at Cöthen has been fixed upon, where the statue will be gazed upon once a week by the boors of the neighbourhood, who will be almost the only persons thereby edified, as we cannot imagine that any person would visit Cöthen for pleasure, and are unable to conceive what sort of business would ever bring them there. There is not even a Duke of Anhalt-Cöthen now to whom the erection of Hahnemann's statue would be a compliment, for the duchy has been recently united to that of Dessau, where the court resides, causing Cöthen to be almost deserted.

Leipzie was spoken of at the Liegnitz assembly as a more appropriate place for Hahnemann's statue; but although it might be all very fine to talk of Hahnemann's statue making a triumphal entry into the town from which he was tyranically driven by the government, we do not think that the associations connected with Leipzic are of that agreeable character to recommend it as the seat of honours paid to the illustrious departed, and we cannot see how the tribute of respect to the memory of Hahnemann would be enhanced by an act which would seem like a defiance to his former oppressors. At all events, as that is the sole reason for preferring Leipzic, we think it is quite insufficient.

Meissen, the birth-place of Hahnemann, the scene of the first years of his childhood and youth, a beautiful little town charmingly situated in the valley of the Elbe, surrounded by hills clad almost to their summits with vineyards; celebrated all over the world for its porcelain manufactory, where the elegant Dresden china is made, with which the name of Hahnemann's father, the painter in porcelain, is still connected in the memories of many still living in the place; much resorted to by strangers to witness the interesting process of making china in the fine old castle, and to inspect the beautiful old cathedral: Meissen—beautiful, peaceful, celebrated, the birth-place of Hahnemann—is clearly the place for his statue. We sincerely trust the decision of the committee for Cöthen is not

irrevocable, and that Meissen may still be selected as the best, the *only* appropriate spot for the monument to our Illustrious Master.

In Vienna the establishment of a new homœopathic hospital, and the installation of Dr. Wurmb as head physician and teacher of homœopathy, are events of considerable importance for homœopathy, and will tend to render Vienna still more attractive for the student of homœopathy. Dr. Wurmb gives clinical instruction at the bedside of the patients, and also delivers a course of lectures on the homœopathic Materia Medica. He is now engaged in going through the chief medicines in the excellent manner in which he worked up Arsenic, with which no doubt our readers are familiar, as it is translated in the 3rd and 4th vols. of this Journal. The Austrian Homœopathic Journal has come to a stand-still since Watzke's retirement from the editorship, and it is not intended to continue it in its present form, but to convert it into a weekly journal, and to publish a quarterly or half-yearly supplement, containing the provings of those medicines which are undertaken by the Vienna Proving Society. At present this indefatigable society is engaged in reproving Lycopodium, but as yet no very striking results have been obtained, except the invariable occurrence of diarrhœa in all the provers.

Homœopathic Medical College of Pennsylvania.

The first course of instruction in this college, in October 1848, was attended by fifteen students, and the second course, beginning in October 1849, has been attended by fifty-five, a very gratifying increase. "The institution," says the report of 1850, "may now be regarded as permanently established and in a flourishing condition."

Homœopathic Congress at Cheltenham.

As announced in our last number, this important Meeting came off on the 12th and 13th of last month. It was attended by upwards of thirty homœopathic practitioners from all parts of the country, who all expressed themselves much gratified by the opportunity thus afforded them of meeting and conversing with so many of their brother practitioners, and by the more special business of the Congress. The meeting of the 12th, presided over by Dr. Willis, was opened by Dr. Ker reading a report of the propositions for the formation of an Annual Congress of homœopathic practitioners, and the results of his applications to the different homœopathists throughout England, together with the steps that had been taken by himself and Dr. Black for the arrangements of the meeting, &c. Dr. Black then read the address we have printed at page 534, and he was followed by Dr. Drysdale, who read an essay on a plan for forming a new and complete Materia Medica, which gave rise to some discussion, and most of the gentlemen present expressed their opinion of the advan-

