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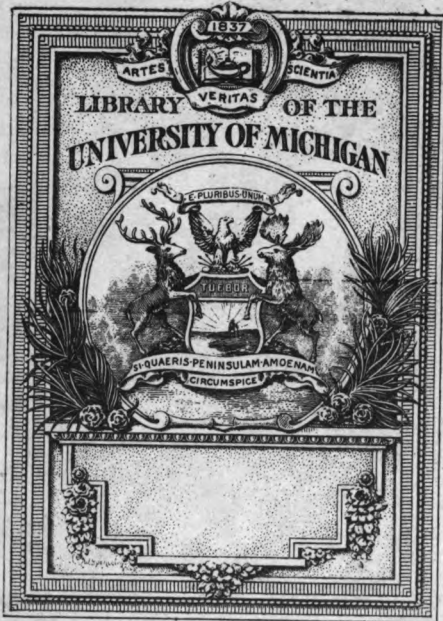
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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

ON THE PURE EFFECTS OF SULPHUR.

BY DR. F. WURMB.

(Continued from Vol. XV, page 619.)

XII.

DR. J. O. Müller, made trials of the 100th and 30th dilutions of Sulphur, on himself and a female, but elicited from them no effects worth notice. The 6th dilution produced the following symptoms in him, but did not affect the female prover.

We give the history of these trials in the prover's own words:

On the 21st December, 1845, in the evening, before going to bed, I took 2 drops of the 6th dilution of the remedy in water. The night was undisturbed.

On the 22nd. In the morning, soon after waking, head hot, slightly confused; these symptoms went off after washing. The whole forenoon a state of mind, partaking more of earnest exaltation than of depression or want of cheerfulness; weight in the small of the back, felt particularly on stooping; painful drawing about the hypochondria; insipid taste; dirty, thinly coated tongue. At noon, after walking much, I felt hungry, but without appetite. Without feeling satiated, the latter part of the meal was not relished. Throughout the day great discharge of flatus and rumbling in the bowels. In the morning, afternoon, and evening, always soon after eating, passed a motion, half fluid, half lumpy, mixed up with gas, and attended

with great noise from flatus. Frequent and copious evacuation of pale urine, with but little odour (only towards the end it had a mouldy smell). Sore pain in the whole abdomen, as if it were raw, particularly noticeable on taking a full breath, coughing, walking quickly, or taking any violent exercise. Itching at the anus and round about it.

23rd. Restless dreamful sleep ; frequent waking and falling to sleep again in a stupefied state. Towards morning general warm perspiration with anxiety, causing him to throw off the bed clothes. Pain in the small of the back with hypochondriacal discomfort. No appetite, and yet the food has the proper taste. Very tormenting shootings behind the lowest rib of the left side, towards the back, increased by breathing deeply ; at the same time rattling respiratory noise in the large bronchial tubes. Eruption of furunculous pimples with a red areola, and very itching sensation, especially on the face. Frequent itching, burning, and smarting in the canthi of the eyes, making him rub them. In the evening, by candlelight, a veil before the eyes ; the surrounding objects appeared to be enveloped in smoke ; rubbing and wiping them had no effect. Tormented with flatulence. The accustomed motion did not take place ; the flow of urine also was less frequent and scanty.

24th. Very restless night ; dreams of unfortunate and dishonouring events. Waking up in anxiety, heat, and perspiration. Redness of the eyelids and conjunctiva. Gasping for breath, on account of the constriction of the larynx : the throat appeared to be too narrow ; the face hot and turgid ; the eyes perceptibly projected out of their orbits ; the veins of the forehead and temples were distended with blood ; speech difficult ; shrill whistling on inspiring, particularly noticeable on going up stairs. This very anxious state was accompanied by indescribable discomfort, want of steadiness, and dizzy feeling. Firm stool with severe pressing.

25th. Night as before, very restless. In the afternoon a peculiar discomfort in the precordial region and hypochondria, extending up to the throat, caused by tension, pinching and tearing, now in the stomach, and now in the splenic and hepatic regions ; eructation of flatulence caused only slight alleviation.

At this time I was obliged to devote myself to an intellectual work, which occupied my attention and disturbed my night's rest so much, that I discontinued the trial on the 26th, from which date I recorded no more symptoms.

A girl of 27, of healthy appearance, robust, well-formed figure, black hair, and good complexion, of variable but generally cheerful disposition, with no perceptible ailment, regular menses; after having taken dilutions without effect, took on the 28th December, at 3 P.M., 5 grains of the first decimal trituration mixed with water.

The next day the usual morning motion did not occur; it was not till the afternoon that she had an unusually hard stool, accompanied by pressing and burning in the anus. The burning in the anus lasted some time after the motion, so that she could not bear to sit.

29th. At 3 P.M. 5 grains of the same. In the evening: violent itching and smarting all over the body, particularly on and betwixt the fingers; parts of the body not sensitive itched when she touched them. She feels as if she were all alive beneath the skin; there was a feeling as if vermin were running about. No stool to-day (her bowels are always quite regular every day).

30th. Night very restless; anxious frightful dreams of the dead and dying; she speaks, weeps, and shouts in her sleep, so as to wake herself, and after awaking, remains long in a confused state of mind. In the morning, after getting up, very much out of humour; during the day, sad, lachrymose—she weeps if one attempts to console her. Makes mistakes as to time: she thinks it is much earlier than it really is; at the vesper bell (7 P.M.) she contends with warmth that it is only 5 o'clock, and she became quite angry on attempting to convince her of her error. No appetite; no stool. Shooting pain in the temples, close to the eyes, on moving them or on looking at anything.

31st. At night, when lying on the back, pressure and anxiety in the chest, with difficulty of breathing, to such a degree that the sweat exuded at every pore. She feels very weary, prostrated,

and ill; the complexion is pallid; the natural tension of the facial muscles gone, so that her features appear decomposed, as if worn out by long suffering. Anorexia; what she eats has no taste, she has no relish, and the morsel seems to stick in her gullet. In the evening, cramp, stiffness and icy coldness of the left ring-finger, extending up to the elbow, corresponding to the seat of the common extensor muscle. Severe pain in the small of the back, extending from the hypochondria over the sacrum into the coccyx, and she felt as if everything would come out at the anus. At night, when lying on her back, she is troubled with colicky bellyache, with cutting in the sides of the abdomen, and drawing together about the navel; this was followed by a scanty evacuation, with much tenesmus and severe burning in the anus.

1st. Jan. 1846. She feels quite prostrated and ill. Severe pain in the small of the back, on account of which she loses all power of supporting herself. Burning in the anus so that she cannot sit. Bearing down from the small of the back, as if the menses were about to come on. Much eructation of air, accompanied in the evening with hiccough. At night, when lying on the back, she is threatened with another attack of colic like yesterday's, but this goes off on turning quickly on to the side; only some pinching about the navel remains in the changed position, this, however, goes off gradually, after passing a good deal of flatus.

2nd. She still feels in all her limbs, as if suffering from a long illness. No appetite; but return of cheerfulness and interest in surrounding things, and pleasure in her household occupations.

The prover could not be persuaded to go on with the trial at that time. It was not till the 6th of April that she would resume the proving. Up to that time she believed that she still felt some Sulphur symptoms, such as pain in the small of the back, disturbed sleep, irregular bowels, occasional abdominal sufferings, &c.

6th April. She took at night, before going to bed, 10 grains of the 2nd trit., dissolved in about an ounce of distilled water.

That night she slept quite quietly, and the subsequent days she

did not record the few slight symptoms she experienced, as she did not think they were owing to the Sulphur.

9th. To-day she complained of a peculiar headache, not easy to describe, accompanied by vertigo, and compelling her to keep quiet, and at its worst to sit still; she felt relief by shutting her eyes. During the day she became excessively ill-humoured. No motion of the bowels.

10th. She had a motion, but it was so hard that she could only get rid of it by pressing strongly, whereby the anus felt sore, and the evacuation was covered with blood.

11th. Frequent call to stool; nothing passed but a few drops of dark blood, accompanied by burning in the anus.

12th. In the forenoon she had dimness of vision; it seemed as if a veil was before the eyes; sometimes she saw objects double; she could hardly see to do needlework, when sewing the sight went away completely. In the afternoon when walking a clot of blood slipped out of the anus. She passed a very restless night. The following morning all her limbs felt as if beaten. All day long her humour was very bad.

13th. She was again affected by the above-described headache and vertigo. To-day she was obliged to remain constantly seated, in order to keep off the attacks; they were rather less in the open air. In the afternoon this vertigo became extremely severe; it followed upon nausea, inclination to vomit, twisting and turning in the stomach, yawning, excessive prostration, almost amounting to trembling of the limbs, and occasional noises in the head and ears. (The vertigo had this peculiarity, that it increased in violence on stooping or moving about, but was alleviated by sitting still.)

The following day: menses came on at the proper time, but with bearing down pains from the small of the back into the pelvis, which had never occurred before. They lasted the usual time; no alteration was perceptible in their quantity or quality. There remained, for a long time afterwards, derangements of the evacuations, as regards both the time of their occurrence and their appearance; they were always hard and lumpy, and often accompanied by burning in the anus. In other respects no more symptoms remained from this trial.

XIII.

Dr. N., 27 years of age, of sanguine temperament, made a series of provings with the tincture of Sulphur.

21st July, 1846. At 6 A.M. he took 3 drops. Immediately afterwards slight scraping in the fauces, making him hawk; this lasted about an hour.

22nd. Five drops. The scraping returned immediately; it alternated with a drawing pain in the right shoulder, which went off by rubbing.

23rd. Same dose and same symptoms as yesterday.

24th. Ten drops. Distension of the abdomen, rumbling in the bowels. In the evening two liquid stools, with relief to the distension.

25th. Ten drops. No discomfort in the abdomen; no motion. At night restless sleep; frequent waking from disagreeable anxious dreams.

26th. In the morning, after getting up, bruised feeling over the whole body; in the forenoon drawing downwards on the inside of the left thigh. No stool.

27th and 28th. No medicine, no symptoms.

29th. Ten drops. Immediately after taking them disagreeable tension in the abdomen; no appetite for dinner. In the evening two liquid evacuations, causing relief to the tension.

30th and 31st. Five drops. The abdominal symptoms did not return; only a flying drawing and tearing in the left shoulder reminded the prover occasionally that he had taken Sulphur.

“I now,” writes N., “continued the proving by taking 5 drops of the tincture daily, but until the 6th August I only felt an increased lassitude, sleepiness, and tendency to perspire on the least exertion. I sometimes felt so exhausted in the evening, that I fell asleep sitting on a chair, though people were talking loudly all round me.”

7th Aug. In the morning 10 drops. In the evening, without any previous rigor, violent febrile heat, quickened pulse, confusion of the head, and such great lassitude that he had to go to

bed. He slept but little during the night; tossed restlessly about in bed, and had many anxious dreams.

8th. Bruised feeling all over the body; yellow complexion.

10th. In the evening 5 drops. Immediately afterwards violent drawing in the left upper arm, extending from the shoulder to the elbow, and lasting an hour. In the evening troublesome tension in the abdomen followed by a diarrhœic evacuation.

12th. In the morning, on waking, the left eyelids stuck together; lacrymation from both eyes; and along with these symptoms, there was so much photophobia that he could not look towards the window. On looking into the mirror, after getting up, he found the left eyelid swelled and the conjunctivæ of both eyes red. In the course of the day he had a feeling of dryness and heat in both eyes; on opening and shutting the eyes he felt as if the lids rubbed against eyeball.

18th. In the morning the left eye was again closed up, the lids reddened, the photophobia worse than yesterday; the conjunctiva and sclerotic of both eyes much injected; the least light caused a copious flow of tears.

The inflammation of the eyes lasted, in the same intensity, until the 20th August, during which time 5 drops of the tincture were taken daily. The appearance grew daily worse, and during all the time he had great lassitude, tendency to perspiration, and drowsiness.

21st. The ophthalmic affection declined; he could look at the light better; the redness and heat of the eyes were less. Some pimples appeared on the shoulders and forehead.

22nd. In the morning the heat and redness of the eyes were greater than yesterday, but they declined in the course of the day; in their stead the disagreeable tension in the abdomen recurred; it was only alleviated by two diarrhœic motions.

From the 23rd to the 26th. Each day, in the morning, feeling of heat in the eyes, and some photophobia, symptoms which regularly declined towards the latter part of the day. In the evening, although he felt no pain in the eyes, he could not read long by lamp-light without fatigue and watering of the eyes. The general health was much as usual. The disposition

was variable, but on the whole rather inclined to be dull and lachrymose.

27th. In the morning 5 drops. About 7 P.M. violent febrile rigor, without shuddering or thirst, which lasted half-an-hour, although he went to bed and covered himself with the bed clothes. This was followed by great heat, which lasted one-hour-and-half, with full rapid pulse. Along with the febrile heat there occurred a disagreeable aching pain in the forehead, and great restlessness, which went off when sweat broke out. After this he fell asleep and passed a quiet night, without dreaming or waking, which had not been the case for a long time.

28th, 29th, 30th, and 31st. Without medicine. The derangement of the general health continued. On the 31st, in the morning, there appeared on the left cheek, near the ala nasi, a small red spot, which attained the size of a lentil.

1st. September. Five drops. On awaking in the morning he remembered that in a half-sleeping state he had scratched away at his left cheek, owing to the itching there. About twenty elevations, the size of millet seeds, were to be seen there: they itched slightly when touched, and became more visible after dinner, when the cheek was also somewhat redder and hotter.

2nd. Five drops. The eruption on the left cheek has increased in extent, especially near the ala nasi. Traces of a similar eruption were also visible on the right cheek. After dinner, and in the evening after taking a little wine, the eruption became remarkably increased.

3rd. Five drops. "Last night," writes N., "I again scratched myself violently (during the day I abstained from scratching for fear of making the eruption raw). On looking at the eruption in the morning with a lens, I found, on the spots first formed, the epidermis coming off in small scales. I removed one of them on the point of a pen knife, and found it was of a circular form, scarcely above a line in diameter, thickened towards the edges, and in the centre thin and transparent. The skin beneath the detached scale was elevated, red, and sensitive." After dinner, the same aggravation of the eruption as on the previous day.

4th. Five drops. Desquamation appeared on several of the spots; on the right cheek the eruption is extending.

"The following days," writes N., "the eruption remained the same, but I noticed with disgust that new scales constantly appeared on those spots that had already desquamated. One of my colleagues, who had paid great attention to skin diseases, declared the eruption to be a *seborrhœa congestiva*, and prescribed cold douches for it. As I had, at that time, particular objections to an eruption on my face, I discontinued the use of the Sulphur; but, in spite of that, the efflorescence lasted, in greater or less intensity, throughout October and November, and was always remarkably aggravated after taking even very small quantities of alcoholic liquors. The eruption subsequently went away without anything being done for it."

It is a pity that N. did not make a more extended experiment, with his rare sensitiveness to Sulphur, and that he did not try other preparations.

His proving corroborates the following symptoms: 10, 218, 248, 248, 265, 266, 271, 272, 274, 277, 278, 301, 302, 376, 543, 585, 586, 789, 826, 848, 871, 1341, 1489, 1731, 1732, 1733, 1736, 1767, 1810, 1875.

XIV.

Sigmond Reiss, army surgeon, proved Sulphur in substance and in dilutions.

A.—*Provings with Sulphur in substance.*

20th Nov.; 1845. In the morning he took 10 grains of powdered Sulphur. Beyond a feeling of fulness in the stomach and eructations of air, nothing worthy of observation.

21st. Same dose as yesterday. In the evening shooting pains in the left hip, which extend to the upper third of the thigh, are worse when at rest, and are relieved by motion and by pressure. General lassitude, confusion of the head, and intolerance of noise.

From the 22nd November to the 9th December he took daily about an hour before his breakfast of milk, 20 grains of Sulphur. He observed the following symptoms:

23rd Nov. After dinner pressure in the stomach ; frequent eructation of air during the day ; in the evening great lassitude and some confusion of the head.

24th. General feeling of illness ; great sensitiveness to every breath of air ; about 2 P.M. he was so tired he must lay down ; he fell asleep, but his sleep was disturbed by confused dreams. On awaking an hour afterwards, he had a violent pain in the forehead, which was alleviated in the evening after sneezing several times.

25th. About 3 P.M. recurrence of the severe pain in the forehead, with considerable congestion of the face and coldness of the extremities. Later in the day frequent sneezing, which always gave relief to the head. In the evening itching in the anus ; general lassitude.

26th. At 8 P.M. pressive frontal headache with flying shoots in the left orbit.

27th. During the day colicky pains in the abdomen, which became particularly bad at night in bed until they were relieved by discharge of flatus. At night before falling asleep, shooting in the right hip, the left shoulder, and both thighs ; disagreeable feeling of lassitude, as if he had ridden or swum a great deal.

28th. About 7 P.M. aching pain in the forehead. Before going to sleep colicky pains in the abdomen and shooting in the left side of the chest.

29th. In the morning, on awaking, itching in the right hand, especially betwixt the fingers. In the afternoon rumbling and griping in the bowels, with relief by the discharge of very fetid flatus, accompanied by the feeling as if a loose motion were being passed. In the evening two loose stools.

30th. Immediately after taking the medicine, gripings in the belly, which frequently return during the day, with a feeling as if diarrhoea were about to ensue, and then with fruitless call to stool.

"It is remarkable," writes R., "that from the commencement of this proving I have awoke every morning at 5 A.M., and have been unable to fall asleep again, a thing that never happened to me before."

1st and 2nd Dec. Same symptoms as on the 30th Nov.

3rd. Frequent fruitless call to stool. In the afternoon frequent violent sneezing. Towards evening sudden shoots in the orifice of the urethra. At night a remarkable quantity of urine passed.

4th. In the afternoon flying shoots in the left supra-orbital ridge for five minutes.

5th. In the evening severe shooting in the right calf and the right upper arm. For some days past he has observed a remarkable distraction, and particularly a very great loss of memory with respect to well known local circumstances.

7th. Immediately after taking the medicine, symptoms in the abdomen the same as those that occurred a few days before, with relief from emission of flatus. Four hours later a loose stool, with itching in the anus.

8th. In the morning, on awaking, sensation as if a worm crept out of the anus. Uncommonly late of falling asleep, and early waking in the morning (4 A.M.) since the 3rd Dec.

From the 9th to the 13th Dec. inclusive, the proving was discontinued, but from the 14th (with the exception of the 25th and 28th) to the 30th, 20 grains were taken daily.

10th and 11th. At night before falling asleep, sudden shooting pains in the right half of the head, with glowing hot cheeks and ears. At night heavy confused dreams.

12th. No symptoms.

13th. On awaking from the afternoon nap, sensation as if a hair were in the throat, but without difficulty of swallowing.

14th. At night, before falling asleep, for a quarter of an hour, shooting pain in the left side of the forehead, stretching to the occiput, and relieved by external pressure.

15th. In the morning, after awaking, shooting betwixt the second and fifth left ribs. Immediately after swallowing the Sulphur, eructation of wind, and the usual abdominal symptoms. At night before falling asleep, itching all over the body, headache as yesterday, but much milder, and slight shooting in the chest as in the morning.

16th. After constipation had continued for two days a copious loose motion, with burning in the anus.

17th. In the evening violent pain, as if the head were screwed

together from without, with flying heat in the face. At night shooting in the right half of the forehead, extending to the orbits.

18th. Immediately after taking the medicine the same abdominal symptoms as above described. At night, in bed, flying shooting in the right ribs, extending to the shoulder. "Since the 15th," he observes, "I woke every morning at 4 o'clock, and was unable to fall asleep again."

19th. Two hours after taking the medicine aching in the stomach, which lasted half-an-hour, and was conjoined with a disagreeable feeling of repletion. For the first time for a week the head is free from pain.

20th. In the morning, a quarter-of-an-hour after taking the medicine, burning in the fauces; after one-and-half hour on stooping and raising up the body a bruised pain in the small of the back, which recurs several times during the day. At night in bed, icy coldness of the feet.

21st. At night, before falling asleep, icy coldness of the feet, with glowing heat in the head and hands; violent stupefying headache and shooting in the left side of the chest, lasting more than a quarter-of-an-hour. He tossed about uneasily in bed, and could not help thinking he was going to be seriously ill.

22nd. A vesicle on the left border of the tongue. In the forenoon flying stitches in the left side of the chest, increased by walking quickly and going up stairs.

23rd. Traces of the stitches in the chest of yesterday, but only when walking. In the evening, the bowels, which had been constipated for two days, were opened unsatisfactorily. Before falling asleep, flying shoots in the left ribs.

24th. About 4 A.M. aching pains in the region of the right sacro-iliac symphysis, and in the right shoulder. In the forenoon shoots in the right knee-joint when standing. In the evening shooting in the right ribs.

25th. In the forenoon on inspiring the cold air, tearing pain in a loose healthy incisor tooth.

26th. During the day dull headache. At night, before falling asleep, shooting in the left thigh, in the direction of the crural nerve, for more than half-an-hour.

27th. In the morning on awaking, the pain in the left thigh

recurred more violently than the preceding night; it was conjoined with great weakness almost approaching to paralysis, but it was relieved by getting up, and went off in the course of the day. In the afternoon stupefying headache. At night traces of the pain in the thigh.

28th. Shooting pains in the right knee-joint, especially when standing. At night again, traces of the pain in the thigh.

29th. After taking the medicine, the well known symptoms in the abdomen. During the day shooting pains in the left hip joint and in the ball of the left hand.

30th. During the day feeling of weakness and dislocation of the right wrist. At night feeling of great weakness of the left leg, and shooting pains in the left hip-joint.

31st. In the evening bruised pain in the small of the back.

B.—Provings with the 31st decimal dilution of Sulphur.

Of this he took on the 8th of January 1846, at night before going to bed, 20 drops, without any result.

19th Jan. In the evening 2 scruples of the same dilution. (After this he took no more).

Immediately after taking it, metallic taste in the mouth like copper. Before going to sleep shooting pains in the upper border of the left orbit.

20th. In the morning great itching in the anus. In the evening, before going to sleep, sudden shoots in the left thigh, in the course of the crural nerve, relieved by walking. At night sudden shooting in the middle joint of the right little finger; half-an-hour afterwards numbed feeling and great lassitude in the left ankle-joint.

21st. About noon, the bowels having been constipated for two days, fruitless call to stool. At night, before going to sleep, aching squeezing pains in the left ankle, which, after lasting a short time, give place to shooting pains in the left sole.

22nd. In the morning on awaking, confusion of the head, which went off after discharge of flatulence and going into the open air. About noon, feeling of fulness in the stomach and violent hiccough, lasting quarter-of-an hour. In the afternoon,

after violent straining and cutting in the anus, a scanty evacuation, and afterwards a sensation as if the mucous membrane of the rectum were pressed out. About 6 P.M. flying shoots in the vesical region, and a feeling of soreness on pressing on it. Before going to sleep crampy pain in the lower third of the left thigh, and disagreeable feeling of lassitude.

23rd. About 4 P.M. excessively violent pains in the small of the back, compelling him to go to bed. At night very restless sleep.

24th. In the morning great weariness. During the day he felt quite well.

25th. No symptoms.

26th. About 4 P.M. violent aching pains in the frontal region, which he ascribed to the constipation that had already lasted three days, whereupon he took a cold water enema. This produced an evacuation, but had no effect on the headache. About 2 A.M. there occurred by fits drawing pains in the lower third of the thigh, and feeling of tension in the left parietal bone, as if the skin there were too tight and covered with ulcers.

27th. In the morning after awaking, tearing pains in the left shoulder-joint.

28th. At night, before falling asleep, shooting in the left hip-joint.

In the above proving, the *shooting* pains play a conspicuous part. They present the peculiarity of occurring chiefly in the morning and late in the evening, are generally ameliorated by movement and pressure, and are often combined with very tired feeling. Besides these symptoms, those indicating an affection of the head and intestinal canal, especially its lower portion, are remarkable from their persistence. Equally constant are the derangements of sleep (late of falling asleep and early waking, generally at the same hour). Several of the symptoms are new; the following of the Hahnemannian provings are repeated: 66, 77, 131, 148, 170, 442, 508, 521, 560, 628, 650, 653, 713, 826, 829, 848, 858, 860, 871, 916, 919, 928, 931, 960, 989, 1081, 1202, 1267, 1298, 1346, 1483, 1515, 1541, 1558, 1580, 1581, 1665, 1722, 1740, 1757, 1785, 1794, 1851, 1875.

XV.

Dr. Riedlinger, 27 years old, of sanguine temperament, has always enjoyed good health, proved the Tincture of Sulphur in two series of trials, which differ from one another only in the quantity of the vehicle.

First series of provings.

One drop of the tincture mixed with an ounce of water.

This dose was taken every morning from the 8th of August to the 3rd of September 1846, inclusive. The following effects were observed.

8th August. Hoarseness; rumbling and pains in the abdomen; night's rest disturbed by vivid dreams.

9th. Great lassitude after walking. Headache; shooting in the anus.

10th. In the morning, hoarseness; urgent call to stool, two loose motions.

11th. Very great lassitude; pains in the abdomen; towards evening tiresome long continued burning and itching over the right ankle; at night many disturbing dreams.

12th. Great sensitiveness to every breath of air; frequent urgent call to stool; appearance of a small boil on the left shoulder.

13th. Uncommon lassitude; heaviness of and burning in the feet; colicky pains.

14th. Formation of an erythematous patch, the size of the palm, on the outside of the leg, which, especially at night in bed, itches constantly, compelling him to scratch, but afterwards is very sore.

15th. Dyspnoea when walking quickly; weakness of the chest on reading aloud; pains in the abdomen, two loose motions.

16th. In the evening hoarseness; pains in the small of the back; itching in the anus; the erythema continues; at night, vivid, disturbing dreams.

17th. Great prostration; low spirits; urgent call to stool, two evacuations.

18th. Pains in the abdomen with every draught of air; ten-

dency to perspiration, especially in the face; the erythema continues.

19th. Looks ill; emaciation; falling out of the hair; marked loss of sexual power; sleep disturbed by dreams.

20th. Great lassitude; voracious hunger; feeling of weakness in the chest; frequent call to stool; frequent emission of flatus smelling of rotten eggs; two motions; erythema continues.

21st. Uncommon cheerfulness; very importunate sexual excitement.

22nd. Cutting in the bowels after a motion that is at first hard and afterwards soft. The erythema goes off, but leaves behind it a troublesome smarting in the leg, which compelled him to throw the clothes off the legs at night, as heat aggravated it.

23rd. Great lassitude; rumbling in the bowels; two liquid motions.

24th. Burning in the right eye for a short time, which recurs at short intervals.

25th. In the evening burning in the feet. After midnight he must get up to pass water; on doing so he has pain in the front of the urethra.

26. Itching between the fingers; a loose motion; in the afternoon in the open air without any cause; great depression of spirits.

27th. In the evening severe cold in the head with headache; boring above the root of the nose; vision as through a veil; stoppage of the nose; violent sneezing; quick pulse; great lassitude and sleepiness, so that he could not help falling asleep.

28th. The cold in the head continues; great lassitude; drawing pains in the shoulder; a hard motion.

29th. In the evening immediately after taking the medicine, flow of water into the mouth; rumbling in the bowels, and in an hour afterwards a loose motion. The coryza continues.

30th. Shooting above the left eye; small dark specks before the eyes; eyes dazzled after looking long at an object. Coryza continues.

31st. Coryza diminished; toothache and inflammatory swel-

ling of the gum in the vicinity of a stump almost entirely destroyed.

1st Sept. Continued weariness; heaviness of the legs in bed in the evening; stiffness and weight in the knees, especially on rising from his seat; the weariness goes off on walking about for some time in the open air.

2nd. Great anxiety on the chest; frequent attacks of hoarseness; shooting in the left side of the chest; then loose motion.

3rd. Great burning in the hands. The itching on the legs, (especially the left leg) comes on every evening. Pain in the corns. At night (as was the case on several previous nights) a pollution.

The next four weeks he left off taking the medicine; the lassitude and drowsiness did not quite go off, but were much less, the spirits better, the coryza and itching on the legs ceased, and he had a firm evacuation every day.

Second Series of Proving.

A drop of the Tincture of Sulphur mixed with 3 ounces of water. He took this dose every morning from the 4th to the 22nd October, 1846.

4th October. Scraping in the throat; violent sneezing: flying shoots in the chest; at night vivid dreams.

5th. Great lassitude and drowsiness by day; burning in the hands; two loose stools.

6th. Great lassitude; submaxillary gland somewhat swollen; tiresome pressing and shooting in the left inguinal region; at night vivid dreams.

7th. Hoarseness; itching in right leg; coldness of soles; a loose motion.

8th. Great lassitude; the pressing in the groin continues, and is combined with a feeling of heat; burning in the hands; after a glass of beer immediately ebullition of blood and great sleepiness.

9th. Drawing pains in right tibia, and frequent prickling in legs; a loose motion.

10th. After eating but little, tiresome feeling of fulness in the

abdomen ; rumbling and two loose motions. At night very vivid dreams ; he felt as if falling from a height.

11th. In the evening, confusion of the head and pressing in the forehead.

12th. Very troublesome lassitude ; constriction of the chest and occasional shootings in it ; at night horrible dreams.

13th. Shooting pains in the teeth ; painful swallowing ; two loose motions.

14th. Weariness ; burning in hands ; in the evening great itching on the legs.

15th. Swelling of left submaxillary gland ; itching in eyelids and burning in eyes ; burning in skin of whole body ; two loose motions.

16th. Great sensitiveness of the upper part of the abdomen, so that the clothes press disagreeably though they are not fastened tighter than usual.

17th. Easy bleeding of the gums ; at noon, disgust at meat ; after eating but a little fulness in the stomach ; shooting in the anus ; a loose stool.

18th. Weight in the head ; pressing pain in forehead ; vertigo on stooping ; coryza with very frequent sneezing.

19th. Great weariness ; anxiety in the chest ; dyspnoea on walking quickly ; nose much stopped up ; ringing in ears. In the evening flying heat ; quick pulse and burning in hands. At night very vivid dreams.

20th. Heaviness in the head ; palpitation of the heart without any reason ; burning in the skin all over the back ; tension in the knees and calves on going upstairs ; two loose motions. In the evening sudden sadness and disinclination for every thing.

21st. Hoarseness ; tiresome itching in the nose, which is still stuffed ; feeling of heat in the back ; sudden pinching in the arms ; on walking cramp-like pain in the soles, extending to the toes.

22nd. In the evening on passing water flying shoots in the urethra ; burning in eyes and feet ; on the least exertion perspiration in the face and nape of the neck ; itching on the fingers ; dread of catching cold.

In the above report, which has been drawn up precisely like the history of a case in an allopathic hospital (R. was at that time assistant physician in the Vienna General Hospital), the kinds of pains produced by the Sulphur are often not indicated, nor the time of their appearance, their duration, &c.; still, in spite of this drawback, the proving contains much that is interesting, as scarcely any part of the body escaped the action of the medicine. The following symptoms of Hahnemann's *Materia Medica* are repeated: 9, 76, 98, 205, 206, 234, 250, 294, 300, 338, 351, 376, 428, 476, 498, 589, 603, 614, 712, 826, 830, 841, 862, 869, 871, 910, 922, 928, 989, 990, 1015, 1016, 1020, 1081, 1086, 1087, 1093, 1104, 1159, 1168, 1184, 1231, 1391, 1498, 1557, 1588, 1603, 1625, 1658, 1659, 1665, 1731, 1732, 1734, 1735, 1741, 1743, 1744, 1757, 1763, 1765, 1875, 1883.

XVI.

Dr. Hermann Schlesinger, healthy, except that for the last 18 months he has been afflicted with a yellow scaly eruption (psoriasis discolor) extending over the arms and body, but not causing him the slightest inconvenience, proved the Sulphur in substance, in high potencies, in the tincture and in trituration.

First Proving.—Sulphur in Substance.

From the 5th to the 14th February, 1846, he took daily 5 grains of Flowers of Sulphur, which produced no particular effect except a violent boring pain in a hollow tooth, which on the 8th, 9th and 10th of February, always occurred in the evening and tormented him until late at night. But as he had no more toothache during the whole time of the proving, he was disposed to attribute it rather to the wet weather then prevailing than to the Sulphur.

From the 20th to the 24th February inclusive daily 10 grains of Flowers of Sulphur; with the exception of eructations, smelling of Sulphur (not of sulphuretted hydrogen) soon after taking it, and costive motions, no symptoms occurred.

25th Feb. He took a scruple of the Sulphur; this was followed by eructations of gas, smelling of Sulphur. The appe-

tite, which had been increasing for several days, is uncommonly good to day.

26th and 27th. The same dose ; no symptoms.

On the 2nd March, he took half a drachm, and on the 3rd 3 scruples of Sulphur. This produced increased appetite, so much so that contrary to custom he must eat at other times than the accustomed meals. Motions not so hard, easily passed.

4th. A drachm of Flowers of Sulphur. An hour after taking this he ate, with his usual appetite, his usual breakfast, consisting of a cup of coffee and a roll, whereupon there occurred first eructation of wind, then regurgitation of what he had eaten ; nausea ; and in half an hour vomiting which brought up both breakfast and Sulphur.

6th. Repetition of the above dose. Except eructations smelling of sulphuretted hydrogen which occurred in the evening, no symptoms.

7th. About 10 A.M., the same dose. In half an hour, rumbling becoming ever louder, and great inflation of the belly, so that he had to unbutton his clothes. The appetite was somewhat diminished ; soon after eating he had a copious, loose, yellow motion, accompanied by emission of a great deal of flatus smelling of sulphuretted hydrogen. After emptying the mingled urine and fæces out of the utensil he found a thin sediment, which proved to be Sulphur.

8th. In the forenoon the dose was repeated. Soon afterwards eructation of wind ; inflation of the abdomen, with flatulence. The appetite somewhat diminished ; and in the afternoon he had two, and at night one, liquid evacuations mixed with mucous shreds, with burning pain in the anus.

9th. Three more liquid stools, followed by constipation for the next three days.

13th. In the forenoon 2 drachms of Flowers of Sulphur. During the day felt quite well. In the evening pricking pains in the umbilical region, which intermitted from time to time, but always recurred more severely, and compelled him to draw up the legs. Two hours afterwards, sudden urgent call to stool, which could scarcely be complied with quickly enough. Diarrhœa now set in as on the 8th March, which lasted with equal

severity on the following day ; it declined gradually on the 15th, but continued till the 18th without any repetition of the dose of Sulphur. The pains in the abdomen ceased on the occurrence of the diarrhoea and did not again return.

The prover being convinced that Sulphur in substance produced nothing but mechanical irritation of his bowels, and had not the slightest effect on his skin disease, left off his trials for two months.

Second proving.—Sulphur in High Dilutions.

On the 2nd, 3rd, 6th and 8th May, 1846, he took 5 drops of the 403rd dilution of Sulphur.

On the 12th, 13th, 14th, 15th and 16th May he took 10 drops of the same dilution without noticing any effect except a slight confusion of the head on the 13th and 14th, which was probably owing to the spirits of wine. Despairing of obtaining any results from this preparation he ceased taking any more of it.

Third Proving.—Tincture of Sulphur.

20th June. In the morning 5 drops of the tincture in a tablespoonful of water. In half an hour, confusion of the forehead (as if intoxicated) flow of water into the mouth, and an uncomfortable anxious feeling in the stomach as in nausea. In an hour these symptoms went off with empty eructation, and he felt perfectly well.

21st. Five drops. The same symptoms as yesterday, with this difference that the confusion was more on the left side of the forehead. In degree and duration it was the same as yesterday.

22nd and 23rd. Five drops. No symptoms.

24th to 30th inclusive. Ten drops daily.

24th. At noon increased appetite, but soon after eating disagreeable feeling of fulness in the stomach, lasting half an hour; afterwards, when walking in the open air, sour eructation. Towards evening crampy pain in the lumbar and sacral vertebræ, which impeded every motion of the body, lasted until bedtime

in the same intensity and went off during the night. The pain was not increased by applying pressure to the painful part.

25th. At noon uncommon appetite, which however he did not satisfy, but left the table before he was satiated, by so doing he escaped the sufferings of yesterday. No stool; towards evening the same crampy pain in the vertebræ as yesterday. Sleep disturbed; waking up at 4 A.M., and inability to fall asleep again which had never before happened.

26th. The cramp pain had again gone off during the night, but there remained a stiffness in the spine which made it difficult to lean forward and compelled him to stretch out the body frequently. The appetite remained as good as before for dinner and supper; in the afternoon after great straining an evacuation. In the evening again crampy pain in the lumbar and sacral regions, which went off in bed after the occurrence of violent itching in the rectum. At night he slept quite tranquilly, but again awoke at 4 A.M., was quite wide awake and did not again fall asleep.

27th. In the morning on changing his linen he observed that his skin desquamated more, or at least more easily than usual, so that a mere gentle stroking with the flat hand sufficed to separate large quantities of small loose scales from the morbid skin. He observed the same thing in the scalp whence clouds of small scales could be brushed. No change was observable on the eruption. The stiffness of the back which was present to-day was less tiresome than the day before; the crampy pain was quite gone. The appetite was rather increased than diminished, and he relished breakfast, dinner, and supper amazingly. The spirits, too, were better than usual, he was more disposed for literary work than he had lately been. No stool. Night quiet, but he woke as usual at 4 A.M. and remained awake.

28th. The scales fell from the head and morbidly affected skin in smaller quantity than on the previous day, but they were still more plentiful than usual. The appetite, spirits, and pleasure in work were the same as yesterday; but the latter were much diminished towards evening by the recurrence of the sacro-lumbar crampy pain. The bowels were not moved. In the course

of the day and in the evening itching in the rectum, which however never lasts longer than a minute. He fell asleep about half-past 9 (nearly two hours sooner than usual), he slept quietly and uninterruptedly, but woke up as usual at 4 A.M.

29th. Still no stool; occasional tickling in the rectum. The cramp pain came on at noon and lasted till late at night. Appetite and spirits diminished, in proportion as they were previously increased. He went to bed at midnight, soon fell asleep, and slept quietly, but still he awoke soon after 4 A.M., and remained awake.

30th. In the morning soon after taking the medicine he went into the country and walked two and a half hours, when the itching in the rectum occurred more frequently and lasted longer. After dinner, which was taken with considerable appetite, he had call to stool, and at last after much effort an evacuation, whereupon the itching in the rectum ceased. In the evening moderate crampy pain which lasted until he fell asleep (at midnight). Sleep quiet and uninterrupted until 4 A.M. precisely, when he awoke, but after lying wide awake for half an hour he again fell asleep until near 7 A.M.

1st July. Still in the country he took none of the medicine. He walked for three hours with the greatest comfort. During the day he had nothing to complain of, except that the bowels were not moved, and in the evening he had a moderate amount of tension in the sacrum. The night's rest was frequently disturbed, and he slept no more after 4 A.M.

On the 2nd, 3rd, 4th, 5th, 7th and 8th July he took every evening 20 drops of the tincture in half a tumblerful of water.

2nd. The scales on the head in great numbers. Whilst taking a warm bath he noticed the surface of the water speedily covered with fine scales; on former occasions when taking a bath the scales were much fewer, in number, were in larger flakes, and only appeared after using soap. The patches of eruption appeared less red after the bath than usual. The appetite again much increased, spirits uncommonly good. After the bath the bowels were moved; the tension in the sacrum did not occur. Night quiet; he awoke at quarter past 4 A.M., but afterwards fell asleep for half an hour longer.

3rd. In the afternoon, in the outer canthus of the left eye slight tickling, which gradually increased to a considerable itching, which compelled him to rub the eye, and made all work in the evening impossible. He attributed this to a glass of wine he had drunk at dinner contrary to custom. No stool. Sleep twice interrupted, and each time the itching in the eye was present. He awoke in the morning at his usual time, viz., about 6 o'clock.

4th. The scales on the head were less numerous this morning when he brushed his hair; but they became much more abundant during the day, and were in the form of a fine dust. On the patches of eruption on the body no loosening of the cuticle was perceptible, as was formerly the case during the first few days after taking a bath. No itching in the left eye in the forenoon. He took no wine at dinner which he ate with the best appetite. About 4 P.M. tickling in the outer canthus of the left eye, and soon afterwards itching in it so violent as to cause him to rub it. In the evening by candlelight the itching extended to the inner canthus and changed into a shooting pain. He had a motion with great effort, unaccompanied by pain in the rectum. On account of the constant shooting in the eye it was midnight before he fell asleep, and not until he had allayed the pain by means of cold compresses. The night was tranquil; he awoke at his usual hour, about 6 o'clock.

5th. The itching in the external canthus of the left eye recurred soon after walking in the open air, it compelled him to close the eye repeatedly, and then occurred a considerable flow of tears. With some intervals this state lasted all day, and was worse during candlelight, but without such severe pains as the day before, and it did not keep him awake at night. No stool.

6th. In the morning the affected eyelid was covered with a dry cake of mucus. The upper lid felt stiff on first opening the eyes; otherwise nothing morbid was visible. On going out, the eyes watered for a short time, but there was very little itching in the left eye.

7th and 8th. No symptoms except slight adhesion of the lids at the left external canthus.

10th. Forty drops of the tincture in half a tumblerful of

water. All day long he felt quite well. At night uncommonly profuse perspiration over the whole body without any bad smell. After awaking at quarter to 5 A.M. and drying the body he noticed that the patches of eruption were paler, not so dry, and not so wrinkled as usual; the scales, too, which were partly detached, were in smaller quantities. The left eye still somewhat closed up with mucus; the upper lid less stiff.

11th. Forty drops. In the course of the day, without any cause, very melancholy disposition, discontent with himself and all about him, which made him unfit for any serious occupation and at the same time very irascible. Still the appetite was good, and on satisfying it, his cheerfulness returned, but only for a short time; for during the whole evening he was absorbed in himself and unable to command his thoughts to read, so much so that he sat staring at the same page for upwards of two hours. At night he had again perspiration like the previous night, and in the morning he observed that the scales on the head were diminished very much.

12th. Forty drops. His spirits which were as usual in the morning underwent a change about noon; but it was less sadness than irritability which now affected him. In the evening uncommon hunger; on satisfying his appetite, and contrary to custom drinking a couple of glasses of beer he became so overcome with sopor that he had to go to bed. At night he had an emission without being able to remember if he had a lascivious dream.

13th. Forty drops. With the exception of some flying shoots in the left side of the chest (judging by the sensation in the intercostal muscles) which occurred when walking, and once when speaking, and compelled him to hold his breath for an instant, he felt no effects from the medicine. At night profuse sweat again.

14th. Forty drops. Of the smaller scattered eruptive spots, several, especially those on the left arm, were completely gone, and on the larger patches were to be seen here and there little islands of healthy skin. The other eruptive spots were still coloured like liver-marks, wrinkled, slightly elevated, but they scaled less, and felt less rough.

On the 15th, 16th and 17th he took daily 40 drops, and only observed a constant action on the stools. His bowels were moved every other day without effort, and the motion was moderately firm; which was very different from what took place on commencing to prove the tincture. The eruption continued to make slight but perceptible progress to amendment, by the increase of the number and size of the healthy islands on the morbid skin.

20th, 22nd, 23rd and 24th. Sixty drops in 4 oz. of water. As no effect was perceived from these doses he left off taking the tincture, thinking that he had lost his susceptibility to its action.

From the 27th July the bowels were moved regularly every day, so that in this respect the medicine exhibited no secondary action. But this was not the case with respect to the early waking, for on the 29th, 30th and 31st July, as also on the 5th and 6th August, although he did not go to bed earlier than usual (on the 5th of August he did not go to bed till 1 A.M.), he became quite wide awake exactly as the clock struck 4, and only on two of these nights could he again fall asleep.

“But,” says Schlesinger, “the most agreeable thing for me was to see my eruption disappearing from that time. This took place not by a gradual and uniform return of the morbid skin to the normal state, but by the increase and extension of many healthy points (hair follicles) among the still morbid patches, whereby the latter were separated into many smaller groups, and were at last limited to a few spots the size of hemp-seed or lentils—corresponding to single hair follicles—which by the end of September were quite gone from the arms and chest. There still remained some groups on the belly and back, and in the months of August and September, some new eruption spots appeared on the legs, which had hitherto remained free, excepting a small spot on the right calf. Subsequently, however, these new spots disappeared unobserved by me.”

Fourth Proving.—Sulphur in Trituration (1 to 10).

On the 3rd, 4th, 5th and 6th October, 1846, he took daily 5 grains of the 6th trituration, without any perceptible effect.

also after 10 grains of this trituration which he took on he 7th and 8th he noticed nothing. This induced him to resort to triturations containing a larger quantity of the sulphur.

On the 10th and 11th he took 5 grains of the 8rd trit. The first day no symptoms occurred; the second, however, was more fruitful. In the evening by candlelight he had a recurrence of the itching in the external canthus of the left eye which he had had while proving the tincture. At the same time the upper lid itched (after 5 to 10 minutes) to such a degree that he must involuntarily rub the eye. This he did so gently that it could not have caused the symptoms that followed. Thus the itching increased in the course of the evening to a burning; the lids winked frequently and the light hurt the eye. The following night was quiet. In the morning he awoke with stiff eyelids, which however soon regained their ordinary mobility. The lids and the caruncula were both injected of a bright red colour.

12th. The same dose. During the day the eye was pretty well, with the exception of the redness above described, and occasional itching on the borders, as if they were covered with crusts that ought to be removed. But on the approach of night and at the sight of the candles, the edges of the left eyelids commenced to burn, and photophobia came on. On reading or writing the eye watered, and the pain increased, preventing him going on with his work.

13th. No medicine. In the morning on awaking he could not open the eye immediately on account of the stiffness of the lids; he only succeeded in doing so after several trials, and then there appeared a considerable quantity of mucus, which obscured the sight, and in spite of frequent wiping away continued to return. This secretion of mucus lasted the first two or three hours of the forenoon, and did not cease till about noon. In the evening again itching, then burning pain followed by photophobia and flow of tears.

From the 14th to the 25th inclusive, he took daily 5 grains of the 3rd trit., and during all that time the blepharoblennorrhoea of the left eye just described persisted.

From the 26th he ceased taking the sulphur, and by the 30th the eye affection was quite gone; but on the 2nd November he

took a similar dose, and in the evening the ophthalmic affection returned with precisely the same symptoms.

On the 8th November the right eye was affected in a similar though a slighter manner.

“On the 15th November,” he writes, “I had had quite enough of my proving and my eye disease, which bored me by preventing me doing anything in the evening; so I left off, and by the 25th November my eyes were quite well. The remains of the eruption were not perceptibly affected by the trituration of sulphur.”

The circumstance that the large doses of flowers of sulphur caused almost no medicinal symptoms, and had not the slightest effect on the eruption, whereas after taking the small doses not a few persistent and characteristic sulphur symptoms occurred, and the eruption was almost cured, renders this proving of our allopathic colleague, Schlesinger, highly interesting. The following symptoms of Hahnemann's were corroborated by him : 9, 42, 43, 51, 76, 236, 240, 250, 266, 276, 277, 283, 303, 454, 498, 603, 606, 653, 659, 662, 670, 681, 692, 696, 785, 798, 826, 835, 848, 853, 871, 887, 906, 929, 1201, 1794, 1962.

XVII.

Schweikofer, surgeon, 41 years of age, of phlegmatic-sanguine temperament, suffered from itch when a boy, which was got rid of by inunctions of sulphur and mercurial ointment. When 17, he had scarlatina, which left a great tendency to sore throats, so that in cold, damp and foggy weather, or after getting wet, he is very often affected with inflammation of the tonsils and palate, for which he has usually employed leeches, calomel, &c., in accordance with the principles of so-called rational medicine. As a consequence of the frequent attacks of inflammation, there occurred considerable enlargement and induration of the tonsils, followed by elongation of the uvula, which on account of the discomfort it caused him had to be partially removed. This tendency to sore throats lasted till 1841, at which time he became acquainted with homœopathy, and used Belladonna for his cure, and ever after that remained exempt from attacks.

His provings were made exclusively with dilutions of sulphur, which he prepared himself according to the centesimal scale.

a. Sulphur 400.

He took on the 1st July, 1846, 10 drops; on the 4th, 50 drops, and on the 9th, 100 drops. No symptoms.

b. Sulphur 200.

On the 10th July, about 10 A.M., 10 drops. Two hours afterwards shooting in the right side of the chest, which lasted till dinner time.

11th. No medicine. In the morning after awaking, itching in the eyelids.

12th. About 9 A.M., 50 drops. In the morning after awaking, itching in the eyelids, which are gummed together; the white of the eye is reddened. On the back of the right hand two small pimples, which he must scratch; itching and smarting betwixt the fingers.

13th. About 9 A.M. 100 drops. Itching on the lids much diminished; redness of the conjunctiva less; the pimples on the hand, which burst when scratched, excrete a clear transparent fluid; the itching and smarting between the fingers is not troublesome.

c. Sulphur 100.

16th July. About 9 A.M. 10 drops. No symptoms.

17th. At 9 A.M. 50 drops. Sensation as if an inflammation in the eye was about to come on.

18th. No medicine. In the morning on awaking prickling, causing him to scratch, itching and smarting in the lids; call to stool; loose motion, with tenesmus. In the course of the day three diarrhœic stools.

19th. At the usual hour 100 drops. The same disagreeable feeling in the eyelids as yesterday.

20th. No medicine. Itching and smarting in the lids much diminished; towards evening it went off completely.

21st. No medicine. In the morning in bed tearing and shooting pains in the left shoulder, and violent tearing in the

right upper arm. After getting up and walking about in the open air, the pains went off.

22nd, 23rd, and 24th. No medicine. Each day a soft motion; otherwise perfectly well.

d. Sulphur 60.

25th July. At 9 A.M. 10 drops. In two hours urgent call to stool, and loose motion.

26th. Fifty drops. In a few minutes a motion of the bowels, though previously he had felt no call; itching in the right eye.

27th. One hundred drops. During the day prickling, itching and smarting in the eyelids. At night vivid dreams of a comic character, with loud laughter, which continued for some time after awaking.

28th. No medicine. In the morning after awaking eyelids gummed together, and a feeling as if fine sand was in the eyes; flying shoots in the walls of the chest, first on the right, then on the left side, and finally on the right side of the abdomen. Soft insufficient stool. Bad spirits.

29th. No medicine. No symptoms.

e. Sulphur 30.

30th July. At 9 A.M., 10 drops. In two hours a sensation of prickling in both eyelids, causing him to scratch and rub them; sensitiveness to light.

31st. At 9 A.M., 50 drops. During the forenoon no symptoms. About 3 P.M. feeling of fine sand betwixt the right eye and lid.

1st August. One hundred drops. No symptoms.

2nd. No medicine. Itching and burning of the eyes; itching and smarting betwixt the fingers of the right hand, on the back of which appeared a scabious-looking pimple, which went off in the evening; shooting in the chest externally.

3rd. No medicine. In the morning itching and smarting in both eyelids; copious secretion of mucus from the Meibomian glands; sensitiveness of the eyes to daylight; fine sudden shoots on the outside of the left heelbone; sore feeling, burning

and smarting on the glans and inner surface of the prepuce, which parts are somewhat reddened.

4th. No medicine. On the glans and prepuce the same symptoms as yesterday, and in addition a small pimple on the glans.

Respecting his sensations from the 5th to the 28th August, during which time he took no medicine, he says: "The itching and smarting on the prepuce and glans continued to increase; it is with the greatest difficulty I can refrain from scratching and rubbing; the pimple on the glans is gone. During this time the skin of the prepuce desquamated; the inflammation extended along the whole penis to the pabes; the itching and smarting was very violent and tiresome. The desquamation of the epidermis, which recurred every six or seven days, lasted several months, and only went off entirely at the beginning of November."

f. Sulphur 20.

15th November. At 9 A.M., 10 drops; on the 19th, 50 drops, and two days latter 100 drops. No symptoms.

g. Sulphur 15.

22nd November, 10 drops; 24th, 50 drops; 26th, 100 drops. No symptoms.

h. Sulphur 12.

29th November, 10 drops; 1st December, 50 drops; 3rd, 100 drops. Perfectly well.

i. Sulphur 6.

8th December, 5 drops. No symptoms.

11th. Fifty drops. In the morning after awaking itching and smarting all over the body, but especially on the eyelids, foreskin, glans and legs. In the evening violent pains in the occiput. The night's rest disturbed by many vivid dreams.

12th. No medicine. Yesterday's symptoms recurred to-day, but in slighter degree.

13th. One hundred drops. No symptoms.

He was prevented going on with his trials in consequence of becoming ill from taking cold. He corroborates the following numbers in Hahnemann's list: 234, 255, 261, 271, 278, 302, 813, 871, 999, 1001, 1206, 1298, 1889, 1890.

XVIII.

Adolphus Seydl, medical student, proved Sulphur in substance and in tincture.

First Proving.—Sulphur in substance.

From the 15th to the 24th August, 1846, he took daily (with the exception of 22nd August), about 7 A.M., as much as would lie on the point of a knife of flowers of Sulphur; and from the 29th August to the 5th September, daily (with the exception of the 26th August), at 7 A.M., a teaspoonful of the same substance.

15th August. Throughout the forenoon eructations smelling of Sulphur; no other symptoms.

16th. Sulphurous eructations; otherwise quite well.

17th. Sulphurous eructations; no stool.

18th. Same as yesterday.

19th. In the morning sulphurous eructations; in the afternoon heat of the whole body; perspiration in the axillæ and palms. In the evening a hard evacuation.

20th and 21st. Sulphurous eructations; no other symptoms.

23rd. In the forenoon sulphurous eructations; in the afternoon great heat in the whole body, with much sweat in the axillæ and palms; no stool; at night profuse sweat and restless sleep.

24th. Same as yesterday.

25th. Very troublesome sulphurous eructations. In the evening a firm motion.

28th. Drawing in the small of the back, especially when sitting, lasting all day.

29th. The drawing in the back recurred, but much more mildly.

1st September. No stool. No other symptom.

2nd. No stool; towards evening very violent drawing in

the small of the back ; at night heat and considerable perspiration.

3rd. Anorexia. No stool. The next two days no symptoms.

Second Proving.—Tincture of Sulphur.

From the 15th to the 26th October, he took daily at half-past 7 A.M., 10 drops of the tincture in half a pint of water.

18th October. Tiresome feeling, as if bruised in the small of the back ; slight trembling of the hands and great trembling of the right thumb ; at night heat of body much increased.

20th. At 11½ A.M., occasional violent shooting in the right cheekbone.

24th. Itching in the fingers ; slight redness of the fingers, which disappeared on pressure, but returned immediately that was removed.

25th. In the morning he noticed on the inner surface of the right ring and little fingers some white painless vesicles, the size of a poppy seed, which were partly in groups, partly isolated.

26th. Two vesicles close together on the inner surface of the second joint of the right middle finger.

Third Proving.—Sulphur in substance.

On the 27th October and two following days, he took each morning as much flowers of Sulphur as would lie on the point of a knife in half a pint of water.

27th. Sulphurous eructations. No other symptoms.

28th. No stool ; at night drawing in the small of the back.

29th. The drawing in the small of the back lasted all day and throughout the following night ; on the right ring finger some more vesicles appeared.

This prover was not destitute of the will to prove, but he had little susceptibility for the medicine. The following are the only numbers of the Pure Materia Medica corroborated by his poor array of symptoms : 848, 849, 1267, 1272, 1334, 1400, 1716, 1962.

XX.

Dr. Sterz, of Trieste, made four trials of Sulphur.

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D

*First Proving,—Dilutions (1 to 99).**a. Sulphur 30.*

On the 1st February, 1846, at 6½ A.M., he took 100 drops, the two following days 200 drops, and on the 8th and 9th of February 300 drops, without any effect.

b. Sulphur 20.

From the 25th February to the 2nd March inclusive, he took daily at noon, two hours before dinner, 300 drops. No symptoms.

c. Sulphur 15.

On the 5th, 6th, 10th, 11th, 14th and 16th March, at noon, 300 drops. After the last two doses he had a slight but transient burning in the anus after moderate exercise.

d. Sulphur 10.

On the 18th, 20th, 21st, 24th, 25th and 27th March, at noon, 300 drops. No symptoms.

e. Sulphur 6.

From the 29th March to 3rd April inclusive, at noon 300 drops. After the third dose there occurred a persistent burning in the external canthus of the right eye, and at the same time a sensation as if a grain of sand was in it. The eye was not reddened.

Second Proving.—Triturations (1 to 99).

The third trituration taken in doses of 20 grs. on the 6th April, 30 grs. on the 7th, 40 grs. on the 8th, and 60 grs. on the 9th, had no effect.

After the second trituration, which he took in the dose of 50 grs. on the 4th, 5th, 7th, 9th and 11th May, the following symptoms appeared :

5th May. In the morning soft stool, with emission of much flatus, having the smell of rotten eggs ; an hour after taking the medicine rumbling in the bowels ; frequent eructation, with odour of Sulphur ; feeling of emptiness in the stomach.

6th. Soft stool in the morning.

9th. Two hours after taking it, some stitches in the anus.

10th. Occasionally in the course of the day stitches in the anus.

11th. At night when going to sleep, lightning-like flashes before the eyes.

Third Proving.—Tincture of Sulphur.

On the 6th June 10 drops in two tablespoonfuls of water ; soon after taking it, several eructations smelling of Sulphur.

7th. Fifteen drops. In the morning knotty stool ; after taking the medicine frequent eructations ; an hour afterwards pricking in the abdomen lasting but a short time.

8th. Twenty drops. Soft stool, with itching in the perinæum.

9th. No medicine. Itching and shooting in the anus and perinæum ; drawing in the right thigh, in the right shoulder and up the nape ; soft stool.

10th. Twenty-five drops. Sulphurous eructations ; drawing pain on the right side of the nape ; itching in the anus.

11th. No medicine. Stool pretty firm, and covered with mucus. When at stool aching pain in the small of the back. Drawing up the nape.

12th. Thirty drops. Sulphurous eructations as usual immediately after taking the drug. Eruption of several small inflamed, not itching pimples on the fore, middle and ring fingers of the left hand. Itching in the anus.

13th. Thirty-five drops. In the morning on awaking paralytic feeling in the right arm, lasting an hour. Stool formed and covered with mucus ; it slipped quickly through the anus. In the afternoon frequent paralyzed feeling in the right elbow joint.

14th. No medicine. In the morning expectoration of salt-tasted saliva ; soft stool. On the index and middle fingers of the right hand, some small pimples.

The expectoration of salt saliva early in the forenoon after hawking and slight coughing went off in four days, during which time the inflamed pimples dried up.

Fourth Provings.—Triturations of Sulphur.

He took on the 11th, 12th, 14th, 16th, 18th, 21st and 23rd July, at 6 P.M., 2 grains of Sulphur rubbed up with 20 grains of milk sugar, each time freshly prepared.

11th July. Five minutes after taking it, several eructations smelling strongly of Sulphur.

12th. In the morning on making water many fine stitches (as with needles) in the region of the neck of the bladder, and several more violent stitches through the anus. Stool as usual, only it was evacuated more rapidly than usual. After stool slight burning in the anus, lasting some minutes. During the day frequent stitches through the anus. About a quarter to 7 P.M. diarrhœa, with some cutting in the abdomen and stitohes in the anus. The cutting in the bowels and sore feeling deep in the abdomen lasted half an hour. At a quarter past 7 P.M. several shoots in the second last healthy molar tooth on the right side.

13th. In the morning call to stool without effect, followed by several shoots in the rectum. In the forenoon feels quite well. In the afternoon frequent shooting in the anus and neck of the bladder.

“These symptoms,” says L., “as also the eructations smelling of Sulphur after taking it, recurred more or less every day, and it was only on one day—after taking the last dose—that I felt at noon a shoot through the liver (from before backwards) so violent as to cause me to start.”

S. had little susceptibility for Sulphur. He corroborates the following symptoms: 259, 496, 754, 826, 830, 857, 860, 869, 916, 923, 928, 1316, 1358, 1489.

XX.

Dr. Wachtel made three provings with Sulphur.

First Proving.

On the 19th November, 1845, in the forenoon, he took 3 oz. of the 12th dil. prepared with distilled water. In the after-

noon while walking itching, tearing in the left temporal bone, which came on by fits some five or six times, and was so violent that it made him stand still ; no stool ; the night's rest was disturbed by vivid dreams that remained impressed on his memory.

20th. No stool ; after dinner jerking, tearing in the left eyeball ; at night vivid dreams.

21st. In the forenoon itching and burning in both eyes, followed by great watering of the eyes ; in the afternoon severe bruised pain in the small of the back ; stool with burning in the rectum.

22nd. In the morning a very firm motion. The bruised pain in the small of the back became fixed in a small spot, and was aggravated by touch. About noon burning in the right cheek, as if some drops of hot fluid were thrown against it, lasting for four or five minutes ; this recurred twice.

23rd. Pain in back gone ; but instead of it there is a drawing pain in the tubera ischii, in the hip joint, and in the upper half of the right thighbone, which gradually went off in the course of the day.

24th. In the afternoon itching and burning of the skin on the left wrist. In the evening there appeared there seven pimples of the size of a millet seed, surrounded by a red areola, and having a white spot at their apex.

27th. Quite well.

Second Proving.

On the 24th January, 1846, in the forenoon he took 3 oz. of the 404th dilution prepared with distilled water. In a quarter of an hour flying heat in the head ; during dinner drawing and tension in the right thigh, afterwards for instants in the left ; on extending the fingers, especially the left thumb, and in grasping an object, as for instance a tumbler, a sensation as if the tendons were too short, which causes a paralyzed sensation. After dinner-ineffectual call to stool. In the afternoon creeping and burning in the skin over the left zygoma ; frequent micturition ; the urine greatly increased in quantity (about two

quarts within five hours) ; at night vivid unconnected dreams, and a pollution.

25th. No symptoms during the day ; in the evening tiresome drawing and tearing (as during the first proving) in the left temporal region.

26th. During the whole day aching in the small of the back, especially severe when making water ; the quantity of water was again increased to-day.

27th. A drawing tearing pain came on in the right upper arm, which frequently alternated with a feeling of paralysis ; worse when at rest, better when moving the arm. It lasted with short intervals to the 31st January.

“In the month of March,” observes W., “I intended to make my third proving, but I had to defer it in consequence of an irregularity that occurred in my abdominal functions, which, as I had never suffered from anything similar, I am inclined to think was the further effect of the Sulphur. Urgent call to stool, without result ; tearing and itching in the anus, and extrusion of hemorrhoidal tumours ; evacuation of fæces of stony hardness ;—such were the symptoms that frequently affected me at that time. It is interesting that some affections from which I had suffered when a child again made their appearance. Thus up to the age of fifteen I had been troubled with ringworm, for which washings with soap water, inunctions of warm oil and combing off of the scabs had been employed without result, until at last I was cured by a homœopathic remedy, whose name I know not. Moreover when a child, I had frequently been tormented by the collection of a viscid fluid betwixt my foreskin and glans, which occasioned intolerable itching and burning there ; indeed the whole urethra was not unfrequently sympathetically affected, when the passing of water was attended by the most violent pains. After the second proving of Sulphur my scalp was for a long time thickly covered with scabs, and I also observed for several weeks that in spite of repeated washings every day, a very fetid smegma was deposited in considerable quantity on the glans, causing a tiresome burning and itching. On account of these symptoms

I delayed taking more of the Sulphur till after the lapse of several months."

Third Proving.

On the morning of the 17th October, 1846, he took 3 oz. of the 3rd dilution prepared with water. In the course of the forenoon often eructation of air and more frequent emission of urine. In the afternoon tearing and aching pain in the frontal region, which sometimes extended into the temporal region, and lasted an hour. On taking gentle exercise transient rush of blood to the head, with burning and creeping in the skin of the face; occasional roaring in the ears; no motion.

18th. Roaring in the ears all day long; aching pain in the small of the back; in the afternoon burning in the eyelids, with flow of tears.

19th. In the morning aching pain in the small of the back, which afterwards extended upwards towards the middle of the back and betwixt the scapulæ; when walking, violent tearing and shooting in the right knee and tibia, then suddenly the pain seemed to jump into the left and afterwards into the right humerus, and so on, changing thus all day long; after dinner feeling of prostration in the lower extremities. In the evening burning heat and redness of the face, and at the same time a squeezing feeling in the cardiac region. The water passed during the night was cloudy, and of a penetrating disagreeable odour.

20th. Ringing in the ears and burning in the face recurring several times during the day.

21st. Exhaustion of the whole body, sometimes drawing, sometimes tearing, and sometimes dull shooting pains in the upper and lower extremities, which leaped from one side to the other. In the small of the back a constant aching pain, which occasionally went up the back and extended into the chest, with a dull shoot forwards. At noon, while at dinner, sudden recurrence of coryza.

22nd. In the afternoon, while walking, there occurred a sudden pinching pain in the right half of the chest, which was not diminished by standing still, nor increased by taking a full

breath ; it lasted about half an hour, and went off with a dull shoot towards the front of the chest.

From the 23rd to the 27th October no new symptoms occurred, but the previous ones occasionally reappeared, especially the ringing in the ears, the sudden attacks of coryza, the burning and creeping with redness of the face, the tearing and drawing pain in almost all parts of the body, springing from one limb to another, and the itching in the anus.

28th. Perfectly well.

29th. In the evening when walking a very tiresome digging and tearing pain in the left tibia ; it only lasted a few seconds, but in the course of a quarter of an hour it recurred in fits some twelve or fifteen times.

30th. While combing his hair in the morning he observed a small not red elevation on the right parietal region sensitive to the touch.

31st. No symptoms.

The above proving is interesting on account of the considerable number of symptoms produced by the small and rare doses of Sulphur, but it is to be regretted that the prover with such a wonderful susceptibility to the medicine confined his trials to such meagre provings. His symptoms correspond to the following numbers : 156, 157, 190, 250, 274, 334, 385, 655, 848, 849, 853, 860, 906, 950, 953, 969, 974, 999, 1086, 1267, 1358, 1457, 1489, 1516, 1889.

XXI.

Dr. Wenzl, of Munich, joined our Proving Society during his stay at Vienna. "When I was scarcely two years old," he says, "I had a severe attack of inflammation of the brain. Six years afterwards I suffered from the same disease, and immediately afterwards I was affected with scrofulous ceratitis and iritis, which lasted nine months. Six years ago I suffered from a gastric fever, and three years ago I had another attack of ceratitis and iritis that lasted four months. When the ophthalmia was cured I observed a dulness of hearing in the left ear, in which I had a constant roaring, singing and knocking, especially on rainy days and after smoking to excess.

To this was soon added a peculiar mucous affection, which was particularly increased by the same causes, and which showed itself in an expectoration of mucus in the morning. The previous year I was seized with a peculiar vertigo and vomiting on walking after dinner; this vertigo frequently recurred afterwards, but always after dinner, especially when I drank beer during dinner or when I took coffee after dinner; it was combined with a tiresome, boring and creeping under the sagittal suture."

11th December, 1845. In the evening he began a course of experiments with the 81st dilution, of which he took one or two drops every morning and every night at eleven, up to the 13th July 1846 inclusive.

12th. In the morning immediately after taking the medicine shooting in the tip of the tongue, disagreeable taste in the mouth. At night itching on the inner surface of the fingers of the left hand and on both wrists, increased by scratching; disagreeable dreams, with starting.

13th. In the morning feeling of roughness in the fauces and uvula; no stool; itching in the hands as yesterday. At night vivid disturbing dreams; he awoke at 3 A.M., and could not fall asleep again.

14th. During the day the same phenomena as yesterday. Waking at 3 A.M. Increased pulsation of the aorta from the heart to the clavicle, combined with a purring noise; when he lay on his back the pulsation was troublesome along the back. Itching on the lower third of the left forearm and on the left thigh.

15th. During the day the same symptoms as on the 13th. The night was more tranquil; sleep better; itching diminished.

16th. The feeling of roughness in the fauces worse, especially on swallowing. The roaring and singing in the left ear much diminished; no stool; night pretty good.

17th. In the morning an evacuation of the bowels. No itching.

20th. At night many dreams; he lay two hours awake.

23rd. Very rough throat. He awoke early in the morning and lay awake two hours.

24th. The roughness in throat increased.

27th. In the morning griping in the bowels; feeling of coldness spreading out from the lower third of the spine over the body and lower extremities; it was three quarters of an hour before he could get warm in bed, and all day long he had rigors in his back. Half an hour after taking the medicine he passed a motion at first consistent, afterwards liquid; about noon a diarrhœic evacuation. In the evening dislike to the usual glass of beer; very hoarse voice.

28th. About 7 A.M. another attack of rigors and violent griping in the bowels; about half past 7 a diarrhœic stool, and half an hour afterwards when lying in bed another attack of rigors, which however went off after getting up; very hoarse voice.

29th. Feeling of roughness of the fauces increased. Erythematous eruption the size of a shilling on the back of the left hand. No stool.

30th. Same as yesterday.

31st. Convulsive shooting in the tip of the tongue. Rush of blood to the head. Frequent ineffectual call to stool; in the afternoon a very hard evacuation.

1st January 1846. In the morning and throughout the day drawing pains in the right gluteal muscles and the muscles of the upper third of the right thigh when walking, and especially when stooping.

2nd. Lassitude in all the limbs; the drawing pains are stronger; some cough.

3rd. The drawing pains extended also into the left thigh.

4th. At night drawing pains in the region of the left eyebrow and aching in the left eyeball, as if it swelled out and were pushed forward. The aching in the eyeball only went off the following morning after getting up.

5th. During the day frequent tearing in the upper and lower limbs and shooting in the soles, both when at rest and when moving; the drawing pain in the thighs is gone.

6th. The tearing pains in the limbs not so troublesome; the shooting in the soles gone.

7th. During the forenoon aching and drawing pains in the occiput. In the afternoon flying shoots in the left temple and pressure in the left eyeball.

8th. In the morning after waking fruitless call to stool; the aching in the occiput is gone, the shooting in the temple diminished.

11th. At night restless sleep, frequent waking, tiresome itching all over the body, shooting in the tips of the fingers. The itching was still present next morning in a minor degree.

18th. Frequent shooting in the anus. Night's rest disturbed by lively dreams.

Dr. Wenzl was prevented going on with his trials in consequence of his departure from Vienna. He has corroborated the following symptoms: 164, 188, 229, 848, 849, 860, 922, 1100, 1431, 1448, 1484, 1489, 1530, 1662, 1736, 1794, 1875, 1905, 1909.

XXII.

Dr. Weinke proved Sulphur on himself and his sisters, Helen and Theresa.

A.—DR. WEINKE'S PROVING ON HIMSELF.

a. *Third Trituration* (1 to 10).

On the 6th January 1846, at 10 A.M. (the hour at which he took the medicine every subsequent day), he took 20 grains of this trituration in half a pint of water. No effect.

7th. Ninety grains of the 3rd trit. At noon unusually good appetite. In the evening from 7 to 9 o'clock, feeling of increased warmth and a disagreeable fulness in the whole head.

b. *Second Trituration*.

8th January. Thirty grains in half a pint of water. At noon loss of appetite. During the day frequent hawking up of blackish gray masses of mucus, like what happens when one stays long in a room where oil is burned. In the evening the same feeling of heat and fulness of head as yesterday.

9th. Sixty grains in a pint of water. From 5 P.M. onwards a frequent dry cough, which does not appear to result from any chill, as the thermometer has risen ten degrees to-day. From 7 P.M. increased warmth and confusion of head. At night dreamful sleep with great prostration on awaking. In the morning pretty severe cough with some white mucous expectoration.

c. First Trituration.

10th January. At half past 9 A.M. 20 grains in a pint of water. At noon good appetite. All day long creeping and flying shooting in a wart, its horny surface easily detached, in fact small portions of it fell off spontaneously. In the afternoon severe cough with little expectoration; on coming into a warm room and on smoking tobacco the cough becomes worse; when in the open air and on drinking wine in the evening, it is diminished; indeed it ceases entirely. At night frequent waking from cough.

11th. In the morning frequent but looser cough; expectoration yellowish and globular; during the day dry cough; at night heavy sleep often disturbed by cough.

12th. About 10 A.M. 30 grains. Immediately after taking it, tasteless eructation and very insipid feeling in the stomach. In the afternoon, about 4 or 5 o'clock, when walking in the open air, confusion of the head, amounting to stupefaction; fulness and heat in it, at the same time remarkable unsteadiness of the legs and uncertain tread, worse when going up stairs. Great anxiety, which however diminishes with the above symptoms after drinking a few glasses of cold water. About 6 P.M. dull pressing in the left side of the chest. At night restless, dreamful sleep and cough.

13th. At noon increased appetite. In the evening when going to bed, as also in the night, on several occasions when he awakes, very violent cough with copious expectoration of mucus.

14th. Cough loose and rarer.

15th. Unusually early waking.

16th. In the morning when walking in the open air an aching

shooting pain on the whole of the right knee; when sitting slight numbness and warmth in the knee. (This pain was exactly similar to that of a periostitis he had suffered from three years before in consequence of a severe fall). In the afternoon the pain was scarcely felt when walking.

17th. In the morning after awaking very violent pains in the lower part of the knee-joint. When he went out, after taking about 100 steps, he had two cracks in his patella and boring pains in it; he finds it particularly difficult to go up stairs. Bad humour and great disinclination to speak. Cough considerable, accompanied by expectoration.

The cough and affection of the joint lasted with slight remissions until the 10th February. From the 18th to the 27th of January he had severe cramp in the calves, which always occurred in the forenoon when walking and compelled him to stand still, but never lasted long. During the whole time of the proving he had two to three evacuations daily, they were loose and smelt stronger than usual.

B.—WEINKE'S PROVING ON HIS SISTER HELEN.

First Proving.—Tincture of Sulphur.

On the 8th January, 1846, at 9, 10 and 11 A.M., and at 2 and 3 P.M. 5 drops. Immediately after the first dose very severe eructation and inclination to vomit. After the second and third doses again eructation but much less severe. After the fourth and fifth doses no eructation. At noon good appetite and much thirst. Unusually easy stool.

9th. At 9, 10 and 11 A.M., at 2, 3, 5 and 9½ P.M. 10 drops. Unusually easy stool. At noon great appetite. At 6 P.M. some pimples appeared on the arm, which itched very much. Soon after the last dose itching on the neck, back, and left hand.

10th. At 2, 3, 5 and 9½ P.M. 12 drops. Towards evening shooting in the splenic region, which went off after lying down.

11. No medicine. In the afternoon stitches in the side of short duration.

12th. At 9 and 10 A.M., and 2 and 10 P.M. 20 drops. After

the second dose **cramp** in the left hand. About 10 P.M. stitches in the side more **severe** than the day before and also felt in the night.

13th. At 9 A.M., and 3 P.M. 30 drops. After the first dose eructation.

14th. At 9 A.M., and 2½ P.M. 40 drops. The stitches in the side still present. Uncommonly easy evacuation.

15th. At 9 A.M., and 2 and 9 P.M. 40 drops. No effects.

16th. At 9 A.M., and 2 and 10 P.M. 45 drops. About 6 P.M. a **pimple** appeared on the nose and afterwards several on the cheeks, forehead and chin; they were red and very painful.

17th. In the afternoon 41 drops. Stitches in the side worse.

18th. No medicine. About 7½ A.M. a **severe** aching pain in the left wrist. Severe stitches in the side. Hard evacuation, followed by still more severe stitches in the region of the spleen.

19th. Pain in wrist and side continue but in a slighter degree.

Second Proving.—Third trituration (1 to 10).

20th January. In the forenoon 30 grains. During the day no symptoms. At night cough, sweat and great weariness of the limbs so that she could find no comfortable position in bed.

21st. At 9 A.M. 30 grains. At night return of dry cough, feeling of great lassitude.

22nd. At 9 A.M., and 9 P.M. 40 grains. After the first dose eructation and inclination to vomit. A large pimple came upon the right cheek. At night she required to cough frequently and could not fall asleep again for a long time.

23rd. At 9 A.M., and 10 P.M. 40 grains. Frequent cough during the day. A soft motion. In the evening violent shooting in the left upper lid. Very wearing cough occasionally.

24th. In the morning after getting up great lassitude. In the forenoon smarting in the nose and left eyelid. In the evening vertigo; feeling as if all the blood rushed to the head. At 9½ P.M. 40 grains. In the night violent griping in the bowels which lasted a quarter of an hour.

25th. No medicine. Great lassitude in the limbs. At 9 A.M. severe vertigo. Many pimples appeared on the face.

C.—WEINKE'S PROVING ON HIS SISTER THERESA.

Third trituration (1 to 10).

On the 8th January, 1846, in the evening 10 grains. No effects.

9th. In the morning and evening, before going to bed 10 grains. About noon, severe rigor, coryza, aching pain in the forehead and occiput especially when stooping. Several pimples on the left side of the neck. In the evening shooting in the cardiac region, and later tearing in the joints and fingers of the left hand, but only when moving them. The head pained as if raw and would not bear the slightest touch.

10th. In the morning 10 grains, and at night before going to bed 20 grains. In the afternoon a violent cough came on, it instantly went off as soon as she went into the open air; but if she returned to the warm room the cough returned with increased violence. On the chin, neck, shoulders, and behind the ears many pimples appeared.

On account of the occurrence of the catamenia she left off taking the medicine from the 11th to the 14th January. On the 15th she took at night before going to bed 30 grains. During this time the tearing pain in the left hand recurred frequently and more violently than before. Fresh pimples appeared on the upper lip and nose. Since taking the Sulphur the stools have been quite in good order. She had daily one sometimes two copious evacuations, whereas previously she often had no stool for three or four days.

16th. In the morning 30 grains. In the afternoon violent tearing pains in the left axilla only whilst she was knitting or sewing; she had no pain when she laid aside her work. About 5 P.M. sudden tearing in the first joint of the left forefinger and in the left shoulder. About 10 P.M. shooting pains under the right breast. Heat in the head, which long prevented her falling asleep.

17th. In the forenoon 40 grains. Several pimples on the upper arms and thighs; great appetite for dinner.

18th. No medicine. Very violent shooting under the left breast.

19th. At 8 A.M. such violent pressure on the chest that she could hardly draw her breath; a fresh pimple on the lower lip; the pimples on the shoulders and thighs itched intolerably. About 9 A.M. 40 grains. Immediately after taking it rigor lasting a quarter of an hour. About 10 A.M. internal chilliness, shooting in the scrobiculus cordis and several times watery diarrhœa. About noon very great heat, so that the cheeks glowed. "I have observed this fever," she writes, "for two days. Till 11 A.M. I am always very cold, from 12 to 2 P.M. excessively hot; from 3 to 4 P.M. again cold, and before bed time hot once more."

22nd. No medicine. At 10 A.M. pressive headache. Appetite uncommonly good, bowels easily moved.

23rd. No medicine. Oppression of the chest from 9 A.M. till 3 P.M. In the evening aching pains in the left frontal region, and shooting in both shoulders. Several fresh pimples on the chin.

28th. At 9 A.M. 40 grains. About noon aching and heat in the head and tearing in the left knee.

29th. In the forenoon tearing in the finger joints of the left hand and severe aching in the head. After dinner 40 grains. Before going to sleep rigor and tearing in the finger joints.

31st. No medicine. Head heavy and dizzy; bruised pain in the anterior surface of the thigh; about 3 P.M. shooting under the heart. The pimples increase greatly.

By Dr. Weinke's proving the following numbers of Hahnemann's list are confirmed: 41, 131, 137, 218, 586, 603, 653, 681, 732, 869, 955, 1086, 1123, 1129, 1159, 1193, 1200, 1201, 1202, 1338, 1420, 1512, 1515, 1529, 1550, 1668, 1683, 1740, 1794, 1834, 1875, 1889, 1918.

(To be continued.)

CLINICAL NOTES ON SOME CHRONIC AFFECTIONS OF THE RESPIRATORY MUCOUS MEMBRANE.

BY DR. BLACK.

In the April number of this Journal I gave a few clinical notes on some affections of the respiratory organs, and observed that the origin of cough was so various that it is well, as a therapeutic aid, to record cases where cough is a prominent symptom, and apparently arises from other sources than disease of the respiratory organs.

Cough occurring with intestinal irritation.

Master H., aged 7, a delicate looking boy, whose father died of phthisis, has never been strong since infancy. Two years ago his ailments assumed a more decided character, presenting what was stated to be hectic fever. For this he took cod liver oil, with frequent doses of grey powder and tonics. The health not improving, he was placed under a London physician, well-known for his mode of inhalation in pulmonary diseases. He diagnosed tubercle in the lungs. This treatment, of inhaling an infusion of hops, &c., has been pursued for several months, affording relief to the violent cough, but no improvement in the general health. The boy was placed under my care January 1st. He is emaciated, and has all the appearances of a person advanced in phthisis; but, on examining the lungs, there is no trace of tubercles: the percussion and respiratory sounds are normal.

The cough is loud and violent, and is much increased when he catches cold, which he unfortunately does on the least exposure. He lies all day on a couch, complaining of nausea attended with severe pain in the abdomen, which feels tumid, and slightly tender. No swelling of mesenteric glands. Bowels act regularly. Constant heaviness in the forehead. Pulse quick, weak, and readily increased in frequency by movement. Occasionally he suffers from a burning pain over the region of the heart, lasting about half an hour, and occurring after breakfast.

He perspires very readily, especially at night. *Ars.* 6, a drop three times a day; after a few days to take *ars.* 3.

Jan. 14th. Has felt better for five days: the sickness and pains in the stomach scarcely felt; cough less; still headache in the evening. Continue *ars.* 3. As the towel wrung in cold water produces chilliness, spirits and water to be substituted.

On the 20th he caught cold, which increased the cough. *Ipec.* and *spon.* were given. By the 26th the cough had ceased, and the *ars.* 3 was resumed.

Feb. 6th. Has had occasional return of cough, with pain and oppression of chest, but these have now ceased; and though the weather is cold, he is able to go out every day. Has very rarely sickness or pain; when the latter is experienced it is now in the hypogastrium, and not diffused over the abdomen. Continue *ars.* 3, and use occasionally the towel wrung in water with a little alcohol.

March 4th. Much better. Continue *ars.*, with a longer interval between the doses.

March 21st. Appearance much improved; cough gone, as also the abdominal pain; very rarely feels nausea; tumidity of abdomen disappeared. To take occasionally a drop of *ars.* 3 for a fortnight, and then *ars.* 2 in the same manner for fourteen days.

June 8th. Is to all appearances well. An occasional dose of *ars.* 3 at long intervals.

In the end of July, when in the country, he caught a cough, which was reported to me to be either hooping cough or exceedingly like it; this lasted from three to four weeks.

REMARKS.—In selecting a remedy for this case, the symptoms may be divided into two classes; the one denoted by the cough, the other by the abdominal symptoms. The examination of the chest shewed non-existence of tubercular disease, and also of all bronchial irritation, as far as the absence of physical signs could establish this point. The cough might be due to another cause, which, until of late years, has been much overlooked—tubercular enlargement of the bronchial glands. A disease more common among children than is generally supposed,

and which may exist for a considerable time without affecting to any extent the auscultation and percussion of the chest. The cough attendant on this disease, and invariably due to pressure on or irritation of the par vagum, is a loud, sometimes hoarse, spasmodic cough, occurring in paroxysms like whooping cough, but not followed by the hoop, and rarely by vomiting. The diagnosis of the disease is often very difficult, and requires special consideration of all the symptoms. I refer those who wish to study the disease to an excellent description of it by Barthez and Rilliet, in their *Traité des Maladies des Enfants*, tom. ii, p. 600.

In the case under notice, one of several years standing, had such diseased glands existed, it was to be expected that death must have ensued, or at least more positive signs afforded, in the state of the chest, swelling of other glands, œdema of the face, &c. I therefore thought it best to select the abdominal symptoms as the starting point from which to choose a remedy; the more especially as disease had apparently first appeared in the digestive organs. Bearing this in view, the medicines which seemed most indicated by the loud violent, almost barking cough, viz., *bell.*, *carbo v.*, *hep. s.*, *spon.*, were passed over, and the choice limited to those which corresponded more with the abdominal symptoms, viz., *ars.*, *tart. e.*, *iod.*, *ipéc.*, *sul.* Of these *ars.* appeared the best indicated, as possessing in a more marked manner irritation of the mucous membrane of the bowels, attended with sickness, severe pains, and a hectic condition. If there were a doubt between *ars.* and *tart. e.*, that was removed by the symptom, burning pain in the region of the heart, one which is well marked in the pathogenesis of the former. The loud barking cough is not that of *ars.*, which is more a short and fatiguing or else a loose cough; but then it appeared to me this cough is probably dependent on intestinal irritation, or if it be not, still, by relieving the impaired digestion, health will be so much improved, that the tendency to catch cold and cough will be much lessened. The recovery in this case was most satisfactory; it commenced from the third day of taking the medicine, and may justly be attributed to it, for no change of diet or of climate was made. The use of the

water application was also a useful adjuvant. The application of simple cold water being followed by chilliness and discomfort, a very small quantity of spirits of wine was added to the water, whereby the necessary reaction was excited, and a soothing effect produced. This application was made about every second day during the first six weeks of treatment, and was worn for an hour and a half in the morning.

The boy may now be considered well, but after a few months' cessation from medicinal action, I propose placing him under a further course of treatment, in the hopes of improving the general health, and removing the tendency to catch cold. I may probably give *ars.*, *aur.*, *hep. s.*, *iod.*

This catarrhal tendency frequently falls to the lot of homœopathic practitioners to treat, for the evils of drugging being felt more in sickly than in healthy families, it is the former that, in a large proportion, avail themselves of our system, and it is among the children of such families that "catching colds" is of so frequent occurrence; the catarrh being limited not to the respiratory organs, but affecting the whole system. It is also of very frequent occurrence, and a most annoying hindrance, in the treatment of women suffering from that obstinate and protracted disease, spinal irritation.

The *Materia Medica* possesses many remedies which are said to produce catarrh in its various forms, but this occurs in the pathogeneses of so many medicines, that the reality and value of the fact must be regarded with great suspicion. Sad experience has shown that Mercury, above all drugs, has the power to produce that state of the system which predisposes to catarrh; but then it is so very frequently the very cause, acquired or hereditary, in the patient under treatment, that its use is thereby debarred. Next to it the remedies I have most confidence in (though at the same time I admit that I have, in spinal cases, found it a most intractable tendency), are *ars.*, *aur.*, *calc.*, *carbo v.*, *hep. s.*, various *kalis*, *iod.*, *nit. ac.*, *sul.* Regimen and diet exercise a very beneficial effect. Sunshine, fresh air, and ample exercise are invaluable in promoting a healthy state of the assimilating organs, and in proportion as they are vigorous so do atmospheric changes cease to operate injuriously.

General and local treatment of throat and uterine affections discussed.

In the former portion of this article, when remarking on various morbid conditions of the nasal, pharyngeal, and laryngeal mucous membranes, I adverted to a work which has lately appeared, by Dr. G. De Mussy, *On Granular Affections of the Throat*,* and I now propose giving a short abstract of such portions as are more peculiarly interesting to the followers of Hahnemann.

In the introduction Dr. De Mussy shews how difficult it often is to form a correct view of disease if guided by merely existing symptoms; and how necessary it is that the previous history of the patient, and his hereditary predispositions are investigated, for it will be found that though the phenomena are varied, one morbid cause has been existing, it may be from birth. This peculiar constitutional predisposition, this diathesis in the case of granular disease of the throat, he names herpetic, and assigns to M. Chomel the honor of having first discovered it. If he and M. Chomel were not acquainted with Hahnemann's theory of chronic disease, we have at least in their testimony a curious coincidence. This correspondence of opinion is still more apparent in the therapeutic indications which Dr. De Mussy deduces from the consideration of this diathesis. When such a diathesis exists, he regards the concentration of the treatment on the local affection as a useless, and often dangerous practice, for there may be utter failure, or the diseased action may be transferred to more important organs. He, however, differs from Hahnemann, in making an exception to purely general treatment in cases where the pathogenetic cause is very feeble, and where the local lesion exists more as a morbid habit. Much practical sagacity is, however, required to fix when, in such cases, local treatment ought to be adopted. In cases where the local disease is slight, and of old standing, and occurring in old or feeble persons, he objects to all interference, local or general, for a resort to treatment may, by removing the lesion, light up more serious disease.

It is unnecessary to enter on the observations on skin affec-

* *Traité de l'Angine glanduleuse*, pp. 264. Paris, 1857.

tions; it will be sufficient to state that Dr. De Mussy regards them as the idiopathic manifestation of a principle or disposition pre-existing in the organism, and one as inexplicable as many other pathogenetic causes, the existence of which must be admitted, though we cannot demonstrate them by our senses, or assign them a seat in the economy. The herpetic diathesis (in other words, the psoric miasm of Hahnemann) he regards as a sort of hidden bond, uniting in one cause various pathological conditions. These herpetic manifestations once developed have a great tendency to persist and reproduce themselves; and if the tendency be strongly pronounced, it is often observed that their disappearance, either spontaneous or after local treatment, is succeeded by affections of the internal organs. I shall give one more instance of how closely he treads in the steps of Hahnemann, when he quotes, from Dr. Fontan's work on the waters of Bagnere de Lachon, the remark that itch is often the cause of herpeticism—"Le sillon de l'acarus peut etre regardé comme le chancre de l'herpeticisme."

Whether the psoric miasm of Hahnemann, and the herpetic diathesis of MM. Chomel and de Mussy be over-statements, as they probably are, still the consideration of such opinions is practically most valuable, for they lead to the examination and discovery of constitutional defects, and hence to more enlarged views of disease and treatment.

Instead of following the author in his details of the anatomy of the affected parts, and his excellent description of the course, symptoms, and morbid appearances, I proceed to notice points in the treatment which are most interesting to homœopathic practitioners.

The remedy recommended by Dr. de Mussy, in preference to all others, are the preparations of Sulphur, as presented in various mineral waters, especially the Eaux Bonnes in the Pyrenees. It is a common argument to attribute the efficacy of mineral waters to the surrounding accompaniments of pure air, fine scenery, &c., but a consideration of the pathogenesis of the Eaux Bonnes will fully establish their marked action. At present the only source of information is drawn from patients who drink these waters.

The functions of the skin are increased, the perspiration being more easily excited and more abundant. There is frequently itching, in others eruptions appear, such as erythema, urticaria, furunculi. In those patients who suffer from cutaneous affections the eruption at first increases or old suppressed eruptions reappear. Chronic blepharitis may assume an acute form. In those suffering from throat affections, the pharyngo-laryngeal mucous membrane becomes at first redder, the granulations more marked, the mucous secretion is increased, and complaint is made of a tickling, pricking pain, and heat in the throat and larynx, or spreading to the eustachian tube.

Hæmorrhoids swell, itch, and become painful. The urinary secretion is more active; in rarer cases, when there has previously been disorder of these parts, irritation of the bladder and urethra are observed.

This very brief summary shows how powerful these waters are, how readily their physiological action is excited, and leads to the wish that a systematic proving were made, in order that homœopathic practitioners might more readily determine in what class of cases these waters are best indicated.

The dose varies from a third of a glass to three or four glasses, but in all disorders of the respiratory organs their effects require to be closely marked. I have known a small tablespoonful amply sufficient to produce beneficial effects in a young phthisical lady. The waters are also used as baths, douches, gargles, drawn into the nose, &c.

The treatment is divided into courses; the first of twenty to thirty days, the second is generally much shorter: the interval between them is with the view of allowing the excitement produced by the waters to pass off. But this excitement or increase of the malady is not necessary for the establishment of a cure. The next remedies Dr. De Mussy alludes to are mercurial preparations.

He has not had much experience of their use, but Dr. Green, of New York, faithful to Anglo-Saxon traditions, trusts much to their use in conjunction with cauterisation.

On the homœopathicity of mercurial preparations it is needless to touch, and the same remark applies to the various

compounds of Iodine. The next remedy he mentions, one long employed in Germany, and recommended by Dr. Green, is muriate of Ammonia. Here again the relation between the disease and the remedy is strictly homœopathic, and though its physiological action on the respiratory and digestive organs is well marked, it has in this country been as little employed in homœopathic as in ordinary practice.

We next come to direct sedatives, given to allay the cough, and are pleased to observe that Belladonna, a remedy so commonly placed in this class by allopathic writers, is here excluded, because "its marked action on the pharyngo-laryngeal mucous membrane appears to me to counter-indicate its employment in a great number of cases." (p. 151.) How often has this peculiar action of Belladonna been denied by those who were desirous to show its non-homœopathicity to the sore throat of scarlatina. There is a further confirmation of the correctness of the above action in a remark by a late reviewer of De Mussy's work. "We have known a state of intense irritation produced in the laryngo-pharyngeal membranes by a strong enema of extract of Belladonna; and the same state of things has occurred, together with a severe coryza and swelling of the eyelids, from a moderate use of iodide of Potassium." *

The local treatment of throat and uterine affections.

In alluding to the next class of remedies, the topical, I wish to discuss the subject of local and constitutional treatment.

Dr. de Mussy is not so zealous an advocate of local treatment as several who have written on these throat affections. The cure of the disease solely by sulphurous waters he considers a result of very common occurrence. He has seen cases cured by cauterising where sulphurous waters had failed, but in a still larger proportion of cases he has observed the converse, the waters curing when the cauterisations had been of no avail.

He evidently, along with Chomel, places topical applications in a secondary class to constitutional treatment, and in this respect differs from Dr. Green, of New York, and from several

* Brit. and For. Med. Chir. Rev., July, 1857, p. 158.

English authorities, such as Dr. Hastings. This local treatment consists in the application of various substances in a dry, a liquid, and a gaseous state. In the dry state various powders have been used, sugar, calomel, subnitrate of bismuth, acetate of lead, alum, sulphates of copper and zinc, and especially nitrate of silver.

Of liquid applications, the solutions of nitrate of silver have, in the hands of most practitioners, displaced the use of any others, but Dr. de Mussy is still partial to iodised gargles. Those used in a gaseous state as inhalations are Chlorine, Sulphur, Iodine and Mercury. M. Trousseau recommends cigarettes steeped in a solution of arsenious acid, and de Mussy states that he has known patients much relieved by sleeping in rooms full of the vapour of boiling yellow wax.

Are such applications homœopathic; and in the hands of homœopathic practitioners is it necessary to have recourse to local treatment?

Several of the above mentioned remedies have a special action on the pharyngo-laryngeal region, *e. g.*, Sulphur, Iodine, Arsenic and Mercury. If these remedies are used internally, and applied locally in such weak solutions as to produce no chemical effect, I believe that often relief may be given quicker than when the treatment is simply restricted to the internal administration of the medicine. But again, various of these local applications have no homœopathic relation to the disease, and if they have they are used in such a form as to produce a purely chemical effect, that is, they act by cauterizing.

The use of such agents, *e. g.*, nitrate of silver, is not in accordance with the homœopathic law. The converse of this has been maintained by Dr. Marcy in a paper on inflammation and ulceration of the os and cervix uteri.* He writes:

“In consideration of the fact that many cases cannot at present be cured by any known internal remedies of our school, it behoves us to inquire whether we must depart from the therapeutic axiom *similia similibus curantur* to accomplish our object. If we have a correct idea of the true spirit of the

* North American Journ. of Hom., Vol. V., Augt., 1856.

teaching of Hahnemann, the end may be obtained by the employment of topical vitality-modifying agents, and still adhere strictly to the homœopathic law of cure."

The readers of this Journal who remember a discussion with Dr. Marcy regarding the universality of the homœopathic law, will be prepared, from the high tone he then took, to understand why he is so desirous to regard cauterization by nitrate of silver as embraced by that therapeutic law. In continuation of the above extract he gives an interpretation of the ideas of Hahnemann on the essential nature of diseases, and the curative law. It is unnecessary to enter on that, not merely because it is wholly opposed to the practice of Hahnemann, but because it throws no light on a simple question of fact, what is the physiological action of nitrate of silver.

Dr. Marcy follows Dr. Bennett in the use of the term "topical vitality-modifying agents." Words which convey no meaning as to the degree or kind of modification.

This idea of a topical vitality-modifying agent is wholly counter to the dynamic or vital theory of disease as entertained by Hahnemann. He regarded the peculiar power or property which is called vital as a whole, and that morbid impressions are first produced on that, and then functional and organic disturbance ensues. Hahnemann clearly distinguishes the symptoms of drugs, he casts aside all those which are mechanical, and chemical, retaining merely those which cannot be ranked under either of the above divisions, and these he regards as the special dynamic action of the remedy. It is quite true that in using such agents, it may be more or less immaterial by what channel they are made to act directly on the diseased part. But there is a wide difference in applying locally a remedy, *e.g.*, to the womb, which acts specifically on that organ when administered by the mouth, *e.g.*, Arsenic, and in applying a substance which when acting through the system manifests no such action on the womb. Nitrate of Silver will excite inflammation, and ulceration of the cervix uteri, or of any other part of the body if applied locally and for a sufficient time; but this is a purely chemical action, and it were as correct to rank the actual cautery or potassa fusa as homœopathic to these ailments of the

womb, as to consider Nitrate of Silver used as a caustic to be so. Dr. Marcy does not use the word caustic, but prefers the gentler term of "topical vitality-modifying agent;" Nitrate of Silver is, however, in all works on the *Materia Medica* described as acting chemically on the tissues to which it is applied, and is therefore ranked as a caustic. Putting aside for the time the facts that there is first a chemical action resulting in the formation of an eschar, and then a vital one shewn in the inflammation, there is a marked difference between the effects of the local application of nitrate of silver, and the course of inflammation of the os, and cervix. In the latter there is first congestion, and inflammation followed by more or less ulceration, in the former the process is reversed, there is first destruction of tissue. There is no similarity between an ulcer established by a caustic, and one resulting from internal causes. Future experiments may prove that nitrate of silver has a specific effect on the womb, but at present we have no such knowledge, and it were only adding to confusion were the local chemical action of a substance to be admitted as adding to that special pathogenesis which alone is valuable in the practice of homœopathy.

Nitrate of silver in the form in which it is used being a caustic cannot be employed in granular or ulcerated states of the pharyngo-laryngeal and uterine mucous membranes, under the plea that its action is in accordance with the homœopathic law. Such affections of the mucous membranes are dependant in a large majority of cases on deeply seated constitutional causes, but from their being apparent to the eye are apt to be regarded as the all-important lesion, and thus present great temptation to using local treatment.

I believe that in such affections a careful and judicious employment of homœopathic remedies, used locally and internally, will effect a cure, and that instances of failure will be quite the exception. If after such a trial cure do not follow, then the question as to the use of such agents as nitrate of silver may be discussed, but with the clear understanding that such means are not homœopathic. When the homœopathic law fails we are as physicians in duty bound to try other means which have been strongly recommended by trustworthy writers. I am aware that Dr. Green of New York has, in his *Treatise on Follicular*

diseases of the throat, published a case where homœopathic treatment had been pursued without benefit for a period of three years, and partly under Hahnemann's special supervision, but where after some time the application of lunar caustic was followed by a cure. But in estimating the curative agent Dr. Green forgets his continual administration of two drugs which are homœopathic, corrosive sublimate and preparations of iodine. Without their use what amount of cure would have followed? The case resembles more a syphilitic sore throat than the ailment under consideration.

Dr. G. Cook, of New York, who has shewn the value of iodide of Mercury in these throat affections observes: "I am not wanting for an example (even from among those whose names are mentioned by Dr. Green in his controversy with the 'New York Medical and Surgical Society,' as having made known, through the public press, their restoration) of mere palliation. Scarcely was this publication fairly before the world, when such a case was before me for my advice, not only in a more aggravated form, *locally*, than before the caustic was applied, but complicated with incipient *tracheal* and *bronchial* disease. That this hobby of Dr. Green's is more justly entitled to the appellation 'fabric of a vision,' which he so sneeringly applies to homœopathy, a very brief period will suffice to prove. The practice of homœopathy has been pretty exclusively adopted in this country for a much longer period than his caustic practice, and yet, *for every case* of a failure to cure these throat affections by proper homœopathic treatment, I will pledge myself to produce *five cases* of failure by the application of nitrate of silver."

In uterine cases, I believe Dr. Marcy will reply, that he has tried homœopathic remedies, locally and internally, and combined with hydropathic means, and yet in various cases no relief has followed. To this I answer, that he does not appear to have exhausted all the means; he has not used, and does not even mention Arsenic as one of the remedies acting on the uterine organs. A remedy which I have found most useful. I object also to the manner in which the use of the caustic is recommended. Its efficacy is so vaunted that the impression conveyed is to this effect: when homœopathic treatment has failed use

nitrate of silver ; cure must follow, and no injurious results ensue.

Does Dr. Marcy meet with no cases where this treatment wholly fails, and others where it is even positively injurious ? If he do not, then is this practice in his hands more successful than even in the experience of those who have gained a notoriety by the local treatment of uterine disease. I am ready to admit that the application of nitrate of silver does cure ulceration of of os and cervix uteri, but it also repeatedly fails to re-establish health, and not unfrequently increases the distress. This is not to be wondered at, for ulceration is merely one symptom, there are other morbid conditions, and frequently all the tissues of the uterus, and even the ovaries are embraced by the disease. The existence of ulcerations is much exaggerated, it is very rare that they are attended with loss of substance ; they are often mere erosions or granulations of the mucous lining as observed in affections of the throat, and they have been shewn to exist in numerous cases where there were no general symptom of uterine derangement. While the speculum has been of great service in establishing diagnosis, its use has led to a very exaggerated opinion as to the pathological importance of ulceration.*

Grouping, for the sake of convenience, these various conditions under the term of chronic metritis, it must be admitted

* The following passage from Dr. Rigby's late work on female diseases is worthy of notice.

He insists strongly on the constitutional origin in a majority of cases of inflammation and ulceration of the os uteri, and after stating that ulceration, unconnected with malignant disease, is a rare affection, he observes : " Its presence can doubtless produce much irritation and corresponding local symptoms, but to assert that it is a cause of general derangement in the system, and to propound the postulate (for I can call it nothing else) that it is a most frequent primary cause of impaired health in women, argues either a singular ignorance of the fundamental laws of pathology, or great indifference to truth in the attempt to propagate and maintain certain doctrines in justification of an improper and dishonest mode of treatment."

To this the reviewer remarks : " Our own experience is strictly in accordance with the statement, that many appearances denominated ulcerations were simply abrasions or excoriations, and that such cases can be speedily and effectually cured by general restoratives, and such simple local measures as will ensure entire cleanliness."—*Brit. and For. Med. Chir. Rev.*, July, 1857, p. 45.

that cases do occasionally occur which, though relieved, are not cured by homœopathic remedies, used internally and locally. Nevertheless, even after such failure I would not advise resorting to the use of caustics, because the ultimate chance of recovery is more likely to be attained either by doing nothing or by a further patient and judicious use of homœopathic remedies, combined with various hydropathic means, than by resorting to a class of agents whose use is often positively injurious. The most obstinate cases are those where long sustained anxiety and grief have slowly but most effectually undermined a constitution, presenting in its most normal state marked traces of scrofula or gout.

I could report cases where the health has been much improved by resorting to homœopathic means, after the patient had long been subjected to local treatment by those who made it a specialty; and I have seen cases where the homœopathic treatment was abandoned to pursue the caustic, where the patient had bitter cause to regret the change. This is not simply the expression of my own opinion, but of many homœopathic practitioners, and of some who at one time charmed with the speculum, and the apparent simplicity of local treatment, have now returned with increased confidence to homœopathic means, together with various aids that hydropathy affords. I shall be happy to find that such is Dr. Marcy's future experience.

The application of nitrate of silver in affections of the throat and larynx has various advantages over similar treatment in uterine disease. First, that its use is sometimes efficacious, and not attended by the marked injury to the health which too often follows its application to the womb. Second, it can be readily applied, and does not require the resort to instruments which are necessary to insure its application to the womb. It is the need of resorting to examinations which must, or ought to be repulsive to every woman that forms so strong an objection to local applications, and affords a powerful argument for persistence in treatment that does not require the aid of the speculum.

There can be no doubt that this instrument is too frequently used, and often damage done to female modesty without any curative or pathological gain. I cannot quote a juster advice

than that given by Dr. Robert Lee, which has also the full sanction of Dr. Fleetwood Churchill.

“ An examination of the physical condition of the uterus in unmarried women, either with or without the speculum, I have always refused to make, even when requested to do so, unless pain, severe and almost constant, in the region of the uterus, existed; leucorrhœa or hæmorrhage, which did not yield to treatment, and when the symptoms did not make me strongly suspect the presence of some displacement or organic disease. In unmarried women, whatever their rank or condition in life may be, the integrity of their structure should not be destroyed with the speculum, nor their modesty wounded by an examination of any kind, without a necessity for such a proceeding being clearly shewn. Even in married women who are barren, or who have had children, it is unjustifiable, on the grounds of propriety and morality, to institute an examination of any sort, unless the symptoms warrant the supposition that the uterus is displaced, or it is in a morbid condition, the nature of which cannot be determined by the symptoms alone.”

ON CANCER,

BY JOHN JOCE, M.R.C.S.

(Read to the Meeting of Homœopathic Practitioners in Manchester, Autumn, 1857.)

WE have so constantly to deplore the inefficacy of our treatment of cancer, that any information or suggestion on this important subject cannot fail to be acceptable to the members of this association.

Conceiving that all papers read at our periodical meeting will be appreciated rather by their practical than theoretical value or importance, I will this evening detail the particulars of some cases of cancer which have either been treated by me or have fallen under my observation during the last thirty years..

Scirrhus, carcinoma, and cancer, are in our day synonymous terms; formerly scirrhus was supposed to be a different and a

non-malignant disease, a mistake which time and experience have corrected.

It would be foreign to my purpose to describe the structure, chymical composition, or microscopical appearance of cancer, it must be too well, and I fear too painfully recognized by you all.

I desire to convey to you *my belief* that the excision of cancer is seldom followed by a cure, and secondly, that the ancient empirical treatment by the topical application of Arsenic has still some claim to our consideration.

I remember reading a well-written article in the *Medical Review*, when that work was edited by Dr. Forbes. It was the production of Dr. W. Budd, of Bristol: as a specimen of good writing (*in my estimation*) it cannot be surpassed; however it was a very hypothetical production, and to one assertion contained therein I must demur, viz., that cancer invariably commences in a single part or organ. If a cancerous diathesis exists, cancer external and internal may run their course contemporaneously, *assuming different forms* and appearances.

It is my opinion that there is a greater unity in all malignant growths than is generally admitted, and that scirrhus, fungus hæmatodes, and sarcomatous growths are one, differing only in appearance and accidental forms of structure.

In support of the propositions which I have advanced, I must claim your patient indulgence, as I have several cases to detail.

May 1, 1830.—Mrs. C., æt. 47, states that eight years ago she first perceived a tumour in the left breast, which soon attained the size of a walnut; on applying to her medical attendant (an old and experienced practitioner) he candidly informed her that it was cancer, and recommended its extirpation, but to this proposal she refused to consent, and to the day of her death she happily maintained the same firm resolve. She states that the enemy beat a retreat, became fine by degrees and beautifully less, in fact it completely disappeared. Her gratification, however, was but of brief duration, for another similar indurated swelling presented in the right mammary gland; it has continued to grow to its present magnitude, and is now equal in size to a man's fist; the tumour is hard, nodulated,

and to the touch resembles a Jerusalem artichoke. Palliative means were resorted to: she frequently, however, applied leeches to the part, and expressed relief from them. I avoided opiates, although the lancinating pains were frequent. At that time I knew nothing of our improved mode of treatment, but by avoiding the dangerous shoals of allopathy I feel assured that my patient's life was prolonged, and her passage to the grave made the more easy. She died in the year 1848. In the month of January of that year she complained of severe pain in the right thigh; on examination a swelling (unmistakeably cancerous) was discovered in contact with the great sciatic nerve. She suffered the most excruciating agony for several days. The right femur then fractured, doubtless from the deposition and growth of cancer in the cavity of the bone. You will perceive in this specimen the effects of cancer in the humerus of a dog; if you examine it you will see a portion of the cancer still remaining. The walls of the humerus were first absorbed, perhaps, by *assimilation*, the periosteum became stretched and extended, still, but imperfectly, carrying on its secretory function until the bone gave way. No doubt the same occurred in the patient whose case I am now relating to you, of whose body I could not obtain a post mortem examination.

After the fracture of the thigh death speedily relieved her from suffering. About a month before her release she directed my attention to a great number of cancerous tubercles on the chest, and assured me that they were migratory, *always toward the larger cancer*: to test the truth of this statement I marked the skin over one of them with Lunar caustic. On the following day it had evidently moved, and in the course of six days it had traversed a space of as many inches, and had coalesced with the larger mass; a great number of similar tubercles (to use a vulgar phrase) followed the leader. May we not deduce from this case a very important supposition (I will not say conclusion,) that cancerous particles must possess a strong affinity for each other, and that external cancer may thereby preserve the internal and more vital organs from invasion and destruction. I must add that the cancer never softened or ulcerated,

although the breast attained an immense size, and the skin was reduced so thin as to allow a *transparent* view of the disease. This patient lived twenty-six years after the first appearance of the tumour.

CASE II.

April 21st, 1839.—At the earnest entreaty of a patient, E. S., a female farm servant, I removed a cancer of the right *breast* weighing eighteen ounces, together with three indurated axillary glands: the wound healed kindly, and for a time she indulged in the hope of a perfect cure, too soon, alas, to be disappointed. On the 15th of January, 1840, I operated on the same breast, and the cancer weighed nine ounces; the wound healed as before: the operation was performed so as to leave no vestige of the mammary gland or of any tissue that betrayed the slightest abnormal appearance. In the course of four months from the second operation she began to emaciate rapidly; another cancer had formed, but further operative procedure was quite out of the question: before her death the right humerus and left femur broke. I had the humerus for several years in my possession, but the preparation was lost in changing my residence; it bore a striking resemblance to the specimen that I have exhibited to you. Unfortunately I could not obtain leave to conduct a full post-mortem examination of the body. She lived only four years from the first appearance of cancer; its structure was precisely of the same character as that in the former case, and it never softened or ulcerated. A comparison of the two cases will, I think, tend to confirm my first proposition.

CASE III.

As my friend Mr. Pope has kindly promised to give the particulars of a case of internal cancer, I have considered any illustration of a similar nature, on my part, as almost a work of supererogation; nevertheless I will venture to describe a case of cancer in the dog, and the appearances on dissection;—possibly we may thus obtain information, since each knows not what the other has to communicate.

The cancer weighed four pounds.

In the year 1838 a fine dog of the Newfoundland species was seen (in jumping a gate) to fall over with great force; he was lamed by the injury, and some months afterwards a large swelling was perceived on the external side of the humerus, near to the scapula; it grew rapidly; the dog being a favourite was in consequence allowed to live until the disease destroyed him. I had a great desire to investigate the cause of death, and the owner of the animal kindly permitted me to make a minute investigation. On removing the skin covering the humerus, I found an immense mass of cancer;—the bone which I have shown to you is the humerus of that animal. In the cavity of the abdomen I discovered cancerous masses; in the spleen of a spherical form, beautifully white, and resembling playing marbles of different sizes; in the liver irregularly formed lumps; in the lungs polygonal accumulations; the kidneys were healthy; the pancreas, stomach and heart were free; the brain and spinal marrow also. The poor animal died after much suffering, and appeared to have been suffocated from a collection of cancer in the lungs. In the kennel where the animal died a terrier (that had been severely bitten in the neck) was placed; the wounds had penetrated the larynx, and he was emphysematous. I opened the skin in several parts, and the dog recovered.

CASE IV.

Four or five months had elapsed when my attention was called to the terrier by a groom; the neck was of enormous size; suffocation was imminent, and I ordered the instant destruction of the sufferer.

Two pounds of cancer were removed from the neck, but I could not discover any deposit in the internal organs. This case affords a striking proof of the contagious nature of cancer, and points out to us the necessity of avoiding the imbibition of the disease either during dissection or even before that process be resorted to.

CASE V.

Fungus Hematodes of the Uterus.

Mrs. A., the wife of an innkeeper residing at Barnstaple,

first came under my care in the month of June 1851. She was suffering from uterine hæmorrhage, for which I treated her homœopathically ; on the 11th of June I used the speculum, and discovered a fungoid growth the size of a walnut ; it poured forth blood on the slightest touch, rapidly filling the speculum, and obscuring the disease. In addition to the usual remedies for hæmorrhage I applied lunar caustic to the part very freely ; finding no relief, my patient became dissatisfied, and on the 25th of June an allopathic practitioner was called in, who fared no better than myself. On the 9th of July I was again sent for. She expressed her conviction that I possessed some resource that would save her life. She had dreamt that she was falling into a horrible pit ; that I stood by carelessly witnessing her situation, but just at the moment she was about to descend I had rescued her. She was at this time reduced to a pale and marble-like skeleton, and it appeared to me perfectly wonderful that she could have retained the spark of life so long. If ever, thought I, desperate diseases require desperate remedies, now is the time to ascertain the correctness of the aphorism. I thought of Arsenic ; told her of my intention to apply it, and she immediately consented to the proposal. I used very finely powdered white oxide of Arsenic ; it was cautiously applied to the fungus through the speculum by means of the sponge of a probang previously moistened with water ; the bleeding ceased that day. I repeated the application on the 23rd and 25th ; on the 28th the tumour was expelled ; my patient progressed favourably, and at the end of a month was strong enough to enjoy a drive into the country. This case of course was a most gratifying one to my feelings, but I am sorry to state that she died last year, probably from cancer. However, she lived five years after the treatment, and suffered but little from the absorption of Arsenic into the system.

CASE VI.

Cancer of the Jaw.

J. B., æt. 35, married. She has a large cartilaginous tumour resembling cancer growing from the right side of the inferior maxillary bone, has been operated on by cutting at the North

Devon Infirmary ; the tumour since the operation has increased rapidly. She cannot close the mouth, consequently cannot masticate ; the growth extends to the pharynx, rendering the respiration noisy and deglutition difficult ; without removing the entire half of the lower jaw-bone, there appeared no hope of cure. I proposed the operation, but no persuasion of mine could induce her to submit to it ; as a last resource I used Arsenic. To apply it on the surface of the mucous membrane would no doubt have proved fatal ; I therefore made an incision into the substance by means of a narrow bistoury, filled a grooved director with Arsenious acid, armed a probe with cotton wool ; the latter was placed on the director, the former withdrawn, and the Arsenic was thus nicely left to work its way. The application produced violent pain, and (as you must have anticipated) great constitutional disturbance, but as the end ever justifies the means, you will be pleased to find that instead of any punishment inflicted on myself for cruelty or unjustifiable practice, she is now alive and healthy ; the happy mother of a numerous progeny since the operation was performed.

CASE VII.

Cancer of the Scrotum.

A. C., æt. 17.—A farm servant consulted me in March 1834. He had an ulcer on the scrotum over the right testicle ; having seen cases of chimney-sweeps cancer in London, whilst a student at St. Bartholomew's Hospital, I at once recognized the disease. Such cases are very rare in the country districts, and I could not easily bring myself to the belief that I had not mistaken a scrofulous disease. Young surgeons are frequently too fond of the knife, and I must own the *soft impeachment* as applicable to myself at that period, and I soon had the gratification of performing what I falsely and foolishly considered a very creditable and successful operation, for I cut off a portion of the scrotum the size of half a crown ; it was evidently cancer. The part healed by granulation, and for a space of six months all went on well ; but full soon the disease reappeared, which speedily brought my patient into a worse state than ever. I

then decided on applying Arsenic, the part sloughed off leaving the tunica vaginalis more cleanly dissected than could possibly have been effected by the knife of the most skilful operator. Granulation and cicatrization followed rapidly. The recovery was complete, and the patient is still alive.

CASE VIII.

Cancer treated with Arsenic.

R. P., a farmer, a man of middle age, was visited by me at the request of a brother surgeon, Mr. Torr, of Barnstaple, an old and valued friend, in June 1837. The patient was afflicted with a cauliflower excrescence growing from the external malleolus; it was nearly three inches in diameter, of a circular form, and had the appearance of consolidated jelly; it rendered locomotion impossible, for it projected an inch or more from the surface of the skin, and was very painful; he had been treated by several practitioners, and stated that he had swallowed all kinds of doctor's stuff without obtaining the slightest benefit. We proceeded to treat this case in the following manner: first, a double ligature was passed through the tumour, and tied; it was tightened daily until the part fell off, the surface was then dusted with Arsenic, which my friend used rather liberally, and it produced very serious effects, exciting great alarm for the patient's safety; however, the remainder of the mass sloughed and came off leaving the external lateral ligament uninjured. The wound healed in a short time, and for a period of six years the patient was a hale and active man. And here I would gladly end the tale, but the truth must out;—the seventh year had not passed before his remains were committed to the earth; cancer appeared in the same locality, and after an amputation of the leg by his club doctor, he expired.

CASE IX.

Whilst staying with my friend Dr. Mackintosh, at Torquay, in 1848, I saw a case of cancer of the lip; the patient was a butler, and he assured me that the tumour, which was then no larger than a pea, was originally four times the size. I am

sorry that I have neglected to obtain any account of this case beyond what I have related to you. I know that he had taken and was then taking Arsenicum.

CASE X.

In 1839 I opened the body of a horse that died from the effects of cantharides, given in large quantities by an ignorant groom. I found the shining scales of that insect in the stomach; the horse had literally died of starvation; all the mesenteric glands appeared to have consolidated into a mass of cancer. This was the fourth animal the poor farmer had lost by this mode of poisoning. You are aware that the cantharis has the property of producing a desire for rapid and constant motion, and grooms give it to produce a false condition as well as to make horses high spirited.

CASE XI.

I have treated a cancer of small size recently with Arsenicum 3, 12, and 30. It was a cancer of the right breast as large as a filbert, with retraction of the nipple; the little tumour has quite disappeared, but I feel doubtful of the woman's safety. She has the countenance and complexion of a cancerous person (so well known to the profession), and may yet die of internal cancer.

CASE XII.

June 18, 1837.—E. C., æt. 54, has suffered from cough and difficult respiration for 36 years; has been under the care of many practitioners, and has been constantly told that her lungs were affected; the inspirations are very laborious. This patient died very shortly afterwards. On post-mortem examination the right lung was found to occupy the whole of the cavity of the chest, overlapping the heart, and obscuring it from sight; the left lung had totally vanished; there remained only a mass of melanosis the size of an orange; the right lung was emphysematous, and had no doubt performed a double function for several years.

CASE XIII.

H. B., æt. 47.—Has a black circular patch under the right eye, and he feels very desirous to get rid of it; it is half an inch in diameter, and the skin appears as if polished with black lead. I applied an ointment of tartarized Antimony, and the deformity disappeared. This patient betrayed some symptoms of cancer; his countenance was sallow and look anxious. He died four months afterwards of melanosis in the lungs.

CASE XIV.

Feb. 12, 1838.—M. A., æt. 39. She had a small tumour, closely resembling in size and colour a strawberry, on the right leg, between the tibia and fibula, which bled freely on the slightest friction; it was at the request of her medical attendant and her own earnest desire that I consented to operate. The growth was cut out, together with a considerable portion of the surrounding skin and subjacent tissue. Twelve months had elapsed, when her leg was amputated at the North Devon Infirmary; *hard cancer* had accumulated; the tibia was fractured, and masses of cancer were discovered in the lungs, liver and spleen. The part removed by me when divided vertically, resembled the cortical structure of a kidney; the fibrous striæ were parallel, and might readily have been mistaken for the tubuli uriniferi.

CASE XV.

Mrs. B. stated to me that in the year 1820 she had a tumour on the face; had been told by many that it was cancer, and that Dr. Blackall, of Exeter, had recommended its extirpation; giving up medical treatment altogether, and in despair, she had prepared for the approach of the enemy. The cancer gradually and totally disappeared. She died in 1845; I have reason to believe from internal cancer.

CASE XVI.

In the year 1836 I assisted my friend Mr. Torr, of Barnstaple, in an operation for the excision of an immense cancer from the right arm of a female; it extended from the coracoid

process of the scapula to the bend of the arm ; on reflecting the skin it was found that the biceps muscle passed over it ; the muscle was divided, and reflected in both directions ; after a careful and skilful dissection the whole was detached. It proved to be a cerebriiform, or medullary cancer. This poor woman died some months afterwards ; the uterus and ovaries were found full of cancer.

From a work published in 1686-7 I have made the following extracts. The part editor was a Dr. Reed, and it is entitled the *Chirurgorum Comes*. I have made the following extracts :—

“ *No cancer is easily cured ;* for if all ulcerate cancers be incurable, according to Galen,* no cancerous tumour can easily be cured, it having the same efficient cause.”

“ A cancer not ulcerate, if it hath possessed any deep cavity of the body, as the matrix or anus, it is not to be dealt withal according to Hippocrates.† You must understand he meaneth the curing by excision, caustical means or ustion.”

“ If the afflicted party be weak, and the cancerous tumour be inveterate, or of a long continuance, it is not to be dealt withal with excision, adustion or potential cauterly ; only lenitives are to be used, for sundry have continued to their decrepid old age with a cancer not ulcerate.”

“ Of a cancerous ulcer there are two differences ; lupus and noli me tangere ; that is in the thigh, this in the face. A cancer in other parts of the body has no particular denomination, but detains the general appellation, as a cancer of the breast.”

“ One thing is to be noticed, that in other countries if a lupus be troublesome they apply the flesh of a hen, chicken, pigeon, whelp or kitling, cut asunder according to the length ; for so the fury of the disease ceases, the malignity of the sanies is eased, and the corrosion is staid.”

“ If a cancer be but superficial it may be eaten out with Arsenick sublimed. The manner of sublimation of it and use I did shew when I discoursed of fistules.”

* C. 5, liber de atra bile.

† Lib. 6, aphor. 38.

“Hildanus, Obs. 88, Cent. 8, gives a history of a cancerous ulcer in an old woman. The ulcer was on the concourse of the sagittal and lambdoidean sutures, very painful, foul, fœtid, unequal; the lips were hard, and big as one's fist * * * He shaved off the hair and cut the exulcerate mass, and all that seemed tainted with malignity, to the cranium, and because the cranium was carious he abraded it awhile after; then he strewed on it some *pulvis catagmaticus*, treated it as other wounds of the head, cicatrized it, and she lived long after, till she was decrepit, and then died of the plague.”

“The chemists will have arsenical, realgarian and orpimental substances separated from the natural balsame or composition of the body to be the causes of these cancerous tumours and ulcers when they settle in the parts, and cannot be discussed; however, they represent fitly the nature of cancer; for as it is, so are they of a putrefactive quality. Let no man marvel that sundry minerals may be in the body, seeing we see stones in the gall, kidneys and bladder.”

However false the hypothesis, surely the chemists of those days must have possessed some glimmering of the homœopathic law.

How far my belief (expressed in the commencement of this paper) is justifiable, viz. that cancer may and often does exist, assuming different forms, running a similar course, in the same subject, that Arsenic, as a remedy, is deserving our consideration, and that excision is rarely followed by permanent benefit, will be best ascertained from the cases and quotations recorded.

If the cause of cancer shall ever be discovered, then I conceive the cause of the growth of fungi, zoophytes, and parasitical substances, will be revealed;—all the hypotheses hitherto advanced on this subject are vain and futile.

Apart from the interest attached to the cases recited, we are oppressed with the painful conviction that cancer is a real opprobrium medicorum. That many cases have been cured by homœopathic treatment we all know, but they have been incipient ones only. We must not indulge in the idle chimera that our resources are sufficient to combat with such a formidable and destructive foe when once it has taken possession of the

citadel. If the internal organs, the stomach, lungs, liver, intestines or uterus, or any other part essential to life are invaded, our means and efforts are as unequal as our defeat is certain.

The application of Arsenic requires great care. I once witnessed the death of a poor woman from its abuse by an ignorant and illegal practitioner. I remember another death caused by its application to some scrofulous inguinal glands by the same person. A post-mortem examination was made, and three pints of pus were removed from the abdomen.

To apply Arsenic with safety it is necessary to obtain an impalpable powder; the common white Arsenic should be levigated; and this must be done by the addition of water, continuing the trituration for several hours; after exsiccation it may be applied by means of a camel hair-brush, or a moistened sponge, to *the exposed surface* of the cancer—*never to the sound skin*. If the disease should be near the surface, it will be necessary first to destroy the skin and superficial absorbents by nitric acid; after the slough has separated and the disease fully exposed, the powder may be used in the manner before stated. I feel positive that many abnormal growths may be cured in this manner, and with perfect safety, particularly if the precaution to avoid the healthy structures be followed. Of necessity the quantity of Arsenic used must depend on the extent of the denuded surface; the centre may be covered by the powder in a circular form, two or three lines in thickness; the circumference, for reasons already stated, must be merely dusted; the Arsenic should be secured *in situ* by a piece of charred linen; if any constitutional disturbance should follow, the delay of a few days may be permitted, otherwise the application may be repeated at intervals, until a line of demarcation between the disease and sound structure appear. The disease will soon afterwards slough out; the cavity will granulate, fill up and cicatrize. The wound may be treated as a common ulcer until it heals.

So far the procedure will appear satisfactory; the enemy however is not vanquished, therefore the siege must not be raised. I desire to suggest the internal use of Arsenicum in

homœopathic doses, periodically, from year to year. It appears that no substance hitherto discovered holds a greater or stronger homœopathic relation to cancer than Arsenic, and this procedure may possibly prove as effectual as revaccination in the prevention of small pox. I deeply regret the omission of its use in some of the cases which I have very imperfectly described, owing partly to my ignorance of homœopathy at the time of their occurrence.

I sincerely hope that the profession will resort to the old remedy, for it certainly may be used (with due caution) successfully and with perfect safety for the destruction of a terrible and loathsome disease, the relief of suffering, and the prolongation of life.

CASE OF OBSTRUCTION OF THE BOWELS,

BY DR. DRYSDALE.

THE patient was a stoutly-built man, between forty and fifty, and had suffered from an irregular state of the bowels and dyspeptic symptoms for some months, for which he had frequently taken purgatives, &c. On Saturday, the 21st of Nov., he came to me complaining of slight colicky pains and gastric disturbance, but the bowels had acted the day before. Nux was prescribed.

On Sunday I was sent for, and found that in the night the pains in the abdomen had rapidly increased, and continued to do so till they were thus severe, and he had little or no sleep, and had nausea. Ars. and Coloc. were given alternately, and injections of soap and water ordered, and warm fomentations to the abdomen. In the evening, in spite of these means, the symptoms had continued to increase in severity, and the pulse was quick; there was also nausea, and vomiting of all food and drink. The injection produced no effect, and also castor oil they had given was rejected by the stomach instantly. Aco. 1 was continued alternately with Arsenicum 3, ult. every two hours.

On the morning of Monday, 23rd, he was no better; repeated injections produced no effect, and the pain continued—a dull, severe, insupportable continued pain above the umbilicus and in the upper part of the belly. He had no sleep during the night, and hiccup had come on, and was constant and more violent on slight exertion. The stomach was very irritable, with frequent nausea and vomiting, and he could take nothing without vomiting; great restlessness. He got Alum. 1 dec. alternated with Bell. 1. In the course of the day the countenance was anxious, and the respiration sighing, and the hiccup frequent; the pulse was frequent and small; the belly was not hard or distended, and not painful, except to strong pressure; there appeared to be some dulness on percussion in the cœcal region, as far as could be made out in such a stout person. Dr. Stokes was now called in, and attended along with me, and in the evening we found the same symptoms, except that the vomiting was not constant, but now and then when some things were given. Repeated injections had failed, and come away quite clear, and we now tried one of soap and water, by an œsophagus tube, introduced a foot within the anus; this and also an injection with turpentine (3 ij.) were equally ineffectual. We now decided to give *Plumbum aceticum*, 1st trit., of this half-a-grain was given alternately every half-hour with gtt. j. of *Acon.* 1st dil.

Next morning, Tuesday, 24th, the patient expressed himself as decidedly better; the pain had subsided to a quite bearable degree, and at times was reduced to a mere uneasiness and sense of fulness, and from this time the pain never returned, at least to any considerable extent. The expression of countenance, and the restlessness, and the pulse, were also much improved; but still the hiccup continued, and the bowels were not relieved, nor had he slept. The medicine was continued. During the day the pain continued as above, moderate, and otherwise much the same; but the stomach now bore some liquid food without sickness, and the tongue was not thickly coated though white. Injections, taken of his own accord, having again been useless, we thought that a gentle purgative might now be given with advantage; and he got, in the afternoon, two compound Rhubarb pills, and a tablespoonful of

castor oil, which stayed on the stomach. Some hours afterwards these were followed up with two more Rhubarb pills and a turpentine injection, but still without effect on the bowels. In the evening he was much the same, and he had no sickness, and had taken a good deal of farinaceous food, yet the pulse sunk to 64, and the respiration was oppressed and sighing; the hiccup continued. The Plumbum had now apparently done its part, and it was therefore changed for Veratrum 1, which was alternated with Aconite 1, every hour.