tage a materia medica, compiled and arranged as Dr. Drysdale proposed, would be to the homœopathic practitioner. The meeting of the 13th was presided over by Mr. Hering, and Dr. Madden read a most interesting, laborious and valuable paper on the homœopathic treatment of inflammation and ulceration of the neck of the uterus, in which he gave the statistical results of 180 cases treated by himself, partly by local applications and partly by general remedies. We trust we shall be able to present our readers with this essay entire in our next number. A long and instructive discussion ensued on this paper, in which the following gentlemen took part: Dr. Black, Mr. Gillow, Mr. Blake, Dr. Chapman, Dr. Drysdale, Mr. Wilson, Dr. Rosenstein, Mr. Ramsbotham, Dr. Chepmell and Dr. Dunham. At half-past six the members of the Congress sat down to an excellent dinner, presided over by Dr. Chapman. After the cloth was removed, the following toasts were given: The memory of Hahnemann; Success to the Homœopathic Congress; Homœopathic Hospitals and Dispensaries; The Advancement of Science and Literature; The Homœopathic Periodicals; Our Foreign Colleagues; The Chairman; The Secretaries of the Congress, Drs. Black and Ker. The result of this first Homœopathic Congress has been successful beyond anticipation; nothing could exceed the harmony and good feeling that existed, and the business transacted was of the most important and practical character. The whole of the arrangements reflect much credit on the secretaries who so kindly took them upon themselves. We trust that next year's Congress, which it is proposed to hold in London in the month of July, will be able to shew a still greater success, and that each succeeding year will manifest a greater unity and zeal for the promotion of our common cause.

A meeting of the *Hahnemann* (Publishing) *Society* was held on the morning of the 13th, to hear the report of the treasurer, Dr. Black, as to the state of the funds, which were pronounced to be in a satisfactory condition. The necessary funds were voted for continuing the *Pathogenetic Cyclopædia*, but as some time would necessarily elapse before the next vol. would appear, it was resolved to commence the Materia Medica originally proposed, by the publication of Dr. Drysdale's essay on the Materia Medica, together with the proving of *Kali bichromicum*, arranged by him on the proposed plan, and to follow this as speedily as possible by the proving of Arsenic, arranged by Dr. Black, and that of Aconite by Dr. Dudgeon.

CLINICAL RETROSPECT.

Enuresis nocturna.

Dr. Gauwerky, of Soest, has a communication on this subject in the *Allg. hom. Ztg.* He says the greater number of patients he had to do

with were poor neglected children, mostly of the male sex. They were generally delicate, pale, lax, melancholy subjects, and mostly came under treatment after they had attained the age of puberty. Without exception they had all been subject to some diseases previously, for which they had been ill-treated; several of them had had the itch more than once. In all such cases he gave from sixteen to twenty doses of *sulphur* $^{2}/_{30}$, a dose to be taken every eighth morning, fasting, until the complaint ceased. The patients generally were not in a condition to make any particular change in their diet. They were ordered to wash the nates and genitals every morning with cold water, and rub the parts quite dry. He advised them also to retain their urine by day as long as ever they could, whereby the following objects were attained:—1. The bladder was more dilated, and rendered capable of holding more urine. 2. The weak call to urinate was thereby roused and strengthened. 3. When the opposite was the case, and the call to urinate was excessive, the too great irritability of the neck of the bladder was thereby diminished, and the muscular activity brought back to its normal state. 4. The attention and observation of the patient were thereby promoted. This treatment was quite satisfactory and successful. Relapses seldom occurred, and when they did the same treatment proved successful.

When the complaint occurred among the children of the upper ranks, it was usually between the ages of 3 and 5, and boys were generally the subjects of it. Almost all had smooth, light hair; the disease was rarer among those with curly or black hair, except among the children of Jews. These cases were also usually cured by *sulphur*. If it was ascertained that the urination occurred in the first stage, *sepia* $^{2}/_{30}$, a dose every eight days, or $^{2}/_{200}$ dissolved in 2 oz. of spring water mixed with spirit, and a teaspoonful given every morning until the disease ceased.

An ill-mannered, wilful, wild boy of 4 years, who used to wet himself not only at night, but also whilst playing during the day, was cured by a single dose of *belladonna* 200.

A girl 5½ years old, of fair complexion, frequently changing colour, delicate frame, and soft, mild disposition, suffered for two years from wetting the bed. The complaint had been preceded by an acute exanthema, probably measles. *Puls.* $^{2}/_{30}$, a dose every evening, sufficed to cure her in eight days.