On Wednesday morning, 25th, we again found him feeling better, though the bowels were still unaffected, and he had not had any sleep now for four nights. The pulse was 80, and fuller; and less hiccup and restlessness, and scarcely any pain. In spite of the importunities of the patient, and the friends, who always gather round on such occasions, we refused to give croton oil or other powerful purgatives; as the cause of the obstruction was evidently being overcome, whatever were its nature. The medicine was continued, and towards the afternoon Nux was given in alternation with the Aconite. During the day he continued to improve, and took more food, and had some sleep, for the first time since the 21st.

Next morning he was found convalescent, and reported that about ten o'clock in the previous night he suddenly felt as if something gave way in the bowels, succeeded by such urgent desire to stool that he had scarcely time to reach the night chair when he had a copious fæcal stool, with considerable colic, followed by several others of the same nature, and finally complete relief of the symptoms. During the subsequent days, under Pulsatilla and then Sulphur, he regained his appetite and strength, and the bowels have since acted more regularly than for many months before.

REMARKS.—If the presence of stercoraceous vomiting be held essential to constitute ileus, then this case cannot come under that denomination. But no doubt the preliminary morbid state existed, and neglect, or still worse, any violent or injudicious treatment would have converted this into a case of ileus. In spite of all that has been written, there is still much obscu-

rity hanging over the pathology of that disease ; and even were it thoroughly understood, there must remain great obscurity as to the cause of obstruction in each case during life. Though Rokitsansky and Abercrombie are opposed to the theory of spasm playing any primary part in the production of the obstruction, yet this case seems rather to favour the opposite view, which is held by Dr. Mackintosh and other highly respectable authorities. Here, from the chronic irregularity of the bowels, the dulness at the cœcum, and the mass of fœces expelled at last, there must have been considerable accumulation, and we may presume that the upper part of the colon was distended, and its muscular fibres in a state of atony approaching to paralysis. Upon this state, if we suppose to supervene spasm of the part of the gut below, we have a state of matters exceedingly likely to produce obstruction by itself, or favour a twisting or malposition of the gut that might cause a valvular obstacle. The explanation of the utility of Belladonna or Tobacco enemata, adopted by Rokitsansky, viz., that they do good by relaxing the gut below the paralyzed part, certainly would be, *a fortiori*, more applicable to spasmodic contraction. The character of the pain was also different from what we may suppose would be produced by the efforts of the upper parts of the intestine to overcome a mere mechanical obstacle, such as impacted fœces. I recollect seeing a very distressing case of organic stricture of the intestine, which ultimately caused death after some months. In this a violent rolling and rumbling, and twisting like a snake, could be seen distinctly below the walls of the abdomen ; this was followed after some time by vomiting of chyme and fœcal matter, and the commotion subsided for a time. In this present case, however, the pain was severe and persistent, like some forms of lead colic, and the vomiting continual. With respect to the treatment, there is no doubt that the Plumb. acet. was the medicine that produced the most decidedly good effect, though Aconite and Veratrum were also of service in their place. The Plumbum was well indicated by the character of the pain accompanied by vomiting and hiccup, and the peculiar restlessness. The effect was unequivocal, for next morning the appearance of the patient was obviously altered for

the better, and he spontaneously expressed his gratification at the fact of his relief, though it was obviously in contradiction to the preconceived notion of himself and relations, that he could be better before the bowels were moved, and that did not happen for thirty-six hours after. This certainly looks as if the specific action of the Plumbum had been to relieve spasm, which we can easily conceive to be effected long before the atony of muscular fibre could be removed. The Aconite was given in this case from the second evening throughout, in alternation with every subsequent medicine. The reason for this was that it suited many of the general symptoms, and more particularly on account of the pathological fact that in such cases, if inflammation is not actually present, it is always near at hand, and is the thing to be dreaded in the development of the case. Likewise, from its general action, it is not likely to interfere with the medicine more specially indicated for its local action, and indeed, it is the general experience of homœopathsists, that it is one of the medicines that may be alternated without prejudice to the action of the local specific, and with advantage in the treatment of the case; as is found in croup, pleurisy, and a variety of acute diseases, where Aconite is constantly used, but seldom as the only medicine. To the general objection that a case like this would be more instructive if there had been no alternation of medicines, and on the whole fewer medicines used, I have nothing to reply, and I fully share the feeling that dictates it, and have only to regret that one cannot always be having model cases and performing crucial experiments, especially in private practice. I hope some one else will come forward with similar cases, and improve upon this, which may easily be done. But there are very few cases in our literature, and they do not occur often in practice, so everyone would bring them forward just as they happen, otherwise we are not likely to improve. As to the use of a mild purgative, I doubt if any one will question the propriety of that, after the inflammatory symptoms were subdued, and it became known that a moderate stimulus of that nature might have effected the expulsion of the accumulated mass. But when this stimulus failed, the attempt to compel action by cro-

other powerful purgatives, would have been highly dangerous; as supposing a twist of the gut were the cause of obstruction, or supposing they still failed to rouse the muscular fibres to expel the obstructing mass, the inevitable effect would have been increase of the pent-up secretions, and finally inflammation and its consequences.

THE MODERN DOCTRINE OF THE NATURE AND TREATMENT OF ENTOZOA.

SOME years since a well known metropolitan practitioner was called to see a patient, who pleaded poverty as his excuse for not paying a fee. The articles in which he dealt, and which he manufactured himself, he said, were not now so much in demand as when he first brought them out; he believed he had already supplied most of those who required his goods, and as they did not wear out, the market was by this time nearly exhausted. The physician's curiosity was excited, and he enquired what kind of goods his patient manufactured. "I make tape-worms," replied the latter. "Tape-worms!" exclaimed the doctor in surprise, "you make tape-worms?" Now the worthy doctor was also an eminent physiologist, and doubtless the mode of production of tape-worms had often occupied his attention, and been the subject of his speculations. Possibly he had not made up his mind as to whether they were a generatio æquivoca, a spontaneous development from a morbidly affected intestine, or whether they were introduced into the body from without. To find a man who actually made tape-worms was indeed a god-send, and would more than repay him for the loss of his fee. Now would he have a solution of the problem which had long vexed the scientific world. He would have the story of their origin from the lips of one who knew the secret of their production, and could make them at pleasure. "Story, bless you, he had none to tell," at least none of the sort our anatomical enquirer desired. His tape-worms were made of sheep's entrails, cut into strips and duly dried at intervals. These hung in graceful festoons from the windows, were sold to nostrum vendors and

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herbalists, and by them displayed in their windows as advertisements for their infallible vermifuges.

But the generation of tape-worms is no longer a mystery, and their artificial production has been effected by means more scientific than the scissors and pig's entrails of the ingenious artificer above alluded to. And yet curiously enough the pig plays an important part in the real generation as in the simulated manufacture of tape-worms. The process is simply as follows: the eggs of the *tænia* of a man introduced into the stomach of a pig are partially digested, when the embryo escapes, bores its way into the body of its host, there develops into a cystic worm, which is in fact a young *tænia*. This cystic worm is in its turn conveyed into the intestines of a human being, and there undergoes its last metamorphosis into a perfect *tænia*, which in process of time sends off its egg-bearing shoots.

An interesting work, the last of those published by the Sydenham Society,* gives us a full account of the natural history of the worms that infest humanity, as far as that is known. We propose, with the aid of this work, to give a brief resumé of the results of the investigations of modern entozoologists as far as they have a bearing on practical medicine. In doing this we shall not burden our columns with the names of the observers, nor seek to settle the disputed claims to priority which have been raised respecting almost every fresh discovery.†

* *Küchenmeister's Manual of Animal and Vegetable Parasites.*

† One word only we would wish to say on behalf of an ingenious Frenchman, whose observations have been entirely overlooked by all the disputants, as far as we know, but who might certainly set up a fair claim to be considered the discoverer of the keystone of the modern doctrine of the development of *tænia*. Küchenmeister states (p. 22) that "in 1845 Dujardin first asserted that the cystic worms were undeveloped animal forms and young states of tape-worms." Now in a work before us, entitled "*Histoire Naturelle de la Santé et de la Maladie, par F. V. Raspail,*" published in 1843, the author, after describing minutely the different species of *tænia* and *cysticercus*, seeks to prove that the latter is only the young of the former; "*l'hydatide,*" he says, "*n'est autre que l'œuf eclos du ténia.*" M. Raspail certainly makes many assertions that are not confirmed by other investigators respecting the development and history of intestinal worms; but in insisting on the identity of *cysticercus* and *tænia* he has anticipated Dujardin, von Siebold, Küchenmeister and others.

The parasitical worms (*vermes, helmintha*) of man may be divided into two grand classes—the flat worms (*platyelmia*) and the round worms (*nematelmia*). We shall first draw attention to the flat worms. These are again divided into flat worm colonies (*cestoidea*) and isolated flat worms (*trematoidea*).

The cestoid flat worm most common among us, and whose natural history is best understood, is the so-called solitary tape-worm (*tenia solium*), though this is a misnomer, as one person will often harbour several of these worms, and as many as forty have been found living together in the same host.

The mode of generation of this creature is as follows. Each segment of the tape-worm is a perfect hermaphrodite individual, containing male and female sexual organs. When the ova contained in the uterine appendages are sufficiently matured, the segment (*proglottis*) is detached from the rest of the tape-worm, and is expelled with the fæces, or escapes alone. The *proglottides* having some power of spontaneous motion, may move to some distance from the place they were originally deposited. In this way they arrive upon grass, fallen fruit, roots, leaves, &c., and may be eaten by animals; or if they fall into water they burst, and distribute their eggs* in the fluid, which may be drunk by these animals. Of the mammalia, pigs, those filthy-feeding carnivorous beasts, are the most frequent recipients of the ova, but they sometimes obtain admission into the bodies of dogs, deer, bears, rats, apes and men.

In the stomach of their host the eggshell gives way, and the embryo, a minute globular vesicle armed with six microscopic hooklets, makes its escape. By means of its hooklets it seems to penetrate the tissues of the intestines, and either actively works its way, or is passively conveyed by the circulation to its final resting place in the body of its host. Having arrived at its destination it becomes developed, by a process which we shall not describe, into a cyst or hydatid, having a head projecting freely into its interior. In this form it has long been well known to pathologists under the name of *cysticercus cellulosæ*. When these hydatids occur in large numbers in the pig they give rise to the condition termed "measles" in this country. The appearance of the flesh of

* It has been calculated that each segment contains about 125,000 eggs.

the animal is as though it were thickly covered with hailstones; hence the Latins termed such flesh *caro grandinosa*, and in France the rustics say of it "*il lui a tombé de la grêle.*" Each of these small cysts is a young *tænia* (*scolex*), as yet asexual and incapable of being developed into a tape-worm when imbedded in the flesh of its host. Nor is it capable of escaping from its seat by any effort of its own. But if the animal dies or is killed, and one of these hydatids enters alive the stomach of a man, it may under favourable circumstances be converted into a tape-worm. The mode of its conversion is as follows: the vesicle or cyst containing the head and neck (*scolex*) of the young *tænia*, which projects in an inverted fashion into its interior is broken or digested away. The head being liberated, everts itself through its hollow neck, and by means of four suckers and a double circle of hooks with which it is armed, it attaches itself to the mucous membrane of the intestines of its new host, and firmly adhering commences its wonderful growth. Segments or joints begin to be developed from the neck, and the first formed joints are always pushed farther and farther downwards by the more recently formed. Thus the joints the farthest from the head are the most mature and the largest, and, as before said, when they are sufficiently developed, they break off as *proglottides*, to commence anew the series of metamorphoses just described.

To prove that the *tænia solium* is developed from the *cysticercus cellulosæ*, Küchenmeister performed a crucial experiment on a criminal condemned to death; he administered during the last three days of his life 75 *cysticerci*. On dissection forty-eight hours after execution he found ten young *tæniæ* in the intestine, six of which were destitute of hooks, but the remaining four were attached to the mucus membrane by their hooks.

To prove that the *cysticercus cellulosæ* was the produce of the eggs of the *tænia solium*, he performed a similar crucial experiment. Of a litter of four sucking pigs three were fed with segments of the tape-worm, on various days from the 7th June to the 13th July. One of the pigs so fed was killed on the 26th July, and in it were found *cysticerci* in various stages

of growth, the largest being of the size of a hempseed. The second pig was killed on the 9th August; in it were found thousands of *cysticerci*, the largest as big as a pea, with distinct heads, the smallest the size of a hempseed. The third pig, killed on 23rd August, also showed an amazing number of *cysticerci*, some of which were almost perfectly developed. The fourth pig, which received no *tenia*, showed no *cysticerci* on dissection.

But the *cysticerci* are not unfrequently met with in the human subject, and especially in those affected with *tenia*. This infection is supposed to take place in one or other of these ways. The patient affected with *tænia* in touching the segments discharged from himself receives some of the eggs on his fingers, and from carelessness or want of cleanliness these eggs may be conveyed to his mouth and thence to his stomach; or the segments, from an antiperistaltic movement of the intestines, or proprio motu, may find their way upwards into the stomach in place of downwards to the anus; or a person unaffected with tape-worm accidentally or designedly handling the *proglottides* may in like manner convey some eggs into his mouth. It would seem to be absolutely necessary for the production of *cysticerci* that the eggs should get into the stomach of the host. The principal seats of the *cysticercus* in the human body are the muscles, especially those of the heart, the cellular tissue, the brain and the eye.

There are several other *tæniæ* occurring in man besides the *t. solium*; but the natural history of these is conjectured to be precisely similar. "Conjectured," we say, for as yet their *scolices* or *cysticerci* have not been discovered. The most common of these is the *t. mediocanellata*, a much broader than the *t. solium*, with four large black sucking disks, and without hooks. This animal is much more annoying than the *t. solium*, by reason of its more rapid growth, and the discharge of the segments through the anus at other intervals than at stool. Two more *tæniæ*, one of large size, discovered in the body of a Hottentot, and the other, a species, *t. nana*, found in Egypt, have been described to occupy us.

The only other human parasite belonging to the cestoid flat-worms is the broad tapeworm (*bothriocephalus latus*) which attaches itself to the intestine by two sucking-pits (*bothria*). It sometimes attains the length of twenty feet, but is usually much shorter. Whole series of segments pass off spontaneously but not as in the *tæniæ* single segments at a time. Its *scolices* or embryos are unknown. Küchenmeister suggests that they probably may be found in small snails which may be accidentally swallowed whilst eating raw salad, onions, roots, fruit, &c.

The above are all the cestoid flat-worms that exist in the human body in the mature state, but others are found in man in the larva state. As these can seldom if ever form the subjects of medical, though sometimes of surgical treatment, we may merely briefly allude to them.

1. The *cysticercus tenuicollis*, the mature animal of which is the *t. marginata* found in the intestines of the dog and the wolf. From this circumstance some might be inclined to infer that man was intended by nature to go to the dogs—and doubtless he often does so. But fortunately for the preservation of the species and the dignity of humanity, the canine race is not wholly dependent on this source for its supply of *tæniæ*, for the *c. tenuicollis* exists more abundantly in the ruminants, the horse, the pig, the ape, &c.

2. The *echinococcus veterinorum* (or *scolicipariens* of Küchenmeister). This is extremely rare in man, but not uncommon in our domestic animals of the ruminant and herbivorous kinds. The mature animal is a small *tænia* found in dogs and wolves.

3. The *echinococcus hominis* (*altricipariens*, Küch.) This occurs not only in man but in the larger domestic animals, especially the herbivora. It consists of a cyst which seems to have the power not only of producing heads, but also cysts within itself which in their turn may form heads and even a third generation of head-producing cysts. The cysts in both these *echinococci* are asexual, shewing that they are only the embryonic form of another animal. The mature animal of this *echinococcus* is unknown.

Acephalocysts are, according to Küchenmeister, nothing more than barren, that is headless, specimens of *cysticerci* or *echin-*

ococci, and are therefore, like these, to be viewed as independent animal organisms. He has succeeded in producing them by administering the eggs of *tæniæ* to various animals. The *acephalocysts* derived from the various kinds of *tæniæ* may, he alleges, be distinguished from one another by their anatomical structure. The study of these *echinococci* and *acephalocysts*, in respect to which man plays the same part to the dog, that the pig does to man, is highly interesting, but as yet it has very little bearing on practice, and to enter fully into it on the present occasion would lead us very far from our subject. In Iceland a remarkable hydatid disease caused by *echinococci* (not *acephalocysts* apparently) probably derived from the dog, prevails endemically.

Küchenmeister gives a great deal of information respecting the *tæniæ* and their *scolices* of inferior animals. He was enabled to make a number of experiments on sheep, pigs, and other animals, not to mention the condemned criminal above alluded to, by the liberality of the Saxon government who supplied him with funds for this purpose. We should like to see the British government making a grant of money for the purpose of promoting investigations into the natural history of the tape-worm. We fear our Circumlocution Office is too incurably affected with what the late Edward Forbes called the "red-tape worm" to commit itself to any such extravagance. However, we must not despair of its ultimate delivery from this malady when we consider the number of state doctors (quacks though most of them be) who clamorously recommend their infallible nostrums.

Every carnivorous animal possessing a peculiar *tænia* has probably its herbivorous purveyor of germs on which it preys. Thus the *cysticercus* of the *tænia* which inhabits the marten and weasel (*t. tenuicollis*) is found in the field-mouse and mole. The *t. crassicollis* which exists in the cat, has its germ in the rat and the mouse. The *t. cænurus* of the dog is found in the germ state in the sheep, in which by the way it produces that curious vertigo to which they are subject and of which they die. The *cysticercus pisiformis* found in rabbits and hares supplies the fox with its *t. crassiceps*. Man asserts his superiority over the inferior animals by harbouring both germs and mature worms. Thus he obtains his *t. solium* by eating

pork, and his *bothriocephalus* and *t. mediocanellata* by feeding on some unknown animals, while he enjoys the unique privilege of being at the same time the purveyor of *scolices* to the dog and the wolf. Thus while nature, by means of his entozoa, marks out the pig for his food, it equally prognosticates for him the fate of Actæon, to be the prey of the canine race. Our modern augurs and aruspices foretell our destiny more accurately by their inspection of entrails, than ever did those ancient vaticinators of Rome, who, according to Cicero, were such arrant humbugs. However, fortunately for the tape-worms, and fortunately for us who may wish for more honourable sepulture than that accorded to Jezabel, man is not the only source of the young *tæniæ* of the canine species, as several of our domestic herbivora divide with him the honour.

The isolated flat-worms we may pass over rapidly. They are the *monostoma* (s'il y en a) and the *distoma*. None of them can form the subject of therapeutical treatment unless the *d. heterophyes* which were twice found by Bilharz in large numbers in the intestines of natives of Egypt. As, however, it has never been found in Europeans we may dismiss it with the remark, that probably it might be expelled by the common anthelmintics. The *d. hepaticum* or "flake" which has occasionally been found in man may give rise to serious symptoms calling for medical treatment, but its existence could hardly be ascertained or even surmised until after death, and even if diagnosed could not be removed from its usual seat, the liver. Where, as in a case recorded by a Swiss medical man it exists subcutaneously, it may be removed by a surgical operation, just as the *d. ophthalmobium* may be extracted by the knife from the eye.

We now come to the consideration of the second division of parasitic entozoa, the round-worms or thread-worms (*nematelmia*).

The first in order is the *trichocephalus dispar*, a large thread-worm about two inches long, which inhabits the lowest part of the small intestine, the ilio-cæcal valve, and the large intestine. It has a long and slender anterior portion and a thicker and obtuse posterior; the female is somewhat broader than the male. From its dingy colour it doubtless often escapes observation among the feculent contents of the intestine. From

similarities in the anatomical structure Küchenmeister supposes that the young of this worm is that remarkable minute animal the *trichina spiralis*. The latter has recently attracted much attention in this country, and an excellent account of it by Drs. Rainey and Bristowe, illustrated by numerous drawings, may be found in the transactions of the Pathological Society for 1854. It inhabits small cysts chiefly in the muscles of voluntary motion, but it has been found universally distributed through every muscle of the body with the exception of the heart and a few others, and it seems to exercise no material influence on the health of its host. That this worm is the brood of the *trichocephalus* is, as we said, as yet only conjecture, for all experiments to develop the latter from the former have hitherto proved abortive. If this conjecture be correct, the supposition of Küchenmeister that a person having *trichocephali* may become infected with *trichina* in consequence of the eggs of the former becoming distributed through his bowels, and the embryos thence hatched boring through to the muscles may be correct; but at present we have no means of determining the fact; nor can we say that the *trichocephalus* is developed in the human intestine by swallowing the flesh of pigs which contains *trichinæ*, though this, too, is analogically probable.

The next *entozoon*, the common thread-worm, or *oxyuris vermicularis*, is familiar to every practitioner. It is found in the lowest part of the large bowel from the anus up to the sigmoid flexure. Three sizes are observed, the largest which have a white colour, an obtuse head, and a finely pointed tail, are mature females; the next of a pale gray colour, with a similar capillary tail are the immature females; the smallest which are obtuse at both ends, and of a silver gray colour, are the mature males.

From the rapid manner in which thread worms become developed in the rectum, it is probable that they lay and hatch their eggs there. They have also a great tendency to wander out of the anus, especially at night, when they may migrate into the rectum of a person sleeping in the same bed with one infested by them. The entrance of one female into the rectum will serve to establish a perpetual infection, in consequence of

their abundant reproduction. They sometimes wander into the vagina of females, and there create an irritation which may lead to onanism. They are not confined to any age, for not only are they the pest of the nursery, but they are often met with in adults; and we have at this moment a patient upwards of seventy, who is still occasionally tormented by them. Certain foods, as carrots, onions, fruits, &c., make them very restless, when they cause excessive itching. It is at night especially that they annoy their host.

We need not dwell long on the *strongyli*, of which two species are said to have been found in man. The *s. gigas*, the male of which is six to eight inches long, and the female as much as nineteen inches, has been found in the kidneys and urinary passages. Its existence cannot be ascertained or surmised until it is passed, so that it cannot become the subject of treatment, except for the symptoms it may occasion. The *s. longevaginitus*, a much smaller worm, about an inch in length, with two projecting spicules at one extremity of its body (whether the head or the tail seems not quite certain), inhabits the bronchial tubes and glands, but it seems to be extremely rare, and can seldom, if ever, become the subject of treatment.

The *ancylostomum duodenale* is an extremely small round worm, found in the duodenum and jejunum of many inhabitants of Egypt. As far as we know, it is not found out of that country. Though so minute, it is far from innocuous to its host; it fixes itself by biting into the mucous membrane, and from the wound it inflicts a great deal of blood may be lost, causing anæmia and chlorosis, and their attendant symptoms, which may easily end in the death of the patient. Nothing is known respecting its origin or development.

We need not dwell on the next species of nematode worm, the *filiaria medinensis*, the Medina worm or Guinea worm. It is found in various parts of the body, beneath the skin, and apparently penetrates to its seat from without; but its origin is still enveloped in obscurity. It is met with only in hot countries, as India, Persia, several other parts of Asia, Africa and America; and its treatment, which is entirely surgical, is perfectly well understood.

We now come to the genus *ascaris*, the only species of which that shall occupy us is the *a. lumbricoides*. This large round worm inhabits the central portions of the intestines, to the mucous membrane of which it probably attaches itself by means of the three papillæ forming its head, which can doubtless be spread out in a broad sucker-like surface. The mode of their introduction into the human body is not known. It is uncertain whether we swallow them as ova, or whether they have to pass through the bodies of other animals.* From their being occasionally found in immense numbers—as many as three hundred in the bowels of a child—we might fancy they were capable of breeding in the intestine itself. As long as they are undisturbed, they seem to occasion no inconvenience or troublesome symptoms. But if they be irritated by uncongenial food, or other causes, by their restlessness and wanderings they may give rise to very disagreeable symptoms, and by getting into wrong places, such as the gall or pancreatic duct, they may occasion dangerous affections. It is said by many that they are even able to perforate the walls of the intestines; but the structure of their head and mouth would seem to render this impossible. They often pass spontaneously by the anus, and not unfrequently they are vomited. In their passage upwards they may stick in the pharynx, or they may creep into the larynx, and give rise to peculiar symptoms; or they may get into the nose. We once saw a patient draw from his nose a large live *a. lumbricoides*.

A nematoid worm, the *dactylius aculeatus*, was discovered in the urine of a girl, and described by Mr. Curling, in the 22nd vol. of the *Med. Chir. Transactions*.

Such is a brief outline of the natural history of man's intes-

* Raspail, in the work before referred to, states it as his belief that they are derived from the *trichina spiralis*. He adduces no experiments of the actual production of the *ascaris* from the *trichina*: but neither does Küchenmeister in support of his opinion that the *trichina* is the young of the *trichocephalus*. Histological resemblance would seem to favour Küchenmeister's rather than Raspail's view. Still Raspail's was a good guess, and that, together with his declaration, so early as 1843, of the identity of *cysticercus* and *tenia*, makes it incomprehensible why his writings should have been so totally ignored by more recent investigators.

tinal worms, as at present taught by our best observers. To those familiar with the metamorphoses and modes of reproduction that obtain in many classes of the animal kingdom, the account we have given of the development and generation of these creatures will not appear incredible. In fact, analogous modes of growth are not wanting in other and even higher classes of the animal kingdom. The curious phenomena of parthenogenesis, or generation from an unimpregnated female, observed in the aphides, bees, and some lepidoptera, the mode of propagation of some zoophytes by gemmation, and the metamorphoses of many insecta, furnish analogues to all the phenomena we have described as incident to the helmintha.

But our object in this sketch of what is known or plausibly conjectured of the natural history of the helmintha, is not to enter upon zoological details, except in so far as these may have a bearing on our therapeutic appliances in reference to the derangements of health, caused by, or accompanying their presence in the human body. For our treatment will greatly depend on the views we entertain respecting their origin and growth.

Until within a very recent period, men's minds were almost equally divided between two opinions regarding the origin of intestinal worms. One of these was that the worms were derived from ova introduced in some unperceived manner from without. The other was that the worms were of the nature of a generatio æquivoca, products of the organs where they were found—to be regarded, in fact, as a morbid secretion. This opinion is ably defended by Dr. Fletcher, in his *Elements of General Pathology* (p. 215, et seq.), and it was likewise the opinion held by Hahnemann, in common with hundreds of his contemporaries.

It is evident that the idea of worms being the product of morbid action, and being dependent for their existence on the continuation of a morbid state, must naturally influence the medical treatment of the practitioner holding this view. This is clear from the following passage, which we quote from Hahnemann's *Organon* (p. 22, note) :—

“ There is a semblance of necessity in the expulsion by purgatives

of worms, in so-called vermicular diseases. But even this appearance is false. A few lumbrici [*a. lumbricoides*] may be found in children; in many there exist ascarides [*oxyuris vermicularis*]. But the presence of these is always dependent on a general taint of the constitution (the psoric), joined to an unhealthy mode of living. Let the latter be improved, and the former cured homœopathically, which is most easily effected at this age, and none of the worms remain, and children cured in this way are never troubled with them more; whereas after mere purgatives, even when combined with cina seeds, they soon reappear in quantities.

“ ‘But the tape-worm,’ methinks I hear some one exclaim, ‘every effort should be made to expel that monster, which was created for the torment of mankind.’

“ ‘Yes, sometimes it is expelled; but at the cost of what after-sufferings, and with what danger to life! I should not like to have on my conscience the deaths of so many hundreds of human beings as have fallen sacrifices to the horribly violent purgatives directed against the tape-worm, or the many years of indisposition of those who have escaped being purged to death. And how often does it happen, that after all this health and life destroying purgative treatment, continued for several years, the animal is not expelled, or if so, that it is again produced.

“ ‘What if there is not the slightest necessity for all these violent, cruel, and dangerous efforts to expel or kill the worm?’

“ ‘The various species of tape-worm are only found along with the psoric taint, and always disappear when that is cured. But even before the cure is accomplished, they live—the patient enjoying tolerable health the while—not exactly in the intestines, but in the residue of the food, the excrements of the bowels, as in their proper element, quite quietly, and without causing the least disturbance, and find in the excrement what suffices for their nourishment; they then do not touch the walls of the intestines, and are perfectly harmless. But if the patient happen to be affected with an acute disease of any kind, then the contents of the bowels become intolerable to the animal; it twists about and irritates the sensitive walls of the intestines, causing a peculiar kind of spasmodic colic, which increases materially the sufferings of the patient.

“ ‘It is worthy of remark, that the morbid symptoms of patients suffering from tape-worm are generally of such a kind that they are rapidly relieved (homœopathically) by the smallest dose of tincture

of male fern root; so that the peculiar condition of the patient, which causes this parasitic worm to be restless, is thereby at once removed; the tape-worm then feels at ease, and lives on quietly in the excrement of the bowels, without particularly disturbing the patient or his intestines, until the antipsoric treatment is so far advanced, that the worm, after the eradication of the psora, finds the contents of the bowels no longer suitable for its support, and thereupon spontaneously disappears for ever from the now cured patient, without the least purgative medicine."

There is an inconsistency in this account which, strangely enough, does not seem to have struck the defenders of this theory of the origin of worms. The worms are said to owe their origin to and to flourish in a morbid state of the bowels, and yet in proportion as the health is improved they become quiet and comfortable. The fact is true as stated, the worms do remain quiescent in health, and become restless and irritated by disease. This fact might have suggested to Hahnemann and those who thought as he did, that healthy, not diseased bowels, were the normal habitat of worms, and that consequently it was very improbable that they could be a product of disease, call it "psoric taint" or any other name. The experiments of Küchenmeister prove that the young *tæniæ* will not attach themselves to an intestine affected with diarrhœa, and that the best predisposer to the development of the worm is an absolutely healthy state of the gut. It is the belief of the Abyssinians that tape-worms only thrive in a healthy intestine, so that they regard it as a sign of illness when they have no worm.

And here we may once more allude to Dr. Simpson's triumphant argument against homœopathy,* in reference to the treatment of tape-worm. He adduces it as an "instance of chronic disease," and asks, with a sneer, if any medicine can in large doses produce a tape-worm, and in small doses expel it. If Dr. Simpson in 1853 knew the nature of entozoa, his argument was unfair and uncandid; if he did not know their nature, now that he does he must be aware that what he considered as a powerful argument against homœopathy has no application at

* Homœopathy: its Tenets and Tendencies, p. 179.

all. For by modern discoveries it is shewn that tape-worm is, strictly speaking, not a disease at all, but a foreign animal organism, living within the human body, quietly, and without disturbing its host, as long as the latter is in good health, but becoming restless, and thus complicating the symptoms of its host, when he is ill. Nor can it be imputed as a disgrace to Hahnemann that he did not know better than his contemporaries in 1833,† what Dr. Simpson, by his style of argument, shews that he did not know so well as many of his contemporaries twenty years later. The discovery of the true nature of the *tæniæ* was hardly possible for one person working alone at the date when Hahnemann wrote, but it required the general advance of natural history, and the discoveries recently made concerning the laws of generation, in order to understand and explain the mystery of the formation of these entozoa.

But though Hahnemann's views relative to the development of intestinal worms were erroneous, his practice was not so far wrong with respect to some of the worms, at least. Thus, as regards the *ascaris lumbricoides*, Küchenmeister says (p. 414): "As a general rule, the host and his guests agree very well together, and give one another very little mutual trouble." And again: "It is only the worms which have been disturbed in some way, which render the doctor necessary." These causes may be, he alleges, in or out of the worm. Internal causes are probably sexual actions. Causes, whose seat is external to the worm, are chiefly improper diet, or other causes which morbidly affect the intestinal canal. The indication here would therefore be precisely as Hahnemann has stated it: restore the bowel to the healthy state, and the worm will cease to annoy.

But all worms are not so harmless as the *a. lumbricoides*. Thus the *oxyuris vermicularis*, or thread worm, produces great discomfort by the itching it gives rise to. The *ancylostomum* may produce anæmia, chlorosis, wasting and even death;—fortunately it is not known in this country. The *tænia medio-canellata* gives great annoyance by the constant passage through the anus of its segments. The *tænia solium*, besides causing

† Date of the last edition of the Organon.

some—not very certain—morbid phenomena, may give rise to an infection with *cysticerci* by the incautious introduction of its eggs into the patient's stomach,—not a very likely catastrophe, but still possible, and therefore to be feared. It is therefore desirable to remove from the body all these worms when they occur. With regard to the embryos of tape-worms, *cysticerci* and *echinococci*, and the *distoma*, whatever disturbances they may give rise to, they can never be the subject of medical and very rarely of surgical treatment. The same may be said of the *trichina spiralis*, the probable germ of the *trichocephalus*, which, as we have said, occasions no perceptible disturbance to the patient. But although we may not remove them when formed, we may endeavour to prevent their entrance into the body by a judicious prophylaxis.

The other worms mentioned are either so rare as not to be worth consideration, when we are alluding to therapeutic treatment, or when present they excite so little disturbance that they need not be interfered with—such are the *bothriocephalus latus* and the *trichocephalus dispar*. If however a patient is desirous to free himself from the first named nothing apparently is easier. The filix mas or pomegranate vermifuge, hereafter to be described, according to Küchenmeister, speedily dislodges him.

In considering the treatment required by the worms which it is desirable to get rid of, we shall first allude to their prophylaxis, or the means it is advisable to pursue to prevent their entrance into the body.

Nothing certain can be said of the prophylaxis of the *bothriocephalus*, as its embryos are unknown. Küchenmeister thinks it probable that the *cysticercus* of this worm exists in some low aquatic or marsh animal, such as snails, and that we eat these with raw salads, fallen fruits, roots, &c. Supposing this idea correct, the precautionary measures to be used should be to wash our lettuces, peel our apples, and scrape our radishes before eating them; and this is what all who are not desirous of prematurely consuming the peck of dirt every man is destined to eat in his life, would naturally do. A further precaution would be to burn expelled fragments of the

worm, so as to destroy the ova; for if we let them pass into our sewers and then into the Thames, we may receive the embryo in the slugs above alluded to, in lettuces, celery or radishes from Kent or Essex.

To guard against infection with cysticerci we should carefully avoid handling segments of expelled *tania solium*, the eggs from which might adhere to our fingers, and be inadvertently conveyed to our mouth. These eggs might abound in sewage water. Mr. Mechi and other employers of liquid manure might distribute them over their cabbages and turnips, and thus bring them within reach of human stomachs; or Father Thames, who absorbs so many sewers, may in addition to his other impurities often contain *tania* eggs, whence the advisableness of filtering the water we drink from that cloaca magna.

Against the introduction into our system of the *cysticerci*, and thus giving an opportunity to the *tania* to develop itself in our intestines, the precautions to be used are more definite. These *cysticerci*, as before stated, are chiefly found in the flesh of measly pigs. In handling this flesh care should be taken that none of the *cysticerci* adhere to our fingers, whence they might inadvertently be conveyed to our mouths. Pork-butchers, cooks and others, who have to do with cutting up and handling pork and making sausages, infect themselves in this way. Such persons should therefore be careful not to put their dirty fingers near their mouths, nor to take their knives in their mouths, and they should thoroughly wash every utensil or instrument that has come in contact with raw pork before using it for other purposes. Other persons should refrain from eating unwashed raw ham, bacon, sausages, &c., obtained from a pork shop where a knife bedaubed with cysticerci may have been used to cut them up, or hands similarly polluted may have touched them. We should likewise eschew underdone fresh pork, in which some *tania scolices* may have escaped destruction.

As the *scolex* of *t. mediocanellata* is unknown, no especial directions for guarding against its introduction can be given. The general directions given for *bothriocephalus* are applicable to this *tania*.

We cannot say more regarding the *t. nana*, and as it has been only once found in man, it is not likely to become the subject of treatment.

As the mature animal of the *echinococcus scolicipariens* inhabits the dog, we should be careful as to the water we drink and the vegetables we eat where dogs are allowed to run about freely. Possibly persons who keep dogs may receive from them the ova of this cystic parasite, by permitting these animals to lick their faces. A pet lap-dog will often use his tongue as a *torche-cul* one moment and the next to kiss his mistress. In this way infection may readily be conveyed. Another precaution would be to prevent dogs eating the hydatids found in sheep. These are often thoughtlessly thrown to them by butchers, and dogs hereby receive the germs of their tape-worm, which in its turn furnishes the ova that may infect the human being with *echinococci*.

With regard to the *e. altricipariens*, as we know nothing regarding its mature animal or its ova, we can only advise that whenever found this cystic worm should be carefully destroyed either by fire or spirits of wine.

The prophylaxis of the *distoma* is still obscure. We know not if they are developed in the human body directly from ova, but it appears more probable that a passage through some other animal is necessary before they can be developed in man. Certain snails and shellfish are supposed to be the bearers of the embryos whose mature representative infects man, but nothing positive is as yet known.

What has been written and stated concerning the origin and development of the *trichina spiralis* and the *trichocephalus dispar* is only conjecture more or less plausible. The former has, it is said, been found in the flesh of the pig, and it is therefore just possible that man may infect himself with *trichina*,* and if Küchenmeister's guesses be true also with *trichocephalus*, from handling or eating pork. The precautions advised in

* Experiments have shewn that certain animals fed with trichinous flesh exhibited multitudes of *trichinae* in their muscles, so that it would appear that the embryo of the *trichocephalus* (if *trichina* be really such) can migrate as an embryo from one body to another.

Nature and Treatment of Entozoa.



reference to *tænia solium* will therefore apply to these two *helminths*.

The preventive precautions to be used against *oxyuris* are chiefly to avoid sleeping with a person infected by them, in case a mature female should in its nocturnal wanderings find its way into the anus of the one hitherto exempt from thread-worm. When such an *oxyuris* penetrates into a healthy rectum it seems capable of propagating its disagreeable progeny to any undesired extent.

With regard to the prophylaxis of the *strongyli* and *ancylostoma* we have nothing to say, and the *filiarie* are too obscure in their origin to admit of us saying anything definite respecting them. As they seem to penetrate the skin from without, perhaps a safe precaution would be to keep the skin well covered in passing through portions of the country known to harbour them.*

If, as Richter alleges, the eggs of *ascarides lumbricoides* only attain their full maturity when free in nature, it would be important to guard ourselves against drinking unfiltered water in which they may be present. It seems probable that they do not breed and propagate their species in the human intestine, the youngest *ascaris* Küchenmeister has seen having been nearly two inches long. If the eggs are further developed in some other animal before entering the human body we do not know, and all precautionary rules founded on this view must be of necessity purely conjectural.

We shall now proceed to the direct therapeutic treatment for worms which it may be thought advisable to expel from the body. In the great majority of cases we are convinced no harm results from the presence of intestinal parasites, but in others not only is the discomfort occasioned by them great, but the moral effect—that is the disturbance of health caused by a consciousness of the presence of worms—is so distressing as to render it highly expedient to remove them as rapidly as possible.

* Küchenmeister argues with much plausibility to prove that the Medina or Guinea worm was the animal mentioned in Numbers xxi. 6, under the name of "fiery serpents," which attacked and destroyed so many of the Israelites in the desert.

The only worm to which an expulsive treatment by therapeutic means is applicable are the different kinds of tape-worms, the *oxyurides* and the *ascarides*.

In cases of tape-worms and *a. lumbricoides*, our treatment should at first be purely dynamic and homœopathic, and in this we may be guided by the totality of the symptoms present. As the disturbances attributed to worms are generally occasioned by a morbid state of the intestinal canal, remedies directed to this state will usually remove the whole array of morbid phenomena.*

If, however, symptoms remain that are clearly attributable to the presence of the worms as foreign bodies in the intestines, we must have recourse to the expulsive treatment by anthelmintics, for we cannot hope to expel worms by dynamic treatment; on the contrary, the more healthy we make the intestine the more comfortable will the worms be, and the less inclined will they be to leave their abode.

With the above limitations all the use of expulsive anthelmintics by homœopathists is raised to the level of the best allopathic treatment. We avoid the dangers of a routine allopathic practice which at once flies to the use of violent and uncertain means on the mere suspicion of the existence of worms, which even if present are in nineteen cases out of twenty not the primary cause of the morbid symptoms. Worms—even the dreaded tape-worm—have frequently been expelled and yet the symptoms they were supposed to excite remained as violent as before. The terrible suckers with which the head of the tape-worm is armed, are not as has been supposed for the purpose of draining our vital juices, but are merely for attaching it to the bowel. It seems to derive its nourishment solely from the contents of the alimentary canal in which it floats.

Were it ascertained, which it is not, that the *helmintha* had

* It is a curious circumstance in connexion with the medicines for worms, Filix and Cina, that they actually relieve and cure what are called worm-symptoms in small doses, while they destroy and expel the worms in large. This may be mere coincidence. But may it not also shew the homœopathicity of their action on the worms themselves? Thus they cure the cause of the restlessness in small doses, while in large they act as a poison in accordance with the law *similia similibus*.

a limited duration of life, if the term of life were not long, the proper plan would be to keep the worm quiescent by dynamic remedies until they had fulfilled their term of life, when they would pass off. But it would appear that tape-worms are extremely long lived both in the embryo and in the mature state, and we cannot tell if *ascarides* are not equally long lived. Therefore we must, for practical purposes, regard them as though they never died, and never passed off spontaneously.

The remedies that have been at various times suggested for the expulsion of tape-worms are extremely numerous.

To arrive at some degree of certainty as to the power possessed by a medicine to poison a *tænia*, Küchenmeister tested a great many by placing living tape-worms in a mixture of the particular remedies and white of eggs, and then watching the time the animals lived in contact with them. In an infusion of kousso with milk the *tænia* died in half an hour; in turpentine in an hour or an hour and a quarter. In a decoction of kousso with white of egg the animal was dead in from one and a half to three hours; in one of rad. punicæ granatorum in three hours; and with the same decoction mixed with milk in from three to three and a half hours. In a mixture made with the extract. filicis maris æth. in three and a half to four hours. The filicine or filicic acid of Lutz mixed with white of egg has also an energetic action upon *tæniæ*, which die in it in the course of a few hours, and exhibit œdematous swellings in various parts. Of the remedies of whose power we possess the most reliable evidence the oil of turpentine is, says Küchenmeister, the most effectual. "The touchstone of a remedy," he further remarks, "is not whether it expels *bothriocephalus latus* or *tænia solium* but whether it is also capable of effecting this with *tænia medio-canellata*," (p. 158), and this the oil of turpentine will do with certainty. It has the further advantage of expelling the worm entire and in one piece. So powerful an agent must necessarily produce very disagreeable effects upon the patient, and in this consists its weak point. Too small doses, he remarks, readily produce sickness, vomiting, ulceration of the mouth, griping pains, and suppression of the urine; too large ones when they do not occasion bilious stools, cause tenesmus, bloody

stools and urine; and when taken fasting sickness. The best period to administer it is bedtime in a dose of $\bar{3}$ j. triturated with $\bar{3}$ j. of castor oil, and two or three yolks of eggs with $\bar{3}$ j. of honey; this mixture is given in two or three portions in the course of one to one and a half hours. Thus given we are told "It is certainly one of the most energetic remedies for tape-worm, and fully merits fame in those cases in which pomegranate root has produced no result." (p. 160).

Of *koussou* Küchenmeister says that while it has many of the disadvantages of oil of turpentine he has never been able to expel with it an entire *tænia*, the worm coming away in innumerable fragments, but no head appearing. The dose he gave was $\bar{3}$ ij. to $\bar{3}$ j. of the powder. The Koussou of commerce appears to be either very much adulterated or to be mixed with other Abyssinian remedies for tape-worm. With regard to *aspidium filix mas* the author observes that "while it will always maintain its renown against the *bothriocephali* it appears hardly to maintain its reputation with regard to *tænia*," Küchenmeister uses the ætherial extract and mixes it with pomegranate root powder in the following manner. "I myself combine the aqueous extract of pomegranate bark prepared as above," *i. e.*, by the steam apparatus from the dried bark, "with extract. filic. mar. æther. in the following manner: \bar{R} ext. radic. punic. granat. aq. osi, quantum adeptus es ex rad. $\bar{3}$ iv.— $\bar{3}$ vj., solve in aq. des. fervidæ, $\bar{3}$ j.— $\bar{3}$ viij. adde extract. fili. mar. æther. $\bar{3}$ j.— $\bar{3}$ ss—ext. tanacet. vulgar. $\bar{3}$ ij; gambog. gr. iv, vj. ad x. M.D.S. To be shaken. A cupful to be taken in the morning (6 or 7 o'clock) fasting. A similar dose in three quarters of an hour. The third is left in reserve. If the worm should not be expelled in an hour and a half after the second dose, the last portion is also to be taken. I formerly gave Natr. sulf., now I administer immediately Gambog. gr. iv.—vj. with good results. If vomiting occur, a tablespoonful of the medicine is given every ten minutes.

"To alleviate the tendency to vomit, the patient should gargle after every dose with fresh milk, but without swallowing any of it. Between the doses also he may take as much Elæo. sacchar. citri as will lie on the point of a knife as often as he likes. If

no evacuation have taken place three hours after the first dose, and the worms have not been expelled, an aperient is administered. With *tenia solium* castor oil is usually sufficient, one to two tablespoonfuls every half hour or hour; or ℞ Gambog. gr. vj.—viij; pulv. rad. Jalap. gr. x.—xv., to be repeated again in case of need in two hours. With *t. mediocanellata* I have found the best results with a stronger aperient; ℞ Calomelan. gr. iv.—vj.; pulv. Jalap. gr. x.—xv., M.D.S. at once.' The preliminary treatment is as follows: "At the season of fresh strawberries and grapes I give half a pint of the fresh fruits every morning, fasting, for six or eight days, and in the evening before the expulsion a herring salad, with plenty of vinegar, onions, raw and boiled ham, and plenty of oil, and to very costive persons ʒj. of castor oil, after which the patient may drink a large glass of light Rhenish wine, or a glass of bitter beer (Bavarian Waldschlosschenbier, &c.). If these fresh fruits cannot be had, the salad alone must suffice. In very obstinate cases of *t. mediocanellata* I let the patient take so much of the ordinary Electuar. lenit. of the English Pharmacopœia with the addition of extract. Tanacet. ʒij. to the ounce of electuary, as is necessary to produce a couple of soft motions daily; he then takes the mixture, and not before. Fasting the night before the cure is bad. The medicine does not agree well with a perfectly empty stomach." (pp. 174—6).

For the purpose of expelling *oxyurides* (commonly called ascarides) from the intestine, anthelmintics are of little avail. Violent diarrhœas, as well as violent purgatives, only diminish the number of the worms, they do not eradicate them. Clysters with various matters added to them are the most advisable remedies. Dujardin employed aloës successfully. Küchenmeister adds 4—8 grains of Natron santonicum (half for children) with two drops of oil of Anise. The perfect cure is only to be accomplished by long-continued nightly lavements, and in obstinate cases, by making use of an elastic mouth-piece or catheter, and introducing it as far as the sigmoid flexure, and so reaching the *oxyurides* about that point, which is their principal harbour. Unfortunately, a great number of these worms, which conceal themselves behind the folds of the rectum, escape the action of the clyster.

In cases of *ancylostomum duodenale*, Küchenmeister thinks that the greatest amount of relief would be derived from a mixture of oil of turpentine, castor oil, a few grains of sauto-nine, and some vegetable purgative.

In *Guinea worm* (*filaria medinensis*), the main object of treatment must be in all cases the extraction of the animal, which, being chiefly a surgical operation need not be entered on here.

In experiments instituted to find a substance actively poisonous to the *a. lumbricoides*, Küchenmeister found that they were rapidly destroyed in contact with kreosote, common salt, corrosive sublimate, petroleum, cajeput oil, oil of turpentine, mustard, pomegranate root, tincture of galls, and a few others. By the seeds, or active principle of Cina, they were uninfluenced for several days. In white of egg, mixed with santonine and castor oil, they died in an hour.

The seeds of Cina, which have been given from time immemorial in lumbrici, have now, for the most part, been displaced by the santonine, their active principle, and the santonate of soda. Küchenmeister gives the santonine sprinkled on butter, or with sugar, in the yolk of an egg, and three or four days after he prescribes a mild purge. Or he gives it with castor oil, in the proportion of gr. ij.—iv. to ℥ j., a drachm of this mixture is given at short intervals till a purgative action is obtained. It is repeated for several days, sufficiently to secure several soft motions per diem.

The *natron santonicum* appears to be more certain in its action, and less likely to produce any of its physiological effects than the santonine. It is given in doses varying according to the age and strength of the patient, of from gr. ij.—x., twice a day. The fourth dose is followed by a mild purgative. The worms usually pass off alive, or "they wander forth subsequently singly, and without motions. In short, they wander out because we have made their dwelling place disagreeable to them." *

* For several years we have employed santonicum both as a dynamic remedy and as an expulsive agent, with good results. The symptoms for which we have prescribed it are the same as those that indicate Cina; and

Such are the most approved of the empirical methods of expelling worms.

As it is probable that ere long the general body of homœopaths will adopt the views we have expressed as to the necessity for the occasional use of expulsive anthelmintics, we have extracted the above formulæ from Küchenmeister's work, in order to place them *au courant* with the means that have hitherto been found most successful. We would recommend homœopathic chemists to keep a stock of these medicines, so that they may be prepared to make them up when required, more especially the filix mas, pomegranate, santonine, and santonate of soda.

On a subsequent occasion we hope to present our readers with an account of the external parasites, especially those of a vegetable nature, which require for their cure other than purely dynamical treatment. We observe that our French colleagues have already pronounced (in the *Art Médical*) for the necessity for a local external treatment in some of these diseases.

REVIEWS.

Prone and Postural Respiration in Drowning, and other Forms of Apnœa or Suspended Respiration, by MARSHALL HALL, M.D., F.R.S., of the Institute of France, Foreign Associate of the Academy of Medicine of Paris, &c. &c. Edited by his Son, MARSHALL HALL, Esq. London, 1857.

IT was with the deepest regret that all who feel an interest in the progress of physiological and pathological science, learned, a few weeks since, that the distinguished author of the work before us had passed away for ever. The career of Dr. Marshall Hall was, from its commencement to its close, one of untiring industry in the investigation of physiology and pathology. As

when Cina has failed, we have often succeeded with Santonicum. As an expulsive agent, a single dose of gr. ij. at night, followed next morning by an injection of olive oil, has often sufficed for the removal both of *oxyurides* and *lumbricoides*.

an original thinker and careful observer, he stood almost unrivalled in that department of medical science to which he particularly directed his attention. For a considerable proportion of the information we at present possess regarding the mode in which the functions of the nervous system are carried on, and of the effects produced by their departure from a healthy action, we are indebted to his investigations. In the annals of science his name will be handed down to posterity with those of Sir Charles Bell, Dr. John Reid, and others of whom the profession in this country may well be proud. It remains for us who are left to make a diligent use of the scientific legacies bequeathed us by the great ones who are gone; and further it is incumbent upon us, whatever our therapeutic creed may be, that we spare no exertion in our endeavour to add to our stores of knowledge in the collateral sciences of medicine which have accumulated from their labours.

In the present notice of this, Dr. Hall's last contribution to science, we propose to describe, as nearly in his own words as possible, the very valuable improvements his experiments have suggested in the treatment of suspended respiration.

The aim of the respiratory process is the purification of the blood, which has passed through the body by the removal from it of the carbonic acid it has obtained in the course of its circulation, and the adding to it of the oxygen of the atmosphere. This process being suspended, an excess of the former gas and a deficiency of the latter are the inevitable results. By this excess of carbonic acid the functions of the medulla oblongata and medulla spinalis are materially interfered with, and their poisoned condition being reflected upon the heart, true asphyxia results; so that not only is the function of respiration suspended (apnoea), but that of the circulation also (asphyxia). To remove then this excess of carbonic acid from, and to introduce oxygen into the blood, are the indications to be followed out in the treatment of drowning. The only mode in which we can expect to accomplish their fulfilment is by exciting or irritating the process by which they are naturally effected—in one word, by inducing artificial respiration. The necessity of thus primarily devoting our attention to the respiratory func-

tions rather than to that of the circulation in all cases of apnoea, is strongly enforced by Dr. Hall. Not only does he argue this necessity from the fact of the production of respiration affording us the only chance of removing the poisonous impediment already present from the circulation, but he also points out that, in proportion as the force of the circulation is increased, so is the excess of carbonic acid contained in the blood. Showing that to endeavour to increase the heart's action without giving to the respiration a priority of attention, is only to add to the amount of that agent in the system which is *de facto* the cause of death.

Of the warm bath, so much used and lauded as an effective agent in the treatment of drowning, Dr. Hall speaks most disparagingly. The continuous hot bath he considers injurious both directly and indirectly—directly by increasing the temperature of the body, and exciting the circulation without having any influence on the respiratory process. In support of this proposition he refers to the investigations of Milne Edwards and M. Brown Séquard, concluding from them that “within certain limits, which may in general terms be fixed at 60° and 100° Fahr., the duration of life in the case of suspended respiration is *inversely* as the temperature;” also indirectly in excluding the adoption of measures to restore the function of respiration by artificially exciting it, either by changing the position of the body, or through the medium of the cutaneous excitor nerves, brought into play in using the hot and cold baths alternately.

Having thus insisted on the immediate induction of artificial respiration in the class of cases referred to, Dr. Hall proceeds to consider the various methods which have been employed for this purpose, all of which he remarks “have been used with a disregard to the all-essential consideration of posture.”

“When the subject is kept in the supine position, events occur which render every attempt at inducing respiration absolutely nugatory; the tongue may fall backward, carry with it the epiglottis, and close the glottis or entrance into the wind-pipe and air passages! Fluids already in the mouth and fauces, or regurgitated from the stomach, may not only obstruct the

air passages, but be forced or drawn into the windpipe, and so add a new source of apnœa. These obstacles are at once obviated by reversing the position from the supine to the *prone*."—(p. 23.)

It is in this *prone* position of the body that the keystone of Dr. Hall's mode of inducing artificial respiration consists. The effect of this position and the way in which the patient is to be managed are described as follows:—"In this position the tongue falls forwards, draws with it the epiglottis, and leaves the glottis open, whilst all fluids will flow from the fauces and mouth. The tongue may even be *drawn* forward, to *secure* its removal, and that of the epiglottis, from the rima glottidis. In order that the face may not come in contact with the ground, the patient's wrist is to be carried upwards and placed under the forehead. It will now also be perceived that the thorax and abdomen will be pressed by a force equal to the weight of the trunk. This pressure will produce *expiration*, and additional pressure being now made on the posterior part of the thorax and abdomen, the expiration will be more complete. This latter pressure is then to be removed. Its removal will be followed by slight *inspiration*. The weight of the body is then to be removed from the thorax and abdomen, by gently turning it on *one side*, and *a little beyond*, placing one hand under the shoulder and the other under the lip of the side moved. In this manner a fair degree of inspiration is induced. *And thus, without instruments of any kind, and with the hands alone, if not too late, we accomplish that respiration which is the sole but sure effective means, for the elimination of the blood poison!*"—(p. 26.)

In illustration of the influence of posture on the inspiration and expiration of air, several interesting experiments, made on the recently dead subject, are here related; showing that expiration takes place when the subject is prone, and pressure made on the spine and ribs, and inspiration when it is rotated backwards. These changes, Dr. Hall remarks, should be regularly alternated about sixteen times in a minute, and not more, gently and equally. "It is scarcely necessary to add that this mode of respiration must be long and perseveringly pursued;

and now that respiration is being accomplished, every other means of respiration may be *superadded*.”—(p. 28.) “The clothes of the patient may meantime be changed for others warm and dry, which must be contributed by the bystanders. For I must now observe that I have all along supposed the patient taken out of the water at a distance from medical or other assistance except that which benevolent persons accidentally near the spot may be able to afford ; for no time must be lost by his removal. All who are so present should be constantly employed ; the most able in effecting respiration ; of the rest four should seize the limbs with their hands, and rub them with firm pressure upwards. The warm bath is not to be compared with this mode of restoring warmth and improving the circulation if it be pursued with energy. The blood is driven upwards, and though at first venous, *may* stimulate the heart. But I must repeat, that all these modes of procedure must be held as perfectly subsidiary to the one only remedy, *prone and postural respiration*.”

In the supine position, the induction of respiration, Dr. Hall shows us is almost, if not entirely, a physical impossibility ; while when the patient is prone, and rotated as just described, it is accomplished with an ease and certainty unknown to any previously suggested plan.

Of the value of galvanism as an adjunct, Dr. Hall has not formed a very high opinion, neither does he regard the inhalation of Oxygen as “a very promising measure,” while that of dilute Ammonia has “more in it of promise.” He thinks that the inhaled Ammonia would neutralize the Carbonic Acid, forming Carbonate of Ammonia, which is “free from any deleterious quality.”

In the apnoea of still-born infants Dr. Hall directs our attention to the fact that infants bear the suspension of respiration better than adults ; and explains this by showing from the experiments of Andral and Gavarret that the quantity of Carbonic Acid exhaled is comparatively much smaller in the former than in the latter. More also is exhaled in the male than the female, in the robust than the feeble. “In treating the still-born,” he goes on to observe, “the first great object is to excite

respiration; this is most effectually done by plunging it into a cold (*not a warm*) bath, and a hot one alternately." The temperature of the cold being from 50°-60° Fahr., that of the hot from 98° to 102° Fahr. "The immersion should be momentary—the alternations quick. If this means fails—if irritation of the nostrils, the face and the general surface, has been tried in vain, not a moment is to be lost; but respiration must be imitated in the manner already described."—(p. 36.) "First placing the little patient briskly in the prone position, to clear the fauces; then pressing gently on the back, and then removing that pressure, and turning it gently on the side and a little beyond; and so on perseveringly." The limbs are at the same time to be rubbed with gentle pressure upwards, and at proper intervals a return to the alternate use of the hot and cold bath is to be made. These measures may be hopefully continued for hours.

In consequence of the toxæmic condition of the patient in apnoea, secondary symptoms occasionally occur for a short time after recovery has apparently taken place. "The patient should be kept in a cool atmosphere, exposed to the breeze, and be made to take deep and free inspirations voluntarily, and active exercises should, as far as possible, be enjoined, in order that the blood may be purged of its Carbonic acid poison, whilst its circulation is promoted."—(p. 38.) There can be little doubt but that these hygienic means would be materially aided by medicines indicated by the symptoms of the patient; and of these the most likely are Lachesis, Arsenicum, Opium and Belladonna.*

This mode of exciting respiration is also available under certain circumstances in narcotic poisoning. It is useful when from the intense degree of narcotism physiological remedies fail to produce vomiting, the exciting of rapid and more powerful respiratory efforts may so far remove this state as to allow of reflex action taking place on tickling the glottis. It may also be expected to afford valuable aid where "only one object and hope are to continue respiration until the elimination of the poison from the system may be accomplished."

* See a paper on Asphyxia, by Mr. Leadam, vol. ix. of this Journal.

As evidence of the truth of his views, Dr. Hall details eight cases of drowning in which his method was employed under apparently hopeless circumstances ; of these seven recovered ; the eighth was for some considerable time treated with the warm bath ; in fact the plan of Dr. Hall was not enforced until every chance of its succeeding had been allowed to slip away.

A case where a man was suffocated by a fall of earth, beneath which he was buried for three quarters of an hour, is reported by Mr. West, of the Queen's Hospital, Birmingham. Respiration was restored after keeping up the "ready method" for an hour and a half.

Fourteen cases of still-born infants recovered, in some instances under circumstances precluding almost the vestige of a hope, are also related.

The same plan has likewise proved successful in relieving three patients from the effects of an over dose of chloroform. In a letter to the *Medical Times and Gazette* on this subject, Dr. Snow remarks, "In any case of accident from chloroform, or any other narcotic vapour, if the respiration were suspended by the over action of the medicine on the brain, and the heart were not entirely paralyzed, artificial respiration would, I believe, restore the patient. Such is the result of my experiments on animals ; but where the heart itself is the organ chiefly or solely affected, artificial respiration, though affording a chance of benefit, is likely to be of little avail."

This method of inducing artificial respiration we see to be thoroughly rational, a clear deduction from numerous carefully performed experiments. It is also perfectly simple and easy of performance—it is in truth a "ready method"; and what is of the highest importance it has passed through a very severe ordeal in the practical use that has already been made of it, and this with the most gratifying results.

Dr. Hall throughout his little work urges its general adoption with all the earnest enthusiasm that a deep conviction of having made a discovery destined, in no small degree, to serve the cause of humanity, so frequently creates in a benevolent mind.

Leçons sur les effets des substances toxiques et médicamenteuses, par M. CLAUDE BERNARD, &c. &c. Paris, 1857.

Lectures on the effects of Poisonous and Medicinal Substances, by M. CLAUDE BERNARD. Paris, 1857.

M. Bernard is a worthy follower in the footsteps of his illustrious predecessor M. Magendie, and his name is already familiar to the scientific world in connexion with certain novel physiological theories which have already been noticed in this Journal, and which have obtained for him a host of eager enemies and equally eager partisans. Any work from his pen we may be assured is certain to be distinguished by original views illustrated by a profusion of experiments on the *corpora vilia* of beasts, birds, reptiles, and fishes, enough to make Lord Rayham and the Society for the Suppression of Cruelty to Animals stand aghast.

The first fifteen of the lectures in the volume before us are occupied with observations and experiments on the toxical action of various gases. The remainder, which have more or less to do with investigations relative to agents which belong to the class of substances commonly understood by the term poisons, are more interesting to the pathogenetic student, who has an eye to the therapeutic employment of the toxical agents; we accordingly confine our attention to the latter part of M. Bernard's work, whence we shall make some extracts which we hope may be useful to the homœopathist.

Lecture 16th commences the description of the effects of a well known poison of South America, commonly called in Europe *curara*, but in America known by the names of Woorara, Woorali, Ourari, and a number of similarly sounding words variously spelt. We shall speak of it by its more civilized name Curara.

This poison is used by many of the native tribes of South America for the purpose of poisoning their arrows. One peculiarity it possesses is, that it is a violent poison when introduced into a wound, but is perfectly harmless if taken in the ordinary way into the intestinal canal. This was illustrated by the lec-

turer by a number of experiments performed on birds and rabbits. Death took place in each instance in a few seconds or minutes when the poison was introduced into a wound, without convulsions or cries of any sort, but when brought into the stomach no effect was produced.

The Curara poison was first introduced into Europe by Sir Walter Raleigh, in 1595, who became acquainted with it in Guyana. Since his time many travellers have described it.

It is said to be destructive to vegetable as well as animal life, for, according to Hantsnick, the Indians test the efficacy of the poison by striking an arrow tipped with it into a tree. If the tree dies at the end of three days, the poison is held to be of good quality. M. Bernard has repeated this experiment on plants, but has not observed any harm accrue to them from the operation.

Authorities differ as to the composition of this poison. Probably several totally different kinds of poison are designated by the same name. Most authors agree in stating that the virus of some venomous serpent enters into its composition, and probably the various vegetable matters found in it, and which seem to differ in different specimens are rather to be considered as the excipients of the animal poison than as necessary components of the Curara. According to M. Goudot, who learnt the mode of preparation from an Indian tribe, it is made by adding to the concentrated juice of a creeping plant called *curari* the poison obtained from the virus-bags of some of the most venomous serpents. Another author and traveller, M. de Castelnau, who witnessed the preparation of the poison by another tribe of Indians, says that it is composed of the inspissated juices of the *cocculus toxiciferus*, and of a new species of *strychnos*. Further observations will doubtless shew that there is a great difference in the effects of different specimens of Curara poison. We cannot imagine that a preparation such as that last described should prove innocuous if taken into the stomach. M. Roulin asserts, that the poison is obtained from a species of toad by half roasting the animal over a slow fire, when the venom exudes from the pores of its skin and is carefully collected on

small wooden knives, and preserved in small earthenware vessels.

The arrows tipped with the poison are used both in war and in the chase, and it would appear that the flesh of animals killed by them is not poisonous but may be eaten with impunity.

The Curara poison which has found its way to Europe is usually a brownish black resinous looking substance something like the extract of liquorice. It seems to keep well for an indefinite length of time. An arrow that had been tipped with it fifteen years previously proved rapidly fatal to a bird wounded by it in the thigh.

A heat of 212° does not seem to destroy its power. The active principle is soluble in water, alcohol, blood, saliva, gastric juice, urine, in fine in all animal fluids whether alkaline or acid.

The aqueous and alcoholic solutions are of a fine red colour, the former the darkest. A peculiar substance called *curarine* has been obtained from it. It is a solid transparent matter of a pale yellow colour. The chemists who have with infinite pains extracted this *curarine* have forgotten to ascertain if it possesses the poisonous properties of the crude substance. Chlorine and Bromine seem to destroy the poisonous properties of Curara completely and irrecoverably. Iodine suspends them as long as it is present, but when removed by adding a mixture of Hyposulphite and Carbonate of Soda the poisonous properties are restored.

According to Nicolas Monard the topical application of tobacco neutralises the effects of Curara.

Waterton, who has written largely respecting Curara, and whose recommendation of this poison in hydrophobia some years ago attracted some attention, says that in some instances slight convulsive movements are noticed in animals poisoned by it, and in others nothing of the sort, the animal dying quite quietly as though it had merely fallen asleep. He mentions also a curious fact connected with poisoning by Curara. An ass had some poison introduced into a wound in the shoulder, and died apparently in ten minutes. The trachea was then opened, and

by means of a bellows artificial inspiration was kept up for two hours. Life returned, and the animal raised its head and looked about. On suspending the artificial respiration it again sank down apparently dead. The artificial respiration was resumed and continued for two hours more, at the end of which time the ass was quite restored and did not seem a bit agitated or in pain. The wound healed rapidly, but the constitution of the beast seemed to have undergone a change, and for upwards of a year it was thin and ill-looking; afterwards, however, it completely recovered its flesh and activity.

Waterton tells us that the Indians when wounded by a poisoned arrow, at once give themselves up as lost and make no attempts to save themselves as they know of no antidote to the poison.

M. Bernard next proceeds to relate a number of experiments performed by himself in order to ascertain the mode of action of the poison.

1. A rabbit was wounded in the thigh by a poisoned arrow. After 5 minutes it crouched up in a corner, and its ears only moved. After 6 minutes it fell on its side without making any cry or appearing to suffer pain. The only approach to convulsive movements were some twitches in the skin muscles of the body and face. The respiration did not seem affected. The conjunctiva was sensible, and when touched the eyelids closed. Soon, however, it was unable to shut the eyes. The pupils, contracted at first, soon became dilated. Then the movements of the skin muscles ceased, the sphincters became relaxed, and the urine escaped. The animal seemed dead, all except its heart which continued to beat violently for 3 minutes longer. Then the beats grew feebler, and gradually ceased. During all this time if the animal was pricked no reflex movements occurred. The autopsy revealed nothing to account for death.

2. One centigramme of dry Curara was introduced into the mouth of a rabbit, which was chewed and swallowed by the animal. After 15 minutes no alteration was perceived. It was then made to swallow 6 centigrammes of the poison. Two hours afterwards nothing abnormal was perceptible. A small wound was made in the skin and the point of a poisoned arrow

introduced. Exactly the same phenomena were then observed as in the former experiment.

3. A small portion of Curara was introduced beneath the skin of a young rabbit. Previous to the experiment and up to the moment of death a thermometer introduced into the rectum showed the same temperature, viz., 35°,5 centigrade. The crural artery was exposed. During the process of poisoning the blood remained bright red until the respiratory movements ceased, when it became black, though pulsation was still perceptible. The heart continued to beat some instants after death, then it ceased. On galvanizing it the movements were renewed, especially in the auricles. The intestines continued to contract even after separation from the mesentery. The blood in the heart was black, but was reddened by agitation in the air.

These experiments shew that the Curara introduced into the stomach is not poisonous.

4. A small dog was wounded in the thigh by a poisoned arrow. He died in three minutes without cries or convulsions. The heart beat some seconds after death, but no reflex movements could be excited.

5. Five centigrammes were injected into the rectum of a dog. Five minutes thereafter it died. No reflex movements could be produced. On examining the rectum after death no abrasion could be discovered, so that it would seem the poison was really absorbed by the mucous membrane.

6. A morsel of Curara was introduced into the cellular tissue of the thigh of a sparrow. The bird flew off without apparent suffering, but in a minute and a half it suddenly fell dead without making any cry. No reflex movements could be provoked.

7. A portion of Curara was introduced beneath the skin of a frog. In one minute and a half respiration seemed to cease, and it made some movements as if swallowing. In five minutes the eye appeared dull, the sensibility of the cornea was gone, and the lids could not be closed. It fell into a state of general exhaustion and died. No reflex movements could be excited after death, but the heart continued to beat for half an hour afterwards.

8. Another frog operated on in the same way shewed precisely the same symptoms. Nine minutes after death the muscles and veins were laid bare. Electricity applied to the muscles caused them to contract, but it had no effect when applied to the veins. Irritation of the spinal cord was equally without effect on the muscles. The heart was beating all the time.

A pig killed by decapitation displayed reflex movements when pinched, and when the nerves were either pinched or galvanized, muscular contractions appeared.

9. Three centigrammes of dry Curara were introduced beneath the skin of a gray lizard. Ten minutes afterwards it showed no signs of poisoning. In a quarter of an hour it commenced to shut its eyes. Its feet could no longer support it, and it fell and remained without motion. No reflex movements were excited by pinching in the body, but the tail moved violently. Three quarters of an hour later, the same phenomena. The same an hour and a half later. On being opened the heart was observed in motion. On pinching it no reflex movements were excited, but the tail still moved violently when the skin of the body was pinched. The spinal chord was cut across at its upper part, and this occasioned a renewed agitation of the tail. On destroying the spinal marrow with a probe the tail still continued to move when the skin of the trunk was pinched. At the end of about two hours the movements of the heart and tail ceased simultaneously.

As the Curara poison introduced into the stomach produces none of its toxic effects, it has been thought that it was decomposed by the action of the gastric juice. In order to ascertain if this was the case, M. Bernard caused five centigrammes of Curara to digest for twenty-four hours at a moderate heat in a quantity of gastric juice, and this he injected into the cellular tissue of a rabbit. In about six minutes the animal died with the usual symptoms.

This experiment was modified in various ways; thus in one case the Curara was introduced into the stomach of a dog in which a fistulous opening in the stomach had been produced. After being left there for some time it was withdrawn and con-

tinued to exhibit the same poisonous properties as the pure Curara.

Some of the poison was introduced into the bladder of a dog. No bad effects ensued. After being left there a quarter of an hour, the urine was drawn off and was found to be highly poisonous.

A portion of the poison, together with some yellow prussiate of potash, was introduced into the jejunum of a dog, and a ligature placed above and below. Two hours afterwards the animal was not dead, and yet the prussiate was found in the urine, shewing that its absorption had not been prevented, and yet the Curara had not been absorbed.

Curara dropped upon the conjunctiva caused no poisonous effects.

A solution of Curara was injected into the rectum of a rabbit. In a few moments symptoms of poisoning appeared. The animal was completely motionless, exhibited no reflex movements when pinched; its heart continued to beat, there were some rare respiratory motions, but respiration was performed very slowly. All the functions of animal life had disappeared. Circulation and respiration alone remained, the latter scarcely perceptible. The animal was left for dead, but the following morning it was quite lively and well.

The poison introduced into the trachea of a dog, and allowed to penetrate into the bronchial tubes caused death with the usual symptoms in seven or eight minutes.

Death was rapidly produced in a dog on injecting the Curara into the submaxillary gland of a dog.

In birds the introduction of the Curara into the stomach caused death almost as rapidly as when it was inserted in a wound. The same was the case with frogs.

It would appear from these experiments that the gastric, ocular, and vesical mucous membranes of mammals are incapable of absorbing the Curara poison. This inference, however, is not quite correct, for it was found that when a considerable quantity of the concentrated poison was introduced into the stomach of a fasting dog the animal died in the course of three quarters of an hour.

Although the skin of mammals and birds seems incapable of absorbing the poison, this is not the case with respect to frogs. On rubbing off the mucus with which their skin is habitually covered, and letting a few drops of the Curara fall upon it, the animals soon died. It is remarkable that the longer the frog had been exposed to the air, the quicker the poisoning ensued.

Fishes soon die in water that contains Curara in solution. In them the poison is not absorbed by the skin but by the branchiæ.

M. Bernard next proceeds to consider the modifications produced by Curara on the different systems, viz.: the circulating, the nervous, the muscular, the glandular, &c.

1. *The Circulation.*—A number of experiments convinced him that it produced no chemical or other change in the blood.

It does not arrest the heart's beats, and it weakens them but little. The length of time that the heart continues to beat freely shews that the circulation through the lungs is free; and this is further proved by the fact that long after apparent death life may be restored by artificial respiration.

Frogs have five hearts, one for the blood, corresponding to the heart of superior animals, and four lymphatic hearts, one situated at the origin of each limb. Under the influence of Curara the four lymphatic hearts die immediately, whereas the blood heart will continue to beat for twenty-four hours or more after the death of the animal. M. Bernard has observed that the destruction of the spinal marrow stopped the pulsations of the lymphatic hearts, but did not affect those of the blood heart.

2. *The Nervous System.*—Poisons that act on the nervous system either annihilate or exalt its functions, and if the toxical action be carried far enough death may be produced by either of these modes of action. Strychnia produces nervous hyperexcitation, Curara on the contrary abolishes the properties of the nervous system in a more complete manner than any other poison. This action of the Curara enables us to employ it in order to analyze the properties of the motor and sensitive systems, and to ascertain if muscular irritability and nervous excitability are two different orders of phenomena, or if they may

be, theoretically at least, separated from one another and studied each by itself.

A frog was killed by decapitation and another by Curara. In both the lumbar nerves were exposed. On applying a galvanic current to the first the muscles supplied by these nerves were convulsed, but no motion took place on galvanising the nerves of the frog killed by Curara, in which therefore the nervous excitability was destroyed. But on applying the galvanism to the muscles directly in both frogs equally lively contractions were produced. Hence the nervous excitability may be destroyed while the muscular irritability remains intact. Therefore these two phenomena must be distinct since they can exist separately.

Comparative experiments further shew that the muscular irritability is preserved much longer in frogs poisoned by Curara than in those killed by simple decapitation. Experiments modified in every possible manner to avoid error always gave the same result. Whilst the contractility of the muscles in the frog killed by decapitation lasted only three or four days, it continued for ten days where death was produced by Curara. On investigating this phenomenon further it was found that the cause of the longer contracting of the muscles in frogs poisoned by Curara was in part at least owing to the fact that in animals so killed the motions of the heart were preserved for a longer time than when they were decapitated.

The following axioms hold good respecting all poisons :

1. Their action on the nervous system takes place through the medium of the blood.
2. The action of poisons is exercised on the peripheral and not on the central parts of the nervous system.

To prove this latter proposition in the case of Curara the following experiment was made. Two gastrocnemii muscles of a frog were separated from the body with a portion of the nervous trunk attached. One of them had the nerve plunged into a solution of Curara while the muscle remained outside; the other had the muscle inserted into a solution while the nerve remained outside. Galvanism applied to the nerve of the first caused very violent contractions, but had no effect when applied to the

nerve of the second. This experiment shows that the action of the poison is propagated from the ramifications of the nerve to the trunk but not from the trunk to the ramifications.

The paralysis produced by Curara takes place in the nerves of motion from their periphery to their centre, and in this Curara differs from any known poison. In cases of death by ether, by asphyxia, or by decapitation, the sensibility disappears, first at the periphery and then at the centre. The skin first becomes insensible while as yet the nerve remains sensible. Then the nervous trunk loses its sensibility while the spinal chord still retains it. Then the spinal chord loses sensibility but the nerves of motion are still excitable, and the loss of excitability in the motor nerves proceeds from the centre to the periphery, whereas the reverse is the case in poisoning by Curara.

A rabbit poisoned by the introduction into its circulation of a quantity of Curara insufficient to produce death, seems to lose sensation and motion, just as in etherisation, and if left to itself it recovers without any bad consequences. The death caused by Curara is a death without lesions; and the animal may be restored to life by keeping up artificial inspiration.

But Curara does not act in the same way as chloroform or ether. It is only *apparently* an anæsthetic. The animal poisoned by it actually retains sensibility, though having lost the power of motion it is unable to manifest reflex action when pinched or irritated.

In order to prove the correctness of this statement the following ingenious experiment was performed. The aorta of a frog was tied at its inferior part. By this means the circulation was cut off from the posterior extremities. Curara was introduced beneath the skin of the back. The poison circulating freely in the upper parts of the body paralyses the nerves of motion there, but leaves the posterior extremities in full possession of their motive faculty. When the skin of the upper part of the body or of the anterior extremities is pinched no motions are produced in the muscles there, but very violent movements take place in the posterior extremities, shewing that the sensibility remains perfect.

A modification of this experiment consisting in placing a

ligature round the whole of the body about the lumbar region, leaving only the lumbar nerves intact to convey impressions from the superior to the inferior part of the body, furnished precisely similar results.

There can be no doubt then that Curara poison has the peculiar and probably unique power of paralyzing the nerves of motion, leaving those of sensation unaffected. It thus dissects, as it were, the nervous system into its two grand divisions.

Curara has no action upon the muscles of the heart. It has no power to produce stoppage of its movements. Nay more, it would almost seem that it had an opposite effect, and enabled the heart to go on in conditions, when it would otherwise stop. Thus in a living animal, if the pneumogastric nerve be galvanized the heart's action immediately ceases, but in an animal poisoned by Curara, galvanization of the pneumogastric nerve has no effect on the heart's action.

Curara seems to paralyze the great sympathetic nerve, as shewn by this experiment. If in a rabbit the branches of the sympathetic going to the head be cut, a considerable increase of temperature is developed in the head. But in an animal poisoned by Curara this effect is not obtained. Neither does the irritation of the sub-maxillary gland cause any flow of saliva.

The action on the heart of Curara seems to be precisely the opposite of that of the Sulphocyanide of potassium. The latter arrests the motions of the heart, while the action of the nerves remains intact, galvanism producing muscular movements; the former allows the heart's action to go on after all voluntary movements have ceased.

From these and other experiments, infinitely modified, M. Bernard believes that he has established that *Curara acts upon the motory system of nerves, and on that alone.*

Whence we may conclude, 1st. *That the contractility of the muscular system is independent of the nervous system;* 2nd. *That the motor nerves can be injured without the sensitive nerves participating.*

Whilst Curara destroys the property of the motor nerves without depriving the muscular system of its contractility,

Sulphocyanide of potassium destroys muscular contractility without affecting the motor nerves. This latter fact was demonstrated on a frog by an ingenious experiment which we must not detail.

Strychnine, on the other hand, produces paralysis in quite a different manner from either of these two poisons. It acts primarily on the nerves of sensation. A frog decapitated in order to preclude all voluntary movements, when its skin is pinched exhibits general motions immediately. But if a frog be poisoned by Strychnine, no irritation of the skin or of the nerves of sensation causes any movements, but muscular contractions are immediately excited by irritating the nerves of motion.

M. Bernard next seeks to ascertain if the Curara can be employed as a therapeutic agent, and here his experience is by no means satisfactory. It is possible, he says, that it may do good in convulsive affections, but his experiments have not, he confesses, shown its utility in such cases.

If it is to be given as a medicine how are we to administer it? It seems to be very slightly if at all absorbable by the stomach, more so by the rectum, most by a raw surface. He suggests that it should be sprinkled on the raw surface produced by a blister.

As the effects of Strychnine are so diametrically opposed to those of Curara, the former producing excessive convulsions, the latter depriving the animal of all muscular movement, he asks if Curara can be an antidote to the effects of Strychnine, and *vice versa*. To this he replies in the negative. Further, Curara employed in tetanus causes the convulsions to cease, but does not cure for all that.

Now if ever there was a fine opportunity of testing antipathic action, and putting to the proof the axiom *contraria contrariis*, it would seem to be in the antagonistic effects of Strychnine and Curara, and yet no cure is produced; on the contrary, a mixture of the poisons kills as certainly as when they are given separately.

The remainder of M. Bernard's lectures are principally devoted to remarks and experiments with regard to the action of

Nicotine, Alcohol and Ether, which our space does not allow us to enter on, and indeed they are greatly inferior in point of interest to the observations respecting Curara.

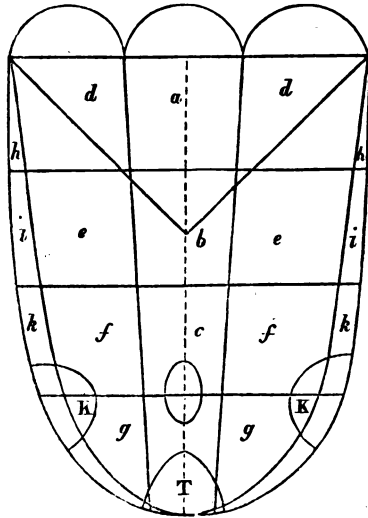
We believe that some of the homœopathic chemists are provided with this substance under the name of *wourali*—at least we have obtained a specimen from Mr. Headland—so that if any of our colleagues desire to test its therapeutic powers in cases corresponding to the pathogenetic effects we have recorded, they will have no difficulty in obtaining a supply.

Glossology: or additional means of diagnosis to be gained from the indications and appearances of the tongue.

Read before the Senior Physical Society of Guy's Hospital, 4th Nov., 1843, by BENJAMIN RIDGE, M.D., &c. &c.

In this paper the author seeks to give a scientific and satisfactory answer to the question: Why do we look at the tongue in disease? He found the examination of that organ conducted in a very loose and unsystematic manner, and to be very barren of any real information obtainable therefrom, although there appeared to be an idea in the popular mind that the Faculty could ascertain the locality of certain diseases by a scrutiny of certain parts of the tongue. He thinks that particular appearances of certain regions of the tongue indicate disease in particular organs, and his object in this paper is to call the attention of his professional brethren to the subject, and to obtain assistance in establishing another and more certain aid to diagnosis. On mentioning his idea to some medical friends soon after it had fixed his attention, he was mortified to meet with neither sympathy nor encouragement. One said it was ingenious; another would not listen to it; and a third advised him to give up his new-fangled speculations, and hinted that some of his friends had expressed doubts of his sanity. But being not at all satisfied with this reception, he continued to make observations and note facts, until the doctrine ob-

tained in his mind a consistency and a form which we shall endeavour to present as succinctly and as clearly as we can. It will be interesting for the men of our school to observe in this direction, since the natural evolutions of disease unbiassed by drug-action, can be more satisfactorily determined and appreciated by them than by those who remain in the ancient ways.



Longitudinal and transverse divisions of the tongue.

- a. The posterior fourth, belonging to the larynx and trachea.
 b. The centre fourth, to the bronchi.
 c. The second fourth, to the terminal points of the bronchi and pleura pulmonalis. Thus the centre laterals, or middle third longitudinally, is apportioned to the respiratory apparatus.
 The oval belongs to the pleura costalis.
 The laterals belong to the digestive organs.
 dd. The posterior fourth, to the pharynx and œsophagus.
 ee. The middle fourth, to the stomach, duodenum, liver, spleen, and pancreas.
 ff. The second fourth, to the small intestines, and partly to the above organs.
 gg. The anterior fourth, to the small intestines as far as the cœcum.
 kk. The nearly semicircular lines at the sides, towards the tip, show the part belonging to the kidneys.
 T. The tip, to the large intestines.
 The edges, to the brain.
 hh. The posterior fourth, to the occipital region.
 ii. The centre fourth, to the parietal.
 kk. The second fourth, as far as the sides, to the frontal region.

The heart claims the whole of the tongue. The triangular space marks the distribution of mucous follicles towards the *cornea* of the tongue, and anteriorly towards the front half of it.

After describing the anatomy of the tongue and its muscles, nerves and arteries, the author proceeds to the surface of the organ. The dorsum is said to be covered by a continuation of the mucous membrane of the mouth and fauces. But the whole space anterior to the foramen cœcum, and even its under edges has a covering to itself, which on being cut appears like a fine cartilaginous structure; whilst it has a great similarity in point of structure to a mucous membrane.

The fungiform and conical papillæ are different from the lenticular; being in the author's opinion, not terminations of nerves as generally supposed, but of arteries; they are red, more or less conical or bulbous, and arise out of a fosse or hollow. They are distributed on the anterior or gustatory portion of the tongue, and are most numerous at the tip and under edges of the anterior fourth, giving those parts a rough appearance. A papilla can be isolated, and then if we raise the pile from the fosse, it can be readily distinguished by the aid of a lens, and if the blood contain much fibrine, so that the papillæ are elongated, they will be distinguished beyond doubt as belonging to the blood vessels.

The common characteristic of the healthy state of the peculiar covering of the dorsum is rough or villous, varying in disordered health by the eminences becoming more or less pale. As these villi increase in length, they become pilous and present a smooth surface, moist, and of a pinkish colour. As the first stage of disease comes on, the elongated villi become white and resemble the appearance presented by the limace candidissima of Ferussac, whence he has called it the limaceous tongue. This may go on to a long pile like velvet, and denotes a congestive state. One variety of this pilous tongue, the short piled grey or slate coloured, indicates a state of system which is neither healthy nor diseased, and which gives the physician endless trouble in hunting symptoms from place to place in the vain endeavour to find the disorder localised in one spot. The

limaceous and long-piled velvety tongue denotes more or less congestion ; and when this passes into fever and inflammation, the fur is broken up and removed in flakes, leaving patches of the dorsum red, bare, and sore, and its form narrowed and pointed.

The author considers observation of the state of the papillæ to be very important as indicating the state of the blood : an elongated condition of them showing the presence of too much fibrine, whereby the glands and mucous follicles are prevented from receiving their due supply, and consequently from eliminating their proper secretions : the tongue becoming dry and fever being set up. He considers the state of the papillæ as of equal value with the pulse in diagnosis : those of the tip of the tongue when prominent and clustered, indicating a disordered state of the large intestine,—irritation depending either on costiveness or a diarrhœic state. The papillæ of the lip also point to internal piles, or congestions of the hæmorrhoidal veins, especially when they are rough on the extremity and the under edges of the point. Redness of the apex of the cone at the tip, at the posterior half of the anterior fourth, will show inflammatory action in the colon about its transverse arch ; pain being felt in the scrobiculus cordis. Sometimes it is puzzling to know whether the pain be in the stomach or colon. If it be in the stomach alone, the cone of the apex will not be red, the state of the posterior and central fourth of the laterals will indicate it. If the arch of the colon be affected, the tip will show it, and the laterals will indicate the integrity of the stomach.

In derangements of the bronchial mucous membrane the author finds the *central laterals furred* when the congestive state is present, and *red and bare* when *inflammatory* states prevail. When the kidneys are irritable and much pain is felt in the back or in the bladder, the sides at the parts marked KK show clusters of sand-like particles. When this subsides he finds it common for the tip to indicate a sympathetic irritation of the large intestine.

The author appears to lay some stress on the appearance of the oval, just behind the cone of the apex, as indicating pleuritic

disease. In severe pleurisy he finds that spot bare and red as if seared by a red-hot iron, while the rest of the tongue is creamy and villous: he does not say, however, upon what number of observations he founds his belief in the value of the symptom.

He directs attention to the flabby serrated edges of the tongue, as corresponding to congestive states of the membranes of the brain; the edges of the rugæ becoming fiery red on the occurrence of fever or inflammation.

As regards the heart, the author thinks that the irritable heart may show a creamy or limaceous tongue without a chap or fissure, because a disordered state of the blood-making apparatus may supply it with an irritating fluid. But when hypertrophy or dilatation exists, the tongue is thicker, wider and redder than natural, and fissures appear. In simple dilatation he says these fissures are *longitudinal only*, occurring in the mesial line, and in the direction of those dividing the middle third from the two lateral ones. When both diseases co-exist, the chaps are both longitudinal and transverse, occur in the lines already described, and on the lateral divisions to the extent of the first half of the tongue.

One very important set of organs have refused to reveal their derangements by any state of the tongue. At the period when Dr. R. read his paper before the Physical Society of Guy's, he had not been able to discover the situation of the sexual organs on the lingual map, and the circumstance caused him pain. We have not seen any notice since that time of any extension of his inquiries and observations on this interesting subject. The varied appearances of the tongue in disease may very well engage the attention of our school, who have better opportunity of arriving at satisfactory results than our brethren of the old school. For as Dr. Ridge truly says, medicines and diet have often in a few hours totally changed the aspect of the tongue; and this changeability of aspect (caused by themselves very often, though they could not be aware of the fact), he thinks, has so disgusted practitioners, that they have ceased to regard the tongue as affording any sure aid in diagnosis. We, however, do not operate on the system of patients by disease pro-

ducing quantities of potent drugs, and therefore we are not liable to be led astray by false indications of our own making. For our own part, individually, we were much struck with these views of Dr. Ridge's on the publication of his paper, but truth compels us to state that we have never been able to follow out his observations to any satisfactory conclusion. Others may perhaps have more success, and we invite them to the experiment.

CLINICAL RECORD.

Practical Reports of Homœopathic Practice.

BY DR. WILHELM HUBER.*

Neuropathies.

(a.) *The Head.*

1.—*Cephalea in puella polymenica.*

Maria Gräflinger, 31 years of age, unmarried, of a sanguine temperament, tolerably robust, had always, when young, been in good health. From 16 to 24 had always menstruated regularly, but for the last seven years the menses had been unusually abundant and of longer duration. Periodical headaches became at length associated with this troublesome complaint; at first they appeared at rare intervals, but subsequently became more frequent, more violent, and of longer duration. She is unable to refer her complaint to any cause; for the last seven years she has taken coffee for her breakfast, to which she was previously unaccustomed. On the 11th February, 1846, the headache returned in a more violent degree than ever; she thought she should go mad, and that her head would burst asunder. The attack was preceded by a slight shivering, followed by some heat and thirst. The headache is periodical, though not observing any particular type, and occurs more frequently in the day than at night, lasting several hours. Many allopathic remedies which were employed proved of no service.

On the 17th February the following symptoms were observed: an extremely violent *headache, pressing outward*, as if the head would burst, continuing from an early hour in the morning. It extended over the *whole of the forepart of the surface of the cranium*, into both temples and the orbits with a weight in the upper eyelids.

* From the *Austrian Homœopathic Journal*, vol. I., No. 6.

The headache was increased in the *open air*, and by any *movement of the body*, but was somewhat relieved by being in a warm room, or lying down or leaning against anything, and by binding the head. When the pain was most severe, it was attended with nausea and vomiting. The head felt rather warmer than the other parts of the body, and the face was reddened. When out of the attack it is pale, and she feels a frequent cool rustling in the head. The tongue is white, she has a clammy taste in the mouth, some thirst, scarcely any appetite, bowels inactive, a stool once in every two or three days, costive. The chest is healthy, skin moist, temperature not elevated; the pulse rather sharp but not feverishly excited. The menses towards the end of the month had been very abundant for six days.

Treatment.—I confess that the concomitant gastric disorder, although it was evidently sympathetic, misled me in the choice of a remedy. Until the 21st of February I gave *Nux vomica* 3, a drop in some water, every three hours, without any result. The headache appeared daily, with the same violence as before, associated however with abdominal spasms. The menstrual period recurred at midnight of the 22nd Feb. I discontinued the medicine because she was free from the headache for three days, during which she had a *moderate menstrual discharge*. On the 27th, in the morning, after the cessation of the menses, the headache returned with increased violence, and she complained at the same time of *gripping pains* in the umbilical region. The head was very hot, face *reddened*, eyes *bright, bloodshot*, and *photophobic*. The other symptoms as before. I prescribed *Belladonna* 6, a drop every three hours. The pain continued until midnight, then gradually subsided, and she fell into a comfortable refreshing sleep, awaking the next morning quite free from pain. She continued the remedy and the pain did not return. The gastric symptoms disappeared and the patient felt quite well. I had opportunities of seeing her until the 13th of March, when she had not any return. From this slight example we may perceive that the homœopathic choice of a remedy is something more than child's play, and that the practitioner must above all take into consideration that remedy which specifically affects certain organic structures; for example, as *Belladonna* does the brain and nervous system.

2.—*Cephalea in puella amenorrhœic.*

Maria Lindorfer, 19 years of age, single, a blonde, of a sanguine

temperament, skin thin, and of a feeble constitution. Has been always well since her childhood, with the exception of some unimportant infantile complaints; but has not yet menstruated. Her present complaint began, without any known cause, on the 23rd Jan., 1856, with shivering, followed by heat, head and stomach ache, with looseness of the bowels. The febrile symptoms disappeared in a few days, but the looseness of the bowels only after three weeks. This complaint left behind a periodic headache and pain in the stomach.

On the 24th March the following symptoms were observed. At uncertain periods of the day, but mostly in the evening and before midnight, she is attacked with a violent shooting headache, which sometimes is most severe in the forehead, at other times in the temples, and which is always of some hours' duration. It is always accompanied with internal shivering and complete absence of thirst, becomes unusually violent by the warmth of the bed, so that she is obliged to rise. The tongue is white, a bitter taste in the mouth, appetite undiminished; sometimes violent shooting pains in the epigastrium; often a painful feeling in the stomach, as if arising from hunger, amounting even to fainting; abdomen painless and soft; stools normal; urine colourless, and voided frequently during the pains; chest sound; on the left side, sometimes *distressing palpitation*; skin thin, pale and very sensitive: temperature not elevated, frequently a *sensation of shivering*; the pulse not quickened, though rather sharp; great *weight* and *weariness* in the lower extremities; it seems to her as if they were of lead; complains at night of sleeplessness, partly on account of *heat, ebullition, and restlessness* in the *blood*, and partly on account of the troublesome head and stomach-ache.

For a year she has suffered from an acrid, corrosive leucorrhœa. Her disposition is mild and quiet.

Treatment. Pulsatilla 4, a drop in water to be taken every three hours.

From the 24th to the 27th of March there was no change in the above mentioned symptoms, but on the 26th she had in addition spasmodic pains in the abdomen, and a slight mucous diarrhœa; the nocturnal ebullition of the blood was somewhat lessened, and when she was a little freed from the headache she enjoyed a comfortable sleep. This condition led me to resolve on continuing the treatment.

On the 28th March the head and stomach ache had disappeared,

the leucorrhœa was lessened one half, there was still some griping in the abdomen, and she had had four loose stools.

On 30th March. The *headache*, pain of the stomach, and *leucorrhœa* had *entirely disappeared*, the gripings were less, but the diarrhœa still continued in a moderate degree.

31st March. The looseness of the bowels had ceased; the shivering, the weight of the limbs and the nocturnal ebullition were *entirely gone*. I discontinued the Pulsatilla, and watched the patient for any possible relapse; none followed.

On the 2nd April. She complained of twitchings in the epigastrium, and accessions of weakness and softness of the stomach, so that she became pale and was near fainting; sometimes she was suddenly seized with sensations of hunger. She thought that her stomach was quite flaccid. Her appetite did not fail, nor her digestive powers. I prescribed Ignatia Amara 3, one drop every three hours, and in two days had the pleasure of seeing her free from this disorder. It did not return; there was still no trace of the menses.

3.—*Hemicrania in puella menostatica.*

Theresia Freudenthaler, 29 years of age, single, of a sanguine temperament, tolerably robust, was always healthy from childhood to the 15th of November, 1845; menses were certainly scanty but regular. From this time instead of the menses she had a periodic discharge of a frequent and white mucus from the genitals. At the same time she suffered from a weariness and weakness of the limbs, frequent palpitation and *very violent hemicrania*, occurring at irregular periods, and not unfrequently lasting whole days and nights. She could not assign any cause for this disorder. She tried many allopathic remedies, even bleeding, but with bad results. The hemicrania continued to become more frequent and violent, the general debility increased, and the fluor albus lost its periodical character and formed a constant symptom of the disease.

On the 4th February 1845 she had the following symptoms:—*Tearing pains on the left side of the head* which extended from the forehead on the left side over the entire half of the head, alternating at times with similar pains in the left internal ear, or the teeth of the left inferior maxilla. The pains seemed to be *periodic*, occurring mostly *at night* and of varied duration. They were excited and

aggravated by sudden change of the weather, by approaching storms, particularly by *external heat*, especially of a *feather bed*, but alleviated in the open and cool air. The face is pale, dark circles surround the dim lustreless eyes; heat of the head without redness of the cheeks: frequent humming in the ears during the pain; the tongue clean; no thirst; good taste in the mouth, and appetite when free from the attack; the abdomen, stools and urine perfectly normal; *abundant leucorrhœa* of a creamy consistence, and of *mild properties*; the respiratory organs healthy; the heart and its sounds not abnormal, nevertheless troublesome *palpitation* on any bodily effort. The functions of the skin and pulse normal; *sacral pain*, great *heaviness* and weakness of the limbs; frequent shiverings; uneasy, frequently quite sleepless nights, but at the same time *patient disposition*.

Treatment.—Pulsatilla 3, a drop to be taken every three hours in spring water.

On the 5th February the patient had extremely violent hemicrania, lasting throughout the night and only subsiding towards morning.

From the 6th to the 11th February, the violence and duration of the attacks decreased daily; the fluor albus lessened in such a manner that on the 9th she asserted that *there was no longer a trace visible*. But what the headache lost in intensity seemed to be compensated for by symptoms of another character, for on the evening of the 5th she complained of spasmodic contracting pains in the stomach, with frequent breaking out of perspiration over the whole skin; these symptoms recurred frequently until the 11th of February.

On the 12th the patient had a slight return of the headache, which only lasted from 11 to 12 o'clock at night, and then passed into a comfortable sleep.

On the 13th February she complained, in the morning, of insupportable sacral pains, which lasted day and night until the 16th. She was sleepless during the nights of the 13th and 14th from confusion in the head and vertigo.

On the 14th there *was not a trace of headache*, but she complained of violent sacral pain.

On the 15th she had violent pain in the abdomen, as if at the menstrual period.

On the 16th, in the evening, the sacral and abdominal pains suddenly subsided, and the menses appeared without any other affection. She then had the best sleep that she remembered to have

had for months. On the 17th I discontinued the medicine. The menses were quite normal as to quantity, quality, and duration; she progressed visibly, and there was no longer any trace of her former affection.

4.—*Odontalgia in Gravida.*

Frau Köstler, baker, 22 years of age, choleric temperament, black hair, brunette, short and muscular, has always had good health since childhood. In 1844 miscarried at the third month. At present she is in the third month of pregnancy. In consequence of her engagements in the kitchen and at the oven, she has, since July, 1845, suffered from violent *tooth* and *face-ache*. The paroxysms of pain come on as well by day as by night, and are so violent, that she maintains she has not been able to sleep for three weeks; they certainly at times subside a little, but return again with increased violence. She had tried in vain all the remedies recommended.

On the 23rd July, 1845, in the evening, the pain attained such a degree that she had recourse to my assistance.

On examination I found the following symptoms: confusion in the head, *heat and redness of the face*, increased brilliancy of the eyes, *indescribable pain* in the teeth in the right superior maxilla, which she describes as *shooting, tearing* and *throbbing*, as if the *whole of the blood* were flowing to the teeth. The pains were often so violent that she thought that she must go mad. Yesterday, during the extreme violence of the pain, she cut the gum with a knife. They extend over the whole surface of the right side of the face, to the lower jaw, to the ala nasi, the eye, ear, even over the right parietal bone to the crown of the head. The interval between each paroxysm of pain was not at the utmost longer than from five to ten minutes. Neither warmth nor cold, rest nor motion, appeared to have any influence upon the disease; touching the affected teeth seemed to increase the suffering. The gum is rather *swollen*, and of a dark red; it still bleeds a little from yesterday's incision. Some molars on the affected side are carious, offensive odour from the mouth, increased flow of saliva, much thirst, not any appetite, the *temperature of the skin is rather elevated*, the pulse rather *quicken*ed and wiry, no sleep, and uneasy disposition.

Treatment.—Convinced that the neuralgia depended upon an inflammatory irritation of the dental nerves, I wavered between Aconite and Belladonna, and determined, that as I could not give a

preference to either, I would employ both, so that Belladonna should be given in the morning, if during the night there had not been any favourable result from Aconite. I then ordered two glasses, each to contain six spoonfuls of water; in one I put six drops of Aconite 2, and in the other the same quantity of Belladonna 3, with directions to begin with Aconite and take a spoonful every hour. While taking the Aconite the pain increased to a fearful degree, so that towards three o'clock in the morning, in accordance with the directions, she passed on to the employment of Belladonna. The result, after taking the second spoonful, was astonishingly favourable; the *pain* decreased from minute to minute, and she fell into a *comfortable sleep* with general perspiration, from which I roused her with my morning visit.

With brightened mien it was declared that she was free from pain, and now only complained of weakness; the remedy in the second glass had got rid of the pain; after the second spoonful she had the feeling as if the pain which had hitherto been ascribed to the teeth alone, were distributed over the whole body, the pain was thus rendered so much the more supportable. But even this general painful sensation disappeared by the continued use of the above remedy, and she then fell into a comfortable sleep, which she had not had for three weeks. The cure was lasting, as for two years she has been without any tooth-ache.

5.—*Odontalgia.*

Katharina Nowitz, 40 years of age, married but childless, of sanguine temperament, of a spongy, pasty appearance, has always been healthy from childhood, menses regular. For five weeks, without any known cause, she had suffered from tooth-ache and face-ache. Thinking that the complaint was caused by a carious tooth, she resolved to have the latter extracted. The operation failed in consequence of the crown of the tooth breaking off, and the pain daily increased in severity.

On the 22nd January she presented the following symptoms: confusion of the whole head, paleness, and swelling of the face, *violent tearing, twitching* pains in the left posterior superior molars, extending frequently over the whole of the left side of the face to the left ear, sometimes however occurring only in the *interior of the left ear*. The pains did not occur at regular periods, and were of

varied duration, mostly, however, coming on at *night time* when *warm in bed*. They were *excited by eating anything warm*, and were especially aggravated by *application of external warmth*. A *current of cold air*, or *breathing cold air*, seemed at least for a few moments to cause some *alleviation*. When free from pain she complained of *shivering* down the back, and even in the facial *muscles*. The rest of the bodily functions were normal.

Treatment.—Pulsatilla 3, a drop every three hours in water. The pains lasted, with various aggravations and remissions, until the 25th of January, on which day the menses appeared earlier than usual. The same evening her sufferings returned with unusual violence, so that though usually extremely patient she was obliged to shed tears. The attack, however, did not last long, for after the accession of the menses it subsided gradually, and she fell asleep. From this time she had not any return of the pains.

6.—*Prosopalgia hemilateralis*.

Mrs. K.—, 40 years of age, never menstruated, phlegmatic temperament, of a lax, thin habit of body, has often been ill from childhood, though of nothing in connection with the present complaint. Six months since, in consequence of some exertion, she had strangulated femoral hernia, about the size of a walnut, with vomiting of an offensive fluid of a fæcal odour, which an hour after having given Nux vom. 1, I returned with great ease, with the total disappearance of the dangerous symptoms. On the 27th of June, whilst taking an evening walk on the banks of the Danube, she was seized with a drawing, tensive pain along the course of the left sciatic nerve, and the flexors of the knee, accompanied with weakness and numbness of the right leg. In the night of the 30th she was suddenly seized with a spasmodic pain in the epigastrium, as if in the stomach, which remained about an hour, and caused great shortness of breathing. This pain had scarcely subsided when her face was suddenly drawn aside, and she was deprived of speech.

On the 1st of July, 1845, I was called in and found the following morbid symptoms. The patient was in bed, with distorted features, the whole half of the right side of the face was hanging flaccid down, was insensible and immovable, the right eye was open and could not be voluntarily closed, owing to paralysis of the orbicularis (lagophthalmus paralyticus), the eyeball projected forward (ophthal-

moptosis paralytica), there was a continual lachrymosis, and the eye had a staring look. In consequence of the increased activity of the muscles on the left side of the face, they become more spasmodically contracted, causing more distortion of the features. She is quite conscious, *speaks*, however, very *thickly*, and complains of a cool formication of the paralyzed side of the face, and periodical ringing in the right ear, with a shooting sensation in the right external ear, at the cartilages of the ribs in the left side, near the stomach; of *loss of power* and a *difficulty of moving* the whole of the right half of the body, with a numbed sensation of the fingers and toes of the affected side. On inquiring more closely as to this feeling, she said that her fingers were "pasty and peppered" (a sort of stinging formication). The tongue is *difficult to move*, and is not put out towards the left side as I anticipated, but is drawn towards the right side; it is moist and not coated, the taste is good, no thirst; the appetite does not fail, the abdomen is somewhat distended with gas, stool and urine normal, the respiratory organs and heart are likewise healthy. The skin is covered with perspiration, the temperature not elevated, yet the feet are cold, and the pulse quite natural; the mind was anxious.

Treatment.—From the 1st to the 4th of July I prescribed *Rhus radicans* 4, a drop every three hours in water. The beneficial influence of this medicine was limited to the tongue and speech, for the patient on the 4th could put the tongue straight out, and could move it with ease, as well as speak more clearly. Otherwise her condition remained as before. She complained the most of nocturnal spasmodic pains in the epigastrium, preventing sleep, in the right side of the lower jaw, towards the right ear, and of a periodic painful contraction of the fingers and toes of the right side, similar to cramp.

On the 4th of July, I laid aside *Rhus* and tried *Cocculus* 3, continuing the use of the latter to the 7th without any result.

On the 7th she had the following symptoms: confusion of the head, roaring and humming in the right ear, with itching in the external ear, tingling burning sensation in the eyelids of both eyes, with great *injection of the conjunctiva*; she has the feeling of sand in the eyes; *paralysis of the orbicularis* of the right eye and of the *right side of the face as before*; frequently fine stitches behind the right ear; *painful drawing of the ramus in the lower jaw on the right side*, extending to the ear, recurring periodically, with the

sensation as if *the pain were in the bone*; frequent painful twitching in the middle of the inferior lip; nocturnal spasmodic pain in the region of the stomach; stools hard; urine like spring water; at times stitches in the left side of the chest, especially during the nocturnal spasm of the stomach; the skin perspirable, the temperature not elevated; pulse natural; *a trembling weakness and powerlessness* in the extremities of the right side; sensation of numbness and diminished sensibility in the *fingers and toes*, sometimes a painful spasmodic contraction in them; the middle finger of the right hand is entirely *without feeling*, as if *dead*; *a spasmodic pain* often in the *right calf*; the right foot feels cold on being touched; she can, however, move her extremities, but the right side with more difficulty; she is very *cast down* and *sad*, for she fears that she will have the disease for the rest of her life.

I resolved on using Causticum 3, every three hours: the results justified the choice. On the 8th July the beneficial effects of the medicine were already apparent; the head was free; the orbicular muscle began to be more active, she could voluntarily cover the upper half of the eye, the eyeball was projecting much less forward, and the right corner of the mouth was now several lines higher than before; the pain in the right jawbone and behind the ear has entirely disappeared; the nocturnal pain in the stomach and the shooting in the chest are no longer present, and the patient has from the 7th to the 8th enjoyed a comfortable and pleasant sleep; the coldness of the right foot has ceased; the rest of the symptoms remained unchanged. The treatment was continued. On the 10th her condition was still more improved; the right corner of the mouth was of an equal height with the left, and the right eyelid was able to cover the pupil with the exception of a few lines; the facial muscles acquired more power, so that she could masticate food on the right side of the mouth, which was previously impossible; the burning feeling and the injection of the eyelids, together with the humming in the ears were gone; the right eye had no longer a staring look, and was quite moveable; there was no longer a trace of the spasm of the stomach; the abdomen was soft; stool and urine normal; the sensation of numbness in the hands and feet, the formication and the feeling as if they were asleep, were considerably diminished; even the middle finger of the right hand had again life; she maintained that she also felt more power in the extremities of the right side.

On the 12th *both sides of the face were alike, and had the same*

mobility; all the morbid symptoms had disappeared; both sides of the body had the same power of moving; the right eye was natural; the patient felt in every way quite well.

On the 13th I discontinued the medicine: she quitted her bed and has since enjoyed the best health. There has been no relapse.

(b.) *The Chest.*

1. *Asthma ex cordis hypertrophia et insufficientia valvulæ bicuspidalis.*

Anna Mayer, 74 years of age, of a very feeble and attenuated habit; she has frequently suffered from gout and affection of the heart. For several weeks she has suffered from difficulty of breathing and palpitation, without any known cause; she could neither move about as usual, nor lie down, without suffering from attacks of suffocation.

On the 24th February she presented the following symptoms: pressing headache; pale face, bluish and cold lips and nose; deafness for several years; the tongue clean but dry; no thirst; taste and appetite good; abdomen and stools normal; urine scanty and reddened; dry cough and *great difficulty of breathing*, especially on *moving and on lying down*; it seems as if her breath would entirely cease with great anxiety; *severe palpitation*; percussion and auscultation of the lungs yield nothing abnormal; the region of the heart very dull for a large space, and the impulse very violent; *a blowing murmur* on the first stroke of the heart, the second sound clear; the second sound of the pulmonary arteries *very strong*; the skin dry, cool and wrinkled; the pulse much quickened, above 120 in the minute; both feet and legs *œdematous, swollen*; uneasy, sleepless nights; *anxious disposition and great debility*.

Treatment.—As the cure of this disorder is beyond the power of art, so it is evident that there can only be a little alleviation from the use of remedies. I therefore prescribed from the 27th February to the 6th of March, Aconite 2, every three hours.

In the first four days the disorder of respiration and the severe palpitation were considerably relieved; the restlessness and anxiety almost entirely disappeared; only from the 3rd to the 6th of March the paroxysms returned with the former severity; the Aconite was then discontinued, and Arsenic 4, was prescribed every three hours. She took the medicine uninterrupted until the 14th of March.

The asthmatic attacks almost entirely subsided; she could again leave her bed and walk.

The cough disappeared entirely; *the violence of the stroke of the heart* and the quickness of the pulse were considerably relieved; and even of the œdema of the feet by the 14th March there was no longer any trace; the blowing murmur on the first sound of the heart was unchanged. The relief lasted for six months, when she was again seized with the disorder, and she died, as I heard, in the hospital.

2. *Cardiopalms periodicus ex abnormi innervatione.*

The following case is of slight importance in a pathological point of view, but therapeutically it is deserving of some attention, as it confirms the results of my recent proving of silver, and the correctness of the homœopathic principle.

Mrs. S., 28 years of age, of a choleric temperament, black eyes and hair, moderately stout, married a year since and now in the fourth month of pregnancy. Since childhood has always been well, menses regular; still since the appearance of the latter she has frequently suffered from palpitation, without paying much attention to the circumstance. She could not ascribe the disorder to any cause. Since the third month of her pregnancy the disorder has increased so much, that in August, 1845, she was obliged to have recourse to my assistance.

The symptoms were as follows: she complains sometimes of roaring in the ears and sudden ebullition of blood and heat in the face; the taste, appetite and digestion are good. She frequently feels hungry in the morning after awaking, which each time terminates in nausea; the stools and urine are normal; the strictest examination by auscultation discovered no morbid or organic change either in lungs or heart. By day as well as by night she is often attacked with violent palpitation, sometimes with and sometimes without a feeling of anxiety. The attack begins with the sensation as if the heart would suddenly stop, followed by a trembling which passes into unusually violent palpitation, of short duration, for it again ceases in a few minutes. The pulse is at the same time intermittent and very irregular; she is afraid that she may have a stroke during an attack, especially as she is almost always seized with sudden weakness, so that she is ready to fall. The attacks are

induced by the recumbent posture, as well as aggravated by the latter; deep sighing respiration seems to afford some relief. The inferior extremities, especially the left one, often become stiff and numb, as if they were gone asleep; she feels a pain in the knee as if bruised or sprained, on moving, as if she had made a long journey on foot. The lower extremities are sometimes weak and trembling, especially when rising in the morning, so that her knees not unfrequently knock together. Her sleep is much disturbed, for as soon as she is half asleep she is again aroused by a sudden, alarming, almost electric shock of the whole body or of a limb. She dreams much, and often so distressingly, that she starts up in her sleep screaming. There is no other abnormal symptom.

Treatment.—I had my proving of silver well fixed in my memory that I could not fail being struck with the extraordinary similarity of the results thus obtained, and the disease under consideration; I determined therefore to make an experiment. With this object I prepared ten powders of sugar of milk, which I numbered from one to ten. The first two numbers contained 3 drops of Argent. met., 6, the 3rd and 4th Argent. met. 5, the 5th and 6th Argent. met. 4, and so on, in such a way that the 9th and 10th had Argent. met. 2 trituration (of the triturations I gave a grain in each powder.) By this mode of administering the remedy I hoped to be able to ascertain the action of each number, and in case the higher should not prove of service, that at least some result would be obtained from the lower numbers. I may be blamed on account of the dose and the mode of administration, but in making an experiment with a medicine, of which so little is known, it is right to admit of an excuse, especially when the result was so favourable.

I directed the patient to take a powder morning and evening, according to the numbers, beginning with No. 1. Whilst taking the first four powders the disorder increased to such a degree, that she would not take any more, for she thought there must be some error, or the powder must have been changed. There were certainly no fresh symptoms, but those present were more severe, and the paroxysms more frequent. Her husband persuaded her at length to continue the powders as ordered. After taking the 6th powder the paroxysms subsided surprisingly, as well in severity as in duration and frequency; she also lost the weariness, and her sleep was again easy. She took the remaining powders, and all the above mentioned symptoms entirely disappeared. I was unable to discover

any further disorder, nor had she any complaint to make. The heart continued perfectly quiet from this time through the whole of the pregnancy; the first four months after the birth of her child she had a slight return of the trembling and palpitation of the heart, though without any of the former troublesome concomitant symptoms, which were soon removed by *Rhus Toxicodendron* 4.

(c) *Abdomen.*

1. *Cardialgia.*

Mrs. Kocholka, the wife of a pipe-maker, 20 years of age, of choleric temperament, of a thin habit, has never since childhood had any important illness; menses always regular. Has been married several years, but has not had any illness. At the beginning of summer, in 1846, she was seized with pain in the stomach, without any apparent cause, and at the same time the menses were extremely profuse. At first she thought little of the ailment; it soon however became severe; the pains which were at first of infrequent occurrence and moderate, increased in severity, duration and frequency; she fell quickly away, and her clothes which were once too tight now hung loosely about her. All that she eats causes indescribable pains in the stomach, and she is obliged to vomit it up again. Her strength failed from day to day. Various domestic remedies recommended were tried in vain; she made use of remedies prescribed by allopathic medical men for months, but still there was an increase of the disorder. The region of the stomach was so sensitive that she could no longer bear the pressure of the least clothing. The duration of the disease, the failure of all the remedies employed, and the severity of the disorder, had a very prejudicial effect upon her formerly cheerful disposition. She became sad, ceased to enjoy what used to yield her pleasure; always thinking of herself, she remained mostly in a sitting posture, with tears in her eyes, expecting that death would put an end to her tedious sufferings. All the consolation that her husband and friends could afford her proved unavailing. She was then advised to try the new method.

On the 25th of January she called upon me, presenting the following symptoms. A pressing headache, with feeling of heaviness in the head; frequent ringing in both ears; dull, lustreless eyes, with widely dilated pupils; a burning feeling of dryness in the eyes; pale, downcast countenance, expressive of suffering. She has no

aversion to food and drink, but she is afraid to eat on account of the pain it causes. The whole of the upper part of the abdomen, especially the epigastrium, is distended, and very sensitive to pressure; she is obliged to keep her clothes unfastened, because when tight they cause her so much pain. No material abnormal change of any of the abdominal organs is perceptible either to touch or on percussion. She has a constant distressing, pressing feeling in the stomach; she fancies it must be swollen. Periodically, and most frequently in the morning after each time of taking food, she was attacked with violent spasmodic pains in the stomach, extending to the back and between the shoulder blades, causing difficulty of breathing. Even walking causes an increase of the pains. They last for variable periods, usually ending in vomiting, especially when excited by food or drink. Even her favourite beverage coffee, to which for some time she has been restricted, the stomach will no longer bear; the pains are often so violent as to cause fainting. The abdomen is soft, bowels sluggish, stools hard, one every second or third day, and passed with difficulty; urine natural; the chest shows nothing abnormal on auscultation and percussion. The skin flaccid and wrinkled; the temperature not elevated; the pulse not much quickened. Frequent fatiguing and distressing dreams at night; uneasy sleep often disturbed. She is much emaciated, as her clothes indicate; the muscles are soft, no tone; complains also of great weakness. The feeling of want of power is worse in the morning when in bed. Her spirits are very much depressed; she is almost always shedding tears, and has no hope of recovery.

Treatment.—I supplied her with a small bottle of *Nux vom.* 2, and directed her to take every evening 5 drops in a teaspoonful of water, and instead of coffee to take milk and water for breakfast; but if she should find that the disease did not lessen in a few days, the medicine was to be discontinued until her next visit. In five days time she returned with a cheerful countenance, and related what a great deal of good the drops had done her. After the first 5 drops she had a comfortable night, the pains of the stomach diminished daily, the milk for breakfast agreed with her very well, and there was no vomiting, although she had taken a little meat; the tenderness of the epigastrium is less, and she can now bear her apron on. She still had pains in the stomach, but they were supportable, and she is convinced that if I would allow her to continue the drops, that she will soon be quite well. I assented to the continuance of the

medicine, but with the condition that she should only take 3 drops daily.

In eight days she returned, informing me she was quite free from her painful disorder. Her appetite was excellent; digestion and bowels were natural; her monthly period, which had occurred a few days before, was moderate in quantity, and her strength was visibly better; the surprising improvement in the colour of the skin bore testimony to her better state of health.

Some weeks after (it might be six months later) I saw my patient quite blooming and stout, enjoying the best of health.

2. *Enteralgia Saturnina.*

Joseph Straschussnigg, 27 years old, single, a potter, of robust habit, was discharged, a month since, from the hospital of the Sisters of Mercy, cured of lead-colic. As he was obliged to continue his employment with litharge, he was attacked eight days since with pain in the bowels and diarrhoea; the latter lasted four days, three or four times daily, to give place to obstinate constipation.

On the 9th February 1846 he presented the following symptoms:—Face covered with perspiration, of a greasy appearance; tongue coated white; no thirst; a sweet taste in the mouth; sometimes nausea, with rising in the chest; at other times vomiting and rising of a sweetish water; pressing in the stomach; periodical extremely painful spasm of the bowels around the umbilicus; abdominal muscles as hard as a board, very tender, unable to bear the slightest pressure. Constipation since three days; painful spasm of the anus; urine yellow, rather cloudy. Respiration normal; pressure on the chest and tenderness, especially of the inferior portion of the sternum, when touched. Skin perspirable, the temperature not elevated; pulse rather quick, somewhat hard. Uneasy sleep disturbed by abdominal pain; timid disposition.

Treatment. Every three hours a drop of Opium 1.

On the 9th Feb. 1846. The night was passed very uneasily; sleepless on account of frequent colicky pains. Morning: the pains still continued; frequent empty eructations, with hiccough, especially when lying on the side; no stool; frequent voiding of yellow urine with coagulated mucus; great tenderness of the abdominal coverings, scarcely bearing to be touched. The same treatment.

On the 10th. The night was passed more quietly than the pre-

ceding one. Morning: the pains return less frequently and are less severe; still great tenderness of the abdomen; no stool.

On the 11th. Slept well throughout the night. Morning: pains less frequent, moderate, and of shorter duration; constipation; urine abundant; tenderness on pressure of the fore part of the chest; skin moist; pulse less tense, not so hard and no longer quick; spirits better. On the 13th a hard stool, otherwise the same as yesterday. The 14th the same. On the 15th there was an abundant evacuation, without a clyster, for the first time, with considerable relief.

On the 16th the patient had three evacuations: the two last were diarrhœic. He no longer complains of pains in the stomach, has a good appetite, the tenderness of the fore part of the chest is gone.

On the 17th, passed an uneasy night, having been disturbed by bad dreams. In the morning he complained of a trembling weakness and frequent formication on getting out of bed.

On the 18th the same as yesterday.

On the 19th he felt himself quite well, only his legs are weak and trembling on standing up. The formication in the feet comes on at night and when the feet are under the coverlet.

On the 20th. The patient feels quite well, with the exception of a little weariness of the legs; the formication has disappeared.

Case in illustration of the action of the Water Cure in London.

BY DR. WYLD.

The following brief history is given in illustration of the action of the water cure in London, it being generally supposed that the satisfactory action of that method in *chronic* disease required the aid of hills and mountain air for its fulfilment—as according to Priessnitz, “Man muss Berge haben.”

Mrs. C., 64 years of age, of a plethoric temperament, and weighing about fourteen stone, has suffered for 20 years, with only occasional respite, from painful flatulence, tenesmus, capricious appetite, habitual constipation, *prurigo pudendi*, and mental and bodily misery and prostration. She has been under homœopathic treatment for ten years, and came under my care last March.

The above symptoms were occasionally relieved by our remedies, castor oil being occasionally used with temporary relief, but gene-

rally followed by increased prostration—the same result applying to her former allopathic treatment.

The habitual constipation was occasionally supplanted by slimy and painful diarrhœa, and as the motions were often clay coloured, and as she had almost constant pain over the region of the liver, it appeared highly probable that that organ was structurally affected—her extreme corpulency rendering the physical exploration of the organ almost impossible.

Acute attacks of all her symptoms occasionally intervened, accompanied by faintness and an incapability of bearing full pronation.

Finding after *eight* months experience that I made no progress with the case, I recommended her to try what my friend Mr. Metcalf, the hydropathic manipulator, could do for her. To this she agreed, and Mr. Metcalf began operations on the 10th November, and has continued in attendance up to this date, 14th December.

The treatment has consisted in a spirit lamp sweating bath every alternate day, followed by hot water blanket fomentations, and then followed by hot, tepid and cold sponging. While under the influence of the lamp, cold water was freely applied to the head, and she drank from one to two pints of cold water each sitting. These severe ordeal days were intermitted with tepid and cold sponging and sitz baths in moderation, and these watery operations were followed by shampooing and rubbing.

The result of the month's treatment is as follows. The patient has been reduced in weight about two stone, the circumference of the abdomen has been reduced about eight inches, the legs, to casual observation, have been reduced to about "one half their former bulk." The appetite has become fresh and vigorous, the bowels are daily opened, and with full satisfaction, the tenesmus and prurigo have disappeared—the patient (N.B. 64 years of age) can now walk four miles with pleasure, while for years past she has used a stick in walking, and could rarely walk half a mile without exhaustion, while the skin, formerly of a dirty yellow, has become clear and ruddy. In short, the patient has become, under the influence of an internal and external purification by water, what she and her friends would call "a new-born woman, as grateful and happy as a child."

During the earlier part of the treatment, the bath water became foul and greasy, and of a fœtid odour, and then also much expectoration was thrown out in hard lumps, often tinged with blood.

The above history appears to me not uninteresting, and proves

that in certain cases of chronic disease the blessings of the *water cure* may be most fully secured within the atmosphere of smoky London, and without the aid of heather hills and running brooks, and if so, it is then a blessing which many may procure, where circumstances may render a journey to and a residence at a distant water cure establishment impossible.

MISCELLANEOUS.

Contribution to a Pathogenesis of Linum Catharticum.

By JAMES GELSTON, M.R.C.S.D.

A Stokes, M.D., æt. 42, temperament bilious—sanguine; predisposed to catarrhal complaints—accidentally.

Nov. 3rd. Took a wineglass (3 ozs.) of infusion half an hour before breakfast, same before dinner, and at night, made with 1 oz. dried herb to Oj. Evening: abdomen felt rather full.

Nov. 4th. A wineglass before breakfast. All the morning, before rising, felt the abdomen full; after breakfast urgent call; rectum felt very distended, copious soft motion well mixed with bile. Forenoon: pressive pains in the stomach, and uneasiness in the abdomen followed by a very loose, bright yellow mucous stool, with some urging. Afternoon: slight heat in the throat. Evening: increased heat in the throat, and rising of food; bilious taste; ringing in the left ear for some hours; fulness of the head at the region of the ear, worse out of doors; slight excitement of the head.

Nov. 5th. Arose well at 10 A.M.; ζ iv. of infusion. All day much scraping at the arch of the palate and larynx, with hawking of mucus. All day eructations tasting of bile; repletion. 6 P.M. ζ iv.; 8 P.M. soft scanty motion with urging to stool.

Nov. 6th. No symptoms; no medicine. Stools free; considerable urgency, necessity to obey the call instantly; the rectum seemed to have little grasp of the fæces, which passed as if pushed out from the colon.

Proving of the Tincture, 1st dil. cent. Nov. 10th. Nine A.M. gtt. 10; at 10 A.M. ditto. Between 7 and 8 P.M. uneasiness in the belly; passed a good deal of flatus, and shortly after a soft stool. At 9 P.M. gtt. 10.

Nov. 11th. Ten A.M. gtt. 20; noon gtt. 20; stool loose this morning without pain.

- 12th and 13th. Proving interrupted.
- 14th. 3ss. in water twice; stool soft and bilious.
- 15th. 3ss. at 10 A.M.
- 16th and 17th. No medicine. Bowels flatulent; motion free.
- 18th. 3iss. dil. A. Motions dry and hard though copious.
- 19th. Mother tincture 3j. Slight catarrhal symptoms in the throat and larynx; hawking.
- 20th. 3j. at 11 A.M. Catarrh increases. Evening: bowels full and uneasy; full soft stool, with some urging; feeling as if more should be evacuated; smarting stinging at the anus as if piles were coming; severe pressing pain in both temples, temporary.
- 21st. 3j, at 11 A.M. Nose stuffed and chest sore; fluent coryza. Five P.M. 3j.
- 22nd. Voice hoarse; nose stuffed and running, (morning rainy). 3j. at 11½ A.M. Coryza continues; a clear mucus, profuse, from one nostril for several days, and then from the other without any further symptoms of catarrh; bowels slightly costive for two days after last dose, then returned to a free action which has continued until

Dec. 4th. Once or twice a feeling of haste to stool.

J. F. took 14 or 16 tablespoonfuls of a weak infusion. Headache, slight; some purging with colic. Afterwards took 2 tablespoonfuls of a saturated infusion followed in half an hour by great pain in the chest aggravated by any movement, or deep inspiration; declined taking any more. (J. F., bilious temperament, dark hair and eyes, subject to catarrh).

Mrs. G., suckling her third child, lymphatic temperament. Repeated doses of the infusion produced colicky pains for some hours, followed by purging and tenesmus, with griping; the baby was also affected similarly. *With the tincture.* Griping pains in the bowels; constipation several days; affected the temper, irritable; tongue foul; bilious taste; the baby was affected with griping pains.

J. Gelston, æt. 32. Nervous sanguine temperament, predisposed to catarrh.

August 15, 6 P.M., 1 oz. of inf. of about ʒss. of partly dried and partly fresh herb to Oj. hot water. In about two hours slight uneasiness at umbilicus; 8 P.M. 1 oz.; 9 P.M. 1 oz.; in ten minutes after, colicky pains below umbilicus, with tormina, continued half-an-hour with solicitation to stool (resisted); at 11 P.M. subsided; omitted supper; pressing downwards, with abdominal muscles,

incarcerated flatus displaced with rumbling; 1 oz. before going to bed.

16th. Prolonged sleep; drowsiness after 2 oz. 8½ A.M.; shortly after, rumbling in the bowels, and slight uneasiness; tongue deeply furred, clammy taste; 11 A.M. 2 oz.; out for a walk; colicky pains and inclination to stool (without effect); clammy taste, taste of the medicine; insipidity, dryness of the mouth, without thirst; lancinating pains in right temple; cough excited in the open air (had a catarrh from the 8th, which had almost subsided, leaving only a dry, hard cough, especially of a morning); frothy expectoration, impaired appetite, inclination to sleep after dinner; odontalgia, congestive frontal headache; after sleeping one hour and-a-half, confusion of head, a feeling of malaise, as from taking a cold; went out again for about two hours; headache lessened in the open air; dulness and depression of spirits. 8 P.M. sneezing; urine straw colour, strong smelling, rather scantier; pulse full and quickened; 9 P.M. 3 oz. in 6 oz. of water; shortly after, colicky pains, and in half-an-hour urgency to evacuate the bowels; fæces solid, copious (no motion from night of 5th); sleep profound, with much heat of body and perspiration moderate; dreams of travelling to Isle of Man, some danger and trouble (usually dreams of water, but seldom dreams).