A strong, healthy girl of 18, of fresh, blooming appearance, regularly menstruating, of cheerful disposition, had for years suffered about every three, four, or eight days from enuresis nocturna. *Sulph.*, *bell.*, *sep.*, *sil.*, *caus.*, *k.-carb.* were given at long intervals without success. Cold sitz-baths morning and evening for five minutes, and *sulph.* $^{2}/_{200}$ in 6 oz. of spring water, a tablespoonful every morning, cured her of her troublesome complaint.

A pale, thin, irritable, quarrelsome young lady of 16, who had never menstruated, was, in consequence of a chill, attacked by coryza, cough and a troublesome strangury. She was long treated allopathically without result. There remained shaking cough, now dry, now moist, with catarrh, hoarseness, dryness in the chest, often with choking, suffocating respiration, general emaciation, little appetite, little thirst. The strangury had ceased for six weeks, and in place thereof the patient suffered from that time from wetting the bed at night. *Puls.* 24 and 200, continued for some time, did little except relieve somewhat the catarrhal symptoms. The patient got impatient and more quarrelsome. *Dulc.* $^{2}/_{2000}$ in 4 oz. of spring-water, a tablespoonful every afternoon, cured the disease quickly and radically.

Treatment of Syphilis and Gonorrhœa.

In Dr. Cl. Müller's last report of the homœopathic dispensary of Leipzig, we read the following:—

"In the treatment of syphilis I found my previous experience as to the good effects of *cinnab.* and *præcip. ruber* completely confirmed; but it appears to me indubitable that the former acts much quicker, and in inveterate and neglected cases much more powerfully and intensely than the latter. Even in the case of condylomata on the penis I saw a much greater action from *cinnabar* than from Thuja or Nitric acid, although even then much longer time is required for their cure than for simple chancrous ulcers. This year also there occurred a case of a bubo ready to burst being completely dispersed by *pulsatilla* without leaving behind any hardness or any secondary symptoms.

"The treatment of gonorrhœa was more successful this year than last. This is partly owing to the employment of a new remedy, the *cochlearea armoracea*, or horse-radish. I had a tincture of it prepared, and in many different kinds of gonorrhœa found it alone suffice to effect a complete cure, especially when there was some smarting and burning with difficulty of passing water and not very copious discharge. It also often produced a rapid cure even in chronic and neglected cases. I can therefore recommend this remedy to my colleagues, and shall only observe that I employed sometimes the undiluted tincture, sometimes dilutions up to No. 6."

The homœopathic treatment of fissure in the anus.

Dr. Perry in the first number of the *Journal de la Société Gallicane* has an article on this subject, and we shall here give the results of his experience.

The chief remedies in his belief for this painful affection are *nitric acid* and *ignatia*.

Next in order come *plumbum, arsenic, sulphur, lachesis, natrum muriaticum, phosphorus* and *sepia*.

Lastly, *causticum, silicea, nux vomica, thuja, tabacum, gratiola,* and *mezereum.*

He has the following cases:—

I. A scrofulous girl of 11 years of age, who had been some months under treatment for enlarged cervical and submaxillary glands, complained on the 3rd May 1849 of acute pains at the anus during and after a stool. This she had had for three months. The sphincter was contracted considerably, there was a small hemorrhoid near the verge of the anus anteriorly, and above that a fissure about a centimetre in length, with bright red borders and pearl-white at bottom, formed by the tendinous fibres of the sphincter. She got *nitr. acid.* $^{3}/_{30}$, dissolved in 10 spoonfuls of water, a spoonful every day for ten days. May 24th (twenty-first day of treatment). Improving; the stools are much less painful. *Nitr. acid.* $^{2}/_{300}$, to be used the same way. June 21st. Since the commencement of the month no more pains at the anus either during or after the stools. On examination no fissure was perceptible, but only a little redness where it had been. She got another dose of *acid. nitr.* 300, and since then has never complained of the anus.