17th. Headache better, tongue cleaner, urine lighter colour. After breakfast, when out in open air, tickling, teasing cough, and frothy mucous expectoration; rawness in the throat. 1 P.M. 2 oz. in 4 of water of a fresh infusion, about ʒss. to Oj.; one hour after, urgency to stool; fæces soft, but formed. 6 P.M. 4 oz. and 3 of water; headache gone, taste insipid, tongue furred, cough, especially in open air, or returning from; frothy sputa, tasting as of seawrack. 11 P.M. 4 oz. and 4 of water; insomnia, griping in lower belly, rumbling, dull pain below umbilicus, frequent desire to urinate (thrice made), itching at orifice of urethra, urging to stool (resisted); after some hours' sleep profound; anaphrodisia, feeble erection.

18th. Drowsy after being awakened, tongue much furred. 4 oz. in 2 oz. water; depression of spirits, rumbling in bowels, tickling cough in open air, drowsy after dinner, slept; on awaking, supposed it morning; pains in bowels, frontal headache. 2 oz. before going to bed; want of sleep, slight shooting pains in left and right shoulder-joints.

19th. No medicine. Less cough and expectoration, headache

and rumbling in bowels, stool at night with pressing down; insomnia; slight sexual desire, feeble emission.

20th. No medicine. Feeling of weariness and depression; headache on raising the head; congestion and vertigo on throwing head backward, headache less after eating, slight pains in the bowels, cough much less, little appetite, tongue cleaner, at night dull headache, drowsiness, and debility, bowels costive, scanty stool, lascivious dreams.

21st. Symptoms abated. 2 P.M. 4 oz. of a fresh infusion; some griping and rumbling. 9 P.M. 2 oz.; difficult stool, with pressing down of rectum; faeces covered with epithelial-like shreds, resembling worms; gelatinous mucus, in form of rolls, like ink tape; sleep sound.

22nd. Tired feeling on waking; 1 P.M. 8 oz. and 6 of water; dinner half-an-hour after; immediately after, much griping and great urgency to get to stool quick; very loose bright yellow motion. 9 P.M. griping recurred, and quick scouring motion, with copious urine (as previously).

23rd. Dreams of cholera (in others) with sloughing off of the prepuce. 9 A.M. 8 oz. in 6 of water. Two hours after, griping pains; feculent stool of slender coils sinking to the bottom of the utensil, contrary to previous observation; towards night griping continued, with ineffectual effort at stool, languor, dry cough, plentiful urine, stuffing of the nose, sneezing at night.

24th. Griping occasionally during the day. (No medicine.) Chest much stuffed, hard dry cough, expectoration with much difficulty of frothy and some yellow mucus.

25th. Slight gripes, soft stool at night, cough dry, tickling, after walking.

26th. Slight gripes, cough abated. For several days after some griping pains about the umbilicus.

With the Tincture.—Sept. 15th. 1 dil. $\frac{1}{2}$ oz. No symptoms.

16th. No symptoms.

17th. 20 drops dil. A. No symptoms. 18th. 20 drops. No symptoms.

19th. 20 drops more. Respiration 30. Slight dull frontal headache; sick after supper.

20th. Congestive headache as of weight in forehead. 1 P.M. 30 drops, at night 40. Costive stool.

21st. Morning: 50 drops; evening 60. 22nd. Morning 60 drops; 4 P.M. 60, at night 120.

23rd. Hawking of sanguineous mucus.

24th. Mucus from nose occasionally rose colour; some cough, hacking, much phlegm. 60 drops, (1 to 5) mane, 100 nocte.

25th. No medicine. Headache; occasional cough.

26th and 27th, Dull headache in afternoon; fullness of blood in head.

28th. Nose quite stopped; a little hacking cough; much hawking of yellow mucus, sometimes tinged with blood.

29th. Nose stuffed; feeling of uneasiness in bowels as of call to stool (the bowels continued constive since leaving off the medicine—once in two or three days, hard stools); a desire to stool with no effect but wind, several motions of small slender formed fæces.

30th. Same; feeling of distension. Took Sumbul ϕ , 2 drops, to relieve the stoppage of the nose, without benefit. At night pressing at the rectum as if swollen; much wind. Took about 10 grains of Rhubarb root.

Oct. 1st. Same; no motion till evening; much griping and urging downwards of the rectum; flatus; copious feculent formed stool, smarting at the anus after.

2nd Oct, Frequent desire to evacuate the bowels—a mere trace of fæces with a little mucus; tenesmus; rumbling. Took Sumbul ϕ 4 drops.

3rd. Same; much uneasy feeling in the bowels. Took several drops of Nux v. ϕ before breakfast. Noon: pain at umbilicus, and desire to stool; great rumbling all day; bowels quite closed. Ate brown bread two days. Little pain except occasional gripes, and distension of the belly, especially after food, troublesome. 10 P.M. Took ʒss . Rochelle salt. A fluid motion half an hour after, with tenesmus; seminal emission in sleep.

Oct. 4th. Pain in bowels; severe frontal headache, obliging to lie down after dinner; stool of slender fæces, with downward urging; second stool two or three hours after—scanty large sized fæces. Took for the headache 2 drops of Bell. ϕ ; this having had no efficacy, in afternoon tried 3 drops of Sulph. ϕ in ʒij . water, a spoonful every two or three hours; found much relief from this. The stoppage of the nose (which had been continuous till now) much less.

Nov. 13th. Mother tincture, 30 drops, mane; evening 30. Dull

headache, as a weight in the brow, worse on holding his head backwards, and after reading; temper irritable.

14th. 60 drops; slight shooting down the muscles of the arms (evening).

15th. 60 drops. Costive stool with much pressure.

16th. 60 drops. 17th. 60 and 120 drops. No stool.

18th. 120 drops. Last three days loose short cough with much phlegm, the phlegm also seems to accumulate in the throat, being readily brought up without hawking; a cold feeling, in shoots, as from a blast of cold air.

19th. Colicky, very scanty stool, with rumbling; abdomen tender on pressure. 60 drops and ℥ss. of a weak infusion.

20th. Dry cough, difficult expectoration; costive stool. 100 drops and ℥ss. infusion.

21st. 100 drops and ℥ss. infusion.

22nd. Copious costive stool with great pressing down (bread mixed with bran had been used). 80 drops and ℥ss. infusion. Cough and phlegm; slight dyspnoea; nose stopped.

23rd and 24th. No medicine. Bowels continued costive for several days, then relaxed with pressive force of rectum, then alternately costive and relaxed.

Dec. 3rd. A tincture made with equal parts of spirit-of-wine and water—10 drops to 4 ozs. water, a teaspoonful two or three times a day.

4th. 100 drops to 4 ozs., one teaspoonful three or four times a day. Dull head at night; bowels costive; foul taste; congestive cephalalgia all day; cough, and expectoration of loose glairy phlegm.

5th. Congestive headache, left side especially, better in open air; foul, clammy taste, as of something stinking in the mouth; impaired appetite; no motion since 2nd; diminished sexual power.

6th. Free motion. Up till 9th bowels rather constipated; otherwise well.

J. M., æt. 21, chestnut coloured hair, blue eyes, sanguine temperament. Subject to pain at præcordia; last year had an attack of hæmatemesis.

Dec. 3rd. Took, three or four times a day, of the mixture of same date in last proving. Pain in chest increased; perspires freely.

4th. Feverish; bowels costive.

5th. Sick, bilious taste; headache; and pains in bowels; dry tickling cough.

6th. No motion from bowels for three days ; pain in chest gone ; cough at night ; catamenial period passed with no menses appearing.

8th to 10th. No medicine. Symptoms abated ; catamenia delayed.

Conversion of the Lancet to Homœopathy.

Yes, strange and incredible though it may appear to many of its readers and admirers in past years, the *Lancet* has at length embraced and now advocates homœopathy. The very idea of the *Lancet*, that trenchant sanguinary instrument fraternising with homœopathy, is so contrary to all preconceived notions, that we cannot count upon a ready acceptance of our statement. Nena Sahib embracing Lord Canning, Cardinal Wiseman giving his apostolic benediction to John Cumming, Mr. Spooner moving that the Jew Rothschild be allowed to take the oath without saying "on the true faith of a Christian," King Bomba sending the grand cross of San Gennaro to Mr. Gladstone—all these seem possible, nay probable contingencies compared with the advocacy of homœopathy by the *Lancet*. Among the most incredulous will be the *Lancet* itself. For it is an unconscious conversion, an unwitting advocacy. But none the less valuable and true for being involuntary. And now to the proof of our assertion.

In the *Lancet* for October 2nd, 1857, there appears the following letter.

"*On the Value of Arsenic in Cholera.* By C. BLACK, M.D. London, F.R.C.S., Fellow of the Imperial Society of Physicians of Vienna, &c., &c.

"It is now almost three years since I published, in a contemporary journal, a number of cases of the very worst form of English cholera, in which I had obtained a rapid and effectual cure from the use of the liquor arsenicalis. Since that time I have had ample opportunities of further testing the value of this remedy in cases of English cholera, presenting symptoms so severe that, had the Asiatic form of the disease been prevalent at the time, there would probably have been no hesitation in referring the cases in question to that particular type. In all these cases the arsenical treatment was followed by such rapid subsidence of the symptoms, and by such quick and complete restoration to health, that I have been led to regard arsenic in the light of a *specific* for cholera.

“ It is not in the milder forms of the disease, which are traceable to disturbing ingesta, that arsenic will be found beneficial ; but in those severe and aggravated cases which occur in the narrow alleys, badly drained, ill-ventilated dwellings, amidst the filth, poverty, and squalid wretchedness of certain districts of most towns.

“ In the absence of necessary sanitary measures, in the conditions favourable to the generation of animal and vegetable poisons, and in the presentation of foci from which the diffusion of such poisons may take place, Chesterfield is not surpassed, if equalled, by any other inland town of similar size within the United Kingdom. It is a fact confirmatory of this remark, that at no time within the last twelve years has the town been entirely free from typhoid fever ; that this form of fever and epidemic typhus ravage the place at intervals of one or two years ; that here scarlatina assumes its malignant form ; that epidemic dysentery is not uncommon ; and that during the summer and early autumnal months the cases of cholera are numerous, and many of them extremely severe. As an example of the last-mentioned disease, I detail the following case, which occurred in my practice in August last, and which, as one amongst many such, shows alike the character of cholera as it occurs in Chesterfield and its neighbourhood, and the value of arsenic as a remedial agent :—

“ J. P.—, aged forty-two, by trade a master potter, was seized on August 13th of the present year with violent vomiting and purging, accompanied by frequently-recurring pains in the abdomen, and by general collapse. The dejections were thin, watery, somewhat offensive in odour, and contained a moderate proportion of bile. The vomits consisted of food previously taken, with a certain admixture of a thin mucoid fluid.

“ These symptoms were combatted by lead and opium, chalk mixture with cætechu, friction, the application of external heat to the extremities, sinapisms, and turpentine stoups to the abdomen, and by weak cold brandy-and-water to drink. Despite the diligent exhibition and application of these remedies, the symptoms increased in severity from hour to hour. In the morning of the following day, I received an urgent message to attend immediately, as, in the opinion of his friends, the patient would die. On arriving at his home, I found him in the greatest collapse, with countenance pale, livid, and of a leaden hue ; eyes glassy and sunken in their orbits ; nose nipped ; tongue pale and besmeared with a thin layer of mucus ; breath

cold; great thirst; skin cold and soddened, with a clammy perspiration; voice reduced to a thin, slender, squeaking note; pulse thready, running, and incapable of being numbered. The dejections are involuntary, almost constant, left little or no stain upon the bed-linen, of a faint, sickly odour, and evidently consisted of a serous fluid. The vomits were frequent, and of a thin, pale, sero-mucoid fluid; the cramps, which seemed to affect the whole muscular system, were rapid, powerful, and agonizing in their character. Suppression of urine had existed for fifteen hours.

“ I gave immediately six drops of the Arsenical solution, repeated the dose in ten minutes, and again in twenty minutes more. Directly after swallowing the third dose, the patient, with a slender, tubular voice, ejaculated, ‘There, that will stay.’ He was right; it did stay, and from that moment the vomiting ceased. The Arsenic was now repeated at intervals of half an hour. By-and-bye the cramps and purging ceased, the sphincter ani recovered its power, warmth began to diffuse itself over the surface of the body, the pulse became steady, distinct, and numerable; and, at the end of two hours, I left my patient in comparative safety. During the night the Arsenic was continued in three-drop doses every third hour. On the following morning I found that there had been no repetition of either vomiting or purging, and that the renal secretion had been restored during the night. Two days afterwards he was able to leave his bed; but his convalescence was marked by anasarca, the result of the action of the choleraic poison on the vitality of the blood, and of the great diminution of its solid constituents by the copious evacuations which occurred during the urgency of the attack.

“ Now, this case occurred in a dwelling which stood upon a dead flat of ground, from three to four feet below the level of the contiguous road, which had consequently no fall for drainage, and the cellar of which stood one or two feet deep in water during rainy weather. Its occurrence arose after a heavy fall of rain, and when the imperfect drains in question emitted an almost intolerable smell. It is therefore fair to presume that it had its origin in some noxious emanation from the drains, with which the circumambient air became impregnated, and thus acquired the power of injuriously impressing living bodies.

“ *To destroy such a poison in the blood, I gave to the blood a poi-*

son, which acted in accordance with a well-known physiological law, and cured the disease.

“I have done so in many such cases, in which the ordinary remedies for cholera had entirely failed, and I have *invariably* found that the Arsenic exerted a rapid power of control over the vomiting and purging, and quickly brought about a state of convalescence.

“From such data, then, I maintain the *specific* action of Arsenic in the very worst form of English cholera, and I thence infer for it a similar power in the malignant type of the disease.

“In the East, where at the present moment the tenure of our Indian possessions depends on the maintenance of the health of our soldiers, this dreadful scourge is decimating the heroic band under Havelock, and, unless speedily checked, may possibly lose us an empire which has cost us so much blood and treasure to win. Let the surgeons of the Indian army adopt this remedy—let them give it a fair and impartial trial—and I feel confident that with them it will maintain the reputation of a specific for cholera, which I here accord to it.

“The instructions for its use are simple and precise. For the Asiatic cholera, ten or fifteen drops in cold water, every ten or fifteen minutes, until vomiting and purging abate, and then smaller doses, at more distant intervals, until reaction is established.”

“Chesterfield, *September, 1857.*”

Now what is “the well-known physiological law” alluded to by Dr. Black in the sentence above, which he has himself emphasized by italics? He answers this himself in a letter which we find in the *Lancet* a fortnight later. We shall not give the whole letter, as it contains much that is irrelevant; the following paragraph contains all that is required:

“The facts connected with the history of the rise and propagation of cholera show that the proximate cause of the disease depends on the presence of a certain poison in the blood, which has been aptly termed the ‘choleraic poison.’ To the question, then, ‘In what respect does arsenic act on the constitution’ in cholera? I reply, that it acts by neutralizing or destroying the choleraic poison in the blood, and that when it has done so, the peculiar symptoms of the disease subside. It produces its effect in accordance with a well-known physiological law: *that no two actions of a similar nature*

can go on in one and the same part at one and the same time; that, in short, the greater action destroys the less. If, then, a greater poison be given to the blood than the one which is already present in it, the latter must, in accordance with the above law, be destroyed."

Now where did Dr. Black find this well-known physiological law enunciated and formulised in almost the same words as he uses? Why in the *Organon* of Hahnemann. We there read § xxvi.

"A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is similar to the former in its manifestations."

This and no other is "the well-known physiological law" approved by Dr. Black and indorsed by the *Lancet*. And this law is peculiarly Hahnemann's; it was never, that we are aware of, advocated by any one before him, so that Dr. Black and the *Lancet* cannot say they got it out of Hippocrates or Democritus or Paracelsus or some other antiquity, as they might have done had they confined themselves to the therapeutic principle of *similia similibus*.

On the 21st November we find another letter on the same subject, but this time from a well-known homœopathist and contributor to our own Journal, Dr. Hitchman, late house-surgeon to the Liverpool Homœopathic Dispensary. Dr. Hitchman does not exactly state that he is a homœopathist, but his letter shews that his treatment is purely homœopathic. Here it is in his own words:—

"As long ago as 1849 I prescribed Arsenic in many of the worst forms of English cholera with the most gratifying results, and subsequently in Liverpool to a large extent during the last frightful Asiatic epidemic in 1854. I have been generally in the habit, however, of premising Aconite, in the form of a saturated tincture, from the leaves and stem of the beautiful cærulean plant, which may be found growing in indigenous luxuriance in the sheltered valleys which converge upon the Lake of Thun, in Switzerland. It will not unfrequently arrest the exhausting evacuations, and restore the temperature sooner than any other drug. Arsenic, moreover, becomes indispensably necessary when there exist insatiable thirst, urgent sickness and faintness, great prostration of strength, with violent vomiting, retching, and sense of burning heat in the region of the stomach and bowels, preceded by tightness and constriction

in the throat, more or less hoarseness, and difficulty of articulation; the matter vomited either greenish or yellowish, as in ordinary cholera, or a rice-coloured fluid, with excessive painful spasms of the abdominal muscles; pulse very small, feeble, and rapid; skin cold and unmistakably bluish; features collapsed; urine altogether suppressed; abdomen tense, tender, swollen, and drawn in at the umbilicus; the breathing laborious, and the patient very restless, with a countenance expressive of the most exquisite torture and anxiety. I say *here* are the indications for Arsenic—in a word, its reflected portrait, and in these circumstances, but for its life-preserving interposition, the sparkling red eyes close to wake no more. The cold, dry tongue and parched fauces are the harbingers of that mortal delirium and stupor which speedily end in death. These remedies may also be advantageously alternated, one alternate dose every half hour or oftener, according to the exigencies of the individual case, until an improvement persistently sets in. Of the saturated tincture of Aconite, ten minims may be prescribed in an eight-ounce mixture with distilled water, of which one tablespoonful only should be taken for a dose. Of Arsenic, and indeed every other really valuable medicine, abundant clinical experience has taught me that doses large enough to disturb the general system have often very little curative power over disease, which, in truth, succumbs readily to much smaller quantities. In the year 1849, I prescribed the liquor Arsenicalis for the last time; since that period I have had ample opportunities of obtaining rapid and permanent cures from the hundredth part of a grain of Arsenious acid, even in extreme cases, when the vomits, cramps, and defections were incessant, and appalling to the stoutest heart. I have repeatedly known a few doses of this specific medicament restore the renal secretion, when previously suppressed (and augment it in severe dropsical effusions, as published by me in one of your past numbers), check a profuse diarrhœa with rice-coloured egesta, and also when the extremities were livid blue, either in the European cholera, accompanied with bile, or, in the Indian variety, without bile or urine.

“I can therefore cordially endorse the sentiments of your gifted correspondent when he ‘maintains the *specific* action of Arsenic in the very worst form of English cholera, and thence infers for it a similar power in the malignant type of the disease.’”

It would seem as though a judicial blindness had fallen on the

hitherto keen-sighted *Lancet*, otherwise it had never admitted this letter from an open and avowed champion of homœopathy. Had it not known before that Dr. Hitchman was a homœopathic practitioner, and had it failed to perceive that the treatment recommended by him was homœopathic, it might have suspected something unorthodox in him from the remainder of the letter (which our limits forbid us to quote), which is a fling at the old routine treatment.

The next episode in this strange history of the *Lancet's* conversion to homœopathy is a letter that appeared in it on the 28th November from a Mr. Sarjeant, asking Drs. Black and Hitchman to enlighten the profession as to their reasons for employing Arsenic in cholera, and its probable *modus operandi*.

Dr. Black to a certain extent anticipates the request of Mr. Sarjeant by commencing, in the same number, a series of cases treated by himself with Arsenic. His prefatory remarks are like his first letter on the subject, strongly redolent of homœopathy. We can only afford space for one of his cases, which is a fair sample of the rest, and exactly like many cases of the homœopathic treatment of cholera that have already appeared in our pages.

“The importance of Arsenic in the treatment of cholera is a matter of such vital consequence to public health, and of such interest to the physician in a therapeutical point of view, that it is my intention to place, from time to time, before the profession the results of my experience of this remedy in choleraic disease.

“By the production, in this way, of a mass of incontrovertible data of its efficiency in cholera, it will, I trust, force itself upon the attention of medical men; and, as certainly as it shall do this, it will prove to them its *specific power* over the disease which has hitherto yielded such scanty results to the best-directed efforts of medical art. In placing this high value on the anti-choleraic virtue of Arsenic, I yield, not to *enthusiasm*, but to *experience*—an experience which, at the present moment, embraces the treatment by this remedy of nearly two hundred cases, in none of which has the Arsenic ever failed to produce a *speedy* and *permanent* cure. What other remedy, empirical or rational, has produced such results? It is certain that the records of medicine, so far as I know, do not furnish a parallel. If, indeed, the want of experience *had* lacked the justification of its adoption, the pathological views which are entertained by the majority of the proximate cause of cholera, and the knowledge which physiological science has educed of the behaviour of one poison in the

presence of another within the human body, would have placed it in the category of *rational*, and not of *empirical*, remedies. But experience *has* justified what theory sanctioned. Not only has it done this, but it will further show, in the details of the following cases, that the remedy in question is applicable to every phasis of choleraic disease, from that which threatens with death within the lapse of a few hours, to that which, by a slower process of passive drain from the bowels, consumes days in bringing its victim to a premature grave.

“CASE.—L. G——, aged forty-eight years, married, by trade a basket-maker, at six P.M. on September 22nd, 1857, began to suffer from diarrhœa. From this hour until ten P.M. the bowels were moved four times, the evacuations being thin, watery, and offensive in odour. At ten the purging became much more frequent and severe, and was accompanied by almost incessant vomiting and cramps of the abdomen, legs, and even the muscles of the back of the neck. From the time above mentioned until five A.M. of the 23rd, the patient is reported to have vomited and purged at least forty times. Shortly after this hour I saw him. He was writhing to and fro upon a bed, which was placed opposite his house-door, in a room ten feet by twelve, with a ceiling not more than six feet high. The apartment was lighted by a small window, which, together with another window of a foot square and the door in question, afforded the only means of ventilating the whole house. His countenance was haggard and shrunken in the extreme; eyes hollow; nose and the parts around the mouth of a deep leaden hue; skin very cold; breath cold; voice hollow, squeaking, and tubular; frequent thirst; pulse scarcely perceptible; breathing hurried and laboured. He had not passed urine since four the night before. A constant moaning was heard, except on the return of cramps, which occurred every three or four minutes, when his sufferings excited loud cries of pain. The purging and vomiting were all but incessant, the vomits and dejections being copious, thin, and evidently serous in their character. He was ordered five drops of liquor Arsenicalis every fifteen minutes until the symptoms became less urgent, and then to have the same dose every hour until my next visit.—Twelve A.M. After the first dose of Arsenic there was no return of cramps; the third dose was followed by a complete arrest of purging, whilst vomiting had occurred but three times during the interval of my first and second visits. The countenance still maintained a

haggard expression; the nose in part its leaden hue; a slight degree of warmth was beginning to creep over the skin, and the pulse was now distinct at 120 per minute. Thirst was much less frequent; the breathing less hurried and laboured; but neither had the voice lost its peculiar tone, nor had the secretion of the kidneys as yet been restored. He was ordered to take the usual dose of Arsenic every hour.—Nine P.M. The bowels were moved once at three P.M., the evacuations being scanty, and of increased consistence. Has vomited twice, but has experienced no return whatever of cramps. Skin warm; no secretion of urine; pulse 100, larger. To take three drops of the Arsenical solution every third hour.

“Sept. 24th.—Nine A.M. Neither, purging, vomiting, nor cramps since last visit. Skin hot; face flushed; thirst; pulse 96 per minute, full and strong; passed half an ounce of urine at six this morning for the first time since the commencement of the attack. To discontinue the further use of Arsenic, and to take a mixture consisting of the acetate of Ammonia, potassio-tartrate of Antimony, spirit of nitrous ether, and water.

“25th.—Quite well.

“*Remarks.*—This case presented, in the time of its occurrence and the manifestation of its symptoms, all the characteristics of a malignant attack; yet five drops of the Arsenical solution completely allayed the cramps, and fifteen the purging, whilst a few more doses placed the patient in perfect safety. Confident of the power of my remedy to control the disease, notwithstanding the extreme degree in which the case was when first I saw it, I neither ordered friction to be observed, nor the application of external heat to the body; nor did I administer or cause to be administered, a single drop of any stimulant whatever. On the contrary, the door of the house was allowed to remain open, and a cold draught of air to play upon my patient, whose only drink consisted of a moderate supply of cold water. These apparent disadvantages I purposely incurred in order to test, as far as possible, the curative power of the Arsenic. How well it answered my expectations, the easy, rapid, and complete recovery of the case amply testifies.”

As if to show that there should be no doubt as to the principle Dr. Black acknowledges as coming into play in this treatment of cholera, he italicizes the passages that refer to the specific action of his remedy as plentifully as a young lady underlines what she considers the emphatic parts of her notes. The dose of Arsenic he prescribes is

not much larger than would be given by a homœopathist—gtt. v. of the Arsenical solution of the Pharmacopœia contains 1-24th of a grain of Arsenic. Our 1st centesimal dilution is stronger than the liquor Arsenicalis. And doubtless the combination with potass of the officinal preparation renders the Arsenic still less active. So that on the whole we may say Dr. Black's usual dose of five drops was about equivalent to two or three drops of our first dilution, not at all an unusual dose for homœopathists to give.

In the *Lancet* of December 12th, appears another letter from friend Hitchman. It seems wonderful that if the *Lancet* was so obtuse as not to perceive Dr. Hitchman's homœopathic "tenets and tendencies" in his first letter, that some more sharp-witted correspondent had not pointed them out to the editor. But still more wonderful is it that this second letter of Dr. Hitchman's should have been admitted at all. In the first place, it is very long (three columns); in the second, it is throughout laudatory of homœopathy, giving the peculiarities of Hahnemann's system in Hahnemann's own words; in the third place, it is commendatory of small doses; and in the fourth place, the author plainly implies that he employs homœopathic treatment. How could the following sentence escape the censor of the *Lancet*?

"When the entire action of a medicinal substance will correspond with the consecutive phenomena of natural disease, then, and only then, I assume the drug to be a true remedial agent in the individual case; then, permit me to add, sir, it will effect a speedy, safe, and permanent cure, provided such a result be at all possible. There must, no doubt, be some limit to the attenuation of medicines, some degree of dilution, at which their power of acting ceases altogether; nevertheless, there is no human being entitled to say *where* that power ends, or *what degree* of attenuation of any medicine deprives it utterly of all therapeutic or curative influence."

We wish we could give the whole letter, but its length precludes our doing so. Nor do we so much regret this, for Dr. Hitchman's matter is more suitable for the readers of the *Lancet* than it would be for ours.

In the same number of the *Lancet* appears a letter from Mr. Whiting, of King's Lynn, a homœopathist, or at all events, a crypto-homœopathist. He asserts that he has used arsenic in cholera for some years, with great success, and he believes it has been so used by a great number of medical men. He hints that other specifics, for

other diseases, may easily be found if looked for. We suppose he has a very good idea where to look for these specifics.

Dr. Black, in the *Lancet* of the 19th December, asserts, in answer to the enquiries of correspondents, that he is the real original patron of arsenic for cholera, and asks, if he is not, who is? Dr. Black announces that he is a fellow of the Imperial Society of Physicians of Vienna. In order to obtain this title, he must have visited Vienna, and while in that city, which has three homœopathic hospitals, he could hardly have failed to hear of the homœopathic treatment of cholera by arsenic; so we have no hesitation in asserting that we are sure Dr. Black knows perfectly well that he is not the originator of the treatment of cholera by arsenic, and further, that he knows that arsenic has long been used for cholera with success by homœopaths. Such, indeed, is the obvious homœopathicity of arsenic to cholera, that it struck Hufeland long ago. Before the cholera appeared in Europe, Hufeland said, "if there is any truth in homœopathy, arsenic should be the remedy for cholera." The result has shewn how well he appreciated the homœopathic principle, and how true this principle is.

Thus far has the conversion to homœopathy of the *Lancet* progressed up to the time of our going to press. We trust in our next number to be able to report a still further advance. If our contemporary goes on as it has begun, it will soon be out-and-out homœopathic. In that case, it is evident that its present title, derived from a phlebotomizing instrument, will be quite a misnomer, and it should select another more appropriate to its altered complexion. We remember it was long ago dreadfully scandalized by Mr. Kingdon asserting, that in consequence of the wonderful powers of the homœopathic Aconite in inflammation, it was not improbable that our lancets would ere long be left to rust in their cases. So we think that it might, without dropping the old name, which is connected with so many years of fame and prosperity, indicate its altered views by assuming the style and title of *The Rusty Lancet*.

The Homœopathic Conference.

At a meeting of a small number of homœopaths held at Birmingham on the 16th of October, in lieu of the usual Homœopathic Congress, those present taking into consideration the imperfect acquaintance with the homœopathic materia medica possessed by the great body of homœopathic practitioners, and the fact that there is

not one homœopathist in this country, or probably, elsewhere, who is master of the homœopathic materia medica as it is at present, while only one well tried medicine has been contributed to the common stock by British homœopathists, resolved to form themselves into "an association for promoting a better knowledge of medicinal substances." Each member is to be at liberty to choose any medicine, or class of medicines, and any disease, or class of diseases, for observation.

The members are to meet again at Birmingham on the 12th of August, 1858, to compare the results of the studies made by the different members. The association will then be regularly constituted with a president, secretary, and committee of management for the ensuing year. Dr. Fearon was requested to act as secretary for the Midland Counties until the next meeting of the association, and Dr. Hayle, of Newcastle, has since consented to act as secretary for the north of England. Should any homœopathists wish to join the association, they are requested to communicate their intention to either of the secretaries. As this association is quite unconnected with any party, and is instituted purely for scientific purposes, it is hoped that homœopathists in different parts of the country will join it, as the wider the field of observation the more valuable will be the results. Should a number of members come forward, it is proposed to divide the country into several districts, with a secretary for each district, as a means of communication between the different members, the central secretary bringing the different secretaries into communication one with another.

The Homœopathic Congress.

The answers to the circulars respecting the holding of the Annual Homœopathic Congress having been nearly unanimous in recommending its postponement for another year, it has been accordingly postponed until 1858. It will then be held at Birmingham, the 13th of August, the day succeeding the meeting of the above-mentioned association. This will afford to homœopathists an opportunity of being present at both meetings, and of considering what course will be best to be taken in future with regard to the Congress. It is requested that any homœopathist who may wish to read a paper at the ensuing Congress, will forward, at an early date, a notification of the subject of the paper to Dr. Fearon, Mr. Parsons, or Mr. Lawrence; also any suggestions he may wish to make touching the Congress.

On Conoin. By Dr. Schroff (Wochenblatt der Zeitschr. der K. K. Gesellsch. der Aerzte zu Wien, No. 2 and seq. 1856.

Twenty-seven experiments were made with conoin upon the human subject, three medical gentlemen having each submitted to nine. The doses were varied from 0·003 grammes to 0·085 grammes. The last and strongest dose which was taken corresponded to two drops of newly prepared conoin taken out of a bottle opened for the first time. Dr. Schroff has found, by observations on rabbits, that exposure to the air weakens the operation of the alkaloid. This dose was dissolved in 30 drops of alcohol. The following account of the symptoms produced embraces those which resulted from the operation of smaller quantities. A very sharp taste, strong burning in the mouth, sense of scraping in the throat, salivation, the epithelium of the tongue was removed in spots, the papillæ were strongly prominent, and the organ lost sensibility, and was as if paralysed.

In about three minutes the head and face became very warm, accompanied by a sense of fulness, weight, and pressure in the head (symptoms which were not produced by the smaller doses). These head symptoms reached a high degree of intensity; became associated with giddiness, inability to think, or to fix the attention on one subject, with sleepiness, great general discomfort, and malaise (Katzenjammer), which, in a less degree, lasted till next day. The vision was indistinct, objects floating together, and the pupil was dilated; the hearing was obtuse, as if the ears were stopped with cotton; the sense of touch was indistinct, and there was a feeling of formication, and as if the skin were covered with fur; general weakness and prostration, so that the head was with difficulty kept erect; the upper extremities could only be moved with the exertion of much effort, and, on account of the weakness of the lower extremities, the walk was very uncertain and tottering. Even the next day the weakness of the extremities continued, slight trembling being induced by much movement. While going home, the muscular debility was especially great, the walk consisting rather of a throwing forward of the body, so as to bring the muscular action into as little use as possible. On stepping, and when at home, on pulling off the boots, cramps in the calves of the legs occurred, as well as in other groups of muscles when they were called into action, as, for instance, in the balls of the thumbs when the thumbs were closely bent. This symptom was constantly observed in two of the experimenters when

the dose was at least one drop. Under strong effort to move, pain in the muscles and legs occurred. Fresh air diminished the giddiness and fulness in the head, but in one of the experimenters occasioned temporary pain in the course of the supra orbitalis and cutaneous malar nerves. Eructations, abdominal rumbling and distension, nausea, even efforts at vomiting, took place. Sometimes there was a tendency to diarrhœa. No effect was produced upon the urine.

In all the cases there was dampness of the ends of the fingers, and after large doses, the hands were absolutely moist. The countenance was sunken and pale; the hands were cold and blue. After the larger doses, the pulse commonly increased in frequency to the extent of a few beats, but subsequently it always lessened; yet this diminution did not bear that relation to the extent of the dose as when aconite was given. Respiration was often yawning, but otherwise no constant anomaly presented itself. The sleep was good, and mostly very sound.

The University of London and Homœopathy.

In the *Medical Times and Gazette* of the 28th November last, we read as follows:

“At the last examination for the degree of M.B. of the University of London, all the candidates passed with but one exception. This was a gentleman known to be openly professing and practising homœopathy, and who is said to have given answers in his oral examination, as to the doses of medicines, which rendered it quite impossible for any examiner to allow him to appear before the public with a degree of the University of London. The case will probably lead to some discussion, but it is quite clear that a man who gives any medicines in doses of the decillionth of a grain, should not ape the title and honours of a physician, but should rest content with the dignified character of homœopathist.”

We have enquired into the circumstances which have given rise to this spiteful paragraph, and find that the facts of the case are not exactly as there stated. The candidate was rejected not nominally on account of his profession of homœopathy, but in consequence of some erroneous answers he gave during his examination, which would apparently justify the examiners in rejecting him, independently of his medical creed. Such being the nominal ground of his rejection, we are precluded from proceeding in this case, as though it were a

party grievance, and a declaration by the authorities of the University that they are prepared to reject all candidates who believe in the homœopathic therapeutic law. Still, from what we have learned regarding the mode in which the examination of our colleague was conducted, we are justified in thinking that an animus against homœopathy was the remote cause of his rejection. One of the examiners behaved in a most unjustifiable manner. After entrapping the candidate, by means of catch-questions, into an acknowledgment of his homœopathic tendencies, he seems to have forgotten altogether his judicial character, and to have assumed that of a combatant, and entered upon a most undignified discussion with the candidate, whom he badgered and bullied out of his self-possession, until the latter made some mistakes, which were eagerly caught at as a pretext for rejection. If it really be the intention of the examiners to reject all who are suspected of or acknowledge a belief in homœopathy, we would remind them that the University of London was not founded by the public for the purpose of stereotyping the art and science of medicine as it stood in the generation of its founders, and that the public will not stand patiently by and see candidates rejected for conscientiously preferring a system of treatment which reason and experience pronounce to be better than that they were taught at the schools. Nor will the public suffer that any body of examiners take on themselves to decide on matters of belief and observation, which they have taken no pains to investigate. The business of examiners is to see that the candidates know what they themselves are competent to teach. Possessing this knowledge, candidates may easily be left to judge for themselves if a branch of knowledge or a method of treatment not taught by their official teachers, be or be not an improvement on that they have learned at the schools. While examiners are bound to reject ignorant candidates, they are equally bound to receive candidates who have a good knowledge of the subjects taught at the schools, and if they possess knowledge over and above this, they are all the more worthy of being received.

On the Influence of Liquor Potassæ and other Alkalies and Animal Charcoal. On the Therapeutic Properties of Henbane, Belladonna, and Stramonium.

The author first alluded to the frequent exhibition of henbane with liquor potassæ, and brought forward many proofs that such combina-

tions were often administered. He also stated that the like mixtures were recommended by both medical and surgical authors. Dr. Garrod then proceeded to detail experiments, which demonstrated beyond doubt that the active principle of henbane was destroyed by liquor potassæ and other caustic alkalies; and that such a combination was inert, both when topically applied, (as evidenced by the absence of power in causing dilatation of the pupil of the eye,) and also when internally administered. Similar observations were next detailed upon the preparations of Stramonium and Belladonna, and the results were found to be the same. It was, however, shown that the carbonates and bicarbonates of the alkalies were devoid of the property of destroying the activity of the plants. In some of Dr. Garrod's experiments as much as a drachm of the extract of henbane, and an ounce and a half of the tincture were administered in combination with potash, without the production of the slightest symptom.

The results arrived at in the communication may be thus summed up:—

1st. Caustic alkalies, such as exist in liquor potassæ or liquor sodæ, entirely destroy the activity of henbane, preventing its action on the pupil when topically applied, and its influence upon the system when internally administered; and, combined with a proper amount of these alkalies, the largest doses of the preparations of henbane may be given without the production of any symptoms.

2ndly. The same influence is exerted by the fixed caustic alkalies upon belladonna and stramonium.

3rdly. The carbonates and bicarbonates of potash and soda produce no injurious effects upon the preparations of any of the three above-named plants.

The deductions naturally to be drawn from these results are:—

a. That neither liquor potassæ nor any caustic fixed alkali should be prescribed with tincture or extract of henbane, as the virtues of the latter drug are thereby completely neutralized.

b. That when it is desirable to administer an alkaline remedy with henbane, either a carbonate or bicarbonate should be selected, which would probably be equally efficacious upon the stomach, if such influence be required, and certainly as efficient in altering the condition of the urine, and the mucous membrane of the urinary passages.

c. That the same precautions should be observed with regard to belladonna and stramonium, if at any time prescribed in conjunction with alkalies.

The President observed it was a very common prescription that of henbane with liquor potassæ, and medical men had often been disappointed with the result. The communication of Dr. Garrod only showed how deceptive was our knowledge of the properties of drugs.

Mr. Curling said Dr. Garrod had so completely exhausted the subject that there was very little room left to discuss any points connected with it, except to make the humiliating confession, as he did, that these drugs had been prescribed in an unscientific manner. He must express his obligations to Dr. Garrod for pointing out so important an error. In cases where he had observed the failure of henbane, he felt it was due to the fault in the mode in which he had prescribed it.

The President would like to ask whether, in the opinion of the author of the paper, the caustic alkalies were an antidote to the poisons under discussion. He had himself very nearly poisoned a patient with stramonium, and he had witnessed a patient very nearly destroyed by belladonna. From the statement made by Dr. Garrod, it appeared that it took two hours before the narcotic influence of these poisons was destroyed by the caustic alkalies. He should like to hear whether, in the opinion of Dr. Garrod, by adding a larger quantity of caustic alkali, its destructive effects upon the poison would be more rapid; whether in the case of poisoning by henbane and belladonna it would be safe to give caustic alkali as a remedy.

Dr. Garrod did not think caustic alkali could be introduced as an antidote, because it would require alkali of such a powerful character, or in such large quantities, that it would be injurious to the coats of the stomach. He had no doubt that the destructive action of the alkali commenced at the moment it was mixed, but in order to effect complete neutralisation a larger quantity would be required than it would be safe to administer. He could, however, communicate to the Society an antidote for henbane, belladonna, or stramonium, which was perfectly efficacious. It had been used on his own person a year and a half ago. It was animal charcoal. If we took a solution of any of these poisons, and added but a small amount of animal charcoal, the effect on the system was entirely destroyed. It required only a few grains of animal charcoal to destroy completely, or rather neutralize and render of no avail belladonna. The same applied in a greater degree to stramonium and henbane, which were weaker than belladonna. About a year and a half ago he took by accident twelve grains of the dried leaf of the belladonna, and a gentleman, a

patient of his, took about a quarter of an ounce of dried belladonna. To both of them animal charcoal was administered, although almost too late. Both of them recovered, the gentleman who took the quarter of an ounce, completely. He was perfectly certain that if animal charcoal could be administered when these vegetable poisons had been taken, it would prove completely efficacious. Of course it was necessary that the antidote should be administered before the poison was absorbed into the system. If it had passed out of the stomach into the system, of course no antidote would have any effect. He could detail an experiment which he had tried more than once. He had given a dog a dose of aconite, and he had given to a second dog thirty or forty times that dose, combined, however, with a small amount of animal charcoal. The first dog died, but the dog to which the animal charcoal was administered experienced no ill effects. He was perfectly convinced that animal charcoal was the most powerful antidote—better than any of the alkalies, because, in the first place, the alkalies required time, and, in the second place, they had to be given in large quantities, and, of course would be liable to injure the mucous membrane of the stomach and the intestines. It was not necessary to have purified animal charcoal, common bone black would be sufficient.

Dr. E. Smith would like to know in what mode Dr. Garrod conceived the animal charcoal to act, and why vegetable charcoal would not answer as well.

Dr. Barclay would be glad if Dr. Garrod would give any information as to the action of the liquor potassæ upon the henbane, etc.

Dr. Garrod, in answer to Dr. Smith, said he was perfectly ignorant as to the mode of action of animal charcoal upon the poisons, nor could he explain why vegetable charcoal would not answer as well; but the fact was this, if they took a certain quantity of vegetable charcoal, and added it to a solution of henbane, stramonium, or belladonna, it produced no influence upon the solution. The solution, if applied to the eye, continued to dilate the pupil. It was known that animal charcoal had an immense absorbing power compared with vegetable charcoal. It might arise from the physical condition of the charcoal; but the fact that animal charcoal possessed this property, which vegetable charcoal did not, could be easily ascertained. If they took quinine or morphia, vegetable charcoal did not act upon it; animal charcoal neutralised it. With regard to Dr. Barclay's question, he was also unable to give an answer.

Dr. Marcet said there was a circumstance much in favour of the view given with regard to animal charcoal destroying the effects of vegetable alkaloids, and that was that strychnine could be taken up by animal charcoal. The charcoal was used for the purpose of detecting very minute portions of strychnine in beer. It was known that the effect of a poison was annulled when it was rendered insoluble. Experiments made by Dr. Hoffmann showed that animal charcoal rendered the poison insoluble, and prevented its being absorbed when steeped in aqueous matter.

Dr. Ridge made some observations upon the proportions in which narcotics should be used, combined with alkalies, to act as a sedative upon the human system.

Dr. Garrod would ask whether any gentleman present could positively say that he had derived any advantage from the supposed sedative influence of henbane combined with caustic alkalies. He had asked many practitioners this question, and found they, like himself, had often been disappointed with the prescriptions.

Mr. A. Ure said he had often prescribed henbane with liquor potassæ. He now, however, regarded the benefit resulting as rather the effect of the alkali than the henbane.—*Report of Royal Medical and Chirurgical Society in the Medical Times and Gazette*, December 5th, 1857.

Case of poisoning by the root of the Hyoscyamus Niger.

The root of the henbane has some resemblance to that of the parsnip: and poisoning with it may the more easily occur, if it is used before or after the completion of its growth, when it is very fleshy, has a sweet taste, and contains a large amount of narcotic principle.

At the beginning of May, 1855, the henbane in Sweden had not begun to put forth its leaves and at this time the following cases of poisoning by its use came under the notice of Hr. Sondahl:—

Late in the evening of May 6th he was called to a day labourer's family, who at midday had partaken of a quantity of soup made from some roots taken from their garden. The woman of the house, aged thirty-nine, had taken about a pint of the soup, and had eaten some of the root; her son, aged four years and a half, had drunk about the same quantity of soup, but had eaten none of the root; and an old widow, aged sixty-nine, who resided in the house, had

taken an entire soup-plateful both of the liquid and solid constituents of the soup.

In about half-an-hour the woman of the house was seized with giddiness, a feeling of weight over the eyes, and headache. She soon afterwards felt weak in her legs, and the people with her in the room seemed to assume grotesque appearances. The old woman had also the same symptoms. The latter fell in attempting to go to her bed, but was able to rise and reach the bed. In a short time the boy began to complain of being unwell; he was very restless, and joined the women in laughter.

This state of ridiculous excitement lasted in each of the patients about half-an-hour, and was succeeded by noisy and then by quiet delirium. In the old woman and the boy the symptoms appeared to increase; in the woman of the house some amount of intelligence returned, so that she was able to send for her husband.

Hr. Sondahl found the old woman sitting in a corner of the room, muttering to herself, and rocking her body to and fro; now catching at the air, or at some imaginary appearance, then pulling about the bed clothes, and answering questions either not at all or incorrectly. The pupils were widely dilated and immoveable.

The patient complained of intolerance of light, and shaded her eyes with her hands, not by closing the lids. In all three, especially the boy, the eyes, which were rather staring, appeared larger than usual. The cutaneous sensibility was not diminished in the old woman; the power also, with the exception of the weakness in the legs, and the constant rocking of the body, seemed unaltered, and there were no twitchings or other signs of convulsions.

The circulation was somewhat quickened; the pulse was 100, tolerably full, but weak and equal. The respiratory and abdominal organs presented nothing unusual; but she afterwards said that her mouth felt thick, and that she had a disagreeable taste in it.

The boy was throwing himself about in bed, was incessantly screaming, and occasionally rubbed his hot head with both hands. At intervals he had twitchings in his arms and legs; the fingers were alternately extended and contracted. He momentarily looked about restlessly with staring eyes. The pupil of the left eye was much dilated, and was insensible of the influence of light, but there was no photophobia; in the right eye, the iris was adherent to the cornea, in consequence of previous inflammation. The state of the cutaneous sensibility could not be ascertained with certainty. The respiration was unequal, stertorous, generally with simultaneous twitchings of the limbs. The pulse was not hard, but frequent (144), partly in consequence of the violent movements. Nothing abnormal was observed in the digestive organs.

The woman of the house was walking about in her room, but somewhat unsteadily. Generally she answered questions rationally, but sometimes was a little confused. She complained of violent headache, especially over the eyes. She sometimes saw stars and

sparks before her eyes, and had peculiar illusions. All white objects appeared to her surrounded by rings or borders, in which yellow predominated. If she looked into a cup the edges appeared yellow, but the interior seemed as if there were small animals moving in it. The pupils were much dilated, but they contracted under the influence of light, though more slowly than usual.

She complained of some noise in the ears and had no inclination to sleep, nor had either of the other patients. The cutaneous sensibility was unchanged, and the gait was insecure, but the patient had perfect command over her limbs.

The pulse was from eighty to ninety. The patient complained of a loathsome bitter taste in her mouth, but could swallow well. Her lips, tongue and mouth appeared thick. She felt no thirst, nor any burning nor pain in her mouth.

The old woman vomited after taking five grains of sulphate of Copper, followed in ten minutes by ten grains of sulphate of Zinc. The vomited matters contained half-digested portions of the root. When the vomiting had ceased, she took a table-spoonful of an aqueous solution of Tannin, and half a cup of strong coffee. The boy, after a dose of four grains of sulphate of Copper, vomited a quantity of fluid matter, but none of the root. He afterwards had some spoonfuls of the solution of Tannin, and a large quantity of strong coffee, and cold lotion applied to his head. The woman of the house took coffee alone.

During the hour and half that Hr. Sondahl remained with the patients, their state had so far improved that the screaming and tossing about were less violent. On the following morning the old woman was found asleep; she was easily awakened, and answered questions rationally, but soon fell asleep again. The boy had not slept, but had been tranquil, and said he was quite well; at times he still had twitchings, especially in the legs, and looked rather confused.

The woman of the house had not slept, and had vomited copiously after drinking coffee. She complained only of slight pain in the head, and the pupils were moveable, but still somewhat dilated; she at intervals had *muscæ volitantes*, and objects appeared to be strongly illuminated, and to have coloured edges.

At mid-day all the patients were quite convalescent.

Hr. Sondahl compares these cases with others related by Schilizzi, and also with one described in the eighth volume of the "*Hygiea*," which ended fatally. The principal symptoms in all were the same.—*Hygiea*, Band xvii, and *Schmidt's Jahrbücher*, Jahrgang, 1857, No. 7. *Brit. and For. Med. Chir. Rev.*, Oct., 1857, p. 524.

Hamamelis Virginica. Arranged by Dr. Thomas.

ANTIDOTES.—*Camphor*, *Arnica*, and *China*.

RANGE OF ACTION.—Hæmorrhages from all mucous membranes.

Hæmorrhages with asthenia or anemia. Diseases of the veins; inflammations of the veins; varices; hæmorrhoids; circocele; varicocele; evil effects from loss of blood. Carbuncles, boils, abscesses, and injuries resulting from falls. Dr. Hering considers *Hamamelis* to act as a union of *Aconite* and *Arnica*.

EYES.—°Painful inflammations of the eyes; °excessive congestion of the conjunctiva.

NOSE.—*Bleeding at the nose. Bleeding of the nose, accompanied by a feeling of tightness of the bridge of the nose, and a considerable crowding pressure in the forehead between the eyes, with a benumbed sensation over the whole forehead.

STOMACH.—°Painful bloody vomitings; *hæmatemesis..

ABDOMEN.—°Varicose veins.

ANUS.—°Loss of dark blood by stool in typhoid fever. °Bleeding and painful piles. °Piles characterised by burning, soreness, fulness, and at times rawness of the seat; weakness or weariness in the back, or feeling as though the back would "break off." °Piles with profuse hæmorrhage.

URINE.—°Bloody urine.

MALE SEXUAL ORGANS.—°Circocele and °varicocele.

FEMALE SEXUAL ORGANS.—*Hæmorrhage of bright red blood from the uterus. °Milk leg, with swelling of the left labium, groin and thigh; difficulty of moving the leg; painful but benumbed sensation of the limb; the swelling white and opaque, extended downwards, and in three days occupied the whole of the left leg. °Milk leg, with swelling commencing in the ankle, with difficult motion of the limb from stiffness and pain in the left hip. °Leucorrhœa. *Active uterine hæmorrhage; *passive uterine hæmorrhage. °Uterine disturbance and tenderness, with retention of urine, tumefaction of os uteri, and diffused agonised soreness over the whole abdomen, after a violent blow on the ovarian region.

LARYNX AND TRACHEA.—°Cough and hæmoptysis, with taste as of sulphur in the mouth, and dull frontal headache. °Tickling cough, with taste as of blood in the mouth on awaking. *Hæmoptysis.

CHEST.—°Return of inflammation of the diaphragm, with the following symptoms: laboured respiration, oppressive tightness of the lower part of the thorax; inability to make a deep and full inspiration; when attempting to assume the recumbent posture breathing impossible; a crowding fulness in the neck and head, and sensation of suffocation so as to prevent him lying down; unable to make a deep inspiration when standing up.

LOWER EXTREMITIES.—°Varicose ulcers, °varicose veins; °milk leg; °inflammation of the femoral vein, with erysipelatous spot near the groin and over the vein, spreading over nearly one half of the thigh with flexure of the leg; swelling of the entire leg and foot with tension; heat and pale appearance of the limb, and scanty urine stiffening the linen; tympanitis and œdema of the whole body, limbs and face. Inflammations of the veins of the lower extremities.

SKIN.—°Purpura hæmorrhagica with epistaxis and congestion of the conjunctiva. °Carbuncles and boils.

PARTICULAR INDICATIONS.—The pains are often unbearable, with great sensitiveness to the touch, and fear of the sufferer moving to any person or thing.

EXTERNAL APPLICATIONS OF HAMAMELIS IN VARICOSE VEINS ON THE LEG.—The limb is to be bandaged tightly from the arch of the foot to a little above the knee, or to the hips if the varices are above the knee, (the best bandage is an *elastic silk stocking*,) under this compresses of linen are laid over the dilated veins, and kept wet with a lotion, made by adding one teaspoonful of *hamamelis* ϕ to four teaspoonfuls of water.

HÆMORRHOIDS.—Where it becomes necessary to use external treatment, a piece of linen may be saturated with a lotion of *hamamelis* (made as described above) applied to the anus—and kept there by means of any light bandage.

CIRCOCELE AND VARICOCELE.—May be treated in the same manner as directed in the external treatment for hæmorrhoids.

Walnut Leaves in Malignant Pustule.

The great event of the past week is the discussion at the Academy of Medicine upon the treatment of the malignant pustule. Professor Nélaton announced that one of his former pupils, M. Raphaël, had treated with success four cases of this dreadful disease. A few years ago a M. Pomayrol, who practises medicine at Perpignan, made known that the simple application of walnut-leaves on the malignant pustule was sufficient to cure it, and had proved successful in forty cases. M. Raphaël, in a letter to Professor Nélaton, says he previously did not believe in the wonderful influence of these leaves; but, that having been called to see a patient, whose whole face was swollen in consequence of malignant pustules on the eyelid and the cheek, on one side, he thought it was too late to apply the actual cautery, and he resolved to try the walnut-leaves. The next day he found the patient much better, and in a few days the cure was complete. In three other cases he has had the same success. Professor Nélaton expresses much confidence in the learning and the veracity of M. Raphaël, and he states that this physician resides in a country town in a part of France where the malignant pustule is frequent, and that therefore M. R. is accustomed to see cases of this affection, and can hardly have made a mistake concerning the diagnosis. It has been objected that M. R. has met with one of those cases of malignant pustules which are cured either spontaneously, as M. Bourgeois has recorded one, or which may be cured by a simple crucial incision, as the one mentioned by M. Van Swaggenhoven. But, says Professor N., in admitting the possibility of such cases, can any one imagine that four times out of four cases the same thing will occur?

M. Robert objects that the symptoms mentioned by M. Raphaël are not exactly those of malignant pustule. He points out, besides the well-known characters of this inoculated affection, the existence of an inflammation of all the lymphatic vessels in communication with the part where the pustule exists. In the first case of M. Raphaël there is no mention of this symptom, or of some others which are more generally known. He says that, whatever may be said of the importance of the application of the walnut-leaves, he would not hesitate to apply the actual cautery, which is not painful, and is a specific remedy, when used early and energetically enough.

Professor Nélaton answers, that among the physical characters mentioned by M. Robert some, and particularly the central eschar, are not essential. When the malignant pustule is on the eyelids, this eschar does not exist. He adds, that if he had a case of malignant pustule, he would at first apply the walnut-leaves, and if after five or six hours there was any progress of the disease, he would then apply the actual cautery.

M. Renault says that the absorption of the virus is so rapid, that it would not be prudent to wait; and that physicians who would like to try the walnut-leaves should apply the actual cautery before making use of these leaves.—*Medical Times*, October 24, 1857.

BOOKS RECEIVED.

Guernsey's Homœopathic Domestic Practice, edited by H. THOMAS, M.D. Manchester, Turner, 1857.

Rules and Examples for the Study of Pharmacodynamics, by Dr. HIRSCHFEL, translated by THOMAS HAYLE, M.D. Manchester, Turner, 1857.

Revue Internationale de la Doctrine Homœopathique, vol. II., 1, 2, 3. Bruxelles.

The Monthly Homœopathic Review.

Journal de la Société Gallicane.

Anales de la Medicina Homeopática. Madrid, vol. VI., No. 9.

Homœopathy, etc., by F. R. HÖRNER, M.D., 3rd edition.

De la Vulgarisation de l'Homœopathie, par le Dr. BRON. Bruxelles, 1857.

Homœopathy and the Russian War, by D. M'C. REED, M.D. London, 1857.

NOTE—In the *Allg. hom. Zeitung*, vol. liv., p. 103, there is an article by the editor Dr. Meyer, strongly animadverting on the treatment pursued by Dr. Black in some cases detailed by him, in a recent No. of this Journal. Dr. Meyer has entirely misunderstood Dr. Black's prescriptions, which merely directed that the medicine when repeated should be given in a different potency, a procedure which has the sanction and recommendation of Hahnemann himself. Dr. Meyer also accuses us of dishonourable conduct in transferring articles from his journal without acknowledgment. It is true that by some inadvertence on our part or omission by the printer, the source of Drs. Kafka's and Lederer's brief papers in Vol. XV was unintentionally omitted, but we think it would be more befitting the courtesy due from one Editor to another, to call attention to the omission, than at once to throw out insinuations of the character alluded to.—EDITORS.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

HUFELAND ON HOMŒOPATHY.

HUFELAND'S Essay on Homœopathy, which created a great sensation in Germany at the time of its publication, especially among the adherents of the old-school, has, as far as we know, never been translated.

It may seem at first rather a useless labour to publish an essay written upon—we cannot say against—homœopathy nearly thirty years ago, and we feel therefore bound to say a few words in explanation of its appearance in our pages at the present time.

At the date of its publication Hufeland was universally looked up to, and indeed lovingly designated by his countrymen as the "Nestor of Medicine," an appellation indicative of the high esteem they had for his calm matured wisdom, and his freedom from passion and prejudice. It would be interesting at any time to know the deliberate opinion of such a man with respect to our system, but more especially interesting is it at the present moment when we are deluged with such a mass of crude denunciations of homœopathy by men who have not taken the trouble to enquire into what our system really is. An instance of this utter ignorance of the subject was displayed a short time ago by the *Lancet*, which published in the same number the usual tirades against homœopathy and an account of the thoroughly homœopathic treatment of cholera by arsenic by Dr. Black of Chesterfield. Evidently the thing it abused as homœopathy was something quite different from the reality, for when homœo-

pathy was offered to it by Drs. Black and Hitchman, it completely failed to recognize it.

This work of Hufeland's forms a striking contrast to the misrepresentations of the Woods, the Simpsons, the Bushnans, the Coxes, et hoc genus omne, who have honoured us with their attentions and abuse. In spirit the only work of our adversaries that comes near it is the article by Sir John Forbes in the *Medical Review* of twelve years back. Sir John's maturer deliberations, as seen in his *Nature and Art*, display a totally different spirit. Here he manifests an acrimony and intemperance of language when speaking of homœopathy, that look as if he repented of having on the former occasion approached the subject in something like an impartial and liberal manner.

Not so did Hufeland behave. He had previously published an article on homœopathy, which gave rise to a good deal of opposition, and, as he informs us in this essay, he was accused of being a partisan of homœopathy. So far however was he from being intimidated into a recantation of his former admissions by the clamour with which he was assailed, that he deliberately repeats in 1830 what he had said in 1826, and enforces in a separate publication the views he had formerly promulgated in the more ephemeral form of a journal article.

It is hardly necessary that we should refute the erroneous views respecting homœopathy that are to be found even in this carefully written essay by the impartial Hufeland. The mistake he makes respecting the symptomatic treatment of homœopathy is pardonable in one who had not studied the subject with a view to practice, and its effects are neutralized by the admission further on, that homœopathsists *now* pay attention to physiology, pathology, and the indications to be derived from the previous history of the case. The only fault we have to find with this admission is, that it would appear from it that homœopathsists had only lately discovered the value of those aids to diagnosis and treatment, whereas their importance was insisted on by Hahnemann from the very first.

At the time Hufeland wrote homœopathsists were certainly open to the charge of waiting an unconscionably long time the effects of one dose of medicine, but this is a fault that can be imputed to few now-a-days, and Hahnemann himself completely

altered his views on the subject latterly, as may be seen in the last edition of the *Chronic Diseases*, where he advises frequent repetition of the medicine even in the most chronic cases. The practice of waiting weeks and months after a dose of medicine without administering any further dose, is confined to a few unpractical *dilettanti*, who call themselves pure Hahnemannists, but whose purity consists in obstinately clinging to every error and wild speculation of Hahnemann, and that long after its abandonment and disavowal by the author himself.

Hufeland's grave denunciation of and solemn appeal to those who refrain from bleeding in pneumonia, apoplexy, and acute inflammations, has altogether a ludicrous aspect in these days, when illustrious members of his own party denounce that very practice which he seems to have thought so undoubtedly excellent, and prove statistically that it is fraught with the direst consequences.

No homœopathist entitled to the slightest respect ever denied that there are some cases in which it is necessary to have recourse to non-homœopathic remedies, but as we improve in our knowledge of homœopathy, we find that the number of diseases requiring such exceptional treatment becomes ever smaller, and is always quite insignificant in comparison with those which readily yield to homœopathic treatment.

The reader will not fail to notice that Hufeland never alludes to the infinitesimal dose as an objection to homœopathy, and yet this is precisely the point which has been most furiously assailed by our unphilosophical opponents in this country. He moreover commends Hahnemann's theory of chronic diseases, which has, at the hands of others, come in for a large share of ignorant abuse.

HOMŒOPATHY,

BY C. W. HUFELAND.

THE author has been completely misapprehended on the subject of homœopathy. It is, by the way, no uncommon thing in Germany to be misunderstood, but the author is surprised that

such should have been his fate, as he imagined he had expressed himself distinctly enough. From many remarks that he has read and heard, he is forced to the conclusion that by many he is looked upon as nothing less than a follower and champion of homœopathy. Such is far from being the case, and this must be evident to any one who has attentively read what he has published on the subject.

This misapprehension, however, compels him to state openly his position in respect to homœopathy, and to mention what led him to take public notice of it.

The first thing that induced me was that I considered it wrong and unworthy of science to treat the new doctrine with ridicule and contempt. It is in my nature to lend a helping hand to the persecuted. Persecution and tyranny in scientific matters are especially repugnant to me; here we should meet with only liberty of thought, thorough investigation, rational refutation, mutual respect, and rigid adherence to the subject, but no personalities.

In addition, there was the esteem which for many years I have entertained for the discoverer, and which I owed him for his former writings and his important services to the medical art; and besides, the names of several estimable and unprejudiced men who testified to the truth of the system; I need only allude to the President Von Wolf of Warsaw, the Medical Councillor Rau of Giessen, and the Medical Councillor Widmann of Munich.

In the course of time I myself had opportunities of observing several cases successfully treated by the employment of homœopathic remedies, which must necessarily have drawn my attention to the subject, and convinced me that it should not be contemptuously thrust aside, but that it was worthy of a careful investigation.

Added to all this were my principles and my general mode of thinking in reference to the medical art.

“Prove all things; hold fast that which is good,” is and will ever be the first commandment in all sciences, and in medicine especially. Have we not ourselves learned and made profitable use of many wholesome truths from the commonest sayings and remedies of the people, nay even from quackeries and errors?

Medicine is a science of experience; practice is a continued experiment performed upon human beings. And the experiment is not yet finished. If we have permitted the followers of Brown, and if we still allow the partisans of contra-stimulation to administer opium and all other heroic medicines in monstrously large doses—why should we refuse permission to the homœopathist to administer them in monstrously small doses?

Liberty of thought, liberty of science—that is and must ever be our chief palladium, if we desire to advance. No kind of despotism, no autocracy, no coercion in matters of belief. In scientific matters the Government itself does not interfere, neither obstructing nor favouring exclusively one opinion; for as experience has taught, both these modes of dealing with matters of science are apt to do harm to the truth. It is only experimental investigation, argument and counter-argument, continued impartial research and time that can and assuredly will in the end separate the true from the false, the useful from the useless.

There are several ways of attaining the desired end, in medicine especially.—There is a slower, more difficult, more dangerous, and there is a quicker, a more certain, or a safer way. Nay more, methods of treatment apparently diametrically opposed may bring about the same result. The cause of this is the medium through which every thing takes place in the living organism, through which also the action of medicines is produced, the internal *vis medicatrix*, the *autocracy* and *autonomy* of living nature herself. Is it not a well ascertained matter of experience that burns may be cured equally well by cold water, as by heat and heating substances? And why? Because both influences produce, through the medium of the irritability and the vital process—the one in a direct, the other in an indirect manner, the one by withdrawing irritation, the other by over-irritation—the same result, the same alteration of the vitality, namely, a diminution of the vital action. And do we not daily see one person getting rid of his catarrhal fever by means of cooling remedies, and another by heating and sudorific medicines?

Nothing is on the whole more prejudicial to our art, nothing tends more to diminish general confidence in it, than a *public*

quarrel, the public expression of a mutual depreciation of one another by its professors.—All who have the honour of the art at heart, must lament such open bickerings, and do all they can to prevent them. The public is only too much disposed to interest itself and to find amusement in them. Has it not already come to such a length that our dissensions are paraded on the stage just as in the time of Molière. And do we not feel that just as the estimation of our art in general decreases, so every one, to whatever party he may belong, loses somewhat? I willingly admit that homœopathy, or rather its founder, was the first to give occasion to this state of things, by his complete rejection of all past medicine, and by the scorn and contempt with which he treated all that was not homœopathy. Still, are we thereby justified, and does it become us to answer in similar terms, or even to surpass our opponents in vituperation and abuse?—By no means.—On the contrary it becomes truth, and is indeed the most successful mode of combating, to conduct herself with earnestness and force, but at the same time with decency and dignity. Personal insults and ill-natured banter never advance the cause of truth; they only excite angry emotions and bitter feelings, and instead of an investigation of the matter in dispute we have a personal quarrel. Of all things the most painful is, to see, as we have lately seen, the disputants having recourse to *retorts* and *recriminations*, thereby designedly displaying all defects. What advantage do we gain by shewing that deaths occur under every mode of treatment, a fact that no one doubts.

It may be permitted to an old man to look at things in a light different from that in which they are regarded by eager youth. One is placed in quite a peculiar position, when one has already lived through several ages of human life in the domain of science, and witnessed so many meteors arise, dazzle, and disappear; so many systems, each of which professed to be the sole true one, thoroughly exploded. How different does the world appear to such a one: how impressed he is with the vanity of all human things!—He learns to distinguish the real from the apparent, deception from truth, the transient, temporary, even in scientific matters, from the persistent and the eternal.—Fairness and consideration to those who think dif-

ferently from us, a keen perception of the defective nature of all human knowledge, of our own amongst the rest, freedom of thought and elevation of the mind above the prejudices of the present moment,—such are the effects of a long life devoted to science; but chief among these effects is the consolatory conviction that science will continue ever to progress, that the rock of truth will remain firmly fixed even amid the most violent storms of error, that our very mistakes will only serve to bring about a better knowledge and a wider extension of the truth.

I look upon it as one of the greatest excellencies of old age, that it makes men *free*. In old age we stand as it were half above life; a number of the former worldly aspirations, motives and hindrances no longer affect us, and our judgment is free. We neither seek nor wish to become other than we are. What we are, we are in reality, all false appearances and deception, internal as well as external, have vanished, a long and busy life has fully decided their worthlessness. But the older I become, the more I feel penetrated with the truth of the saying: *Quantum est, quod nescimus!* I perceive even more and more, how much we do not know, indeed I account it one of the greatest advances of my knowledge to recognise *what I do not know*.

One word more. I consider it due to the confidence so long accorded me by the medical profession, to the post I have occupied for forty years as teacher of a large portion of that profession, whereon I ground my hopes of finding an attentive audience—to give expression to my thoughts upon this subject, respecting which such a variety of opinion prevails.

My desire and my object are to act as intermediary between the two contending parties, to subject the matter to a calm and impartial investigation, to separate the true and good in it from the false and the worthless, to introduce a tone of moderation, fairness and decorum into the controversy.

I made a declaration to the same effect in the *Journal für praktische Heilkunde*, in the year 1826.

I endeavoured to exhibit what homœopathy was and what it performed in a practical point of view, I endeavoured to display

fairly its bad and its good points, I asserted that it could not be regarded as a universal system or principle of medicine, but only as a peculiar mode of treatment, and as such to be used rationally, that its main province was *to search for specific medicines*, in which it might be of great service, and I concluded with the words "Time will shew."

Since that time three years have elapsed. During this period a great number of trials have been made far and near, and the author has enjoyed opportunities of attentively observing many of them.

Commissions have been also appointed in Austria and Russia to ascertain the truth or falsehood of the matter. Nothing has as yet been published respecting the conclusions arrived at; these we look forward to with eagerness.

What have been the results of these long continued observations? What place does homœopathy at present occupy, what are its relations to humanity, to science, to the state? For its position with regard to these three we must always keep in view. Have the former views of the author altered in any degree, and how?—I shall here briefly state the results of my enquiries, and once more express my views clearly and unreservedly.

I.

Homœopathy must be utterly rejected *as the universal principle of the whole art of medicine*. As such, *in its first crude form it would be the grave of science and of humanity too*.

Of science. If a young man were to read the earlier writings upon Homœopathy, which contemptuously reject all previous knowledge, and the accumulated treasures of experience, and look only to the symptoms of diseases, without the least reference to their causes, to the external and internal conditions of healthy and morbid life, to anatomy, physiology and pathogenesis—could he feel the necessity and the inclination to undertake a thorough, laborious and comprehensive study of medicine? Would he not be only too glad to be able to reject all this as belonging to the effete and obsolete *allopathy*? And would he not, must he not in this way become a mere crude empiric?—Most assuredly. And most assuredly also would

the whole science of medicine, were it generally cultivated in this manner, degenerate into sheer crude empiricism.

Wherefore the old system of medicine continues to be the *rational*, in contradistinction to homœopathy, and I would therefore beg that in future, in place of employing the much too narrow, nay false designation of *allopathy*, the term *rational medicine* may always be used, in order to express the contrast of the old scientific medicine to the homœopathic; for the essential difference betwixt them consists in this that the former is *founded on reason and logical deduction* (ratio, ratiocinium), in respect to both its diagnosis and practice, whereas homœopathy is founded on a mere *search for and stringing together of the morbid symptoms*, and in this alone does it consist.—Rational medicine requires us to *think*, homœopathic only to *compare*.

And in like manner in its first crude shape it would be the *grave of patients*; for such in all ages has been, and must ever be, the effect of pure empiricism.

II.

But homœopathy is worthy of consideration and is not to be rejected, but to be made use of as a *peculiar method of treatment, subsidiary to the higher principles of rational medicine*.

This I am as firmly convinced of as I am of my first proposition, and I feel it due to the truth I honour to say so. Without entering on a consideration of how much the diet or the infinitesimal doses of the medicines may have to do with the cure—it cannot be denied, and I am perfectly convinced not only by the observations of others, but by my own experience, that homœopathy has frequently been successful, sometimes most strikingly so, and that after the fruitless employment of other powerful methods of treatment.

It is *the cure of the disease itself*, effected by means of the simple principle, *similia similibus*, the similar disease by the similar remedy, and it cannot be denied that it testifies to a deep insight into organic nature, which Hahnemann has attained, and which he has pursued and developed to its fullest extent. Highly meritorious are the labours of the homœopathists in

ascertaining more completely and establishing more carefully the effects of medicines, in distinguishing the proximate from the remote and the secondary action. We are already indebted to them for many valuable discoveries on these points, and we shall rejoice to obtain still more.

But here I should make three remarks :

In the first place, *the thing is not new*.—In all ages there have been cases enough, where medical men have made the *disease itself*, i.e., the internal alteration of the vitality that is the proximate cause of the morbid symptoms, the object of their treatment, and professors have not been wanting who taught this practice. The author himself can refer to the thousands who have been educated by himself during the last forty years, and also to his writings. I called it the *direct or specific mode of treatment*.* We only differ from the homœopathsists in this, that we did not make this direct or specific treatment the *first* and *only* method, as they do, but we first sought for the causes, internal and external, of the disease, and endeavoured to cure it by their removal, in which we were often successful ; but we only employed the direct method either when no cause could be discovered, or when, after removal of the cause, the disease still persisted and had become self-sustained, or finally, when the whole disease had a specific character, as for example, a miasmatic dyscrasia, or a periodicity of recurrence. The treatment of syphilis, scabies, and ague, the employment of Mercury, Sulphur and Bark in these diseases, what else is that than the treatment of diseases themselves, founded solely on the presence and the recognition of their symptoms ?

To this class belong the *pure* nervous diseases, those namely in which the cause of the malady is in the nervous system only, and consists in some abnormal state of the nerves. And in what actually does the direct treatment of these diseases consist ?—All rational physicians thought, and all rational teachers taught that the various remedies which we call neurotic medicines, such as the ethers, the balsams, the narcotics, the metals,

* I would beg the reader to peruse what I wrote so long ago as 1799, in my General Therapeutics. See C. W. Hufeland, *System der practischen Heilkunde*, 1 Band. It was also published separately.

even counter-irritants, electricity, mesmerism, and magnetism, effect an alteration in the interior of the nervous system, capable of removing that internal morbid alteration whereon depend the morbid symptoms. Homœopathy says "capable of covering the symptoms."—Is there here more than a mere verbal difference?—Is not the idea the same?—Neither expression can be said to be an *explanation* of the action that takes place.

The difference between homœopathy and rational medicine consists therefore merely in this, that the former makes the direct treatment the *first* and *only* mode of treatment, while it neglects the exciting causes, and precisely in this is it faulty.

Second, *the determination of the diagnosis*.—Neither is this new. The oldest and most natural way for recognising the disease, was to observe its essential phenomena (symptoms), and on them we founded our diagnosis. The author himself in his lectures always used to construct the idea of the proximate cause, or of the actual disease, upon the essential symptoms, i.e. those symptoms inseparably connected with its existence.

But the difference is that rational medicine has and makes use of other diagnostic means besides the symptoms, these are the *genesis* and *reaction*, whereby the diagnosis is rendered much more comprehensive, more profound and more certain.*

There is further a very important difference betwixt us in this, that homœopathy makes the totality of the symptoms of each individual patient the basis of its diagnosis and of its treatment, whereas rational medicine searches for the *essential* and *constant* symptoms, compares them with other cases, thence constructs classes and orders of diseases, and thus obtains rules for a common treatment of all cases of the same disease.

In homœopathy therefore, as many patients, so many diseases and so many different modes of treatment—this is sheer empiricism. In rational medicine, one general mode of treatment, founded on the constant essential character of the disease.

Third.—Nor is the *principle for the discovery and employment of the medicine* new.—From the remotest times physicians have employed for the direct cure medicines whose action was

* See Hufeland, *Lehrs von den Heilungsobjecten oder die Jatrognomik*, Berlin, 1829.

similar to the disease. This I can certify that long before the appearance of homœopathy, I employed Belladonna in amaurosis solely because it causes blindness in the healthy subject, and in hooping cough because it has a peculiar action on the pharyngeal nerves, and in the healthy individual causes spasm of the throat, also in mental diseases because it produces madness in the healthy subject. And the same with respect to many other remedies.

But we differ in this, that rational medicine has in addition to this many other curative methods for combating immediately the *actual disease*, and these it uses to the great advantage of humanity, but of these homœopathy knows nothing. Among these are, first, the *contraria contrariis*, the employment of remedies whose action is the opposite of the disease. No one will deny that heat can be removed by cold, excess of blood by abstraction of blood, too violent circulation by Nitre and Digitalis.—Further, the employment of the *derivative, antagonistic methods*, the mighty agency of counter-irritation, whose place can frequently not be supplied by any thing else. Who is there who has not witnessed the excellent effect of purgatives (irritation of the bowels) in removing cerebral affections? Have they not in countless instances been the most efficient, the sole remedial means, after the fruitless employment of medicines acting directly on the affected organ? Only a short time since I saw a woman affected with chronic mania who had long been treated homœopathically without relief, recover after the employment of solvent and purgative medicines.—In like manner the cutaneous irritants, the artificial ulcers, by means of which the most obstinate chronic affections are so often removed!—All these are remedies of which homœopathy knows nothing, which it even forbids, and thus deprives the medical practitioner and humanity of some of the most important remedial agents. But shall we allow ourselves to be robbed of such important classes of remedies from mere prepossession in favour of a one-sided system, or from blind obedience to a single authority, in direct variance with the immense experience of thousands of years? No, never!

Finally, what a rich remedial treasury does not rational

medicine possess in the *general alteration* of the *dynamic state*, by stimulating or depressing the vital force, by increasing or abstracting the nutritive elements, those also which go to feed the disease. Who is ignorant of the power of restorative tonics, or of the starvation cure in removing diseases, even such as consist of disorganizations that have resisted all medicinal appliances ?

III.

The difference betwixt homœopathy and the old system will be most obvious, if we consider the two in reference to the three chief categories of medical treatment as laid down in our text books, viz. : the *indicating*, the *indication*, and the *indicated*.

The *indicating* (that which reveals the disease, its essential nature, and consequently the object of treatment) is, in old medicine, the external phenomena of the disease (its symptoms), their causes, proximate and remote, and the reaction of the organism to the precedent action of the accidental and designed influences upon the patient (*phenomenon, genesis, reagens*). In homœopathy the symptom is the sole clue,—the symptom constitutes its whole diagnostic means.

The *indication* is, in ordinary medicine, the conclusion drawn with respect to the appropriate treatment from the symptoms, together with the causes of the disease and the reaction, assisted by reason and experience.—In homœopathy, however, it is simply taking cognisance of the symptoms of the external picture of the disease, and searching for a similar picture in the *Materia Medica* among the recorded effects of medicines, consequently a mere comparison and stringing together of the external and sensible, in order to find the appropriate remedy.

Finally, the *indicated* (the remedy, or mode of treatment pointed to by the indication), in the ordinary system, is every-thing capable of removing the cause of the disease or its effect, that is, the manifestation of the disease itself, be it a contrary acting, or a similar acting, or any other method of treatment warranted by experience. In selecting the means indicated, the ordinary system is guided not merely by present experience,

but it has the treasures of ancient and traditional experience among its resources, and these it draws on largely with advantage.—Homœopathy, however, only employs *similarly acting remedies*.

Now I put it to every unprejudiced person, which system most deserves the name of *rational, consonant with experience*? Which allows the mind most freedom; which gives it most materials for thought and enquiry; which offers the greatest field whence to select the means of relief and rescue? The ordinary system or homœopathy?—I think no one can be at a loss to reply.

IV.

In truth, homœopathy plays extraordinary pranks with the word *allopathy*! If, on the one hand, it understands by that term merely one method of the ordinary mode of treatment (*contraria contrariis*) which it rejects, on the other hand it also includes under that appellation the whole ordinary system of medicine with all its principles, and this it also rejects, whilst at the same time it adopts and employs its most valuable principle.—How is it possible to comprehend all traditional *experimental, rational* medicine under the name *allopathy*, which is but one method of it, whilst *homœopathy* is another.

V.

But homœopathy will ever remain a *symptomatic mode of treatment*, seeing that it finds both the diagnosis and treatment of disease on the symptoms alone; and it will meet the fate of every symptomatic remedial method. It can remove the symptoms, but the disease remains.—Symptoms are merely the products, the manifestations of the disease, not the disease itself, on which they depend. Just let us consider pain, one of the most general symptoms of an organic disease. Can it be considered identical with the vast varieties of diseases which produce it? But we may remove or allay the symptom, as for instance in the case of pain, and still the disease remains. Either it soon returns with the same symptoms, or it assumes another—often a much more dangerous form. This is what must always be the reproach of the symptomatic treatment.—

And this reproach, as far as my experience goes, is applicable to the homœopathic treatment. The relief it affords is often only temporary, not permanent.

In order to show this clearly, I need only refer to the metastatic inflammations, the erysipelatous, the arthritic, &c. Here homœopathy endeavours to remove the collective symptoms of the inflammation. The empirical practitioner does the same by means of applications of cold water, camphor, lead, &c.—But what are the consequences? Either the inflammation transfers itself to another, often a more important part, or it remains in the part first attacked, as a chronic remnant of the disease which has not been radically cured.

This was just the way with respect to the system of Brown. The practitioners of his system also omitted to bleed in inflammation of the lungs, the brain, &c., and boasted that they saved the patient's blood. In place of bleeding they gave Opium, Senega, and other stimulants, and they certainly sometimes succeeded by means of the artificial over-irritation thereby produced, in subduing the local affection. But what was the consequence?—Either an immediate fatal result, or a subsequent chronic disease, frequent recurrence of the previous inflammation, and, in cases of pneumonia, pulmonary consumption.

In every inflammation we ought to distinguish the local affection (local inflammation) from the general inflammatory diathesis in the whole sanguineous system, and in the blood life itself. This diathesis is the essential basis and the vital source of the disease of which the inflammation is merely the manifestation or local concentration. Now we may sometimes succeed in subduing the local irritation by means of remedies that act in a general way or locally on the affected part (also homœopathic remedies), but thereby the general diathesis, the general blood inflammation is not removed—the vital focus of the inflammation is not destroyed; this blood-letting alone can effect.

VI.

The *certainty* of homœopathy in discovering the appropriate remedy has been much vaunted, and has been declared to be one of its chief advantages over the ordinary system.—But I do

not find this to be the case, in fact, I have often had occasion to find the contrary to be the case. The homœopathist, as well as we, must, in the employment of the empirical and specific method, search long and try repeatedly ere he finds the right remedy. How often do we not read in their recorded observations that they gave first one, then another, and then a third medicine without effect, and that at last a fourth remedy was successful?—And this is quite what was to be expected. Amid the immense number and variety of the different symptoms of many medicines and of many diseases, it must be excessively difficult, first to distinguish the essential from the accidental, and then to find that which corresponds to all. I need only refer to hypochondriasis and hysteria.

VII.

Let people talk as they may, the only radical treatment of disease must, and ever will be (as in fact the simple meaning of the word indicates), that which attacks the malady in its roots, and thus *removes its foundation*; that is to say, which first ascertains the internal and external circumstances whereby the disease is produced, or maintained and nourished, and removes these; which enquires into the relations of the different co-existing morbid states, which mutually maintain one another, and takes away these; which always first removes the exciting cause before proceeding to destroy the irritation; and which, only after all this is removed, and still the disease continues self-dependent, or when no remote causes can be discovered, makes the disease itself the object of treatment.

How often the physician treats dropsy, hypochondriasis, hysteria, asthma, &c., by the most powerful remedies directed immediately against the disease, but all in vain! At length he discovers that some concealed scabies, or syphilis, or gout, or an obstruction of the bowels, lies at the root of the malady. He now uses Sulphur, Mercury, Guaiac, or alteratives, and effects a cure.—The whole division of nervous diseases, into *morbi cum* and *sine materia*, so important in practice, rests on this discovery.

We observe, with pleasure, that homœopathy is gradually

coming back to this, and that its founder himself, in his latest work, *On Chronic Diseases*, bases the treatment no longer merely on the symptoms present, but on the remote causes on which they depend. We only regret that he limits himself to two dyscrasias only, the *syphilitic* and the *psoric*, for the number of remote causes is much greater, and in these two are not included the *arthritic*, *scrophulous*, *scorbutic*, and the very frequent *mercurial (hydrargyrosis) dyscrasias*, which are of equal importance, and give rise to a great many diseases. On this subject I must refer to my work alluded to above: *Die Lehre von den Heilungsobjecten*.

To speak accurately then, the difference between the two systems is this—that homœopathy prefers the *direct* to the *indirect* mode of treatment, and employs the latter only as an adjuvant; whereas rational medicine first endeavours to ascertain whether the *indirect* treatment, that is, the treatment that acts on the producing causes of disease, is applicable, and only when this is not the case, does it resort to the *direct* mode of treatment.

We ought here to observe, that the idea of *psora* being the cause of chronic diseases, is by no means a new discovery of homœopathy as it boasts it to be, but it has long been considered such in old medicine; indeed, some medical men have almost carried the idea too far. The same is true of *syphilis*, which we cannot separate from *sycosis*.

VIII.

Homœopathy can certainly boast of one advantage, namely, *that it never does positive harm*, that it can never act too strongly or injuriously on the organism. It can be accused only of sins of *omission*, not of sins of *commission*. And this is no mean praise, especially at the present time, when medical men are too much addicted to giving powerful and heroic remedies, and are too rash in the use of narcotic and metallic poisons, without reflecting what injury they thereby inflict, not only on the disease, but on the organism, the reproduction, the vitality itself; injury often much greater than the disease they seek to cure. The author has long perceived this, and has frequently

called attention to it in his writings, and warned his colleagues against it; * he repeats here the warning:—"What we can effect with little, let us not do with much;" and, "let the remedy never have a more severe action on the organism than the disease."—These are two maxims which he always has before his mind in practice, and which he earnestly commends to all his colleagues.—It is obvious that there would be no difficulty in coming to an understanding with one another, and forming a union.

IX.

But the chief fault of homœopathy is its complete exclusion and neglect of the *autonomy* and *autocracy of nature*, of that interior sanctuary of life which lies at the root of all curative operations, which supports them, directs, modifies them—nay, often is their sole efficient agent, and without which no medication can be conceived. This curative power of nature, this self-aiding faculty which is often so remarkably displayed, all that great work which we understand by the word *crisis*, internal healing process, and for which every medical man must entertain the most profound respect, is quite lost to homœopathy, and this we consider an incomprehensible and fatal want. The medical practitioner must always remain only the *minister*, he can never be the *magister naturæ*. He must be her friend and ally if he would produce a beneficial effect, he must attend to her tendencies and requirements if he would not often act in direct opposition to her, to the great injury of the patient.—Are not even some so-called diseases often the most wholesome critical efforts of nature to effect a radical cure?—We would only remind the reader of intermittent fever.

X.

Homœopathy exercises just that sort of *hurtful and confining influence over the minds of its partisans* which every one-sided system must do, and which we had reason to complain of during the prevalence of Brown's system. It produces

* See among others an article entitled: *On the Rights of Medical Men over Life and Death*, in the *Journal der Pract. Heilk.*, Jan. 1823. It has also appeared as a separate publication.

blindness, narrow-mindedness, and prejudice, even among the better sort of physicians, who give themselves entirely up to it. They overlook the most important circumstances, the most urgent demands of nature for help, the plainest indications, because they do not fit into the morbid picture they have drawn for themselves.—My experience, up to this time, has fully convinced me of this. I have seen with astonishment and regret, even the best among the homœopathists quite blind to the plain requirements of the case, and deaf to the promptings of their own better sense, anxiously sticking to the prescribed mode of thinking, and the dictatorial authority of the master, and acting strictly in accordance with it.

It is well known, that one of the principal rules of homœopathy is, not to disturb the secondary action of the medicine. Now, according to the founder, this lasts often eight, fourteen, even forty and fifty days, and I have often observed, that during all this long time, in spite of the most important symptoms and changes, the practitioner dared not do anything, out of respect for this very problematical rule.—*There is nothing so much to be guarded against as mental prepossessions.*

XI.

But this one-sidedness of views, this narrow-mindedness, may be productive of the most deplorable, indeed, the most fearful results, when we have to do with dangerous cases, with diseases of rapid course and threatening a fatal issue, and generally when the object is to *save life*.—How I wish my feeble voice could be heard like thunder! What, in the case of chronic, not dangerous cases, may be a permitted, temporising, indifferent, easily-remedied treatment, in such cases becomes a *crime*. He who, out of fanatical regard for his mode of treatment, when life is at stake, neglects to use the remedies which a thousand years' experience has proved to be the best; he who, for example, omits blood-letting when the patient is in danger of being choked by his own blood, in cases of pneumonia, apoplexy, encephalitis, and generally in inflammations of important organs, and death or some chronic incurable disease ensues—such a one has a heavy sin of blood upon his conscience, which,

if he do not immediately feel it, will some day weigh fearfully upon him, when the intoxication of fanaticism shall have passed away—such a one is doomed by justice to punishment, if not before an earthly, yet certainly before a higher tribunal; for he is a murderer by omission of duty, just as much as he who sees his neighbour in danger of drowning and refuses to pull him out of the water.

And among such cases must be reckoned those where a disease, not in itself dangerous, by the refusal and omission of such approved and necessary remedies, gradually changes into a dangerous and life-implicating malady; as, for example, chronic catarrh and chest affections into pulmonary consumption.

XII.

The conclusions from all I have adduced are these: *No homœopathy*, but yet a *homœopathic method in rational physic!*

No homœopaths, but yet *rational physicians who make use of the homœopathic method in the right place and in the right way.*

XIII.

With respect to *the relation of homœopathy to the state and government*, the following conclusions follow from what I have said above.

Science is free, and no government has any right to intermeddle in the domain of knowledge and of the mind. Homœopathy as a science, and even as a doctrine, should in no way be repressed; the true or the false in it must be left solely to scientific discussion, to experience, and to time, which have already correctly and justly decided respecting so many similar phenomena, and they will not fail to decide respecting this also.

But the case is different when we look at the *practical side of the question*, and its influence on the *welfare of humanity*. Here the state may, here it must interfere, to prevent the harm which ignorance and error might produce.

Prussia has set the example in this matter in the following law: *that those only shall be permitted to practise homœopathy, who have already obtained their diplomas as physi-*

cians, consequently have given adequate proof, by examination, of their education in the medical sciences.

I would like to see another condition enforced, namely, that no one should be allowed to practise homœopathy *until he has been engaged for five years in medical practice, and gained the requisite experience at the bedside, so as to have observed and made himself thoroughly acquainted with the course and operations of nature*, whereby alone he can judge of the relation of the medical art to nature, and be guarded against the misconceptions and oversights which otherwise are inevitable in homœopathy.

May what I have said above be received as it has been written, with calmness, benevolence, and pure love of truth, without party spirit and hatred, and may it contribute to bring about mutual understanding and union!

Not opposed to one another as enemies, but extending to one another the hand of friendship, united by one noble idea, one common object, and by the same general principles of a rational and experience-founded pathology and therapeutics, let us ever go forwards to the attainment of our great common goal: *the physical welfare of the human race!*

I observe with pleasure the advent of that time, and the gradual amalgamation of the two parties—those of them, at least, whose object is not mere sectarianism and selfishness, but the elucidation of truth.

Homœopathy now begins to attend as much to diagnosis as the old school, and to take into consideration the previous history (*genesis*) of the disease; it now, like the ordinary system, looks for indications, not only to the symptoms actually present, but also to the causes; it now admits that, in urgent cases, even allopathic remedies, such as venesection, counter-irritants, and purgatives, may and must be used; it now begins to talk of metastasis and transference of disease.—Does not this sufficiently prove that it acknowledges all that is good and true in the old system, and commences to make use thereof, and that it only discards what is problematical and

hypothetical, which we also do not regard as the principal thing?—Thus do nature and experience, our two great instructors, compel all, who are not devoid of sense, to return gradually to the right way, and they will also gradually lead the opponents of homœopathy to adopt what it contains of true and useful.

The peculiar and most important problem for homœopathy is, *to search for and to find new specific medicines.* May it succeed in discovering these for many diseases, and it will merit our cordial thanks!

THE CACHEXIA OF YOUNG CHILDREN,

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(Read before the Liverpool Homœopathic Medico-Chirurgical Society.)

I HAVE selected the subject of the cachexia of young children for a few practical remarks, because I think, firstly, that its importance is not sufficiently felt by the members of the profession; and secondly, that the very greatly disproportionate mortality in the early period of life is a reproach to our art.

On referring to the report of the Registrar General, for the year 1855, which is the last annual report published, we find that the deaths in England and Wales from specified diseases (deducting those from violence, as not deaths from disease), were:—

At all ages	404,506
Under five years of age.....	158,026
Under two years of age.....	123,747
Under one year of age	92,673

And on referring to the reports for former years, we find the proportions are very nearly the same.

These statistics shew that more than one-third of the whole number of deaths occurring in England and Wales take place under the age of five years, more than one-fourth under the age

of two years, and more than one-fifth under the age of one year. These are the statistics for England and Wales, but they may be taken as affording a correct idea of the true proportions for the whole kingdom, and indeed for the world.

The contemplation of such facts as these is calculated to produce a humiliating estimate of the power of art in the cure of disease, and to stimulate the members of our noble profession to more zeal in the study and treatment of the diseases of this period of life. That more than one-fifth of the whole human family die before having attained the age of one year, more than one-fourth before having reached the age of two years, and more than one-third before having arrived at the age of five years, are startling facts, and must demonstrate one of two things, namely, either that Nature makes a race of beings a very large proportion of which she is not able to bring to maturity, or that there is something sadly wrong in the treatment to which young children are subjected. To impute to Nature such impotence and imperfection as not to be able to bring to maturity more than two-thirds of a race of beings she is constantly producing, is, to say the least of it, very unphilosophical, and quite opposed to her manner of working in every other department of creation : but to attribute the cause of this greatly disproportionate mortality in this early period of life to an improper treatment and a defective system of therapeutics, is not only quite philosophical, but consonant with the usual characteristics of human workmanship.

Viewed under the light of these considerations, it will be admitted that, of all the momentous subjects which demand the attention of the physician, none is of equal importance with that of the diseases of infancy and childhood, and especially when we remember that in infancy and childhood, not unfrequently, the foundation is laid of many of the diseases of adult life, and even many diseases acquired which afflict persons through life.

Human creatures are necessarily subject to disease, but not all equally so, for this susceptibility depends much upon the constitution or temperament of the individual : and so also do the kind, the progress, and the termination of the disease. It

is therefore of the utmost importance the physician should have clear ideas of the temperament or constitution of his patient.

The temperaments of children, like those of adults, are reducible to four primary types, namely—the nervous or cerebral, the sanguine or vascular, the lymphatic or fluidous, and the bilious or fibrous. These are, however, seldom met with pure, being generally mixed two or more in the same individual, and variously modified by the diseased conditions, congenital or acquired, of the parents, such as the scrofulous, the syphilitic, the mercurial, &c.

In children of the pure bilious temperament, there is a large development of the osseous and muscular systems, with a disproportionate smallness of the nervous; the outline of the body and countenance is angular; the hair, eyes, and skin are dark; the circulation is strong and vigorous; and the mind steady, firm, and unexcitable. This temperament is never found modified by scrofula, and seldom by syphilis or mercury: it is, however, especially in large towns, the least frequently met with of all the temperaments. Children of this temperament are remarkable for their little susceptibility to the influence of disease and medicine, and an almost certainty of recovery from the various ailments of childhood. Hence has arisen the opinion that children will pass through any or every disease, and will bear a disproportionately large dose of medicine.

The pure lymphatic temperament in children is indicated by a tendency to fatness and softness of flesh; roundness of outline; pale skin; light, straight hair; gray eyes; slow, weak circulation; and a mind slow and inactive. This temperament is sometimes modified by scrofula, occasionally by mercury, and even by syphilis. Children of this temperament are more frequently met with, and are remarkable for a susceptibility to diseases of the discerning organs, such as the mucous and serous membranes, and the stomach, bowels, and kidneys; and for the slowness of the progress of these diseases, and their tendency to terminate in effusions or dropsies. Diseases in these children go through their phases slowly.

The pure sanguine temperament is shown by a florid skin; sandy or red hair, which is straight and coarse; blue eyes;

plumpness and firmness of flesh ; full, quick circulation ; and a mind impetuous and excitable. This temperament is not unfrequently modified by scrofula, sometimes by mercury, and occasionally by syphilis. Children of this temperament are still more frequently met with, and are remarkable for a susceptibility to diseases of the circulatory system, such as inflammations, inflammatory fevers, and chest affections ; and for their rapidity of progress. In these children diseases run through their course rapidly, and may thus destroy some important part before the friends are aware of it.

The pure nervous temperament is indicated by a large nervous, and a disproportionately small osseous and muscular system ; a large head ; flaxen hair, inclined to curl ; blue eyes ; fair skin ; quick and fine circulation ; and a quick and excitable mind. This temperament is generally modified by scrofula, frequently by mercury, and sometimes by syphilis. Children of this temperament are the most frequently met with, and are remarkable for a tendency to diseases of the brain and nervous system, such as encephalitis, convulsions, nervous fevers, and head-complication in almost every other disease : and they are very sensitive to the influence of narcotics and mercury. Hence the opinion that children are very liable to head-complication, and are extremely sensitive to the influence of narcotics.

The most frequently met with pure temperament in children is the nervous : the one that is the most frequently mixed with it is the sanguine ; next the lymphatic. The most frequently met with modifying diseased condition is the scrofulous ; next the mercurial. The temperament most frequently modified by these is the nervous. And therefore the most frequently met with constitution in children is the nervo-sanguine, modified by scrofula. And such children are very liable to disease, and will take almost any disease to which they are exposed ; and in them diseases are exceedingly prone to terminate seriously. There is in them a constant tendency to convulsions, epilepsy, hydrocephalus, glandular affections, and scrofulous abscess ; tabes mesenterica, phthisis, infantile remittent fever, diarrhoea, and dysentery, and head-complication in almost every other disease ; and if also modified by syphilis or mercury, to rickets,

enlargement of the liver and tonsils, and early decay of the teeth.

It is to children of the class here indicated I desire to draw the attention of my brethren in particular on this occasion, as those affording the best examples of the peculiarities of childhood. The diseases of children of the bilious, lymphatic, and sanguine temperaments resemble, in a great measure, those of adult life. It is only in the diseases of children of the nervous temperament we meet with the true characteristics of infancy and childhood; and the greatly disproportionate mortality to which I have alluded. This opinion is borne out by reference to the lists of mortality. In the report of the Registrar General, before referred to, we find, that of the deaths in children below five years of age, 42,223, or *nearly* one-third are positively specified as occurring in this class of patients; but these are not all: these diseases specified as producing these deaths are characterised as "diseases of the nervous system" and "tubercular diseases." These two headings, however, do not include all the diseases, deaths from which are properly referrible to this temperament, for a large proportion of the deaths registered under nearly every heading result from head-complication or glandular affection, which depend upon this constitution: thus, of the deaths registered as occurring in typhus fever, hooping cough, measles, scarlatina, small pox, influenza, thrush, erysipelas, dentition, pneumonia, bronchitis, laryngitis, and enteritis, a large proportion results from head-complication depending upon this temperament; whilst those from disease of lungs, infantile remittent, atrophy, diarrhoea, and dysentery, result almost exclusively from this constitution. So that, of the 90,648 deaths, in children under five years of age, from these diseases, at least 23,942 may be looked upon as taking place in this class of patients, making the whole number 66,165, or *more* than one-third of the whole number of deaths in children below five years of age! And, moreover, of these 54,922, or more than four-fifths take place before the age of two years; and of these again 42,184, or more than two-thirds, take place under one year of age! Or, to be more definite, of all the deaths from

disease, one out of every two-and-a-half takes place before the age of five years: of these one out of every two-and-a-quarter takes place in the class of patients under consideration: whilst of these one out of every one-and-a-quarter dies before the age of two years; and of these, again, one out of every one-and-a-quarter dies under the age of one year. These are serious considerations, and demonstrate most conclusively the necessity that the physician should, both by nature and education, have an aptitude in discovering this class of patients; and should be well informed as to the diseases to which they are especially liable; should acquire familiarity with their ætiology and pathology; their premonitory symptoms, and the best means of warding them off, and of treating them when present.

It is the object of this paper to offer a few suggestions on each of these points.

I. *Diagnosis*.—For the discovery of the little patients of this class, it is necessary that the physician should be well acquainted with the physiology and phrenology of human nature, especially in infancy and childhood. It is not sufficient that he possess general notions of the different temperaments; he must be able to detect each at a glance, to discover accurately the different blendings, and estimate properly their mutual influences. It is not sufficient he should be informed that the brain is the organ of the mind, he ought to be able to discover readily the different cerebral endowments, to perceive the development of the different organs, and to appreciate correctly their mutual influences; so that he may know the constitutional peculiarities of each patient. It is also of vital importance the physician should be well informed as to the peculiar tendencies and susceptibilities to disease of the patients of each variety. It is not sufficient for him to be able to detect the patient who is already melancholy, insane, epileptic, scrofulous, or hydrocephalic; he must have the means and be able to determine beforehand the peculiar tendencies of the very infant. And for the treatment of infants of this class it is necessary the physician should be very familiar with the symptoms of the least deviation from health, and be able to detect the very first indications of derangement in the action of the brain and nervous system. It

is not sufficient that he know when the infant has hydrocephalus, convulsions, or encephalitis; he ought to be able to see their coming at a distance that he may attempt to ward them off. It is not enough that he know what medicine will relieve or cure these affections; it is also necessary he should know what will prevent them.

I would here remark that it is a mistake to imagine, as is generally stated by authors, that in all children the nervous system is largely developed and very active, for it is so only in children of the nervous temperament. It is also wrong to think that all children are very liable to convulsions and head-complications, and extremely sensitive to the influence of narcotics, for these remarks apply only to children of the class we are now considering; they are not true as to children of the sanguine temperament, less so of those of the lymphatic, and still less so of those of the bilious. I would also further remark that it is very necessary to describe particularly the temperament of the prover of a medicine; and also of the patient, when taking notes of any case under treatment.

Children of the nervous temperament are most frequently met with when both mother and father are of this temperament; less frequently when only the mother; and still less so when only the father. If then we know the mother to be of the nervous temperament we naturally expect the children to be so too, and in at least eighteen cases out of twenty we are right. It is the constitution of the mother especially that is transmitted to the offspring: if the mother be scrofulous so will be the children; if she have had much mercury its effects will show themselves in the children; and so on.

The characteristic marks of children of the pure nervous temperament are, that they have large heads, with large development of the organs of the reflective faculties and moral sentiments, giving the head a square appearance; the anterior fontanel is large and late in closing; the hair is light and inclined to curl; eyes blue and intelligent; face rather small, and delicately formed; mouth small; lips thin; teeth late in coming; tone of voice high; bones small and fine; muscles small and firm; only moderately fat; skin fair, delicate and

thin ; outline of body fine ; movements of eyes, tongue and body quick ; circulation fine, quick, and easily excited ; and the mind precocious, intelligent and very excitable ; the child starts and jumps at sudden noises, and during sleep, and is rather timid and of a mild disposition.

By the admixture of the sanguine the hair may be rendered auburn or red, rather coarse, and less inclined to curl ; the skin may have a florid tint, with a good blush of colour on the cheeks, rendering the whiteness more marked ; the circulation will have more volume and force ; the mind will be more impetuous ; and the mouth larger.

The admixture of the lymphatic renders the hair but little inclined to curl ; the face and general outline more rounded ; features less delicate ; lips thicker ; skin less fair ; circulation and movements slower ; and the mind less precocious.

By the admixture of the bilious the hair, eyes, and skin are darkened ; the face and general outline rendered more angular and less delicate ; the circulation, movements, and mind firmer, stronger and less excitable, and the bones and muscles larger and stronger.

When the nervous temperament is modified by scrofula there is less tendency for the hair to curl ; there is a redness and tenderness of the edges of the eyelids, with falling out of the lashes ; thickening of the upper lip and *alæ nasi* ; unhealthy appearance of the skin ; and there is a tendency to discharge from the ears ; to enlargement of the epiphyses of the bones, and of the finger ends ; to enlargement of the cervical and mesenteric glands ; and of the abdomen ; and to lumbar abscess.

When modified by mercury there is paleness or dirty whiteness of the skin ; blueness of the sclerotics ; early decay of the teeth ; enlarged tonsils and liver ; and a susceptibility to atmospheric changes, especially damp and cold.

When modified by syphilis there is a deficiency of ossification, giving rise to rickets, late dentition and walking, and distortions of the spine and limbs.

II. *Disease-tendencies.*—The subjects of these remarks—children of the nervo-sanguine temperament modified by scrofula, particularly if there be a slight blending of the lymphatic,

and of the results of mercury or syphilis, have a special tendency, as already remarked, to diseases of the nervous, glandular, and osseous systems, such as encephalitis, cerebral congestion, convulsions, nervous fevers, epilepsy, hydrocephalus, glandular affections, scrofulous abscess, tabes mesenterica, phthisis, infantile remittent fever, diarrhoea, dysentery, rickets, atrophy, distortion of the spine and limbs, early decay of the teeth, and ophthalmia; and also to head-complication in almost every other disease, especially typhus, small-pox, measles, dentition, whooping cough, influenza, thrush, erysipelas, croup, laryngitis, bronchitis, pneumonia, diarrhoea, dysentery, and enteritis. It is generally supposed that there is a tendency in these diseases to attack the brain; this however is not correct, for they attack the brain only when that organ is the part especially liable to disease, and this is the case, as a rule, only in the nervous temperament; but this temperament being so general in children, head complications are very frequent in them in these diseases, and carry off a vast number of children which would otherwise recover. From the experience and reading I have had I have concluded that of the deaths from pneumonia and croup, at least one out of every ten is the result of head or glandular complication depending upon the constitution under consideration; of those from measles, bronchitis, and laryngitis at least one out of every eight; of those from scarlatina, whooping cough, erysipelas and small-pox, at least one out of every six; of those from typhus, thrush and enteritis, at least one out of every four; of those from dentition, diarrhoea and dysentery at least one half: whilst almost all cases of infantile convulsions depend upon this constitution, for it may be safely affirmed that nearly every child that is subject to convulsions, during the development of the mind or the eruption of the teeth, has a large head; and that of the children with moderate or small heads, very few indeed have convulsions. I have never seen a case of true infantile convulsions in a child of the bilious temperament, nor when the head has been small. And from observation I am inclined to think that male children whose heads have a circumference of seventeen inches and three quarters and upwards at seven months old, and females of

seventeen inches and a quarter and upwards, will be predisposed to convulsions and head complications.

I regret not having any published statistics to appeal to in support of these conclusions, but I sincerely believe that the memory, note-books, and daily experience of every physician in active practice will afford ample evidence of their truth. I have taken some trouble in collecting the facts, on the strength of which I have formed the conclusions I have arrived at : but as the investigation is somewhat new and imperfect and very important, I trust these few remarks may be the means of interesting my brethren in this subject, bearing as it does on the vital interests of the most highly developed portion of the human race.

III. *Ætiology and Pathology.*—In children of the nervous and nervo-sanguine temperaments the brain is large, and its structure very fine and firm, and its nutritive changes very quick : these properties necessitate its being largely supplied with blood, which accordingly it is ; and it is a legitimate inference that an organ thus constituted and whose functions are so numerous and complicated, should be very liable to diseases of a congestive and inflammatory type. As the consequence of this particular constitution, in these children the mind is very precocious, active, and easily excited by surrounding objects ; and when they begin to notice the things by which they are surrounded, and to listen to what is said to them, they also begin to think, and this exercise of the brain increases its already too rapid nutritive changes and induces an afflux of blood to the brain, and very likely congestion or inflammation of that organ, and perhaps convulsions ; or even hydrocephalus, epilepsy, or infantile intermittent fever, &c., if there be present tubercles, softening, induration, or other diseased condition resulting from scrofula, mercury, syphilis, or some other morbid cause. In such children as these, when the mind is developing, or the teeth bursting through, the whole system is in a febrile, excited, and morbidly sensitive condition, from the exhaustion of the nervous fluid by these operations ; hence the least impropriety in diet may bring on vomiting, diarrhœa, dysentery, or enteritis ; or the least exposure to damp or cold light up bronchitis, pneumonia,

laryngitis, or ophthalmia : or, on the other hand, if the condition of the brain do not thus induce disease, that organ is almost sure to partake of every morbid sensibility, congestion, and inflammatory or febrile action, excited in the body by any other cause. It is, for instance, almost sure to partake of the morbid sensibility, congestion and inflammation of the gums in dentition ; in the throat in laryngitis and croup ; in the respiratory organs in pneumonia, hooping cough, bronchitis and influenza ; in the digestive apparatus in thrush, diarrhœa, dysentery and enteritis ; and of the febrile action in typhus, small-pox, measles, scarlatina, erysipelas, etc. Hence the frequency of head complication in these diseases ; and therefore the necessity that the physician should always know beforehand when to expect these and how to anticipate their approach.

IV. *Symptoms.*—As these children are born with a constitution either very delicate or even already diseased, symptoms may show themselves at any time after birth, either insidiously and apparently unimportant, or marked and serious. The development of the mind and eruption of the teeth necessarily produce febrile excitement in all children, but especially in these, in whom also they are attended with a considerable degree of nervous irritability : and it is at this time the many diseases to which these children are liable are apt to manifest themselves. The exhaustion of the nervous fluid for the support of these two operations leaves the vessels of the brain minus ; and these, giving way to the force of the blood, are, in this weakened condition, unable to recover their natural calibre, and they remain dilated, compressing the substance of the brain and inducing the condition known as “congestion of the brain.”

As these causes act gradually and increase in intensity, so the conditions and symptoms appear gradually and increase in intensity. The first symptom may be simply a change in the child's manner or countenance, especially about the eyes, which may, perhaps, lose their wonted animation, and become dull and heavy, and the pupil contracted ; the brain may be full and throbbing at the anterior fontanel ; the child may, perhaps, refuse its usual amusement and food ; or it may vomit, or become sleepy and heavy and jump or start or grind its teeth

during sleep; and it may have twitches of the muscles of the face, or hands, or feet. These symptoms may be followed by strong convulsions or acute encephalitis. Or instead of the eyes being dull and heavy they may become excited, red or ferrety; the child may become irritable, restless, and sleepless, with fits of crying; it may grasp at its head and toss it about; the organs of the senses may be in a morbidly sensitive condition, giving rise to intolerance of light, sound and touch; and the pulse may become quick. These symptoms are the sure precursors of acute encephalitis.

After the subsidence of the acute symptoms in either case there may remain a state of atonic congestion, manifested by sleepiness, stupor, stertorous breathing, slow pulse, convulsions, or paralysis. Or there may be left effusion at the base of the brain, or in the ventricles; indicated by vomiting, convulsions, paralysis, strabismus, dilatation of pupil, diminished sensibility, or coma. Or symptoms of softening or induration may remain, shown by insensibility to light, low muttering delirium, dilated pupil, paralysis, or contraction of flexor muscles.

If there be the scrofulous modification the condition will take on the form of hydrocephalus and manifest itself by slight feverishness in the evenings, with a circumscribed flush on the cheek; evidence of an increase of the mental powers; a tossing about of the hands, and raising them to the head; and tossing the head about; the eyes look heavy and the pupils dilated; there may be strabismus, vomiting, dislike to be moved; picking at the nose; grinding of the teeth; enlargement of the head, with protrusion of the upper part of the forehead; clenching of fingers; urine scanty and high coloured.

The approach of head affection during the course of any other disease will also be indicated by the above symptoms, varied of course by the particular constitution of the patient and the kind of the disease.

V. *Treatment*.—The treatment of the children of this class should be commenced as early as possible, the earlier the better, for every shade of advantage gained may be said to be continually squaring itself in after life; just as the disease-tendency is constantly squaring itself so as inevitably to overcome the life-

preserving power of the constitution and induce death, sooner or later, according to the amount originally in the constitution, so the health-tendency set up in the infantile constitution may go on squaring itself until it overcome the disease-tendency, and prolong the life of the individual much beyond the period it otherwise would have attained.

In a family, therefore, where either parent belongs to the class under consideration, and especially when both do, it is the physician's duty to recommend to them an occasional dose of an appropriate homœopathic remedy, with the constant use of baths, fresh air and exercise; and still more especially is this necessary for the mother when pregnant, or likely to become so, for at such a time the primary infinitesimal particles of the matter of the future being are in the course of selection and formation, and according to their structure so will they appropriate material and perform functions in after life: indeed it is necessary even earlier than this—whilst the ovum itself is in process of formation within the ovary. And after birth, also, this prophylactic treatment should still be persevered in regularly with both mother and child, in order to induce a more healthy combination of the elements of matter in the formation of the body, for it is the unhealthy combination that produces a constitution so susceptible and liable to break down under disease. I have seen the happiest results in several families from the course here recommended.

The treatment, therefore, of such children, should be begun and carried on even whilst they are apparently in health, and there will then be less occasion for anxiety for them when exposed to or invaded by disease, for they will be much more likely to recover even from those diseases which are now so fatal to them. This prophylactic treatment should consist of all those means likely to accelerate the vital changes of the body, such as fresh air, baths and exercise, and the appropriate homœopathic remedies. It is quite wrong to keep such children confined to a close warm room, for they especially require fresh air, even cold and bracing, and should be taken out into it whenever the weather is at all fit. Baths, too, should be in constant requisition, even of cold water; the infant should be

dipped into cold water at least once a day, and the skin warmed by friction. Exercise is a very important part of the treatment, and should be perseveringly employed even to the infant, which should be either tossed about by the nurse or laid on the floor and played with, so as to make it use its limbs in kicking and its lungs in laughing. Dr. Richardson has made some excellent remarks on this subject. [*Hygienic Treatment of Consumption*, by Dr. B. W. Richardson; S. Churchill, London, 1857.]

The best medicines for rectifying the scrofulous modification are Sulph., Ol. Jec. Ass., Merc., Phos., Calc. For the mercurial Hepar. S., Nitri ac., Kali hyd., Sulph. For the syphilitic Merc., Nitri ac., Kali hyd., Aur. mur. And for warding off cerebral congestion and inflammation during dentition and the development of the mind Cham., Bell., Kreos. Of the appropriate medicines two or three globules should be administered at least once in twenty-four hours from birth onwards till the health appears fully established.

Our new system of therapeutics is admirably adapted to fulfil the indications here pointed out; the medicines are so prepared that they may be given regularly to the most delicate infant, and that they will penetrate the very inmost recesses of the human laboratory, and influence the combination of the ultimate elements of matter. In these cases the old system is quite impotent and useless; it holds out no means except the exhibition of cod liver oil.

For acute congestion or inflammation within the head, whether primary—commencing within the head, or secondary—from the brain participating in the condition of some other inflamed organ, the first medicines are Bell. and Acon., along with cold applications to the head, after the hair has been removed. If, after the active symptoms have been subdued, there should remain symptoms of atonic congestion, Op., Nux v., Cup., Zinc., Alcohol will be found useful. If there appear symptoms of effusion we should use Helleb., Ars., Cup., Zinc., Tart. e. If any symptoms remain pointing to softening or induration, Merc., Sulp., Phos. are the medicines. If symptoms of exhaustion, atony or torpor of the nervous substance be left,

Alcohol, Phos., Nux. v., Chin., Cup., Zinc., Puls. may be used. If there be sleeplessness, restlessness or irritability, Op., Coff., Hyos. will be useful. If constant whining and crying, Cham., Ars., Helleb. will afford relief. If derangement of the intellect, Stram., Hyos., Aur., Ignat. will be indicated. And if convulsions be prominent, Nux v., Cup., Zinc.; and so on.

These medicines will usually, also, restore the healthy condition of the secretory apparatus, as the bowels, kidneys and skin; indeed I am of opinion that it is by rectifying the state of the nervous system that these medicines cure infantile constipation, diarrhœa, dysentery, &c., for it is usually in this class of children that these affections are met with.

During the treatment of all acute diseases, as inflammations and fevers, in this class of patients, an occasional dose of Bell. should be administered, to prevent head-complication; and should head symptoms arise they ought to be met promptly and actively by the appropriate remedies. Acting in this way I firmly believe the mortality in children in these diseases would be considerably diminished.

OBSERVATIONS ON THE PATHOLOGY AND
TREATMENT OF DROPSY DEPENDING
ON ORGANIC DISEASE.

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(*Read before the Manch. Homœop. Med. Chir. Soc., Feb. 4, 1858.*)

IN presenting you with a resumé of the principal facts connected with the pathology and treatment of dropsy this evening, we shall confine our attention to the consideration of the effusions resulting from organic disease of the kidney, the heart, and the liver. Of the general pathology of dropsy it is unnecessary to say more than, that the collections of serous fluid, which are included under this nosological term, are generally admitted to arise from an effusion of the watery portion of the blood through the coats of the veins, either in consequence of their over dis-

tention in congestion, or from a morbid or impoverished condition of the fluid itself.

In disease of the kidney producing dropsy the fluid occupies, in most instances, the areolar tissues; it is only in very rapid and severe cases of structural disease of this organ that we meet with effusion into the peritoneal cavity. The form of kidney disease most commonly producing anasarca is that found after scarlatina, viz., inflammation of the tubuli uriniferi in the cortical substance. Lymph is exuded into them, and their normal secretion of epithelium is at the same time very much increased. The compression excited under these circumstances prevents the organ from the due performance of its function; and the little fluid that is withdrawn by the kidneys from the blood in the congested capillaries carries with it a large amount of albumen. In this condition we have obstruction to the free passage of blood in the first place, and an excess of water in that fluid in the second. The skin being in a state of irritation either from a sudden check to its eliminatory function, or from incompetence to remove the febrile poison, blood is preternaturally determined to it. The excreting function of the skin being more or less in abeyance, the redundant serum of the congested vessels is poured into the subcutaneous areolar tissue around them; and thus a state of general anasarca is set up. This form of dropsy having so clear a dependence on an inflammatory process going on in the kidney, and being rapid in its course and dangerous in its character, has been described by Dr. George Johnson and other recent authors on kidney disease as *acute renal dropsy*. A similar condition of the kidney is met with when determination of blood has taken place to it in consequence of some check to the perspiration—independently of scarlatina. The only probable difference between these two cases being that the irritation, which sets up the inflammation of the organ, is derived, in the one instance, from the specific poison of the fever; and in the other, from the retention within the blood of matters that ought to have been eliminated through the skin during the process of perspiration. In both cases the symptoms and pathological lesion are alike. The urine is small

in quantity, contains more or less albumen, is of a smoky colour (arising sometimes from the presence of uric acid crystals, at others from that of blood corpuscles, and in others again from that of both these substances) it is highly acid, of low specific gravity, and exhibits under the microscope as the feature most characteristic of the morbid process at work, casts of the renal tubes. The complexion of the patient is pale and waxy; anasarca invades the eyebrows and scrotum or vulva, and gradually extends itself throughout the whole subcutaneous areolar tissue, giving the patient a heavy bloated appearance, causing painful dyspnœa and frequent cough, and rendering the action of the heart more or less feeble. Simple renal congestion from any cause is an occasional source of dropsy. In this form of simple congestion œdema shows itself earlier in the lower extremities than where there is some reason for the determination of blood to the cutaneous surface; inasmuch as the congestion giving rise to the effusion is first felt in the lower extremities by reason of the pressure backwards of the large quantity of blood contained in the renal arteries, prevented from passing through the kidney in consequence of their previous engorgement. A slight degree of inflammation takes place in the cortical substance, but not to the same extent as when the state of irritability is excited and kept up by some materies morbi, endeavouring to secure an exit from the organism. The symptoms are in general similar to those of the other forms of acute dropsy, but are less often followed by degeneration or alteration in the structure of the kidney; the congestion and dropsy disappear simultaneously with the secretion of a large quantity of urine, and health becomes reestablished.

Danger in acute dropsy is to be traced principally to two causes, viz., infiltration of the fluid into the texture of the lungs, producing an œdematous state of those organs; and a persistence of the inflammatory condition of the kidney, leading to degeneration of its structure.

The anatomical appearance of the kidney in this form of disease corroborates the view we have expressed of its nature. The cortical substance is white, from the quantity of epithelium

contained in the tubules principally composing it; and the malpighian pyramids, the vascular portion of the organ, are highly red and congested.

In Bright's disease dropsy ensues from the deficiency in the secreting power of the organ, arising from degeneration of its structure; but also, and more commonly, in this and other chronic disorders of the kidney from the morbid condition of the blood rendering capillary congestion particularly liable to take place in consequence of the enfeebled state of the heart, and the ill nourished coats of the veins resulting from it.

Dropsy occurring in consequence of structural disease of the heart, makes its earliest appearance in the most dependent parts of the body, as it is in the capillaries furthest from the central organ of the circulation that the diminished *vis a tergo* causing the congestion from which the œdema arises, is first felt. Of the origin of the morbid conditions of the heart met with in dropsy, it is unnecessary for us to speak here. To produce a degree of general congestion sufficient to create an effusion of fluid into either of the serous cavities, or the subcutaneous areolar tissue solely in consequence of valvular disease, structural alteration must have proceeded to such an extent as so far to engorge the lungs, that the blood brought to the right ventricle cannot, by it, be propelled into them, but, notwithstanding considerable dilatation of this chamber, is unavoidably regurgitated into the *venæ cavæ*. This having occurred, effusion rapidly takes place from the now overloaded veins. Obstruction or incompetency existing at the aortic orifice is therefore not of itself sufficient to produce effusion; neither is mitral disease, which when such as to cause regurgitation, is so frequently the result of some affection of the aortic valves; it is only when the pressure upon these has so far engorged the pulmonary organs as to give rise to dilatation of the right side of the heart, that dropsy occurs as the direct result of structural disease. At the same time we frequently find anasarca of a sufficiently harassing nature occurring as an indirect effect of valvular disease of a more limited nature. But here it does so in consequence of morbid states of the blood arising from inadequate nutrition, or as the direct result of obstruction in

some other organ. In treatment the knowledge of this fact is of obvious importance; for while we may be unable to reduce a dropsy arising from dilatation of the right chamber of the heart depending upon disease of the left, that which follows on malnutrition may more easily be dealt with. When dropsy occurs from the former cause, the heart will be observed to pulsate not only beneath the left mamma but also in the scrobiculus cordis, indicating thereby enlargement of the right ventricle; together with this increase in the area of pulsation, we perceive a beating in the jugular veins; and further we observe, that pressure upon them has no influence in diminishing this pulsation, showing clearly that it derives its existence from the cardiac side—from blood thrown into them from below; and not from the distal as in anæmia and other forms of disease where a similar phenomenon is present, owing to an impoverished condition of the fluid passing in its normal direction. The concurrence of these two signs, viz., an increased area in pulsation on the right side, and pulsation in the jugulars below a point pressed upon, affords positive evidence that the right ventricle is dilated; and in their absence we must look for other circumstances to explain any dropsy that may exist, and not place it to the account merely of valvular constriction or incompetency.

We now pass on to the consideration of the forms of hepatic disease that occasion dropsy. The effusion in these cases depending upon obstruction to the course of the portal circulation is always most evident in the abdomen; the anasarca which eventually appears in the lower extremities, arising from the pressure of the fluid in the peritoneum upon the vena cava inferior.

Deposit of lymph, of cancerous or fatty matter in the parenchyma of this organ are all competent to induce ascites; but it is the first named condition that most surely, and to the greatest extent, gives rise to this effusion. Inflammation in this case frequently attacks the areolar tissue surrounding the bile duct, hepatic artery, and portal vein known as Glisson's capsule; and proceeds ultimately to contraction of the whole organ by obliteration of the radicles of the portal vein, and the parts supplied by them. Plastic lymph having been exuded into this tissue, its adhesion around this vein at once presents an obstacle

to the free circulation of the blood through its capillaries. Congestion of the large veins, which unite to form it, ensues, and an extensive effusion, with all its oppressive influences upon the lungs, the stomach, and the other organs of the abdomen, is inevitable. In enlargement of the liver from fatty deposit, or cancerous disease, Glisson's capsule is more frequently free from causes of adhesion, and consequently ascites is not so well marked. When it does occur it is usually in an advanced stage of the disease, and simultaneous with general anasarca, the result of a morbid state of the blood.

Ascites is also a consequence of low, a-plastic inflammation of the peritoneum. Patients in such cases are generally those whose constitutions have been depraved either by an hereditary strumous taint, by long continued excesses in their mode of living, or by treatment of an exhausting nature in the original acute attack. Pressure upon any of the veins of the abdomen included within the portal system by glandular enlargement from cancerous or tubercular deposit, by increased bulk of the spleen or pancreas, or by any other form of tumour, is likewise a not unusual cause of ascites. The most intractable cases of dropsy are those where obstruction to the circulation in one organ has led to a similar result in another, producing structural alteration in its parenchyma, and thus increasing the centres of disease. In this way we often meet with disease of the heart and lungs as a consequence of Bright's kidney, and of portal congestion produced by cardiac disease.

Having in these few remarks endeavoured to point out the pathology of the chief causes of dropsy depending on organic diseases of the kidney, heart, and liver, we shall now proceed to direct your attention to the measures by which the fluid thus effused may be removed in some instances, and its tendency to cause suffering and death more or less obviated in others. The means at our disposal are of two kinds, *medicinal* and *mechanical*. The medicinal may likewise be divided into two classes, viz., those, the *modus operandi*, which is *homœopathic*; and those which act *antipathically*; the employment of the latter under the name of auxiliaries, though essential in some instances, is, we fear, more frequently resorted to than is con-

sistent with a healthy progress in our knowledge of the capacity of the homœopathic law to meet the exigencies of disease.

In the selection of a medicine intended to be homœopathic to a case of dropsy depending on one or other of the lesions we have attempted to describe, we must be guided less by the leading symptom, the effused fluid, than by the organic disease which has occasioned it, and the influence which this has had on the functions of nutrition and of the nervous system; and this because, while many of our drugs have been so far proved as to point to a distinct and peculiar relation subsisting between them and certain morbid states of the several organs of the body, together with some of their constitutional consequences, few, if any, have been pushed so heroically as to give rise to serous effusion.

In acute renal dropsy the medicines of most value in arresting the progress of disease are *turpentine*, *digitalis*, *mercury*, *arsenic*, *hellebore*, and the *apis mellifica*; in the pulmonary œdema, occasionally complicating this affection, *sambucus*; and in the coma, sometimes arising from an excess of urea in the circulation, *colchicum*, and the *Acetate of copper*.

The condition of the kidney found after death from an overdose of *turpentine* represents as closely as possible that seen when the cortical substance of this organ has been the seat of acute inflammation, particularly of a sthenic type. To these instances of renal disease producing dropsy it is therefore specially adapted; viz., when the attack has come on rapidly, with pain in the lumbar region, urine very much diminished in quantity, loaded with albumen, and in which the microscope reveals casts of the tubes with blood discs interspersed in great numbers. Often after scarlatina dropsy follows a condition so acute as to demand the use of this drug. Two cases in which its action was very satisfactory have recently been published by Dr. Harper, of Leith;* and one of a very severe character in which the dropsy appeared several months after the attack of scarlatina with which it was connected, by Prof. Henderson, in the *Brit. Journ. of Homœop.*, Jan. 1856. Its relation is to the acute inflammatory state of the kidney, rather than to the

* Homœopathy Tested by Facts, pp. 21, 22.

anasarca that has occurred; and therefore while it will cure the kidney disease and so prevent a further effusion of fluid, it is well in most instances to follow its exhibition by *mercurius*, *arsenicum*, or *sulphur*, in order to meet more completely the constitutional effects produced before the turpentine was prescribed.

Digitalis has a well marked irritant action upon the cortical substance of the kidney, and consequently has proved a most useful medicine in the dropsy after scarlatina. Its value here has been observed by Dr. Christison and other allopathic writers, who appear puzzled how, without admitting, in this instance at any rate, the truth of the homœopathic law, to explain the rationale of its action! The cases in which it is indicated are such as are acute, and occurring in languid and strumous subjects. Its action on the kidney is not so highly inflammatory as turpentine, but more so than that of mercury, on which we have now to make a remark or two. *Mercury* produces an inflammatory state of the cortical substance, and its proving would seem to show that this condition was the result of irritation arising from its presence in the circulation. The skin is similarly irritated, and anasarca, with scanty albuminous urine, results from these morbid states acting at one and the same time. The whole process is of a much less active character than that arising either from the effects of Turpentine or *Digitalis*, and the plastic exudation of lymph would seem to have a greater tendency to purulent degeneration than after either of the other medicines. The presence of blood discs in the urine would, to a great extent, contraindicate its employment, while pus corpuscles in that fluid would *cæt. par.* afford a reason for its selection in preference to other medicines.

The action of *arsenic* is of a lower type still. Its influence on the kidney and its power of producing albuminuria are very clearly shown in a case of recovery from poisoning by it, reported in the February number of the *Edinburgh Monthly Journal of Medical Science* for 1852, by Dr. Douglas Maclagan. The kidney, when the system is under the influence of arsenic, is loaded with blood depraved in quality; its serum is rapidly effused from the veins into the areolar tissue; the skin is in a

state of irritability; the general appearance of the patient is waxy, pale, exhausted, and anasarcaous. These conditions all point to a kidney in an advanced state of the disease that so frequently produces dropsy; and it is in this stage of it that Arsenic has been found so preeminently useful; when, in fact, the local malady being unrelieved, the constitution has become seriously injured, and danger from pulmonary infiltration is to be looked forward to.]

Hellebore appears to be indicated where congestion of the kidney is of the simple kind, unconnected that is with any particular *materies morbi* in the current of the circulation; in cases where this congestion is considerable and the consequent effusion of serum extensive, but rather in the cavity of the abdomen and areolar tissue of the lower extremities than elsewhere. It has been of service in the hands of many practitioners in scarlatinal dropsy, but in this case, so far as our reading and experience tell us, it is inferior to either of the medicines just referred to.

Arsenic appears to be threatened with a rival in the treatment of the advanced stages of renal dropsy in an American importation, the *pulvis apis mellificæ siccæ*; a remedy long used in dropsies by the aborigines of North America. From the cases detailed in the American journals by Drs. Marcy and Munger, it is indicated under circumstances almost precisely similar to those we have mentioned as requiring arsenic. So far as we are aware it has not been extensively used in this country, and in some instances has given great disappointment; probably there are some minor details as to the mode of its preparation that we have yet to learn, which would account for this only partial realization of the hopes held out to us by our American colleagues. Still if arsenic failed when it appeared to be indicated, we should remember that *apis* has been of service in some cases in the hands of some practitioners, and give the patient the benefit of a trial of it.

When infiltration of serum into the tissues of the lungs has occurred, and death threatens to take place from œdema of these organs, *sambucus* is a remedy we have found of great value; given, however, in alternation with the medicine indicated by

the more general condition of the patient, as well as by that of the organ primarily diseased.