II. A married woman, aged 21, thin, pale, delicate, of lymphatic constitution. Three weeks after confinement she was affected with a hemorrhoidal swelling at the anterior part of the anus, at which part she had shooting and tearing pains during a motion. After suffering for five months, she got *sepia* 30 to take for a week, but did not return till after two months more, during which time she had always had the pains in the anus, which had indeed increased in violence. She had constant smarting and shootings at the bottom of the rectum, which increased during and after a motion. Examination shewed a fissure seated above a small hemorrhoidal fold, and which bled when the mucous membrane was dilated. She got *silicea* $^{3}/_{30}$ in a glass of water, a spoonful every day for six days. This was on the 22nd February. On the 4th March there was less pain in the rectum, but having caught cold she had tonsillitis on the left side. For this she got *baryt. carb.* 30, and when the sore-throat was gone, *silicea* 30 for six days, as before. 17th March. The *sil.* had been used for two days; the pains of the rectum had returned, and the fissure again bled. *Sach. lact.* March 25th. For some days she had an increase of a greenish leucorrhœa that was habitual, with smarting, shootings and acute pain in the vulva and vagina, the mucous membrane of which was very red and sensitive to the touch; the fissure as before. *Sulphur* 30, six spoonfuls. April 1st. Vulva improved, less leucorrhœa, anus the same. *Sulphur* 24, six spoonfuls. April 15. Vulva much better, but for some days painful heaviness in the hypogaster, and a flow of blood from the vagina, extending the menses to fifteen days. Pain in the anus as violent as ever. *Nitr. acid.* $^{2}/_{12}$ in eight spoonfuls of water for as many days. April 22nd. Anus improved, less blood passed at stool,

smarting of vulva diminished. *Rep. med.* April 29. Much improvement in the anus, but still a little smarting there; vulva well. *Rep. med.* From that time all the symptoms of fissure disappeared completely.

III. A married lady, aged 33, had suffered for five months from pains in the anus, after childbearing. The pains were—smarting and violent shootings during a motion and a long time thereafter. The rectum was not examined. She got *nitr. acid.* $^{2}/_{24}$ in a glass of water, to take a tablespoonful for seven days. The first few doses caused diminution, and then entire subsidence of the pain. Five weeks afterwards she had a return of the same pain during a motion. She got the same medicines, which effected a complete and durable cure.

IV. A lace maker, aged 24, had been treated two months previously for a small ulcer on the labia minora, beneath the clitoris, which yielded to a dose of *merc. sol.* 30. For two or three days, without any apparent cause, except perhaps a hard evacuation, she had suffered excessively violent pains about the anus, as if a wound was there; these pains became insufferable after a motion, causing her to scream out, and lasted during the night so as to deprive her of sleep. The sphincter was spasmodically contracted, and a fissure was seen just above it. *Nitr. acid.* $^{2}/_{30}$ in a glass of water, a teaspoonful to be taken every four hours, was prescribed. This wrought wonders: the pain diminished and ceased entirely in the afternoon; the night was excellent; but in the morning, after a hard motion, which had not been facilitated by a mucilagious clyster as directed, the pains recurred with the same amount of violence. A surgeon having been called in, proposed an operation, which frightened the patient, and she had again recourse to homœopathy. *Nitr. acid.* 30 every four hours was again prescribed, and a dose of *ignatia* 30 left to be used if the *nitr. ac.* should fail. The *nitr. acid* however produced an immediate amelioration, and would probably have sufficed for the cure, but the patient took the *ignatia* afterwards, and continued to take it every twelve hours for two or three days, and was after that period permanently cured.

V. A boy aged 10, of nervous sanguine temperament, thin, lank, blond, with a white skin and high complexion, had suffered for about eighteen months from fissure in the rectum. He had been cauterized with nitrate of silver without effect; the sphincter had then been dilated, but no good ensuing, he was treated with palliatives, mucilaginous lavements and narcotics. The waters of Spa and Aix-la-Chapelle produced a merely transient amendment. His symptoms were, excessive pain when he went to stool, and even for some time before he experienced a great smarting in the rectum; the pains were not always equally violent, sometimes he was seized quite suddenly, by day or night, with violent shooting and smarting pains in the rectum, which were only relieved by lavements and baths. On the 2nd December he got *ignatia* $^{2}/_{30}$ in a glass of water,

a tablespoonful every day for six days. 9th. Some amendment; *rep. med.* 18th. The pains have returned; *nitri acid.* 30 for eight days. 24th. No change; *sacch. lact.* 5th January. A great improvement for some days. *Sacch. lact.* 14th. No more pain in the anus, but for several days anorexia, pressive pains in the hypochondria, alternating with similar pains in the temples; some rumbling in the belly; tongue red at the point, and furred. *Nux vom.* 30. The next day the symptoms of intestinal derangement had ceased, but the pain of the fissure had returned. *Nitr. acid.* 30, a spoonful for four days. 29th January. Still a considerable amount of smarting in the rectum before and after a motion. *Sulphur* $^2/_{6000}$ in four spoonfuls of water for two days. 18th February. No amelioration. *Phos.* 30, eight spoonfuls. Three months after this he remained quite well, and had no symptoms either of fissure or of the stomachic sufferings.

Dr. Perry relates two more cases, but as they are incomplete we need not give them. Nothing is more required in homœopathy than collections of cases illustrative of the treatment of particular diseases, and where these diseases are of a definite character like the one under consideration, a tolerably accurate and perfect therapia of them may be obtained, if a system were adopted whereby many homœopathic practitioners might be induced to contribute their individual experience in reference to them. The solitary experience of a single practitioner might not indeed be of much use *per se*, but the collective experience of a large number would enable us to deduce those rules for guiding our treatment in special cases that are of so much importance for practical purposes, and whereby practice, which is at present founded in a great measure upon *a priori* speculation, will receive the authoritative stamp of experimental corroboration; and well authenticated clinical experience is the only mode of clearing up what is doubtful in the indications of medicines from their pathogenetic effects. Entertaining these views, we do not hesitate to append to these cases of Dr. Perry a similar one recently treated by ourselves, more particularly as it corroborates the favourable opinion held by that gentleman with respect to the specific virtues, in relation to that disease, of one of the medicines used successfully by himself. If other practitioners could be induced by our example to forward us their experience relative to this disease, we might soon possess a complete homœopathic therapia of a malady respecting which the records of homœopathy are almost silent.

VI. A lady, aged 30, had suffered much after confinement from piles and fissure in the anus. During the last six months of her pregnancy she had by the advice of her allopathic attendant taken a dose of castor oil every second morning. The piles and fissure in the anus, which had evidently been produced by this lubricating system, were treated long allopathically, and at length the fissure seemed to be cured by the ener-

getic use of lunar caustic. About three years after this, the bowels having been for some time rather costive, she began to complain of the old pain, a sensation of contraction and excoriation at the bottom of the gut, especially after a motion, and a little blood passed with the stool. As she had in the mean time embraced homœopathy, she got *ars.* 12, a dose night and morning for a week. After this had been taken, the report was that she felt exactly as before when she had the fissure; whenever the bowels are moved, which they are about every second day, she has excessive excoriation pain, a feeling of contraction, and as if she was "torn to pieces" in the rectum after a motion, lasting a long time, generally all day, and completely incapacitating her from doing anything. As the fæces were very hard, we advised that the bowels should be opened with a warm water enema, and guided partly by the extreme similarity of the symptoms present with those of *nitric acid*, partly by a case of Hahnemann's, published in our 7th vol, p. 496, we prescribed *acid. nitr.* 30, 2 globules in 14 tablespoonfuls of water, a spoonful night and morning. The medicine produced almost immediate relief, and before three or four doses of it had been taken, she felt no inconvenience at all in the rectum. A month afterwards, however, she had a return of the same excoriation pain after a motion, though it had not attained any very great height before we were applied to, and the same prescription removed it almost instantaneously, and up to the present date, *i. e.* upwards of a year since the last attack, although the bowels have been several times very much constipated, there have not been the slightest indications of a return of the fissure.

Here then are three independent testimonies to the efficacy of *nitric acid* in fissure of the anus or rectum, which indeed we might have surmised it to possess from a study of the recorded proving of the medicine, but respecting which we have no hint either in our clinical records or repertories or guide-books, though probably there may be a good deal of individual experience on the subject scattered amongst the great body of homœopathic practitioners, and we conceive it should be one of the main objects of all societies of homœopathic practitioners to endeavour to concentrate as much as possible the scattered rays of clinical experience on different practical points, a thing which it is impossible for any individual to effect.

Ophthalmia catarrhalis periodica.