Colchicum and *Cuprum aceticum* have both proved useful in the treatment of the coma occasionally found after a protracted anasarca, in which the ordinary constituents of the urine are retained within the circulation. The former is indicated alike by its inflammatory action on the kidney as well as by its known power of accumulating urea in the blood, and producing the ordinary effects of this substance on the brain.

In the coma occasionally resulting from the sudden suppression of an acute eruption, so often the beginning of acute renal dropsy, *Cuprum aceticum* is perhaps the most valuable medicine we possess. An interesting paper on this sphere of its action by Dr. Schmid, of Vienna, appears in the first vol. of this Journal.

In a notice of the therapeutics of acute renal dropsy the warm bath must not be altogether omitted. In the early stage of the disease a bath of from 90° to 94° F. soothes the patient, lessens the irritability of the skin, and tends greatly to restore its natural action. From the tendency it has to cause depression it requires careful watching, and is rarely admissible for more than a few minutes once a day.

With the medicines just enumerated we are, we think, able to meet almost any case of acute renal dropsy that is likely to occur; certainly we are if the constitution is not deeply tainted with scrofula or syphilis, and if the morbid state of the kidney has not become very chronic, when first brought under our care.

The advanced stages of Bright's disease are necessarily much less amenable to treatment, the kidney being to a great extent destroyed, and often the seat of small chronic abscesses or extensive ulceration; still mercury and arsenic, when the former has not previously been given heroically, will do much to keep disease in check.

In dropsy depending on the condition of heart we have described as giving rise to it, all measures for its reduction are more or less inadequate; but some relief we may be able to secure with purely homœopathically selected remedies.

We have seen that the heart is both actually and comparatively feeble; actually feeble by reason of the excessive labour it has undergone in order to cope with gradually advancing disease, and comparatively so by the amount of obstruction to the fulfilment of its function presented by the engorged state of the pulmonary organs. The only medicine capable of inducing a similar condition of this organ, that we are aware of, is *digitalis*. Under its influence the heart becomes weak in its propelling force, and irregular in its action. Together with this state of the heart *Digitalis* also produces congestion of the lungs, the one morbid condition probably here, as in disease, depending on the other. From this, we think, we are justified in assuming, that were a person to undergo a lengthened process of slow poisoning by this drug, *anasarca* would ensue as the result of the pulmonary congestion induced by the feebly acting heart. Such being the case its persevering exhibition in extensive disease of the heart has been found to give more marked and lasting relief than any other medicine we have used.

Arsenic meets perhaps more fully than *Digitalis* the general constitutional effects of prolonged cardiac dropsy, and in many cases the alternation of these two medicines is found more advantageous than either singly.

The cause of the dropsy here is so obviously mechanical that we cannot hope for much relief from dynamically acting medicines, and therefore it is in this form of the disease, where the organ involved is so essential to life, that stimulants and mechanical removal of the effusion become more necessary than perhaps in any other.

In the earliest stage of the inflammation, which proceeding to more or less obliteration of the portal circulation, gives rise to ascites, we may in recent cases check the exudation of lymph with *Bryonia* and *Aconite*. But this exudation having occurred, and having produced dropsy, *sulphur* may be relied on with greater confidence than any other remedy to promote absorption of the plasma, and so set free the constricted portal veins. *Arsenic* also is of great value in this as in other forms of dropsy. In many of these cases we have found the alternation of these two medicines of great value; the one appearing to

act on the organ primarily at fault, and the other in improving the quality of the blood, and in increasing the tone of the tissues which have suffered from the diseased state of the liver. From the nature of the action of *iodine* upon the glandular system generally, upon the liver in particular, and also upon the veins, we should in all cases of hepatic dropsy examine the pathogenesis of this drug; in many it will be found useful, particularly after sulphur.

In the effusion that follows some acute attacks of inflammation of the peritoneum, *sulphur* and *hellebore* are our most useful remedies. In that arising from enlargement of the spleen, *cinchona* is, generally speaking, preferable.

Dropsies arising from more than one of the organic diseases we have referred to tax our patience and ingenuity in treatment to their utmost. Of the many medicines generally given one after the other in these cases perhaps *arsenic* is more useful than any other.

In these remarks, made in the broadest and most general manner, we have endeavoured simply to direct attention to those medicines whose physiological provings, and practical exhibition in disease, have shown them to be of most marked service in this very intractable malady, dropsy depending on alteration of structure. In the treatment of such cases many other medicines besides those we have named are of great value; they are such as are homœopathic to the various disorders of the great system of nutrition incidental to the several varieties of dropsy we have described.

These intercurrent medicines, in many cases, prolong life by keeping up the general health and preventing the, but in too many instances, incurable malady from exerting so powerful an influence on the constitution as it would otherwise have. Still we should in all cases strive earnestly to relieve the structural alteration producing all the painful symptoms we observe in such cases, as it is only by so doing that we can hope to attain anything like a restoration to health which will not be constantly requiring a recourse to medicinal agencies for its maintenance.

Cases of long continued dropsy, in which the vital forces

have sunk to almost their lowest point occasionally resist, from loss of the power of vital reaction, the influence of a dynamically acting medicine. Stimulation becomes necessary, without some fillip life can no longer be retained, the heart is acting not only feebly, but very feebly; the lungs engorged with blood and serum, are pressed from below upwards by the accumulated fluid in the peritoneum; and further the blood circulating through the body is deficient in vitality, and morbid in quality. The patient suffers grievously from orthopnoea, cough, fluttering palpitation, painful debility, and a general sense of oppression and exhaustion. In such cases, when too far gone to admit of tapping, a stimulant which will give the feeble heart some little increase of power to resist the numerous obstructions to its action, becomes necessary. Of this class of so called adjuvants *chloric* and *nitric æther* are, we think, better adapted by their diffusible character and rapid action to afford the desired brief respite from death than most others. Possibly when the system has been roused by a stimulant of this kind, a medicine, as purely homœopathic as circumstances will admit of to the morbid condition we have to deal with, might be of service, consequently we would suggest in such cases the alternation of chloric æther with the medicine that appeared to be homœopathically indicated.

The allopathic expedient of endeavouring to drain the system of fluid by purgation does not, we think, offer anything to commend itself to our notice. It entails on the already enfeebled patient a great amount of suffering and exhaustion, without a corresponding relief from oppression by evacuation of fluid. The irritation set up in the bowels by the drastic purge complicates the disease, and tends rather to expedite than hinder the already inevitably fatal issue. The only mode in which we think relief can be obtained by direct derivation of the fluid from the blood in extreme cases, is by the employment of the slightly stimulating diuretic, such *e. g.* as *bitartrate of potash*, in doses of from two scruples to a drachm. After the employment of this drug the flow of urine becomes increased, and some temporary diminution of the serous effusion takes place; and that without any influence on the kidney painful to

the patient, or likely to abbreviate to any extent the short span of life his disease allows him.

From the uncertain action and speedy loss of influence both of stimulants and diuretics, it behoves us before resorting to them to be well assured that any homœopathically selected medicine will be inefficient, and that one so purely palliative is *absolutely necessary*.

With a few observations on the mechanical treatment of dropsical accumulations we shall bring these remarks to a close.

When medicines have ceased to exert any influence in diminishing the fluid, and before the patient has become too exhausted to admit of any surgical interference, considerable temporary relief is afforded in many cases by tapping; especially, as before remarked, where the heart and lungs are greatly impeded in the discharge of their functions. In a few instances, especially where the dropsy depends upon chronic peritonitis, evacuation of fluid by this means affords a homœopathic remedy a considerable chance of preventing a reaccumulation of the effusion; in such instances we have an additional incentive to early operation. The ordinary method of tapping through the abdominal walls does not call for any remark.

Dr. Andrew Buchanan, of Glasgow, many years ago proposed another, which, from personal trial, we think is in many respects a preferable mode of removing the fluid of ascites, viz: by passing a canula, armed with a blunt pointed trocar along the urethra into the bladder, and through the anterior wall of that organ. The only notice of it that we are aware of, is that by Dr. Buchanan in the *Glasgow Medical Journal*, for 1828, p. 195. From want of publicity, a knowledge of the operation is almost exclusively confined to Glasgow; but its practical superiority to the old method induces us to notice it this evening. The instrument used is longer but similar in shape to that employed to puncture the bladder through the rectum. The point of the trocar, while sufficiently sharp to penetrate easily the vesical wall, is so blunt as to prevent any chance of injury to the lining membrane of the urethra in its passage. The trocar and canula having been passed into the abdomen, the

former is withdrawn and a tube of gutta percha attached to the latter allows the serum to pass out freely into a vessel conveniently placed for its reception.

The only danger which might be apprehended from this operation is the subsequent escape of urine into the abdomen, but a long experience in its performance has clearly proved to its proposer that such a casualty never occurs—it is in fact, as safe and simple as an operation possibly can be. No exposure of the peritoneum takes place, thus avoiding the principal source of danger in tapping as ordinarily practised; and by making the vent for the fluid at the base, rather than on the surface of its accumulation, a much more effectual evacuation of it can be obtained. It is most easily performed, and can be repeated from time to time without any injury or inconvenience to the patient. In one case only is it difficult to resort to this mode of tapping, viz: where areolar tissue of the penis and scrotum is much distended with serum, and this simply on account of the difficulty of passing any instrument into the bladder. The canula used by Dr. Buchanan for the male subject is about 10 inches in length; and occupies one-fourth part of a circle having a radius of 6 inches. That for the female is shorter and hardly so much curved.

Acupuncture of the lower extremities often relieves their areolar tissue when cedematous, but in the low state of vitality in which patients requiring it usually are, so many centres of inflammation not unfrequently tend to produce erysipelas of a very dangerous character. In London and on the continent, these punctures have been to a great extent superseded by an incision made through the skin and subcutaneous tissue from half-an-inch to an inch in length, just above the inner malleolus. From such an opening much larger quantities of fluid will drain well, and the chances of sloughing will be greatly less than when there are a number of small punctures. This operation, lately revived by some French practitioners, was originally proposed by Dr. Mead, and an account of it is published in his collected writings.

ON THE PURE EFFECTS OF SULPHUR.

BY DR. F. WURMB.

(Continued from page 48.)

XXIII.

My (Dr. Wurmb's) trials of Sulphur extended over a period of fourteen months (from 23rd September, 1845, to 10th October, 1846), and were made in the following series, embracing every variety of attenuation.

First series of provings.—Triturations.

(a.) I took from the 23rd to the 30th September, 1845, inclusive, at 5 P.M. each day, 20 grains of the 1st trit. prepared in the proportion of 5 to 95.

The only symptom that occurred during the first four days was an increase of the urinary secretion, not during the day, but in the evening and at night. Every night I had to make water once or twice, and in the night between the 26th and 27th September, I passed nearly two quarts.

27th. In the morning, immediately after getting up, confusion of head; after walking, especially after going up stairs, throbbing pains in both temples. The symptoms gradually declined during the day, and in the evening went off entirely.

28th. Soon after dinner, frequent discharge of flatus, grumbling in the bowels, and at 3 P.M. a copious loose stool, although I had had my usual motion in the morning. The grumbling in the bowels did not cease after the afternoon stool (an unusual thing for me), but continued for an hour longer, though less severely. I could not go to sleep before midnight, partly on account of feeling too wide awake, partly owing to a pretty severe itching, which immediately came on in the heat of the bed, appearing now in one place and now in another, and teasing me for an hour. I passed water twice during the night.

29th. No stool; feeling of weariness in the legs when sitting

and standing, not when walking. About 5 P.M. slight confusion of the head for half-an-hour.

(b.) From the 11th to the 20th October, 1845, inclusive, I took 20 grains of the 1st decimal trituration, and on the 21st and 28th October, 50 grains, at 5 P.M. each day.

16th October. In the forenoon an unsatisfactory hard stool; in the afternoon, soon after taking the medicine, dizziness in head.

17th. No stool; in the morning, soon after getting up, dizziness in head, that lasted till 5 P.M.; on going up stairs aching pains in the left frontal region.

18th. In the forenoon, an unsatisfactory stool, after a good deal of effort.

19th. No stool; great discharge of flatus, distension of the abdomen.

20th. In the morning, slight compression of the head.

21st. In the morning, immediately after getting up, confusion of head, lasting till noon. In the afternoon, sudden drawing in the fingers of the right hand, in the left great toe, in the right tendo-Achillis, but especially on the internal surface of the right thigh.

22nd. About noon, boring pains in the right inner ankle, which lasted nearly half-an-hour. Not till the afternoon, an unsatisfactory stool, after much effort. In the afternoon and evening, frequent call to make water (almost hourly), which had to be quickly obeyed. At night, in the warmth of bed, itching on the back and sides of the trunk.

23rd. Oppression of the chest, lasting all the forenoon. I felt as if my clothes were too tight about my chest and interfered with respiration at the same time. I had often an inclination to breathe deeply. Aching in the sternum and obtuse stitches in the left side of the chest. Anxiety as if some great misfortune were apprehended; frequent urination; itching all over the body; at the left side of the upper lip a painful vesicle.

24th. No stool; discharge of much flatus; sore pain at the raphe of the perinæum; anxious disposition.

25th. Great discharge of flatus; the soreness of the perinæum continues.

The effects of the Sulphur did not go off till the end of the month; they showed themselves in unsatisfactory stools, and sometimes constipation of several days duration.

Second series of provings.—Sulphur in substance.

I took a scruple of Sulphur at about 5 P.M., every day from the 18th to the 30th Nov., inclusive, and a drachm from the 3rd to the 14th Dec., 1845, inclusive.

18th to 22nd Nov. No symptoms.

23rd. Frequent urination, and generally much at a time. All the evening, paralytic feeling in both upper arms.

24th. The paralytic feeling in the upper arms came on after getting up in the morning and lasted almost an hour. At 8 A.M., a violent contractive pain in the whole right thigh, which lasted a quarter-of-an-hour, was very much increased by walking, and often compelled me to stand still. In the morning, scalding on making water; the secretion of urine was very much increased throughout the day. No stool.

25th. In the afternoon, sore pain in both oral commissures; itching on the borders of the eyelids.

26th, 27th, 28th. No symptoms.

29th. In the afternoon, frequently a raging pain in the middle of the sternum. In the evening, drawing on the inside of the right thigh; coldness of the feet, which lasted all night (I awoke several times during the night, owing to vivid dreams, and on each occasion I felt the coldness of the feet), and did not entirely go off till after getting up next morning.

30th. During the day, frequent sudden aching in the middle of the sternum.

1st, 2nd, 3rd, December. No symptom.

4th. About 4 P.M., after a good motion, cutting pains deep in the hypogastrium, which lasted a quarter-of-an-hour, and then went off, after the discharge of much flatus.

5th and 6th. No symptom.

7th. In the morning a loose stool; the whole day grumbling in the bowels; about 5 P.M. another loose motion.

8th. In the morning a loose motion.

9th. In the morning a very liquid evacuation.

10th and 11th. No symptom.

12th. Frequent urination, sometimes as often as every half-hour, but generally with scanty discharge of urine. About 3 P.M., aching at the right side in the region of the bladder. In the evening, drawing backwards in the left thigh, especially in its middle.

13th. The drawing pain in the left thigh recurred in the morning immediately after getting up; it is sometimes very severe when walking, especially on commencing to walk, on continuing to walk, and also when sitting, it went off entirely, but immediately returned if I only took a few steps.

14th to 21st. Quite well, so that I thought I had lost my susceptibility for the large doses. I was mistaken however, for from the 22nd I had again a daily recurrence of Sulphur symptoms, such as: aching pains in the right side beneath the short ribs; irregularity of the bowels, sometimes there was no motion, or they were moved later than usual; drawing pains in the thighs which did not last long, but often recurred during the day when walking. This was especially the case in the forenoon of the 26th, on which day the drawing pains attained a troublesome degree of intensity, now in the right, now in the left thigh, usually posteriorly. At the same time I had a paralytic pain in the upper arms, almost all day long, and in the upper part of the trunk a feeling as if I had caught cold.

27th. In the left forearm, all day long, violent paralytic pains. The left forearm was very sensitive to touch, and any slight exertion, such as the preparation of a medicinal attenuation, caused severe pain in it. In the morning, itching all over the body, especially above the crest of the os ilii.

28th. No motion. The paralytic pains are present all day, but in a much less degree than yesterday.

29th. In the morning, a hard insufficient motion, which on its passage through the anus causes burning shooting pains there. In the evening, when walking, very severe drawing pains in both thighs.

30th. In the morning, when walking, such violent drawing pains, especially in the right thigh, that I had often to stop, and could not walk without limping. These pains lasted all

the evening, even when sitting, and only went off once, for a few moments, to give place to a paralytic pain in the left forearm.

31st. In the forenoon, when walking, aching under the left short ribs. The pain in the right thigh lasted all the forenoon; it is certainly not so severe as yesterday, but still bad enough to make me limp when commencing to walk, when it is always worst. Judging by the feeling, this pain was deeply seated in the thigh. In the afternoon I had no painful sensation, though I walked a great deal.

1st January, 1846. No symptom. As no Sulphur symptoms appeared during the following nine days, I thought I might begin a new series of provings.

Third series of provings.—Dilutions. a.—Sulphur 800.

From the 11th to the 15th January inclusive, I took daily at 5 P.M. one drachm of this dilution.

11th January. Immediately after the first dose, confusion of the head, which however did not last long. About 10 P.M. I went to bed, but could not sleep before midnight. When sleep at length came on, it was disturbed by disagreeable dreams, and only became more tranquil towards morning.

12th. About 5 P.M., immediately after taking the medicine, confusion of the head, which lasted a couple of hours. About 6 P.M. when walking, drawing in the muscles of the right calf, which went off immediately on standing still or sitting, but instantly returned on walking. About 8 P.M., when sitting aching under the left short ribs.

13th. No symptom.

14th. The commissures of the mouth, especially the left one, smarted as if raw. When walking several times drawings in the left thigh. From 10 A.M. to 6 P.M., throbbing pain in the left temporal region, which was aggravated by walking, and at 6 P.M. suddenly went away. In the morning, sore feeling in both hypochondria, which are sensitive to touch.

15th. In the morning, painful drawing in the right thigh, especially when walking, which alternated with a similar pain

in the right heel. In the evening, frequent urination, almost every half-hour.

I left off taking the medicine; the drawing pains recurred daily, and only finally disappeared on the 24th January.

Were these symptoms the effects of the high dilution? Were they not, which is more probable, the after effects of the large doses of Sulphur previously taken? In order to decide this point, I undertook a new proving with the 800th dilution, in March. I took from the 2nd to the 24th inclusive, and from the 26th to the 31st daily, at 5 P.M., one drachm of the dilution. No symptoms occurred.

b.—*Sulphur 400.*

From the 4th to the 13th April, I took daily, about 5 P.M., one drachm. No symptoms.

c.—*Sulphur 200.*

From the 15th to the 23rd April, one drachm daily, about 5 P.M. No symptoms.

d.—*Sulphur 100.*

From the 6th to the 13th of May, daily at 5 P.M., one drachm. No symptoms.

e.—*Sulphur 50.*

From the 22nd to the 29th May, daily at 5 P.M., one drachm. Perfectly well.

f.—*Sulphur 30.*

From the 9th to the 18th June, a drachm daily at 5 P.M. No medicinal effects.

g.—*Sulphur 21.*

From the 22nd to the 30th June, daily at 5 P.M., one drachm. No result.

h.—*Sulphur 12.*

From the 2nd to 13th July inclusive, daily at 5 P.M., one drachm.

2nd and 3rd July. No symptoms.

4th. In the morning after getting up drawing in the left thigh. In the course of the day two loose stools. In the evening, sudden drawing on the right side of the lower jaw ; anxious disposition. I could not free myself from the anticipation of some great misfortune, though I had no ground for such fear.

5th. Two loose stools in the course of this day. In the afternoon, drawing on the left side of the lower jaw and in the left thigh. In the evening, anxious disposition as yesterday.

6th. In the morning, a loose stool. In the afternoon, sudden drawing in the left lower jaw and thigh.

7th. In the morning, after waking, taste of blood in the mouth ; after getting up aching squeezing pain in the top of the chest, especially at the right side, which lasted more than an hour. Sudden drawing in the third and fourth fingers of the left hand and in the left thigh. About 12 noon, drawing in the left side of the lower jaw towards its articulation, and for half-an-hour teasing aching in the left ear. About 6 P.M., drawing in the right ankle ; burning about the lower angle of the left scapula, lasting half-an-hour ; sudden aching in the hepatic region, and under the right clavicle.

8th. After dinner, distension of the belly ; discharge of much inodorous flatus and a loose stool. About 5 P.M., drawing in the left upper jaw and zygoma ; itching compelling scratching between the fingers of the left hand. Night's rest disturbed by many vivid dreams.

9th. In the morning, after getting up, burning in the lids, especially of the right eye. About 8 A.M. a very liquid evacuation ; during the forenoon, aching in the right eye, and sometimes a feeling as if the eyeballs were swollen ; drawing in the right molar teeth. After dinner, drawing in the right metacarpal bones (lasting almost all the afternoon), and in the left metatarsal bones ; sudden drawing in the right thumb and forefinger, in the right forearm, and in the top of the left ear towards the occiput ; itching compelling scratching on the dorsum of the left hand, and in the eyebrows.

10th. In the morning, after waking, much eye-gum on the

ciliæ; itching and burning of the lids, which are red and swollen. About 8 A.M., drawing in the left side of the jaws and afterwards in the right thigh, the metacarpal bones and the fingers of the right hand. These drawing pains lasted about half-an-hour. About 9 A.M., a loose motion. In the afternoon felt perfectly well. In the evening the pain recurred, alternately in the right and left thighs.

11th. In the forenoon not the slightest trace of Sulphur action. Immediately after dinner, a loose motion, although I had had a normal stool in the forenoon. In the afternoon, drawing in the middle of the left thigh, afterwards in the right forearm and right thumb, then in the left zygoma towards the left parietal bone, lastly in the right molar teeth and the right middle finger. Itching, now here, now there, but especially on the back of the hand and the eyebrows. At night vivid dreams causing me to awake frequently.

12th. In the morning I felt in the bend of the right elbow a tiresome tension, both in flexing and in extending the forearm. During the forenoon the drawing pain recurred, first in the left great toe, then in the right upper molars, and the metacarpal bone of the right thumb, afterwards in the middle of the internal aspect of the left thigh, and lastly in the first joint of the right forefinger. In the afternoon drawing in the left hip and left thigh. In the evening, itching compelling scratching between the finger joints.

13th. The feeling of tension in the left elbow is present all day long, but in a much less degree than yesterday; sometimes drawing in the right thigh.

14th. No symptoms.

15th and 16th. The drawing pains in the lower extremities recurred pretty severely. The subsequent days also they returned, but were every day less severe, until after a week they were quite gone. During the whole time of this proving, I had little appetite; I ate more from habit than from necessity, sometimes in fact, I had positive dislike to the food, especially to supper, so that I ate nothing. I was often much concerned about my state of health, and feared lest I might really get ill. At the same time I made the disagreeable discovery that my

hair came out much in the morning on combing it. After feeling quite well for a week, viz: from 25th July to 1st August, I then proved:

i.—*Sulphur 3.*

From the 2nd to the 12th of August inclusive, I took every day at 5 P.M., one drachm of this dilution.

On the 5th of August there occurred some Sulphur symptoms, such as: drawing in the left thumb and the right upper jaw; loss of appetite, two loose stools. Such was the scanty result of taking Sulphur 3 for 10 days.

Fourth series of provings.—Undiluted tincture of Sulphur.

Of this I took a drachm-glass full at 5 P.M., from the 10th to the 12th October inclusive, from the 14th to the 20th October inclusive, then on the 22nd, 24th, 25th, 26th, 28th, and 29th, October, and from the 1st to the 10th Nov. inclusive.

It was not till the morning of October 13th, that Sulphur symptoms appeared, such as: drawing in the right upper arm and itching on the external aspect of the fingers; these symptoms occurred on the following days. A more vigorous action shewed itself on the 17th October. The drawing was no longer limited to the upper arm, but during the forenoon was also present in the left upper jaw and the extremities, the upper as well as the lower, it was generally felt in this way:

The drawing pain in the right side was followed by a drawing in the left, then again in the right and so on. About 11 A.M., aching in the region of the neck of the bladder lasting half-an-hour; afterwards aching in the anus. In the afternoon I was free of all symptoms; only in the evening I was teased with a drawing in the crowns of the teeth.

18th. Drawing in the limbs, now here, now there, especially in the right wrist. In the afternoon great distension of the abdomen with sore pain upon the left os ilii. In the evening great lassitude and feeling of weight in the legs.

19th. In the morning an insufficient motion followed by burning in the anus, which teased me almost all day. In the forenoon drawing in the teeth which recurred several times, and

drawing in the limbs ; the latter never lasted long, and always appeared again in another place. Itching compelling scratching, now here, now there. During the whole afternoon, the head was confused. About 5 P.M., immediately after taking the medicine, feeling of dryness followed by scraping in the throat ; about half-past 5 P.M., a painful shoot along the urethra ; about 6 P.M., an attack of tickling cough, which lasted nearly half-an-hour and went off after expectorating a good deal of phlegm. At night, in bed, heaviness of legs.

20th. In the morning, in bed, a teasing feeling of weight and weariness in the legs. In the forenoon an unsatisfactory stool ; drawing in the teeth, and here and there in the limbs, worst in the left calf. About 5 P.M., immediately after taking the medicine, dry feeling in the throat, and slight confusion of the head.

21st, 22nd, and 23rd. Besides insufficient motions every day, and sometimes a drawing in the right thigh, no symptoms.

24th. In the morning a scanty evacuation. In the afternoon, immediately after swallowing the medicine, confusion of the head, lasting about an hour ; dry feeling and scraping in the throat, and occasional cough with expectoration of phlegm. During almost all the evening, drawing in the thigh, especially when sitting, and sudden drawing in the fingers of both hands.

25th. No symptoms.

26th. In the morning, occasional drawing in the teeth and limbs, especially the right thigh.

27th. No symptoms.

28th. In the afternoon, immediately after taking the tincture, some painful shoots in the urethra, drawing in the left thigh, dry feeling in the throat, and itching on the outside of the thigh ; later in the evening, tickling in the urethra.

29th. Frequent urination, about every hour ; a great deal of urine was always passed at once.

30th and 31st. No symptoms.

1st November. Drawing pains in almost every part of the body, alternately first in one part then in another. It was only in the right wrist and thumb that these drawing pains were present almost all day ; they were very troublesome and accompanied

by a feeling of weakness, so that a slight exertion of the right hand, *e.g.*, opening a door and the like, was difficult and increased the pains. Itching on the outer surface of the thigh, on the back of the hands, in the anus, and particularly in the small of the back. About 6 P.M. tickling cough, which lasted about 5 minutes, and ceased after expectorating much phlegm.

2nd. Frequent but never long-continued drawing in the right shoulder-joint, and continued drawing in the right thumb; itching on the outer surface of the thighs and on the back.

3rd. Drawing in the right calf, the right thigh, and right thumb.

4th. In the morning, after much effort, an insufficient lumpy motion, which on its passage through the rectum caused a burning pain there.

5th. In the afternoon a hard scanty motion, sudden drawing here and there in the limbs. Towards evening I had to make water about every hour and each time passed a great deal.

6th. In the morning, a sensation as if there was a foreign body in the right eye.

7th. Feeling of a foreign body in the eyes, in the forenoon in the right, in the evening in the left eye; drawing in the fingers of the left hand and in the right thigh.

8th. In the forenoon a lumpy insufficient stool; drawing in the lower incisors, in both thighs, in the fingers of the left hand, and in the back below the right scapula.

9th. In the morning, after getting up, drawing in the left side of the lower jaw; in the afternoon a hard unsatisfactory motion, with burning in the rectum.

10th. In the morning, tension in the right shoulder-joint, and very painful tearing on the inside of the left thigh. During the day pretty frequent drawing on the inside of the left thigh and once in the right thumb.

The following days the drawing pains went gradually off and entirely disappeared by the 20th Nov., hence I concluded that I was free from the effects of the Sulphur. In this however I was mistaken, for hæmorrhoidal complaints now set in, which at first attained a great degree of severity and then gradually subsided; they lasted fully three weeks. They con-

sisted of the appearance of a large pile, which caused a violent burning pain on walking, on being touched, and especially when at stool; sometimes very painful shoots darted out of it through the anus, and in the first days always a little blood was passed at stool.

By my proving the following numbers of Hahnemann's list are confirmed: 11, 12, 76, 77, 83, 125, 205, 206, 235, 255, 257, 278, 293, 421, 439, 543, 585, 586, 748, 769, 771, 785, 829, 848, 849, 850, 858, 871, 890, 906, 928, 937, 946, 947, 950, 953, 955, 958, 980, 982, 988, 990, 1180, 1193, 1245, 1341, 1458, 1483, 1489, 1558, 1631, 1665, 1743, 1744, 1785, 1875, 1889.

XXIV.

Professor von Zlatarovich began his Sulphur proving on the 24th September, 1845, and finished it on the 25th Nov., 1846. It lasted therefore 428 days. During the first 17 days he took triturations; afterwards he took for 117 days Sulphur in substance, of which he took 5593 grains. During the following 271 days he took the tincture, of which he took in all 2600 drops; during the last days of his proving he took dilutions.

First series of provings.—Triturations (10 to 90).

a.—First trituration.

From the 24th to the 30th September inclusive, and on the 4th, 6th, 7th, 9th, and 10th October, 1845, he took every morning, half-an-hour before breakfast, 10 grains, and on the 12th October, 20 grains.

24th Sept. In the morning, 1½ hour after the dose, shoots as with fine needles at the lower angle of the left scapula, which lasted ¼ of an hour, followed by a feeling as if the upper lip were swelled.

25th. In the morning burning in the edges of the lids; the upper lip sensitive to touch. In the evening sore pain in the whole nose, especially in its septum, the slightest touch increased the pain. No trace of catarrh.

26th. In the morning, slight burning in the septum of the nose. About half-past 9 A.M. collection of water in the mouth, inclination to vomit and a very copious loose stool.

27th. In the morning, after getting up, several fits of sneezing, sore feeling in the nose, burning in the upper lip and the edges of the lids. At noon the pain in the nose was very severe and an acrid fluid flowed from the right nostril.

28th. After dinner, cutting burning pains in the borders of the eyelids, and especially in the external canthi; a little acrid fluid comes from the nose. In the evening, very tiresome burning in the outer canthi, and on shutting the eyes, a sensation as of a foreign body betwixt the edges of the lids towards their external commissure; dryness of the nose, burning on the outer borders of the *alæ nasi*, which are very sensitive to touch.

29th. After getting up, burning in the borders of the eyelids. After taking the medicine he has nausea and inclination to vomit. After breakfast frequent eructation of air; after dinner itching in the anus.

30th. The nose, especially its left outer edge is very sensitive to touch. In the evening cutting pain in the nose and discharge of thin fluid from it.

1st Oct. In the morning after getting up very tense sore pain in the nose, especially at its point; feeling as if the nose was swollen; its internal surface is covered with small scabs; sensitiveness of the upper lip to the touch; slight burning of the eyes, particularly in the outer canthi. About noon increased discharge of thin fluid, but no other symptoms of cold.

2nd. In the morning he felt perfectly well; about noon scabs formed on the nose, causing a tiresome tension at its point. In the evening after eating an ice, very disagreeable taste and slight nausea.

3rd. In the forenoon slight burning and profuse lachrymation of the left eye. In the evening several violent sneezes in rapid succession. The edges and septum of the nose rather sensitive.

4th. In the morning slight adhesion and burning of the eyes; sensitiveness of the septum of the nose and upper lip. The cutaneous transpiration has an odour of Sulphur.

5th. In the evening sudden and very severe itching on the right hand, especially on its palmar aspect and betwixt the fingers.

6th. In the forenoon slight bearing down in the anus; transient drawing pain in the small of the back. At noon burning in the eyes; sensitiveness and dryness of the nose. In the afternoon twice sudden tearing in the lumbar and sacral vertebræ, and several times very tiresome itching in the left hand from the wrist to the little finger. The itching is increased by scratching which is followed by burning, but nothing is to be seen on the skin. On the back near the loins, several small pimples which let out a fluid when scratched; itching on the occiput near the nape.

7th. In the morning on awaking much phlegm in the throat and larynx; the eyes slightly adhering; the point of the nose covered with small scabs. In the forenoon dry feeling and troublesome tension in the nose; burning of the eyes and lids.

8th. In the forenoon occasional expectoration of thick phlegm, otherwise nothing worth notice.

9th. In the morning occasional expectoration of phlegm. Sensation of increased heat of face, especially in the cheeks and around the eyes; troublesome dryness in the nasal cavity. The lips become so dry in speaking that they are quite rough, and cause a disagreeable feeling of rubbing; spasmodic contraction beneath the sternum when sitting. In the evening discomfort, restlessness, flying drawing in the limbs, especially in the forearm, judging by the feeling in the bones. All these symptoms lasted about an hour.

10th. Occasional slight burning in the eyes; in the nose sometimes dry feeling, and sometimes a discharge of watery fluid from it.

11th. In the morning slight sensitiveness in the throat, coughs up occasionally some thick mucus. Towards noon aching in the vertex, increased in the open air where it became very teasing; along with this burning in the canthi and dry feeling in the nose. After dinner the aching in the vertex increased to the feeling as if a heavy weight lay on it. This pain lasted all day long in a minor degree, and did not go off till evening. In the evening profuse discharge of fluid from the nose. On the right side of the scalp over the parietal bone a very painful pimple forms. When sitting he has a burning in the anus.

Second series of provings.—Sulphur in substance.

On the 12th Oct., 1845, he took in the morning 5 grains. In the forenoon when sitting burning and aching in the anus, which lasted an hour; after dinner flying shoots in the same part.

13th. Five grains. He could scarcely wake himself up in the morning, though he had slept well over night. After getting up, burning of the eyes in their outer canthi, tenderness of the upper lip, and tiresome dry feeling in the nose. After taking the Sulphur several eructations of gas tasting of Sulphur; slight scraping in the throat and irritation to cough; a hard insufficient evacuation followed by burning and sore feeling in the anus. At noon great burning in the canthi and dryness in the nose; the upper lip burns as if it was raw; bearing down in the anus as if to stool; very cold hands and feet.

14th. Eight grs. In the morning, immediately after getting up, a normal stool followed by straining and discharge of fluid fæces, and raw pain in the anus. Towards noon when sitting, frequent straining and aching in the anus. In the evening when sitting, painful shoots in the front of the urethra, and great burning in the skin of the forehead. At night a violent attack of cough, with expectoration of thick phlegm, and a feeling of rawness in the trachea.

15th. Ten grains. All day long till late in the evening burning in the skin of the forehead; transient sensitiveness of the mucous membrane of the nose. In the evening when writing chilly feeling, soon however followed by the usual warm feeling. The night's rest was disturbed partly by shooting pains of which he was not very distinctly conscious, partly by anxious dreams.

16th. Fifteen grains. In the morning expectoration of much thick viscid phlegm and copious discharge from the nose. Soon after taking the medicine troublesome dryness and sensitiveness of the nose. In the red part of the lower lip on the left side sensation like a chap, though there was none. Towards noon slight burning of the eyes, especially the edges of the lids; afterwards while sitting, great bearing down and sore feeling in the anus, which became so bad in an hour, that he could

scarcely sit; but it went off after dinner. In the evening itching and burning in the skin of the forehead.

17th. Twenty grains. After taking the medicine, a short dry cough as from irritation in the trachea. During the day he felt quite well, but the digestion was not quite in order. He ate with appetite and had no feeling of oppression in the stomach; but several times after dinner there were eructations of gas, with the taste of what had been eaten at dinner. On the left side of the forehead a small inflamed pimple.

18th. Twenty grs. In the morning while sitting slight aching in the small of the back, and some burning in the anus. Noisy discharge of much flatus. The pimple on the forehead is gone. Soon after taking the Sulphur, coolness all over the body and great bearing down in the anus. In the afternoon after walking a little, a blister on the sole of the foot; much thin mucous fluid comes out of the nose. In the evening when sitting, recurrence of the bearing down in the anus. At night several times hawking up of thick phlegm.

19th. Twenty-five grs. In the morning after a good stool, burning in the anus; discharge of much noisy flatus. In the forenoon sudden pressing headache about the right supra-orbital arch. In the evening some pressure on the vertex; frequent expectoration of thick phlegm.

20th. Twenty-five grs. In the morning repeated expectoration of phlegm from the larynx; slight adhesion of the lids. Some varicose veins which had persisted in the right calf for ten years became visibly less, and a swollen state of the whole leg below the knee, which had lasted the same length of time, is diminished.

21st. Thirty grains. In the evening some sensitiveness and dryness in the nose, and slight burning in both outer canthi. At night several times expectoration of thick mucus.

22nd. Thirty grains. In the morning after waking the nose is dry and tender; slight burning in the eyes towards the outer canthi; the voice is hoarse; a slight irritation in the larynx causing a dry cough; upper lip tender. During the day frequent dry tussiculation with only occasionally expectoration of

phlegm ; great tension in the right leg, especially in the knee joint. At night he talks loudly in his sleep.

23rd. Thirty grs. In the morning repeated expectoration of phlegm ; great discharge of flatus ; slight burning in the edges of the lids. During the day frequent cough.

24th. Thirty grs. In the morning discharge of much flatus ; burning of the eyes ; dryness of the nose ; frequent expectoration of phlegm. In the afternoon and evening frequent dry, short cough. In the evening aching and burning in the stomach.

25th and 26th. No medicine.

26th. In the evening tiresome dryness in the nose ; great increase of the wax in the ears, especially the left year.

27th. Thirty grains. In the morning occasional cough with sore pain in the chest, and expectoration of thick phlegm ; after a good stool distension of the abdomen ; a suppurating pimple on the hairy scalp near the nape. At noon itching in the skin of the right leg.

28th. Forty grains. In the morning after walking, repeated expectoration by coughing of phlegm ; a copious loose stool followed by some pain in the anus ; slight burning of the edges of the lids. After breakfast very disagreeable acrid bitter taste in the mouth. A second soft stool (an hour after the first) ; feeling of sinking in the abdomen. About noon, when sitting, pretty severe bearing down and some fine shoots in the anus, lasting an hour. In the evening uncomfortable feeling of general derangement, at the same time chilliness and burning in the skin above the forehead. This burning extends by and bye over the forehead, and there is frequent discharge from the nose.

29th. Forty grains. In the morning after waking repeated expectoration of phlegm ; dryness and sensitiveness of the nose ; slight burning of the edges of the lids. About noon, two or three times colic-like pinching followed by discharge of flatus. At noon general discomfort ; feeling of illness ; confusion of the head ; disagreeable chilliness over the back and in the limbs. In the evening great thirst with desire for beer ; great dryness of the nose.

30th. Forty grains. In the morning teasing dryness of the

nose; expectoration of thick phlegm; slight burning in the borders of the lids; after a good stool, aching and forcing down in the anus. Soon after taking the medicine, rumbling in the bowels. At noon increased discharge from the left nostril. In the afternoon very sensitive to the open air; digestion somewhat deranged. In the evening eructation of what had been eaten at noon; frequent sneezing; itching above the left eyebrow. Late in the evening much fluid comes out of both nostrils.

31st. Forty grains. In the morning after waking much expectoration of phlegm; rumbling in the epigastrium. After getting up burning of the eyes; dryness and tenderness in the nose. After dinner frequent dry short cough and blowing of the nose, in doing which the septum of the nose burns. The upper lip is very red and sensitive on its inner surface.

1st. Nov. No medicine. In the morning frequent expectoration of phlegm and blowing of the nose; two loose stools. In the evening frequent violent cough, owing to an irritation deep in the air passages. Cough generally dry, only sometimes there is a thick mucous expectoration. At night vivid but not remembered dreams.

2nd. Fifty grains. In the morning after waking repeated expectoration of mucus. After getting up, the eyes burn a little; slight pinching in the bowels with discharge of flatus, causing relief. At noon a watery fluid flows several times from the nose, causing severe burning at the edges of the ala nasi. At night vivid dreams and loud speaking in sleep so as to wake him up.

3rd. Sixty grains. In the morning frequent cough, sometimes dry, sometimes with expectoration of phlegm; a copious loose motion. In the forenoon, in the open air dryness of the nose, and feeling as if its mucous membrane was swollen. At noon when sitting, a painful forcing down and some acute stitches in the anus.

4th. Sixty grains. In the morning frequent expectoration of mucus; great dryness of the nose; sensitiveness of the skin for the open air. In the evening some transient stitches behind the left ear; much itching on the whole cutaneous surface,

especially the right leg below the knee, where some slightly reddened pimples are visible.

5th. Sixty grains. In the morning occasional coughing up of phlegm. In the forenoon great sensitiveness to the open air. About noon great hunger; after taking a couple of soft boiled eggs, heartburn for half an hour. In the evening frequent short dry cough; great discharge from the nose. At night violent itching on both legs, after scratching a sore feeling remained.

6th. Sixty grains. In the morning after waking aching in the sacrum; slight burning in the eyes and borders of the lids; several times severe cough, sometimes with expectoration of thick phlegm. In the afternoon great sensitiveness to the open air.

7th. Sixty grains. In the morning after waking cough as on the preceding days; a very painful inflamed pimple on the border of the left hip in the division between the hips. At noon, when sitting, aching in the anus, and a feeling as if there was a pile at the anus, which however is not the case; much appetite; frequent dry tussiculation. In the evening great watery discharge from the nose, which makes the edges of the nose sore.

8th. Sixty grains. In the morning after waking, slight aching in the sacrum, and several times coughing up of phlegm. After getting up, he had such a sudden call to stool, that he could not get quick enough to the water closet, and in consequence, some *fæces* escaped prematurely, and yet he had no diarrhœa, but the motion consisted of tough gluey fetid *fæces*. Two hours later a similar stool. In the afternoon frequent sneezing; some bearing down and flying shoots in the anus. About 1 a.m., a very severe headache came on occupying a portion of the vertex about the size of the palm; it was superficial and seemed to be seated in the brain. The pain was of a drawing burning character, was increased by touch, and lasted an hour.

9th. Sixty grains. In the morning after waking, transient aching in the sacrum; frequent dry tussiculation; slight burning in the eyes; dryness of the nose. The effect upon the nasal mucous membrane during the whole of the proving was quite peculiar. At one time an acrid fluid flows from the nose,

and again the organ appears to be as dry and stiff as parchment; and the next moment he has to blow out a quantity of thick phlegm, which is followed by a return of the dryness.

10th. Sixty grains. In the morning hoarse voice: slight burning of the eyes; dryness of nose. At noon great aching and bearing down in the anus, lasting an hour. In the evening when sitting, the same feeling in the anus; it goes off quickly, but after a while returns; frequent severe cough. About 1 a.m., violent cough caused by a constant irritation in the trachea, and lasting nearly an hour.

11th. Sixty grains. In the morning frequent cough, generally dry, and only seldom with expectoration of phlegm; a hard unsatisfactory stool. In the forenoon frequent blowing from the nose of thick mucus. At noon, tiresome dryness and stiffness of the nose; forcing down and aching in the anus. This feeling in the anus went off completely when walking in the afternoon, but came back again when sitting, in the evening, but only in fits, for it went off the next instant. In the evening much cough.

12th. Sixty grains. In the morning slight adhesion of the eyelids; frequent sneezing; frequent coughing up of phlegm; hoarse voice; tickling in the larynx and bronchial tubes; sore feeling in the chest; a copious loose motion. In the evening when sitting, the aching and bearing down in the anus recurs in fits like yesterday. On smoking, the mucous membrane of the nose feels sore.

13th. Seventy grains. In the morning occasional coughing up of phlegm; a very solid stool followed by slight burning in the anus. At noon, bearing down in the anus. After dinner, great tightness and distension of the abdomen. In the evening repeated hawking up of thick disgusting mucus, and when sitting, aching in the sacral region.

14th. Eighty grains. In the morning occasional expectoration and blowing from the nose of thick phlegm. At dinner a peculiar feeling in the right nostril; he felt as if the mucous membrane detached itself from the bone and rose as a blister, at the same time frequent sneezing. These symptoms were present almost all the afternoon.

15th. Ninety grains. In the morning a loose stool ; occasional cough with expectoration of thick phlegm ; dryness of nose. At noon, pretty severe aching in the anus. In the afternoon, sensation in the right eye as if a foreign body were in it, which compels him repeatedly to rub and wipe the eye.

16th. Without medicine. In the morning a copious soft stool, and frequent cough with expectoration of thick phlegm. After breakfast, slight grumbling and pinching in the bowels, and in an hour a fluid evacuation followed by sore feeling in the anus. An hour later a third similar motion. At noon, when sitting, slight aching in the anus, and severe burning and dryness in the nose.

17th. Ninety grains. In the morning several times cough with expectoration of phlegm ; at the division between the nates an inflamed pimple, which gave much pain when walking in the forenoon.

18th. Ninety grains. In the morning expectoration of mucus ; a firm stool. The pimple between the nates is still there, but less painful.

19th. One hundred grains. In the morning severe cough ; a firm solid stool followed in an hour by a looser motion. The skin, especially of the hands, smells of Sulphur.

20th. One hundred grains. In the morning frequent cough with expectoration of thick phlegm ; a copious soft stool ; dryness of the nose and stiffness of its walls. At noon, burning of the eyes, and when sitting, aching in the anus.

21st. One hundred grains. In the morning frequent coughing up of mucus ; a loose motion, followed by aching in the anus ; dryness and tension of nose ; tenderness of upper lip. After dinner, coldness and slight pinching in the belly ; bearing down in the anus. In the evening, for an hour, distension and sinking feeling in abdomen.

22nd. One hundred grains. In the morning repeated coughing of phlegm ; a loose stool, followed by burning in the anus. An hour afterwards, a second similar stool. After dinner the belly somewhat distended. During the day frequent cough, sometimes short and dry, sometimes with copious expectoration of phlegm. The palmar aspects of the hands smell strongly of

Sulphur. Towards evening great sleepiness, so that contrary to custom, he slept for an hour. After waking, aching in the anus.

23rd. One hundred and ten grains. In the morning after waking, great discharge of flatus; frequent cough, sometimes short and dry, sometimes with expectoration of thick phlegm; on the upper lip a small aphthous erosion; distension and rumbling in the bowels. In the evening, some burning in the eyes; dry feeling in the nose, although it is actually moist; burning in the aphtha on the upper lip.

24th. One hundred and ten grains. In the morning coughing of phlegm; a loose stool; after breakfast, inclination to go to stool, which however soon went off.

25th. One hundred and ten grains. In the morning immediately after taking the medicine, a loose stool; then for an hour pressure on the chest and fulness in the stomach. Both symptoms decline on the occurrence of rumbling in the bowels; frequent cough, sometimes dry, sometimes with expectoration of mucus; eructation of air smelling of Sulphur; much mucus comes from the nose, and then there is disagreeable dryness of the nose; slight burning in the upper lip. The aphtha on the upper lip is quite dried up. After breakfast, the rumbling in the bowels ceases, and a warm feeling comes in the stomach; roughness in the cesophagus. In the afternoon great sleepiness, and after a short refreshing sleep, he feels perfectly well, all except the dryness of the nose.

26th. One hundred and ten grains. After waking, itching on the legs; several times coughing up of mucus; discharge of flatus, smelling strongly of Sulphur; a half-fluid, insufficient stool.

27th. One hundred and twenty grains. In the morning frequent coughing up of mucus; dryness of nose. Although he ate a very good dinner, yet in the afternoon, contrary to habit, he became so very hungry, that he had to eat again; notwithstanding this, he was again ready for supper. In the evening dryness of the nose; sometimes dry cough; cheerful disposition.

28th. One hundred and twenty grains. In the morning cough with expectoration of phlegm; feeling of unusual

tightness in the small of the back ; a curious illusion of the sense of olfaction, as though he smelt soapsuds. After dinner, frequent dry short cough.

29th. One hundred and twenty grains. In the morning occasional coughing up of phlegm ; discharge of flatus, smelling of Sulphur. An hour after taking the Sulphur, a semi-solid insufficient stool ; slight constriction of the chest. Somewhat later, rumbling and pinching in the bowels. About 11 a.m., a second semi-fluid insufficient motion ; slight confusion of the head. After dinner, great sleepiness ; after a short sleep, uneasiness in the abdomen ; somewhat later, burning in the rectum. In the evening frequent, short dry tussiculation ; burning dry nose. The itching in the anus, to which he had formerly been subject, went off entirely some time since.

30th. One hundred and twenty grains. After waking, discharge of much flatus, smelling of Sulphur ; a copious loose evacuation. After breakfast, much rumbling in the bowels. Towards evening, some burning in the eyes ; very cheerful disposition.

1st. Dec. One hundred and twenty grains. In the morning coughing up of mucus ; a semi-solid, insufficient stool ; rumbling in the bowels ; slight distension of the belly. After a little, a second semi-fluid stool, followed by burning in the anus. At noon, discharge of watery fluid from the nose. In the afternoon another loose stool, followed when sitting, by full feeling in the anus, which lasted an hour. For many years he had been subject to great scaliness of the head, so that a large quantity of scales always came away when he combed or brushed his hair, and his coat collar was always covered with them. For a few days past he has not noticed any of these scales, so that he thinks the Sulphur must have acted curatively.

2nd. No medicine. In the morning great discharge of flatus ; sinking feeling in abdomen ; frequent mucous expectoration.

3rd. One hundred and twenty grains. In the morning occasional cough ; dryness of nose ; some pinching in the bowels ; slight constriction of chest ; flatus smelling of Sulphur passes

upwards and downwards. In the afternoon distension of the abdomen, lasting an hour. In the evening, frequent tasteless eructations of air, and jerking, tearing in the right forearm, and in the fingers of the left hand.

4th. One hundred and twenty grains. In the morning in bed, for half an hour, irritation in the trachea, occasioning a severe dry cough. After getting up, a soft stool, followed by burning pain in the anus. In the forenoon, when sitting, bearing down in the anus.

5th. One hundred and twenty grains. In the morning, several times coughing up of mucus. After breakfast, rumbling in the bowels; a couple of jerks in the right temple near the ear; sensitiveness of the upper lip, and of the nose which is quite dry; very disagreeable, resinous taste in the mouth; a loose stool. At noon, when sitting, bearing down in the anus.

6th. No medicine. Towards morning he was awakened by a severe burning and aching pain in the stomach. The pain lasted an hour, diminished after the discharge of a great deal of fetid flatus, and went off completely after a loose evacuation. Frequent cough with expectoration of mucus; dryness of the nose. After breakfast, very disagreeable and acrid bitter taste in the mouth. At noon, good appetite. In the evening, when sitting, bearing down in the anus.

7th. One hundred and twenty grains. In the morning an occasional cough; great discharge of flatus. After breakfast, for an hour, very disagreeable taste, then burning in the stomach, and along the œsophagus, up to the fauces. At noon, good appetite. After dinner, slight heartburn. In the evening pinching in the belly, followed by discharge of flatus with relief.

8th. No medicine. In the morning the skin of the whole body smelt strongly of Sulphur, in consequence of which, he left off the medicine for some days, thinking that it had taken the direction of the cutaneous secretion, and that consequently the symptoms of the other organs had receded. In the forenoon when sitting, pretty severe bearing down, and some fine shoots in the anus; occasional cough. In the evening slight tightness

of the chest, and frequent dry cough. The nose not nearly so dry as the previous days.

9th. No medicine. Perfectly well.

10th. No medicine. In the morning occasional cough with expectoration of phlegm. At noon, when sitting, considerable forcing down in the anus, which, as usual, suddenly went off, and after a time recurred. In the afternoon, when sitting, pains in the tuberosities of the ischia, as if the weight of the body was too great; some itching on the external surface of the right leg.

11th. No medicine. In the morning on waking, headache, having its seat above the forehead in the hairy scalp, where it occupied a space the size of the palm of the hand; it was of an aching pressive character, went off when he rose up, but did not go off till far on in the forenoon. The skin smells strongly of Sulphur.

12th. One hundred and twenty grains. After taking it, some rumbling in the epigastrium. In an hour, great dry feeling in the nose, especially towards its point; an insufficient evacuation. In the forenoon some burning of the eyes. At noon, when sitting, great burning and sore feeling in the anus, lasting half an hour. In the afternoon another insufficient stool. Afterwards, when sitting, the forcing and pain in the anus occurs in fits, sometimes more, sometimes less severe.

13th. No medicine. In the morning after waking, discharge of much flatus, with the smell of rotten eggs; occasional cough with phlegm. After getting up a copious loose evacuation. After breakfast, some rumbling and pinching in the bowels. An hour later, a half-fluid evacuation. At noon, when sitting, forcing and sore feeling in the anus; occasional dry tussiculation. The cutaneous transpiration smells strongly of Sulphur.

14th. One hundred and twenty grains. In the morning coughing of phlegm. Soon after taking the medicine, jerking tearing on the inside of the right leg; a soft semi-fluid stool; slight bruised feeling in the thighs; transient tightness of chest.

15th. One hundred and twenty grains. He awoke to-day with pains in the small of the back, and great itching on the right leg. After getting up the pain in the back goes off; the

itching continues ; a soft stool. After breakfast, some burning in the eyes and some tightness of chest. After dinner, pretty severe bearing down and burning in the anus ; afterwards, grumbling and pinching in the bowels ; feeling of heat in the anus ; raw pain on the edge of the right nostril.

16th. No medicine. In the morning occasional coughing of phlegm ; itching on the right leg ; much flatus, with smell of rotten eggs.

17th. One hundred and twenty grains. At 5 A.M., profuse sweat on the right leg, and severe itching compelling scratching on the calf. After getting up, tickling in the larynx, lasting half an hour, and causing a violent dry cough. At noon, frequent severe sneezing, at least 10 times in succession ; transient aching in the small of the back.

18th. One hundred and twenty grains. The skin of the whole body smells strongly of Sulphur ; annoying smell of Sulphur in the nose ; slight pinching in the left side of the abdomen ; dryness of the nose ; sensitiveness of the upper lip. At night he was awakened by an aching tensive pain in the left side of the gastric region ; on turning on the right side, the pain gradually went to the right side, and after a while ceased ; at the same time some pain in the small of the back came on. Yesterday and to-day he woke up at 5 A.M., and remained awake for an hour, contrary to custom.

19th. No medicine. In the morning some aching in the chest ; occasional coughing of phlegm ; a copious loose stool. In the forenoon sinking feeling in the abdomen. In the evening uncomfortable feeling in the whole body ; drawing and bruised pain in the lower limbs ; oppression and weight in the chest. Late in the evening a peculiar pain occurred in the left hand, which began on the articular end of the ulna, and extended to the phalanx of the index finger. Its seat appears to be in the bone. It is burning, gnawing, increased by touch, and lasts till he goes to sleep.

20th. No medicine. In the morning after waking, the pain again came into the left hand ; it was however, not so bad as yesterday, but it became very severe after dinner, especially when the finger was touched, and went off in the evening after

exercise. The skin smells strongly of Sulphur. Some small vesicles had formed below the left nostril.

21st. One hundred and twenty grains. In the morning on awaking, transient drawing, gnawing pain about the left ankle joint; pretty severe aching tearing pain in the vertex, which went off at noon; but returned very severely in the afternoon in the open air; the whole vertex burnt as if raw. Occasional coughing up of mucus. About noon an insufficient motion. In the evening flying shoots in the left tibia (decidedly in the bone), which went off in half an hour; when sitting, bearing down in anus, which came on in fits, and again went off, but did not finally cease till 9 P.M.

22nd. One hundred and twenty grains. In the morning, cough with phlegm. At noon great appetite; dryness in nose; when sitting, a peculiar sensation of increased heat in the anus, and a feeling as if a foreign body were there.

23rd. One hundred and twenty grains. Discharge of much flatus; a semi-fluid motion.

24th. One hundred and twenty grains. In the morning occasional coughing of phlegm; a loose stool; slight distension of the abdomen. No scales when he combs his head, though he used to have a great many. In the forenoon feeling of fulness and sinking in the abdomen, which diminishes after discharge of inodorous flatus; great sensitiveness to open air. In the evening, when sitting, burning pains in the anus.

25th. No medicine. After breakfast, a loose motion followed by a sinking feeling in the abdomen; occasional cough with phlegm; painful tension in the right thigh down to the knee.

26th. No medicine. In the morning a few coughs with thick phlegm; great dryness of nose. During the day great sensitiveness to open air. In the evening fits of bearing down in anus; increased nasal secretion; an inflamed pimple in the right whisker.

27th. No medicine. In the morning occasional coughing up of phlegm. At noon, frequent severe (spasmodic) dry cough with fulness of chest. In the afternoon and evening great bearing down in the anus; copious watery secretion in the nose;

frequent severe cough ; slight shooting in the urethra. In the evening some confusion of the head ; cold feet. At night restless sleep, frequent tossing about and waking.

28th. No medicine. In the morning general ill-feeling ; bruised feeling and drawing in the limbs ; aching pain in the vertex ; frequent cough, thick mucous expectoration ; slight burning in the eyes. In the afternoon frequent sneezing ; dryness and tickling in the nose ; occasional cough ; great sleepiness. In the evening severe catarrhal symptoms ; no appetite for supper. At night restless sleep, in which he groaned much.

29th. No medicine. In the morning the legs were quite wet with perspiration ; severe burning of the eyes ; hoarseness of voice ; the skin smells strongly of Sulphur. In the forenoon he was much in the open air and felt quite well, but blew much thick mucus from the nose. Later, when in the room, the nose became quite dry, and its borders stiff. In the afternoon and evening, except a little cough and profuse nasal secretion, quite well.

30th. One hundred and twenty grains. At noon occasional cough with thick mucous expectoration ; great dryness, extreme sensitiveness, almost sore feeling, of the nose ; good appetite ; tearing in the right shoulder, which went off in the evening, leaving a weak paralytic feeling. The itching and burning in the anus, to which he was subject, is quite gone.

31st. No medicine. In the morning occasional coughing of phlegm ; raw feeling in the chest ; dryness in the nose ; repeated severe sneezes ; copious stool ; tearing in the right shoulder, which lasts till noon. Somewhat later, blowing of thick mucus from the nose ; slight confusion of head ; vertigo ; bearing down in anus ; great discharge of mucus from the nose. After dinner, distension of the abdomen ; slight pinching and rumbling ; uneasiness.

1st Jan., 1846. No medicine. In the morning he could scarcely waken up, and even after getting up he was sleepy. In the forenoon a loose stool, with great feeling of relief to the abdomen ; several times, blowing of mucus from the nose. At night, some sweat on both legs.

2nd. No medicine. In the morning sleepiness, like yester-

day ; head stupified ; frequent coughing up of mucus. Towards evening, slight confusion of head, like commencing vertigo ; when sitting, some tenesmus in the anus. At night, some sweat on the legs.

3rd. In the morning the same drowsiness and tired feeling as yesterday. During the day he felt perfectly well.

4th. One hundred and twenty grains. Soon after taking it, great irritation to cough ; dryness and parchment-like stiffness of the nose ; feeling of nervousness ; a very costive stool with congestion of blood to the head. After dinner, great irritation to cough, and sudden shaking cough ; tension in the right foot.

5th. No medicine. In the morning difficulty of waking. After getting up, a copious loose motion. After dinner, another loose motion. In the afternoon great sensitiveness to open air. In the evening, when sitting, great bearing down in the anus.

6th. One hundred and twenty grains. In the morning occasional cough. In the forenoon slight burning and tearing at the lower end of the right leg ; tightness of the left half of the chest ; slight burning and aching of the eyes ; frequent blowing of thick mucus from the nose. At noon, burning of the scalp on both temples ; great dryness of the nose. At night, restless sleep ; much sighing and groaning in the sleep ; occasionally violent cough.

7th. No medicine. In the morning such a sudden call to stool, that he had scarcely time to reach the closet. The fæces were nearly black, loose, viscid, greasy, and had a pungent odour of sulphuretted hydrogen ; no appetite for breakfast ; great sensitiveness to the open air. At noon, when sitting, great bearing down and burning in the anus for an hour.

8th. No medicine. In the morning occasional coughing of mucus. In the evening, frequent, severe, dry cough ; no appetite for supper ; after sitting for a long time, pain in the tuberosities of the ischia. About 2 A.M. he was wakened by a very violent fit of coughing. This was brought on by an irritation in the trachea ; it came on in fits, was barking, generally dry, and only sometimes with mucus expectoration. In an hour the cough gradually subsided and he fell asleep again, but the sleep was restless, disturbed by tossing about, moaning

and groaning, the breathing occasionally whistling. Much perspiration on the right leg.

9th. No medicine. In the morning occasionally coughing of phlegm; feels tired and knocked up; tension of pectoral muscles on breathing deeply and contracted feeling in the anterior wall of the chest. In the afternoon he feels quite well. The urine passed at night is quite muddy and has a copious sediment.

10th. No medicine. In the morning, after getting up, burning in the skin of the forehead. For some days past he had noticed traces of blood on his sock, which proceeded from a hæmorrhage below the nail of the little toe. No pain attends it. At night some fits of violent spasmodic cough. These fits came on suddenly, were accompanied by a contraction of the air passages, and went off as suddenly after a few violent coughs. The cough was usually dry, only occasionally there was a serous expectoration.

11th. No medicine. In the morning he awoke with a violent aching pressing pain on the vertex which occupied a space about the size of the palm and only went off some hours after getting up; at the same time general weariness and bruised feeling in all the limbs. After getting up sudden pain in the small of the back. During the day much blood comes from beneath the nail of the left little toe. At night severe perspiration on both legs; profuse secretion of urine of a dark yellow colour.

12th. No medicine. In the morning occasional violent cough. After dinner some fulness and bearing down in the anus, but in a much less degree than on the previous days. Frequent short, broken, dry tussiculations. In the afternoon and evening perfectly well.

13th. One hundred and twenty grains. In the morning occasional moderate cough. About noon slight aching in the vertex. The hæmorrhage from the toe has ceased.

14th. No medicine. In the morning two copious stools; frequent short dry tussiculations; peculiar feeling of general derangement with prostration.

15th. No medicine. No symptoms.

16th. One hundred and twenty grains. In the morning,

occasional coughing of phlegm. After dinner, which he relished much, great distension of the abdomen. At night vivid dreams. Sweat on the right leg.

17th. No medicine. In the morning the usual loose cough ; discharge of flatus smelling of sulphuretted hydrogen ; a copious loose stool.

18th. No medicine. On awaking severe burning on the vertex which went off after getting up, and was succeeded by a cool feeling in the same place.

19th. One hundred and twenty grains. In the forenoon while sitting, sudden bearing down in the anus ; great sensitiveness to open air. Towards noon, transient aching beneath the sternum. In the evening hoarse rough voice for some hours.

20th. No medicine. In the morning after waking pain on the left side of the lower jaw and swelling of the gum round a tooth, as if a gumboil were about to come ; occasional cough ; some hoarseness ; sensitiveness of the eyes ; general lassitude. Not refreshed by his sleep. After dinner great distension of the abdomen.

21st. No medicine. He was awakened early in the morning by a dry, convulsive, violent cough, which lasted an hour, and after going off left a soreness of the whole chest. The gum on the left lower jaw is still inflamed. A pustule in the right eyebrow. At noon, some bearing down in the anus. In the evening the gum is very painful ; the head confused, its left side especially painful ; drawing and tearing in the scalp ; the left submaxillary gland swelled and sensitive to touch. About 2 A.M. he awoke with violent pains in the inflamed gum ; they were burning and tearing and spread all over the head ; at the same time a sensation as if the left cheek were swollen, which is however not the case. After two hours he got weary and fell asleep.

22nd. No medicine. In the morning, after waking, a feeling of lassitude ; the submaxillary gland is swollen but not tender ; occasional coughing up of mucus ; a loose stool, followed by aching and burning in the anus.

23rd. No medicine. In the morning the gum is still rather tender, but the swelling considerably diminished, the swelling

of the submaxillary gland too has decreased. A few coughs with expectoration of phlegm. During the day great sensitiveness to the open air.

24th. No medicine. In the morning occasional coughing of mucus; the gum is again more painful than yesterday; the swelling of the submaxillary gland is gone.

25th. No medicine. Swelling of the gum gone. In the evening occasional tussiculation.

26th. No medicine. In the morning slight adhesion of the lids; the cutaneous transpiration smells strongly of Sulphur. At noon great prostration, lassitude, and bruised feeling of the limbs. In the afternoon and evening quite well. More blood has been discharged from under the nail of the left little toe. At night much sweat on the right leg; sharp penetrating tearings on the radial side of the left hand, extending to the little finger.