A female 22 years old, tall, rosy, of somewhat phthisical habit of body, had in her childhood suffered from an eruption on the head, and since then frequently from inflammation of the left eye, that used to occur every spring and fall. Four years ago she was last affected by it, and was only freed from it after a long allopathic treatment. Since then nothing was observable but some redness of the inner canthus of the left

eye when she got over-heated. A fortnight before she was seen (in May 1848), the inner canthus of the eye had become red, but without pain; in the course of a few days there appeared at the edge of the cornea, upon the sclerotic, towards the inner angle and rather inferiorly, a small vesicle whence vessels of some size ran to the canthus. This vesicle grew larger, and at length formed an ulcer in the sclerotic. Six doses of *sulph.* trit. 3, a quarter of a grain p. dosi daily, sufficed to cure it completely. In November of the same year the same affection appeared in the right eye, that had hitherto always escaped, and pursued the same course. In May 1849 the same affection appeared in the left eye again. Having neglected it and caught cold, she got a pretty severe catarrhal inflammation of the eye, which required *bell.* and *euphr.* for its removal. *Sulphur* was then continued for some time, and seemed to eradicate all tendency to the affection, for there does not now appear the slightest redness after being ever so much over-heated.—Lorbacher, *Hom. Vierteljahrsch.*, I, 2.

Ophthalmia intermittens.

A woman 32 years of age, slender and delicate, had had six children in rapid succession, and had shortly before been brought to bed. In her youth she had been affected with blepharitis glandulosa. Though otherwise in good health she complained of violent burning pain in the eyes, coming on every afternoon about four o'clock, combined with extreme photophobia and lacrymation, the conj. palpebr. and bulbi being at the same time slightly injected. In the course of from three to four hours all these symptoms went off gradually, so that about 10 p. m. nothing remained but slight confusion of the head, weakness of the eyes, and general debility. A short time previous to each attack she was always affected by a sudden, faint weakness. In the intervals of the attack there was nothing abnormal to be seen in the eyes besides a slight redness of the conjunctiva. Four doses of *arsen.* $^{6}/_{30}$, one morning and night, removed this affection entirely.—*Ibid.*

NOTE BY THE EDITORS.

Next to careful, accurate and complete provings of powerful remedial agents, the most important method of advancing and confirming the practice of physic is the record of interesting cases of diseases, carefully and minutely detailed, illustrating the curative powers of medicines. In the *Clinical Retrospect* to which we have devoted a certain portion of our space in each number of our Journal for some time back, we have presented to our readers the chief cases of interest we have met with in foreign journals and works on homœopathy, which are not accessible to most of our readers, but we feel assured that a vast number of equally or still more important

facts and cases must have occurred in the practice of the large body of homœopathic practitioners in this country, and we think that no greater service could be done to the cause of practical medicine than by the publication of these treasures of observation and experience. Many practitioners who may not have sufficient materials of this kind to enable them to prepare a complete monograph on particular diseases, may yet be able and willing to supply us with single cases of an instructive character, and if each practitioner in England were to furnish us with one or two well-detailed cases every year, we should soon be in possession of a very rich fund of clinical observations. In addition therefore to the publication of monographs and essays, we propose to set apart a portion of our space to the histories of single cases that may be forwarded to us for this purpose, which we shall take care to arrange in a convenient order for study, and we trust that all who are alive to the importance of this plan will communicate to us occasionally the fruits of their experience, whereby a great service will be rendered to our art, and much mutual instruction conveyed.

BOOKS RECEIVED.

The Journal of Psychological Medicine, for April and July.

The Homœopathic Times. Nos. 48 to 61.

Jahr's Pocket Dictionary and Concordance, by Dr. Laurie. London, J. Leath, 1850.

Journal de la Société Gallicane. Vol. I, No. 1.

Gazette Homœopathique de Paris. Nos. 11 to 26.

Bulletin de la Société de Médecine Homœopathique. Vol. VIII, Nos. 6, 7, 8, 9, 10.

Journal de la Médecine Homœopathique. Vol. V, Pt. 5, 6.

Third annual announcement of the Homœopathic Medical College of Pennsylvania, 1850.

Dr. Holland's Correspondence with the Poor-law Board.

POSTSCRIPT.

The Editors beg to express their sincere thanks to the Authorities of the Homœopathic Medical College of Pennsylvania, for the honor conferred on them in electing them Fellows and Corresponding Members of that College.

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