27th. No medicine. No symptoms.

28th. No medicine. In the morning he coughs less mucus; a copious loose stool. Towards evening severe bearing down in the anus when sitting.

29th. Two hundred grains. No symptoms.

30th. No medicine. In the forenoon a copious loose stool, and an hour afterwards fulness and bearing down in the anus.

31st. No medicine. In the morning a copious loose stool; flatus with the smell of rotten eggs. Occasional cough with phlegm. At night profuse sweat on both legs.

1st Feb. No medicine. In the morning coughing of mucus. In the forenoon severe bearing down in the anus.

2nd. No medicine. In the morning occasional violent cough, sometimes dry, sometimes with phlegm. At night sweating about the knees.

3rd. No medicine. In the morning occasional cough. In the forenoon bearing down in the anus lasting an hour. About midnight he was awakened by a violent attack of coughing; the cough came on in fits and was generally dry.

4th. No medicine. At noon when sitting very severe bearing down in the anus, not lasting long. Several small vesicles below the left nostril, which went off by next day.

5th. No medicine. No symptoms during the day. At night pains along the bone in the right leg; on account of them he could not lie on the right side.

6th. No medicine and no symptoms.

7th. Two hundred grains. In the morning a loose motion, and soon afterwards when sitting slight bearing down and burning in the anus. An hour afterwards a loose motion followed by the same sensation in the anus.

8th and 9th. No medicine. No symptoms.

10th. No medicine. In the morning occasional cough with phlegm; a red spot on the upper lip, which went off in half-an-hour.

(To be continued.)

IODINE INJECTIONS—THEIR MODE OF ACTION,

BY DR. JOUSSET.

Translated from the Art Médical, Vol. V.

SINCE injections of iodine have been employed more frequently they have given rise to numerous discussions.

This therapeutic agent has now passionate detractors and enthusiastic partisans. So, in order to resolve a question so much contested, it seemed to us that the first step to take is to examine the mode of action of the iodine administered under the form of injection, the false theory, as we believe, which is generally accepted to explain its mode of action, being the main cause of the modes of operation which render this injection sometimes dangerous.

This false theory consists in looking upon iodine only as an agent for developing adhesive inflammation; whilst, on the contrary, this medicament thus applied on the affected surfaces can develop on them two different actions, the one irritant and the other alterative. The first gives rise to an inflammation limited to the parts upon which it is applied, and only exceptionally causing suppuration and mortification. The second is the therapeutic action of the iodine, rendered more efficacious

by a particular mode of application. Surgeons, who almost alone have studied this question, have occupied themselves especially with the irritant, and have neglected the alterative action. This error arises from an imperfect and false knowledge of the mechanism of the cure of hydrocele. It is, in fact, upon the treatment of hydrocele that that of dropsies and serous cysts has been founded; and the history of the first makes the second comprehensible.

Formerly when hydrocele was treated by the seton, excision, and injections of port wine, the cure was obtained by inflammation and adhesion of the walls of the tunica vaginalis. Later, when M. Velpeau substituted tincture of iodine for red wine, he saw in this medicament only a new inflammatory agent, and he continued to teach with most of the surgeons that iodine injections cured hydrocele by causing adhesive inflammation, which ended in the obliteration of the cavity of the tunica vaginalis.

This theory was applied to the treatment of dropsies and serous cysts by injections of iodine, and it gave rise to operative methods often dangerous. However the pathological observations of M. Hutin, and general experience having shown that hydrocele was cured without adhesion, and that many dropsies and serous cysts were cured without this condition, people changed their mind on this theory without abandoning it completely, only they sought for another explanation for the cases that were cured without adhesive inflammation, and M. Boinet took upon himself to express it in the following manner.

“ In the case of iodine injections into serous membranes the effect does not always produce adhesive inflammation. . . . Iodine injections produce in this case a change of the abnormal mode of vitality of the exhalation and absorption of serous membranes, in this sense that the inflammation or irritation caused by the iodine injection re-establishes the equilibrium that was deranged between the two functions, modifies the peritoneal surfaces, and brings back health in the diseased parts. The action of the iodine in these circumstances reduces itself to quicken and reanimate the absorbent functions, and to

provoke thus the absorption of the effusion. This action is special, specific so to say."—(*Boinet. Iodothérapie*, p. 196).

Thus the facts no longer allowing the theory of adhesive inflammation to explain the cure of dropsies by the iodine injections, we have in its stead a shapeless hypothesis which contain as many errors as words, which explains the absorption of liquids by inflammation, and the absence of exhalation by irritation; by a hypothesis in contradiction to the phenomena which accompany and follow iodine injections. And in place of acknowledging the alterative action of iodine they admit I know not what vague action, adorned with the name of "special" and even "specific." Thus this absence of a true theory of the mode of action of iodine injections has thrown many uncertainties and contradictions into the recent discussion which has taken place at the Académie de Médecine respecting ovarian cysts; and we have seen speakers, MM. Trousseau and Jobert, for example, admitting in spite of facts that none of them have contested, that the cysts treated by the puncture and iodine injections are only cured by inflammation and adhesion of the walls of the cysts. This hypothesis has not only the inconvenience of being false, but it has also that of giving rise to a dangerous practice. Thus it is to obtain the obliteration of the serous cavity, natural or accidental, that they believe in the necessity of making the operation at several different times; also of emptying completely the cyst, and of employing very irritating injections.

It is the same theory that has given rise to the method of the permanent canula and seton, methods by which a close cavity is transformed into an open one, and which always result in sitting up suppuration, and exposing the patient to all the danger of this mode of termination.

We propose then to establish that in the treatment of dropsy and serous cysts the efficacy of iodine injections is derived specially from the alterative action of iodine, and that it is in most cases foreign to the irritating action of the tincture of iodine.

We shall establish the reality of this fact by demonstrating the two following propositions.

1stly.—Injections of iodine can effect the cure without causing inflammation; and when they do produce it the cure is not always sure.

2ndly.—The phenomena which accompany and follow iodine injections present the very character of alterative medication.

1st. PROP.—If we analyse the observations of dropsies and serous cysts treated by puncture and injections of iodine, we shall see that these observations can be divided into four great classes.

1st *class*.—Cysts and dropsies cured without inflammation.

2nd.—Cysts and dropsies cured with very slight inflammation and without adhesion.

3rd. Cysts and dropsies cured with violent inflammation and adhesion.

4th.—Cysts and dropsies not cured in spite of the development of inflammation.

We shall examine successively those four classes.

1st *class*.—Observations on serous cysts and dropsies cured by iodine injections without inflammation.

In these observations the iodine injection is not followed by any sign of inflammation. Thus there is no pain, no tumour, no heat, no redness in the injected part; no pain, neither spontaneous nor provoked either by the movements of the patient or by pressure; no tumour, that is to say the liquid does not reproduce itself rapidly in greater quantity than before the operation, and does not distend the cyst beyond measure, as in hydrocele and in hygroma for example, in which the cure generally is obtained by inflammation; no heat in the injected part; finally no redness of the integuments which cover the cyst. This last sign ought to be sought only in cysts situated under the skin, and it exists only when the inflammation acquires a certain intensity.

The febrile state symptomatic of inflammation is wanting also in the observations of cysts and dropsies cured without inflammation; but we must take care not to confound with this symptom the iodic intoxication which is more or less apparent when a notable portion of injection has been left

in the cyst. In this class of observations the effusion is not reproduced after the operation.

We have found a certain number of observations of iodine injections having determined the cure of dropsies or serous cysts without inflammation. We will adduce passages of these observations that relate to this question.

1st case.—A cyst of the ovary containing fourteen kilogrammes of yellow serum; iodine injection equal parts; no inflammation. The patient experienced no pain, no sensation. The abdomen was not sensitive; fever however for twelve to fifteen hours. Cured.—(*Boinet*, p. 432.)

2nd case.—A serous cyst of the ovary containing four quarts of a yellow liquid; injection of equal parts of tincture of iodine and water; no reaction. There was hardly any fever during the three days that followed the operation.—(*Mon. d. Hop.*, t. I and VII.)

3rd case.—A cyst containing ten quarts of serum; injection of iodine equal parts; neither pain, nor heat, nor fever; cured for a year; relapse. The puncture hardly drew a quart of liquid. The iodine injection for the most part remained in the cyst. Pain in the cyst; fever; iodism. Cured in six days.—(*Boinet*, p. 436.)

REMARK.—After the second injection there was a little inflammation of the cyst.

4th case.—A cyst of the ovary containing twenty-two quarts of reddish serum; injection, one part iodine, two water. This produced no immediate phenomenon, but the sensibility of the abdomen and fever which existed before the operation continued rather intensely during several days, and was accompanied with retention of urine; cured.—(*Boinet*, p. 429.)

5th case.—A cyst of the ovary containing eighteen quarts of liquid, and complicated with fibrous tumors; iodine injections equal parts; no symptoms of inflammation; the patient got up next day, cured for one year; relapse. New puncture, two and a half quarts of liquid escaped; injection of iodine; in the night colic, fever rather intense; the patient got up next day, cured; relapsed three months after. New puncture, one and a half quart of liquid escaped; injection of iodine; no relapse; cured.—(*Boinet*, p. 437.)

REMARK.—After the first operation there was no sign of inflammation, yet at the end of one year there were only two and a half quarts of liquid secreted. The second developed slight inflammation, and three months after a third was required by the secretion of a quart and a half of liquid. This time there was no inflammation, and the cure seemed to be radical. This case then proved that inflammation is not necessary to render the injection of iodine efficacious.

6th case.—A serous cyst of the ovary containing sixteen quarts of liquid; five iodine injections, equal parts, were administered at intervals of 9, 11, 14, 16 days; after twenty-two days a sixth injection of pure iodine tincture was given; at each new puncture the liquid had visibly diminished; no sign of inflammation or pain, no reaction; cured.

REMARK.—The injections were administered at periods too close to one another, and it is probable that the patient would have been cured after the first injection.

7th case.—A serous cyst of the ovary containing four quarts of liquid; injection of tincture iodine, one to four water; no symptom of inflammation. Three weeks after a new puncture was made, which allowed two quarts of liquid to escape; injection of iodine. Fourteen days after a new puncture; the liquid is still much diminished; repeat iodine injection. Eight days after fourth puncture; the cyst now contains very little liquid; repeat iodine injection; cure, which was still complete twenty months after. The cyst was then represented by an ovoid tumour; hard; 5 to 6 centimetres in diameter.—(*Mon. d. Hop.*, t. IV.)

REMARKS.—In this case again the punctures were too close to one another.

Professor Simpson, of Edinburgh, had from seven to eight cases of cysts of the ovary in which he used iodine injections; excepting one there was no local nor general pain following the injection; several cured.

8th case.—A cyst within the peritoneum containing sero-purulent liquid; tincture iodine twenty-five grammes, seventy-five water injected; no result. Twenty days after there was as much liquid in the cyst, quite clear brown colour, without any smell; repeat iodine injection, thirty grammes to seventy water; no new symptom. Twelve days after new puncture;

injection two iodine to one water ; no pain ; seen two months after, when the patient was perfectly cured.

REMARK.—There was no inflammation after any of the iodine injections in this case, and yet there was radical cure.

After the examples of hydrocele, of which the resolution commenced six weeks after the iodine injection, we are justified in thinking that the injections followed one another too closely.

9th case.—A cyst of the breast ; iodine injection, equal parts ; no inflammation. Twenty-five days after a new puncture was made, the liquid was more serous and as abundant ; repeat iodine injection as before ; no inflammation. Five weeks after a new puncture was made ; the liquid diminished two-thirds ; an injection of pure tincture iodine was given, followed by intense inflammation. Ten days after a new puncture was made, the liquid was reduced to one-half. Compression was applied ; cured three weeks after last injection.

REMARK.—It is evident that the injections were too close to one another. The second injection had visibly modified the secreted liquid, and had diminished the quantity to two-thirds. It is probable that if the patient had been left under this action, the cure would have occurred gradually.

The injection of pure Iodine tinct. determined violent inflammation, and yet the liquid was secreted again. Then the cure was obtained without a new injection, and by the medicinal action of the Iodine.

2nd class.—Serous cysts and dropsies cured by Iodine injections, with slight inflammation, and without adhesion.

Some hours after the injection there comes on sharp pain, which is much increased by pressure, and the movement of the diseased part. The dropsical liquid secretes rapidly, and the tumor soon becomes larger than before the operation. It becomes the seat of sensible heat ; and if it is very superficial, the skin becomes more or less red. At the same time is developed fever, the intensity of which varies with the extent of the natural or accidental serous membrane, and with the degree of inflammation. These symptoms continue during three days, and on the fourth the fever abates. The pain diminishes considera-

bly, and the cyst ceases to be so tense. The following days the pain disappears, and the liquid more or less rapidly decreases. Generally this reduction is very slow, and sometimes it does not begin until three, four, five, or six weeks after the operation.

When the cure is complete and the liquid reabsorbed altogether, the diseased part recovers its normal functions, and it is impossible to ascertain adhesions. In the case of post mortem examinations made a long time after the cure of these dropsies, M. Hutin satisfied himself that the serous cavity was preserved, and that the cure had taken place without adhesion.

This class of facts goes against the theory which explains the mode of action of Iodine injections by adhesive inflammation, since the cure is made without this inflammation.

3rd class.—Cysts and serous dropsies cured by Iodine injections with violent inflammation, and obliteration of the serous cavity.

In this series of facts, all the phenomena of inflammation attain their climax of intensity, and terminate sometimes by suppuration.

When the inflammation is only adhesive, after some days of violent reaction the liquid diminishes rapidly, and leaves in its place pseudo-membranous masses, which continue more or less for some time, and then disappear completely. When the inflammation terminates by suppuration, the cyst then is converted into an abscess, which has the symptoms and course of all abscesses. In both cases the walls of the serous cyst become adherent, and the cavity disappears after cure. This action of Iodine injections is much more rare. We shall quote some examples of it.

10th case.—Ascites. An injection of 100 grammes of tinct. Iodine to 500 of water. It all remained in the abdomen. Peritonitis set in the same day; cholera symptoms; then reaction. Pulse successively from 120, 130, to 140; vomiting and extreme thirst; abdomen painful and tympanitic. On the fourth day the fever subsided. Cured with indurated masses and adhesion of the intestinal convolutions.—(*Boinet*, p. 187.)

11th case.—Ascites. Injection equal parts. Purulent peritonitis. Evacuation of pus. Cured.—(*Boinet*, p. 206.)

12th case.—Synovial dropsy of the shoulder. Injection of Iodine thrown into the tumour; great inflammation and suppuration. Cure complete.—(*Boinet*, p. 310.)

4th class.—Cysts and dropsies treated without success by Iodine injections, in spite of the development of inflammation.

In this class sometimes inflammation becomes very violent, and terminates in suppuration. Sometimes the inflammation remains within the limit that was believed necessary for the favourable action of the Iodine injection, and yet the cure does not take place.

We shall relate examples of both these unsuccessful attempts, which create a powerful argument in favour of our opinion on the mode of action of Iodine injections.

13th case.—Ascites. Injection tinct. Iodine 20 grammes. In the evening pulse small, hard, 144; nausea and vomiting; anxiety; shiverings; respiration difficult; abdomen slightly swollen on right side, painful on pressure. The liquid was reproduced. The patient was treated by purgatives and diuretics. Cured.—(*Boinet*, p. 180.)

REMARK.—This case is the more interesting since the disease having resisted the Iodine injections, was not incurable, in as much as it yielded to another treatment. Inflammation is not a condition sufficient for the efficacy of Iodine injections.

14th case.—Ascites. Injection of tinct. Iodine 30 grammes to 200 distilled water. Next day nausea; retention of urine; pulse 92; abdomen tympanitic; vomiting of greenish matter. In the evening pulse 96; pain in abdomen on changing position; the liquid secreted two days after. At the end of two weeks a new injection was given: same symptoms as before. Death thirteen days after. Post mortem examination.—General inflammation of the peritoneum; gelatinous matter between the intestines. The surface of the peritoneum was villous and rough.—(*Boinet*, p. 183.)

15th case.—Serous cyst of the ovary. Three Iodine injections. The signs of inflammation had set in; removed by antiphlogistic remedies. The patient was not cured.—(*Union*, t. X.)

16th case.—Multilocular cyst of the ovary. Three in-

jections of equal parts. The first and third were followed by no symptom of inflammation; the second brought about reaction. All three were inefficacious. Death by the progress of the disease.—(*Boinet*, p. 419.)

17th case.—Hydarthrosis. Two injections, at two months interval, of 15 grammes water, 1 grain Iodine, and 2 grains iodide of potass. Acute inflammation of the knee for three days.—(*Boinet*, p. 307.)

It results then from this clinical examination, that the efficacy of Iodine injections in dropsies and serous cysts cannot be explained by the development of an adhesive inflammation, since the cure of this disease may take place without any inflammation; and that in the case where injections determine inflammation, even violent, the cure is not always obtained. It remains for us now to show that the phenomena which accompany and follow Iodine injections, present the proper character of alterative medication.

(*To be continued.*)

WHY DO HOMŒOPATHIC REMEDIES ACT IN ACCORDANCE WITH THEIR SYMPTOMATOLOGY?

BY JOHN DRUMMOND, M.R.C.S.

EXPERIENCE has taught us, that infinitesimal doses act upon diseased organism, when administered homœopathically. No one, who has given them a fair trial, can doubt this. But we are unable to explain why these minute quantities exercise their remedial action upon the body, and as yet we have been unable to logically prove the truth of our theory, that like cures like, by reference to either physiological or pathological facts. It is the favorite salient point for our enemies to strike at, and had it not been well supported by *facts* it would have long since tottered and fallen beneath their strokes of satire. From the frequency of the attack in this quarter, it appears to be our specially vulnerable gap, through which they can shower their prejudiced darts at us. If we examine the pathology of diseases

arising from blood poisoning, and the physiological relation of the blood to nutrition, we shall gain some information upon this subject, which will aid us in filling this hiatus, and perfecting our bastions. If the struggle between the opposing schools be at hand, as a recent allopathic writer has predicted, we must be prepared for the attack, and use every effort to strengthen our position.

There is one property common to almost the whole of the component elements entering into the formation of living bodies. It may be looked upon, indeed, as the universal property of all living tissues. In the vegetable kingdom it enables the plant to imbibe materials from the earth, in which it is rooted, and the atmosphere in which it lives, and to change them into tissues like itself. In the animal kingdom it enables the being to procure from the food it digests, what is required to maintain the integrity of its body, and guard it against the decay dependent upon the wear and tear of life. In like manner, in reproduction it gives the ovum the power of receiving from the nutritive fluids of the parent, those materials which are essential for its development. In each of these instances, the same ability is demonstrated. The power to assimilate heterogeneous materials, and change them into the substances common to their own bodies. These new substances bear the identical compositions and properties of the effete materials thrown off, and in the place of which they are constantly deposited.

In our own bodies the blood is the nutritive fluid, from which every tissue derives its integral elements. There is no doubt then, that as this fluid is the central fountain of life, so its composition is of such a nature that the deposition of every structure in the body is in reality a necessity, and dependent upon the previous existence of that substance in the blood. Treviranus noted this, and mentions it in his writings. The relative constancy of the components existing in healthy blood, is maintained by the assimilative force with which life endows it. As a general rule, whatever is taken into it, is modified and changed by this vital function, so as to bear an exact identity to the parts it has to replace. Even noxious substances are so modified by this assimilative force, that they are

frequently changed by subjection to it, and disarmed of all their poisonous properties, before they are brought into contact with the healthy tissues. In this manner, the blood, though undergoing constant change, maintains the same, or nearly the same composition throughout life, each component item bearing an identical relation to the other substances entering into its formation. The essential service which the blood fulfils in the body, is to bind the animal economy with the outward world. To obtain from aliments and from the atmosphere those requisities used in maintaining the integrity and health of the individual. It also fulfils a subordinate end, viz: to absorb the worn out and effete materials and carry them to the various excretory channels of the body. That its functions may be perfectly performed, its healthy composition is most essential, and it appears that the preservative foresight of nature has provided it with the powerful assimilative function which it possesses, in order to guard against the possibility of the introduction of noxious materials, which would produce disease throughout the whole frame, if not death itself. But there are substances which escape this power; so subtle are their natures, and overleaping the barrier, work destructive changes in our bodies. Hence arises the long category of blood diseases, to which we are subjected.

The amount of poison sufficient to produce disease, when introduced into the blood, is most minute. Indeed the disease produced appears to bear so slight a relation to the poison upon which it depends, that it is impossible to explain the connection of the one with the other. The ingenuity of almost every academic professor of pathology, has been exercised in attempting to form the correct assumption of the *modus operandi* of these strange morbid causes, but hitherto every hypothesis is unsatisfactory and insufficient. The fact is well known, its explanation most difficult. There is one characteristic of blood diseases, with which every practitioner is more or less acquainted, and which is the one requiring our special attention. It is the remarkable symmetry with which the disease is developed upon opposite sides of the body. Any practitioner, who has the opportunity of visiting the out-patient's room in an hospital, has

ample scope for witnessing this peculiarity. In chronic cases of rheumatism, in which the singular concretion of urate of soda has been deposited, nothing is more common than to see it affecting a corresponding joint on each side of the body, and even the deformities occasioned by this disease follow a similar symmetrical arrangement. Paget, in his lectures on Pathology, mentions a singular instance illustrative of this, which is in the College Museum. It is the pelvis of a lion, afflicted with a disease comparable to a human rheumatism; and upon its surface a most intricate pattern has been traced by the deposition of new bone. Notwithstanding that the deposition is as complex and irregular as the spots upon a map, "there is not one spot or line on one side, which is not represented, as exactly as it would be in a mirror, on the other. The likeness has more than daguerreotype exactness, and was observable in numerous pairs of bones similarly diseased." The same symmetry is constantly observed in skin diseases, as lepra, psoriasis, impetigo, &c. This fact is so well known that physicians after seeing one leg or one arm covered with the characteristic eruptions of these diseases, by habit instinctively turn up the sleeve or the trowser leg of the other, with the expectation of finding it similarly diseased, and they are rarely mistaken. The blood may be poisoned by drugs; the salts of lead, Mercury, Arsenic, balsam of Copaiba, iodide of Potassium, &c., produce characteristic symptoms of drug disease, which pursue very similar courses to those produced by specific animal poisons. Now all these examples furnish indisputable evidence that every blood poison has a fixed seat of election upon which it concentrates its force.

For the healthy performance of nutrition four states or conditions are enumerated by Paget as necessary.

1. A right state and composition of the blood.
2. A regular and not far distant supply of such blood.
3. A certain influence of the nervous system.
4. A natural state of the part to be maintained.

Any deviation from these conditions is invariably succeeded by a defect in the normal nutrition of the part at fault. The nutritive material must of necessity contain that which it

supplies. It carries nourishment to every tissue in our bodies. It is therefore laden with the elementary principles of every structure in the body, and each part of the frame possesses the power of selecting just what is required to maintain its integrity, and which must be similar to itself, from the volume of nutriment carried in the blood vessels to all the individual members of our body. This power of selection is restricted to the separation of such elements only as bear an identity to the part absorbing nutriment. There is always a close affinity between that which is absorbing, and the thing absorbed. This is so constant that Paget has mentioned, as the fourth law of healthy nutrition: "A natural state of the part to be maintained," for if it be a diseased structure which is assimilating materials from the nutritive fluid, then the nutrition will be abnormal; because the diseased structure can only imbibe from the blood, what is like unto itself. It is owing to this arrangement that deformities, cicatrices, &c., are persistent throughout life; and that the body, although constantly undergoing a change of elements, is persistent in its form, the new materials being modelled after the old ones, and made like them. The deposition of every material in healthy nutrition is governed then by a power of selection possessed by the structure requiring nourishment, but confined to the imbibition only of elements related by the closest possible affinity to them.

When the blood has become poisoned by some morbid agent, the poison is deposited exactly in that spot most closely allied to it; indeed, the spots upon which the disease is developed are only those where the closest affinity exists between them and the morbid cause or poison. The symmetrical arrangement so constantly observed in these diseases, strengthens this conclusion, and renders the hypothesis a certainty. In speaking of these blood poisons, Paget says, in his lectures (*Surgical Pathology*, Vol. I. page 20), "Such a substance fastens on certain islands on the surfaces of two bones, or of two parts of the skin, and leaves the rest unscathed: and these islands are the exactly corresponding pieces upon opposite sides of the body. The conclusion is unavoidable, that these are the only two pieces that are exactly alike; that there was less affinity

between the morbid material and the osseous system, or the skin, or the cartilage close by ; else, it also would have been similarly diseased. Manifestly, when two substances display different relations to a third, their composition cannot be identical ; so that though we may speak of all bone, or of all skin as if it were alike, yet there are differences of intimate composition ; and in all the body the only parts which are exactly like each other, in their mutual relation with the blood, are those which are symmetrically placed upon the opposite sides. No power of artificial chemistry can, indeed, detect the difference, but a morbid material can ; it tests out the parts to which it has the greatest affinity, unites with these, and passes by the rest."

This gives incontrovertible evidence, that the sites upon which blood-poisons fasten, and develop disease, are governed by a mutual affinity existing between them. That diseases arising from the action of drugs on the system follow a similar course, whilst the law *similia similibus curantur* furnishes evidence by which we may very safely assume that remedies are governed in their actions by the like principle.

The provings of drugs, which have been so laboriously followed by the disciples of Hahnemann, since the promulgation of his principles, and which form the ground work of our *Materia Medica*, are the sources from which we derive our knowledge concerning the relations of medicaments to disease. The fact of a drug having the power to develop symptoms in the body of a healthy man analogous to those of some morbid process, is a direct evidence that *that* drug is very closely allied to the disease, inasmuch as the symptoms produced by it are identical with those of the disease. Supposing disease then to exist in the body, is not it most rational to presume, that if small doses of the drug capable of producing similar symptoms be introduced into the blood, it will be carried exactly to the spot diseased, and there exercise its remedial powers ? Is not it in accordance with our acutest reasonings, that it will pass over every part of the organism which is healthy, and affect only that tissue which disease has metamorphosed, so as to be associated by affinity to it ? Nothing, I think, could be more

strictly in accordance with the natural law governing diseases, than the principle of homœopathy.

The use of remedies in infinitesimal doses has been altogether the result of experiment and observation. Hahnemann discovered that medicines given in accordance with the law *similia*, would aggravate the disease were they administered in the ordinary allopathic doses, and that to an extent which would be frequently dangerous and fatal. By reducing the dose, he found the remedial action of the drug entirely took the place of this medicinal aggravation. In what manner these minute quantities affect the body we can no more determine, than we can demonstrate the reason, why the lymph from a vaccine pustule, which chemically differs not in an appreciable degree from healthy lymph, is endowed with a power of creating a similar disease, when introduced into the healthy organism, and so changing the nature of the blood, that its susceptibility to that disease is destroyed for years after its introduction. The cases are parallel. In blood-diseases you have an infinitesimal quantity of morbid matter producing changes and disease, in homœopathy you have an infinitesimal dose of a remedy producing changes and health. Both, as far as our imperfect observation can form a conclusion, follow similar laws, and are directed by identical principles, in their modes of action.

This subject is worthy of study and inquiry, and will doubtless, in time, afford us a more defined knowledge of the *modus operandi* of our remedial agents.

REVIEWS.

Rules and Examples for the Study of Pharmacodynamics,
extracted from *Dr. Hirschel's Grundriss der Homöopathie*,
&c. By Thomas Hayle, M.D. Turner, 1858.

As we have already given a favourable review of the original work in this Journal, it is unnecessary to go fully into the subject again. With respect to the present form of the work in English, we notice that it is not a translation of the whole

book, but what we think is on the whole more judicious, viz., a selection in a connected form of those parts that refer especially to Pharmacodynamics, thus presenting to the English reader a more complete compilation of all that has been done in that department than exists otherwise in our language. The other parts of the book treat of matters pertaining to the general question of homœopathy with which English readers are sufficiently familiar, so we think Dr. Hayle has wisely omitted them, and he has skilfully extracted all relating to pharmacodynamics and put them together into a complete and smooth treatise. We are glad also to give our testimony to the excellence of Dr. Hayle's translation, which is accurate and in pure English. In executing the above task, Dr. Hayle has necessarily introduced a good deal of original matter of his own, and from this we are disposed to regret that he has taken up such a modest position as merely rendering the work of another into English, and we hope, with such capabilities, he will ere long take up the whole subject for himself, and give us a comprehensive view of what has been done in that department in America, France, and this country up to the present time, for Dr. Hirschel is not familiar with more than the German aspect of the subject. We wish indeed, there were more of the kind to be learnt in England, for at present we have very little to boast of, and this leads us to express the hope that the homœopathists of England, and Dr. Hayle particularly, will not be satisfied with merely reading this excellent work, and learning through it what is wanted in a proving, and even the mode how to find that. What avails all that knowledge if none of us act upon it? Let us remember that Dr. Hirschel even is not a practical prover, and has contributed nothing notable to the *Materia Medica*, and while we are grateful for his clear directions and appreciation of the subject, let us not forget to imitate our Austrian colleagues, who have put into practice what is here written about. We earnestly hope that English homœopathists will no longer hang back, but speedily emulate our Austrian and American colleagues in the practical proving of medicines; we expect soon to see Dr. Hayle among the foremost. We were much pleased to see that a number of English homœo-

pathists, led on by Dr. Fearon and others, have turned their attention to this matter, and we trust they will not let it slumber. May they soon have fruits of their zeal ready to show, and if so, we hope they will work hand in hand with the Hahnemann Publishing Society, whose organization is ready for the publication of such matter; though, being merely a publishing and not a proving society, they have no machinery for influencing members of our body to perform original experiments or otherwise work for the *Materia Medica*.

While on the subject of the *Materia Medica*, we may notice an anti-critique by our esteemed friend Dr. Hering, in the *North American Journal*, Vol. III, p. 453, in reply to a review contained in the Number of our Journal for July, 1853. We are sorry to see we have misrepresented his meaning. He there enters at large into the question of the connection of homœopathy with pathology, and the true relation of the latter to homœopathy. We recommend that article to the attention of all who are not yet familiar with it, and we certainly agree in the main with Dr. Hering, and think that in the study of the *Materia Medica* those who have attempted to be guided the most by the pathology of the schools have been frequently led away from the true principles of finding out the real sphere of the proper homœopathic or specific action of the medicine. Dr. Hering also points with effect to the fact that the medicines produce on the healthy body certain phenomena which are not the similia of any concrete disease, but which are mere pathological phases of many diseases, and therefore, the mere nosological name of a disease is very little help as an indication for the specific sphere of the medicine.

This we have all understood well enough in arguing the general question of homœopathy, but many have forgotten it in working at the *Materia Medica*, and have been in too great a hurry to fit in the sphere of each medicine's action to the common nosological divisions of disease. However, in criticising the workers at the *Materia Medica*, we do not think Dr. Hering has given a quite correct representation of the different classes into which he divides them, more especially the Austrian provers and ourselves in the *Hahnemann Materia Medica*.

Of the latter he says: "No. 6. The symptoms of every remedy are arranged in groups, which are also pathological." Now we are at a loss to know how it is possible that any one who ever read the introduction at p. v. could make such a statement, the fact being that the whole gist of the paper is to condemn pathological speculation, and the practical result is to recommend an arrangement fundamentally similar to Hahnemann's, and in which the groups of symptoms are distinctly desired to be purely *pathogenetic* and not pathological.

For similar reasons, though by no means wedded to the arrangement followed in the few medicines yet published in the *Hahnemann Materia Medica*, and though the mode of arrangement is an open question in that work, we cannot help saying we do not fully agree with Dr. Hirschel, who allows the nosological and pathological elements to prevail too obviously in his conclusions contained in those otherwise admirable studies of *Bryonia* and *Rhus*.

Though he certainly follows the same plan as we have done in rigidly dividing those speculative departments from the text of the provings; yet as the text itself is a selection, or at any rate the symptoms are brought together to suit a particular arrangement, we cannot but feel that preconceived pathological notions enter more or less as the guiding principle. For those two medicines have now been used myriads of times, and in the course of years their sphere of action has been confirmed, if not sometimes altogether determined, by the reflected light of the *usus in morbis*. It is therefore hardly possible for the mind to raise itself above those disturbing influences and work out such medicines as a fair example of a method of study to find out, *a priori*, the sphere of medicines in disease.

The Elements of a New Materia Medica and Therapeutics, based on an entirely New Collection of Drug Provings and Clinical Experience. By Drs. Marcy, Peters and Füllgraff, New York, Radde, 1855-8.

THE readers of our able contemporary, the North American Homœopathic Journal, are aware that in its late revival in 1855,

after a hibernation of two years, there appeared the commencement of a revised *Materia Medica*, bearing the above title, which has been continued in each successive number till now.

This new *Materia Medica* is stated to be based on an entirely new collection of drug-provings. We may be permitted to ask in what respect are these provings to be considered new? The first impression would naturally be, that provings of the drugs have been undertaken anew, expressly for this work, by the editors and their friends, especially for this publication. But it is not so. Are not these drug-provings rather merely a collection of the fragments of pathogenetic knowledge scattered throughout homœopathic and allopathic literature? Such a "new collection" would naturally be made by any one undertaking a new issue of our *Materia Medica*. A mere unselected collection of this sort would be highly valuable; but the symptoms admitted into this *new Materia Medica* are, we are told, selected. The mode of their selection as stated by the editors, is as follows: They require—

"1st. That every symptom shall have been experienced by several different provers.

"2nd. That the pathological changes induced by the drug shall correspond with its pathogenetic phenomena, and be recorded under each organ.

"3rd. That the drug shall have repeatedly cured morbid symptoms, similar to those recorded in its pathogenesis."

Every practitioner must acknowledge that these are desiderata in our *Materia Medica*, and right glad shall we be if they are supplied by our respected colleagues. The reprovings undertaken and so perseveringly carried on by the Vienna Proving Society, were intended as contributions towards the physiological reconstruction of the *Materia Medica*, on principles similar to these; but we can scarcely conceive how this can be effected without a series of new provings, such as those of our Austrian colleagues. But it is of course impossible that three gentlemen, even with the known admirable working powers of Drs. Marcy, Peters, and Füllgraff, could execute such a task, and remodel the whole *Materia Medica* in alphabetical order, at the rate of fifty to one hundred pages per quarter. Accordingly, this re-

vision of the *Materia Medica* is of an entirely different character and plan from that commenced by the Austrian provers. In order to exhibit the design of our authors, and to do justice to their scheme, we shall proceed to examine the chief features of their arrangement of one or two medicines.

The general plan is similar to that of Noack and Trinks' *Materia Medica*, but instead of placing the therapeutic use at the beginning like Hahnemann, or at the end like Noack and Trinks, they follow the method adopted by Dr. Black, in his study of Arsenicum in the Hahnemann *Materia Medica*, viz., interspersing the clinical remarks in the form of notes, in connexion with the organ or part to which they refer. Those clinical remarks are not confined to homœopathic experience, but the observations of allopaths and homœopaths are mingled together, and it is often difficult to know which is an allopathic and which a homœopathic experience, especially as there is no reference to the dose administered. There is not, as in Noack and Trinks, a special paragraph devoted to the dose, which is sometimes not indicated at all, at other times it is merely mentioned incidentally.

As regards those medicines which have been very scantily or not at all proved, such as Acetic acid, Gallic acid, &c., the data are all derived from the records of the old school, and the meagre pathogenesis, culled from that source, does little more than mark the Hahnemannic division, and serve as a peg whereon to hang the few clinical observations, likewise of allopathic origin. This is of course the only thing that could be done, and by this arrangement, many curious and valuable particulars are elicited, and the really homœopathic character of many of the old school remedies displayed. These skeletons of pathogeneses give completeness to our *Materia Medica*, and take away its one-sidedness, by giving in one compendium all that is specifically known of drugs, homœopathically or empirically. These additions, fragmentary and incomplete though they be, are not to be despised; on the contrary, we consider them a great boon, and we hope that the hints of the powerful medicinal action of many new medicines they afford, may tempt

some of our colleagues to undertake the completion of the outlines by persevering provings.

Let us now examine the mode in which our authors treat one of the Hahnemannic medicines, of which no reproving has been made. We shall take a specimen at random. In the account of *antimonium crudum*, at p. 389, under the heading "chest," we find the following symptoms :

"Cough and oppression on the chest (36). Violent and continual itching of the chest the whole day. Burning in the chest when coughing. Suffocative catarrh. Oppression of the chest early on waking. Deep, sighing breathing, as from fulness of the chest for several days, in the afternoon and after dinner (1). Now is this meant for a condensation of the symptoms, from 264 to 288 inclusive, of Hahnemann's schema? If so, it fails to give the meaning of the original. Or is it a selection from the symptoms given by Hahnemann? This is more probable, for in fact, with the exception of the first symptom derived from *Teste* (as the number 36 denotes), the symptoms given are nearly a literal transcript of symptoms 264, 270, 271, 280, and 284 of Hahnemann's schema. Now we are totally at a loss to guess what principle has guided the selection of these particular symptoms. It is not because Caspary, from whom three of them are taken, and Wepfer, who furnishes the remaining two, are considered trustworthy to the exclusion of the others, else why should the eleven other symptoms relating to chest, given by Caspary, and the two others by Wepfer (in Hahnemann's original) be rejected? We must repeat our inability to solve this mystery. We fear that our respected colleagues have discovered no new method of extracting the kernel from Hahnemann's symptoms, but have merely made an abridgment, by giving those symptoms only which appeared to them most worthy of record. In this attempt to take the cream off the Hahnemannic schema, we have no certainty that they may not have given us some of the skim milk, and left some of the more valuable matter behind.

Drs. Noack and Trinks commenced their *Materia Medica* by attempting an abridgment or condensation, but they performed

this really, and not as our authors have done by merely picking out a symptom here and there—we will not say at random, though it looks something like that. In the course of the work, however, Dr. Trinks, on whom its continuation solely devolved, changed the plan and gave a verbatim transcript of the symptoms recorded by Hahnemann and others.

Let us see how our authors have handled a medicine which has been thoroughly reproved ; and let us take the first which comes to hand—*aconite*. The elaborate manner in which the properties of this drug have been investigated by our Vienna colleagues, affords an excellent opportunity for checking the Hahnemannian schema, expunging from it all doubtful and unconfirmed symptoms, and getting at the core and cream of the pathogenesis. It also enables us to see the real connexion of symptoms, and their bearing on one another in different organs. Is this what our authors have done? So far from this we cannot find that they have made the slightest use of the Austrian reproof, either to corroborate the symptoms given by Hahnemann, or to elucidate the physiological effects of the drug, for which it is eminently qualified. Here as in the other medicines of this new *Materia Medica*, we only find what seems to us a random selection of the symptoms given by Hahnemann and others. But as doubtless the authors have their own reasons for inserting some symptoms and rejecting others, though they do not give them, we will not say that their selection is a random one. At the same time, however, we cannot admit that the performance of the work fulfils what its title led us to expect, as far as its pathogenetic portion is concerned. We cannot perceive that it is based on an entirely new collection of drug-provings, for as far as we have examined it, it is the old sources that have been almost exclusively made use of. But we may regard the work as an abridgment or hand book of the *Materia Medica*, made by practical men and for a practical purpose. As such we are inclined to judge of it favourably, and we trust nothing may occur to prevent its authors completing it. It is in fact only an abridgment like this, that we can hope to see completed within reasonable limits of time. We know something of the *Materia Medica* on the elaborate plan, and the

improbability of its being thoroughly worked out in the lifetime of one generation. In fact it must necessarily be a progressive work, dependent for its construction on new provings, and the reprovings of old medicines. Such a work as this before us does not supersede or interfere with the publication of more elaborate reconstructions of the *Materia Medica*, such as the Austrian provings, or the *Hahnemann Materia Medica*.

The objections we have made to the pathogenetic part of this *new Materia Medica*, on account of its scantiness, do not apply to the clinical part. The cases selected for illustration of the action of the remedies are good and well arranged; and the general clinical remarks are, as far as we can judge, valuable and sound. These remarks are, of course, usually the individual opinion of the author, but they are for the most part distinguished by good practical sense, and will, we are sure, afford very valuable hints to the practitioner.

The greatest blemish we notice in the work is the plan of indicating the authorities by a figure, in place of as usual, by a contraction. We feel a kindness towards and an acquaintance with Drs. Marcy, Peters, and Füllgraff, under their proper designations, a feeling which would suffer no diminution, were their names contracted into Mcy., Pts., and Fgf. But we feel no sort of affection whatsoever for the numbers 10, 11, and 26, under which they choose to disguise themselves; and we are somewhat riled to find ourselves figuring as "No. 12." What offence have we committed that we should be sentenced by our transatlantic colleagues to a round dozen?

Our Schools of Medicine and the Coming Struggle, by an Allopathic Practitioner, Edinburgh: Bell and Bradfute, 1858.

The Nature of Inflammation and the Principles on which it should be treated, examined from a common sense point of view, by THOMAS INMAN, M.D., Lecturer on the Principles and Practice of Medicine at the Liverpool Royal Infirmary School of Medicine, &c., &c. Liverpool: Greenwood, 1858.

THE simultaneous publication of two such remarkable works as

the above is a significant phenomenon. The first is by an anonymous author, apparently a practitioner in Edinburgh. It describes the present state of theoretical and practical medicine, and advises its partisans and teachers to inquire carefully into the bearing of homœopathy upon medicine and its claims to their attention. The last is by an eminent teacher in the Liverpool Medical School, one of the few who have distinguished themselves by originality and research, who has anticipated the advice of the author of the first pamphlet, and endeavoured to learn what he could from homœopathy. The result of his inquiry is not very great to be sure, but this is owing to a defect in his mode of conducting the investigation, and we have every hope that having made a beginning he may eventually learn something real and positive from his researches.

The anonymous pamphlet contains a spirited sketch of the present state of medicine. It resembles that of Sir John Forbes in demonstrating the utter untenableness of the prevalent theories and the unsoundness of the prevalent practice, but it differs from that unsatisfactory production in this, that it clearly and unhesitatingly points out the mode in which medicine may be regenerated, not by a mere Forbesian negation, but by something positive and definite.

What medicine wants, he says, to become a *progressive* Art of Healing is "a fundamental *principle*, a ruling general *law*," and this is what Sydenham clearly perceived and expounds in these words: "The other method, whereby, in my opinion, the art of medicine may be advanced, turns chiefly on what follows, viz., that there must be some fixed, definite, and consummate *methodus medendi* (law or method of cure) of which the commonweal may have the advantage. By *fixed*, *definite*, and *consummate*, I mean a line of practice which has been based and built upon a sufficient number of experiments, and has in that manner been proved to be competent to the cure of diseases. I by no means am satisfied with the record of a few successful operations, either of the doctor or of the drug. I require to be shewn that they *succeed universally under such and such circumstances*."—(Sydenham, Vol. I.)

He then shews, as has been scores of times done by the

champions of homœopathy, that it is neither a physiological nor a pathological law that is required, but that a therapeutical law is the great desideratum, the indispensable requisite of progressive medicine. The following passage is distinct enough.

“Curious it certainly is to note how this seemingly absent law or first principle has been sometimes blindly groped after by the elders of orthodoxy. In the first place it was long before they recognized the absence or want of it; and since they have discovered, or had forced upon their attention, the absence or want of it, they have attempted—the few of them who have had the manliness to face the difficulty—to find it invariably in the wrong direction. They have presupposed that it must necessarily be a *pathological* (or if you will a physiological) law; but obviously there can be no such pathological law, and they may save themselves the trouble of searching further in that direction; for such a law would presuppose another curious discovery—not yet made exactly, we believe—the discovery of the principle of life and organization. Fortunately it is not for us to announce for the first time, that whatever medicine can attain to in this regard, it can attain to it only in the direction of an *art of healing*; that what it wants is not a *pathological* or *physiological*, but a *THERAPEUTICAL law*—a law of healing. In how far this, the only hopeful, the only possible law for medicine, was discovered, or rather resuscitated some half century or more ago, by a much calumniated German physician (Hahnemann), it is not our present business specially to determine.”

He then boldly, and clearly, and with much clever satire shews how the present *Materia Medica* is worthless from want of such a principle or law. He thus humorously sketches the portraits of medicine as it would appear and as it is:

“Seen in her own light, this modern, orthodox, scientific Medicine is sitting on a mighty eminence, and all the nations of the world are listening with reverential awe to the words of almost supernatural wisdom that distil from her academic lips. But, as we see her, she is a deformed and sinister old woman in a very tattered black gown, standing, supported by a crutch

and a staff, vending her compounds in the high market place ; surrounded there by a crowd of women and children, who still listen attentively to her harangues and purchase extensively her nauseous composites still ; but many of the rising, and not a few of the manly adult generation, smile significantly as they pause for a moment in passing her by ;—for this is what the impudent old woman says—*Here are the alteratives, the anti-phlogistics, the antispasmodics, the antisymphilitics, the anthelmintics, the astringents, the cathartics, the cholagogues, the corrosives, the demulcents, the deobstruents, the diaphoretics, the diuretics, the emmenagogues, the emetics, the errhines, the expectorants, the hypnotics, the irritants, the refrigerants, the sedatives, the sialagogues, the stimulants, the controstimulants, the narcotics, the tonics—at any price you please from a guinea to a shilling—nerves to mend, scabbed heads to mend, kidneys to mend, livers to mend, bellows to mend—nonsense to mend !*”

And he concludes as follows:

“ Such a view of our standard therapeutics, when joined to our antecedent exposition of the methods of the schools, leads, inevitably we think, to the conclusion that *orthodox medicine is rotten to the very core* ; and we now see that no scientific or philosophic tinkering can ever—as we once vainly imagined—make the unsound old woman whole ; she must sooner or later die and be removed out of the way : she can never ‘ mend,’ and must therefore—‘ *end.*’

“ For the struggle, of life or death for orthodoxy, is coming, is now imminent. Two deadly foes are advancing on either side of her. The one, the Pyrrhonistic School, or *Young Physic*, of which Sir John Forbes is the ostensible leader, is coming on subtly and silently, with incredulous mocking smile, and by sap and mine *it* threatens to destroy her. The other, the *New Physic* as we have ventured to call it, which for the last twenty years, at least, has been making rapid strides over Germany and France, and, for the last ten years, perhaps still more rapid way over England and America, advances with steady front and openly dares the Schools to the attack, to the practical battle

of facts—*homœopathy*. This is the cloud on the horizon, comparatively not bigger than a man's hand as yet, but visibly spreading, to which farther back we pointed significantly;—these the formidable assailants before whom the champions of the Schools, deny it as they may, are already trembling!"

Thus the question is narrowed, even among the clear sighted of the Old School, to what we long contended for. No sophistical shirking will now avail—no "young physic,"—no "legitimate medicine,"—no "physiological school," can command a coherent body of followers—these names are looked upon as pure assumptions, evasions of the grand question, which have been found out to be shams, and will no longer serve their inventors' purpose—the battle must be fought on the simple issue—"is the principle of homœopathy the law of specifics or not?"

We admire the author's outspoken candour and liberality, as much as we are amused by his sparkling humour and lively wit. The following example of his fair-play we would recommend as an example to Drs. Simpson, Wood, Gairdner, and other "*Edinburgh owls*:"

"During a late brief residence in Vienna, we satisfied ourselves, on the testimony of allopathic physicians there, that the published statistics of Fleischmann's homœopathic hospital (about which so much more is known, it would appear, in Edinburgh than in Vienna) are as far above suspicion as most other published hospital statistics, and as free from sources of fallacy as most data of this kind. The more they are investigated by impartial persons on the spot, the more, we understand, does the belief in their *ordinary veracity* (which is all that can fairly be claimed for common statistics) gain ground; and the flatulent essays and cobbled pamphlets are entitled to little weight, which have been written expressly to persuade the public of the contrary, by those who have not courted the means of obtaining impartial testimony on this subject. Vienna homœopathic statistics have long since been subjected, on the spot, to much keener scrutiny than that of certain *Edinburgh owls* who have lately peered at them, from a safe distance, through the presbyopic spectacles of a foregone conclusion." p. 38.

This pamphlet is one of the most cheering signs of the times we have met with for a long time past. The author is evidently an accomplished gentleman and conversant with the best modern literature. He also possesses the faculty of detecting the shams and falsities of the school to which he still nominally belongs. We hope he may soon put his own advice in practice, and we have little doubt that if he does so he will acquire that conviction which is alone wanting to constitute him a declared adherent of the homœopathic school.

Like the anonymous writer, Dr. Inman was also struck with the phenomenon of homœopathy, and deemed it worthy of examination. "In instituting this examination," he says, "three alternatives suggested themselves:—Either we are right and they are wrong, or they are right and we are wrong, or both are wrong and both are right to a considerable extent." This reminds us of the profound speculation of a German philosopher on the origin of the different colours of the human race: "Either" said the savant, "Adam was white and Eve black, or Eve was white and Adam black, or both were piebald."

These alternatives, however, (we mean Dr. Inman's) were as fair as could be laid down, and if impartially reasoned on and examined, would have led Dr. Inman to the truth, but in the next sentence he precludes the possibility of an unprejudiced examination, by assuming that homœopathy is wrong! His words are: "Laying it down as a broad fact that globulism was nothing more than an extremely clever system for not interfering with, or at any rate for not depressing the powers of nature (for it is absurd to suppose that the infinitesimal dose employed can have more effect on the system, than pointing a potato at a herring has upon the stomach)."

What strange inconsistency, to lay down correct principles and instantly "to turn one's back upon one's self," in the way Dr. Inman has done! By this course he vitiates his whole examination, which can result in nothing but a miserably false and distorted issue. It is plainly as though he had said: "I cannot blink the fact that certain results are effected by homœopathy, which force it upon my consideration, but in deference to the prejudices of stupid and ignorant colleagues,

among whom I live and move and have my being, I must decree that homœopathy is nothing but globulism, and that no better than potato-pointing ; the question for me then is, how can I best cut and carve the operations of nature and the resources of art as to make them square with this decree ?" A poor aim for an author and a teacher of medicine, we should say, for if he fails his book will have no more value than the cooked balance sheet of a burst bubble company, and if he succeeds he passes sentence of condemnation on the art so loved and practised by the stupid colleagues aforesaid.

Dr. Inman conducts his examination in a pleasant sprightly style, and delivers his conclusions under the form of a dialogue, carried on by three imaginary persons, Dr. Dignity, Dr. H. Pathy, and Dr. Common Sense, representing respectively an allopath, a homœopath, and something vastly superior to either, to wit, Dr. Inman himself. The grand subject of these "imaginary conversations" is, as we might have expected, bloodletting.

The author shews that small and external inflammations are curable without bleeding, antimony and other debilitating appliances, and thereon argues that large and internal inflammations may be also so treated ; and having rendered it plausible by reasoning that they may be so cured, more readily and with less sacrifice to the patient, than by the old method, he alleges that such is actually the case ; still he admits there are some cases where the lancet may be admissible. They are these, "where the inflammation is not produced by any poison, is sudden in its access, excessive in its intensity, extensive in its seat ; where the patient has been in comparative health prior to its invasion, and has youth on his side ; where the pain is severe, and where there is not time for other measures, to be employed with a similar end in view. If the lancet is only used in those cases," he continues, "it will, as I know, be used not oftener than once in 12,000 cases, or in a still larger proportion." It is quite true that in the cases here described, something different from mere *laissez-aller* practice or the ordinary unheroic treatment is required to save the patient ; and we will not deny, that according to the lights of the old school,

venesection may be that treatment. But to say that such cases do not constitute more than one in 12,000 cases of inflammation (which we conceive is Dr. Inman's meaning), is a manifest exaggeration, at least if the inflammations are of any importance at all.

It will appear strange to many that we should come to be defending the use of venesection against the attacks of one of its natural defenders; but when we find Dr. Inman and others condemning venesection, on the ground that inflammations get well under homœopathy without it, we must protest against the fallacy of their argument. It is no doubt true, that Hahnemann was one of the first to denounce the hurtfulness of blood-letting, yet he never would have proposed to do away with it in all cases, unless he had something else more certain and less injurious to substitute for it. Indeed we do not see any incompatibility between venesection and the homœopathic principle for the administration of drugs, nor would that principle have ever prevented us employing blood-letting. The homœopathic rule—we must repeat for the hundredth time—applies solely to the relation between drug and disease, and no one would have the hardihood to assert that the lancet is a *drug*, unless in the commercial sense of being at present a "*drug* in the market," in consequence of its depreciation by almost all persuasions of medical men. The sole reason for our abandonment of the lancet is, that we possess remedies which produce the effects said to be obtained by venesection, much more certainly, and at less risk to the patient. If we had not such remedies, we might still have recourse to blood-letting, without allowing that we were faithless to our principle, any more than we would admit a departure from homœopathy in ordering a patient's head to be shaved. But when our opponents counsel the abandonment of blood-letting, by the partisans of their school, on the ground that *we* cure all kinds of inflammation without it, we must protest against this unless they are prepared to advocate those means which we employ, instead of blood-letting. It is all very fine to give as Dr. Inman does, chemical and microscopical reasons, why blood-letting should be injurious in inflammation, but we cannot put any confidence in such one-

sided *à posteriori* arguments; and we rather incline to credit the evidence founded on experience of such men as Alison, Watson, and others, who have not lost their confidence in blood-letting, in spite of Liebigian analyses and 800 diameters, but pronounce it good in cases similar to those in which we find Aconite, Bryonia, &c. of use.

How, let us ask, did Dr. Inman and those who think with him, first know about the possibility of severe inflammations getting well without bleeding? Why through the despised homœopathicists. When we first published the statistics of homœopathic treatment in acute inflammations, we were denounced on all hands as liars and ignoramuses. Then when Dr. Dietl published his results of the comparative success of active and expectant treatment in pneumonia, we made them known as a collateral proof of the truth of our statements. This was seized upon and used as a weapon against us when our facts were admitted. But this was not quite fair. For though, when still ignorant of the effects of pure expectancy, we may perhaps have unduly exalted the life-saving influence of homœopathic treatment in inflammations—as we could scarcely avoid doing when we had but the pernicious results of allopathic treatment to compare them with—still, as soon as we were in possession of the facts observed by Dietl, we were able to, and did thoroughly appreciate the question, and gave the right reading of our statistics. It was shewn in this Journal that the superiority of the homœopathic over the expectant treatment in pneumonia, consists not so much in the saving of life (though in this too, it is superior) as in lessening the duration of the disease, and effecting a more perfect recovery. Now since Dr. Inman has learnt so much from us, or at least through us, why can he not give us credit for properly appreciating what we have taught him. He is merely some years behind us in the matter, and has as yet, only reached the stage of a person who has just become aware of Dietl's results, and who incontinently flies to the first crude conclusion that suggests itself to him, just as was the case with Dr. Gairdner. We would recommend to Dr. Inman the masterly essays by Dr. Henderson on the subject, in this Journal; but chiefly would we advise him to try the homœopathic remedies

in acute inflammation. This is far better than the most ingenious theorizing without a certain knowledge of the facts. But this is what our adversaries will by no means consent to do. Like the mathematicians of Italy, they find a thousand specious and irrefragable reasons why Jupiter should have no moons, but obstinately refuse to look through Galileo's tube, or like the members of the Royal Society in Charles the II.'s time, they are ready with profound reasons to account for a fish weighing nothing in the water, instead of taking the scales and ascertaining whether it does or not.

But without resorting to the test of experimental enquiry, for which we fear Dr. Inman's hero, Dr. Common Sense, is not quite prepared, we may ask him what he means by condemning homœopathy altogether, while he gives mercury in iritis? To give that remedy in this disease in any dose, is to treat according to the principle *similia similibus*. Therefore, without some satisfactory explanation, we convict Dr. Inman of being a homœopathist every time he treats iritis with mercury. Supposing he finds some excellent reason why, though mercury produces iritis, that has no connection with its power of curing it; we then ask, how does he know that in his particular case mercury may not excite its iritis, and irremediably aggravate the disease? If he says he must run the risk, we might shew him many similar instances where he unconsciously runs the same risk, and yet cures the disease by a homœopathically acting remedy; and we might further accumulate hundreds of instances of the homœopathic curative action of drugs he knows nothing about. He who is absolutely sceptical regarding the homœopathic law, shews infinitely greater credulity in adopting all sorts of expedients for explaining away so many illustrations of it, than he who believes the homœopathic law to be the rule of the curative action of drugs. We believe Dr. Inman to be sufficiently intelligent and truth-seeking, as not to be able to rest content with the mere negation of medicine he advocates in this book; and we have every expectation of finding, in some second series of these lucubrations, that Dr. Common Sense fraternizes with Dr. H. Pathy, and both combine to upset Dr. Dignity.

Homœopathy tested by Facts ; cases illustrative of the Homœopathic Action of Medicinal Agents. By James P. Harper, M.D., Edinburgh ; J. Hogg, 1858.

THE interest of the reading public in homœopathy seems to be on the increase. Scarcely has the sale of successive editions of Dr. Horner's pamphlet begun to flag, when we find this brochure of similar aim going through two editions in a very short space of time.

Dr. Harper's is a well-written pamphlet, evidently the work of an honest conscientious man, who began his enquiry into homœopathy with an earnest desire to ascertain the truth, and because he carried it out fairly and candidly, he has become convinced of the truth of the therapeutic law of similars, and is now an open and avowed homœopathist.

The matter of the pamphlet was originally intended for a Medical Journal of the orthodox persuasion, but its admission was refused by the editor. The conclusions of the author are the result of four years observation of the action of homœopathic medicine in his own practice.

We regret our space does not allow us to give a full analysis of it, nor to quote several passages we had marked for admission. We would recommend our readers to peruse it for themselves, and believe that they would contribute greatly to the advance of homœopathy, by putting it into the hands of those of their friends, whether medical or otherwise, who have not yet got beyond the stage of considering homœopathy an inert practice, powerless for the cure of disease. The cases given by Dr. Harper are admirably adapted to show the value of homœopathic remedies.

Lectures on the Atomic Theory ; and Essays, Scientific and Literary. By Samuel Brown. Vols. I. and II. Edinburgh : T. Constable, 1858.

WE hail with pleasure a collection of the writings of Dr. Brown, which gave us so much delight when they appeared singly. These volumes give an excellent idea of the wonderful talents

of this great genius, cut off alas! too soon for science, as for his numerous friends and admirers. The last years of his life, as our readers are aware, were embittered by a painful and incurable disease, which almost entirely incapacitated him from any labour. Hence the reason that none of these essays bear a later date than 1852. The masterly essay *On small doses*, which originally appeared in this Journal, is included in this collection, where the homœopathic reader will also find another essay of interest to him, we allude to the article on *Physical Puritanism*, which originally appeared in the *Westminster Review*.

CLINICAL RECORD.

Practical Reports of Homœopathic Practice.

BY DR. WILHELM HUBER.*

Neuropathies.

(c.) *The Abdomen, (continued).*

3.—*Enteralgia spasmodica.*

John Pligseder, 36 years old, single, boatman, of a phlegmatic temperament, of a robust habit, says he has always enjoyed good health excepting on one occasion, some years ago, when he suffered from colic and constipation (perhaps in consequence of taking apple-must and spirituous liquors). For the last eight days he again has colic which he thinks arises from cold. This time the disorder commenced with weariness of the limbs; loss of appetite; vomiting of a green, bitter fluid, with frequent intermitting and extremely violent cutting pains in the bowels about the umbilicus, obliging him to bend double, and obstinate constipation. The pains are more violent by day than night.

When examined on the 2nd March, he presented the following symptoms: tongue coated white, flat taste in the mouth; thirst, with perfect loss of appetite; frequent empty eructations; abdomen painful on moderate pressure; intermitting, cutting pains in the umbilical region, the latter drawn inwards; motion or taking food increases the pain, relieved by lying down and by warmth; a feeling of pulsation of the abdominal vessels after the attack. The latter usually

* From the *Austrian Homœopathic Journal*, vol. I., No. 6.

lasts from a few minutes to a quarter of an hour, and is very violent. Obstinate constipation for six days; urine scanty, rather red; organs of chest natural; skin dry, temperature not elevated; pulse rather sharp and quickened; but little sleep; mind anxious; great weakness.

Treatment.—Nux vom. 3, a drop in water every 3 hours.

On the 3rd of March he had two evacuations, the last very loose. In the evening all the abdominal pains subsided, and he slept comfortably the whole night.

From the 4th of March he had not any more attacks of colic. I continued the Nux to relieve some subsequent constipation. His appetite returned. The bowels were moved daily, and his strength gradually returned, so that on the 9th of March he was again able to attend to his business.

4.—*Stranguria toxica.*

Mr. J——, 50 years of age, married, of tolerably robust habit, and sanguine temperament, has been frequently ill (had the jaundice five years since), but his former complaints have no connection with his present disorder. Has been healthy for several years, but has been troubled with weakness of the genital organs. Having read in an old book on medicine of the utility of Spanish flies in impotency, he swallowed eight after having first masticated them well. He then took a walk, but soon experienced great thirst, which he attempted to quench by drinking beer in a public house. In two hours, on arriving at home, he was seized with nausea and vomiting; was obliged to go to stool and vomited a tolerable quantity of a sour tasting fluid, which happily contained a large quantity of *Cantharides*. This was succeeded by general weakness, frequent shivering, burning in the throat and mouth, with great thirst; uneasiness, constant desire to urinate, which could only be voided at first in moderate and afterwards in very small quantity with frightful pain. The night after was extremely uneasy and sleepless. To relieve the thirst he drank a quantity of milk of almonds which apparently only increased the pains of the urinary organs.

On the 20th of August he presented the following symptoms:—Confusion of the head, with dull pains in the frontal region; paleness of the face, with occasional transitory flushes; great swelling of the lips, of the gums, and of the buccal mucous membrane; the tongue of a bluish red, covered with white vesicles containing a bitterish

fluid. Some of the vesicles are burst, and portions of epithelium may be observed. There is a large blister, a quarter of an inch broad, extending along the middle from the forepart almost to the root of the tongue. *A painful burning of the whole of the cavity of the mouth and throat, with great heat, causing him to drink constantly, without, however, quenching the thirst.* Disagreeable, bitter taste; no appetite; aversion to food; frequent sobbing eructation; no disorder of stomach or abdomen; bowels regular, although before taking the Cantharides he had for some days suffered from diarrhœa (curative action). *Dull aching pains in the region of both kidneys; violent burning, cutting pains at the neck of the bladder, extending to the fossa navicularis of the urethra,* especially before and after passing urine. *Continual painful strangury,* a few drops of a reddish urine sometimes mixed with blood being passed; the penis flaccid; *sexual desire entirely absent* (more so than previous to taking the Cantharides). The organs of the chest and their functions natural; the temperature of the skin rather elevated; the pulse quickened, sharp and full. Shivering, alternating at uncertain intervals with heat and perspiration; great weakness of the limbs; great restlessness, not allowing him to remain in bed; feverish disposition.

Treatment.—I ordered the almond emulsion to be discontinued, and prescribed the abundant use of *pure* water and a drop of *spiritus camphoratus* every two hours, with the best results. The next night the patient slept quietly, and the day after I found the painful affection of the urinary organs considerably alleviated; the patient had no longer any thirst, and passed a large quantity of urine, though with some pain, and would have eaten, for he had an appetite, if mastication had been possible.

From the 21st to the 23rd of August he continued to improve so rapidly under the same treatment that he might be considered, on the 24th, perfectly recovered.

(d.) *The Extremities.*

Paresis crurum.

Theresia Kaiser, 24 years old, single, of a sanguine temperament, of a weakly constitution, menses always regular, six years since recovered from inflammation of the lungs. In the first half of December, 1845, she was seized with violent colic, and was treated with narcotics and purgatives. The abdominal pain subsided indeed for

a certain time, but they left behind a paresis of the lower extremities, so that the patient could neither walk nor stand.

On the 24th of January the following symptoms were present:— A feeling of weight and stiffness in the lower extremities, as if made of wood, with an impossibility of standing or moving, though at the same time the sensibility of the affected parts is not lost. When lying she can certainly draw the thigh up a little, but it is only with difficulty that she can move the leg. Crawling and formication in the paralysed extremities with a feeling of heat, extending from the feet over the leg and knee, most frequently at night.

Treatment.—I gave *Nux vom.* 2, a drop every three hours. The result was surprisingly quick, for the patient could stand and walk by the 28th, and did not complain of any further abnormal sensation in the parts which had been affected.

1.—*Vomitus biliosus.*

Mrs. Gruber, 58 years old, has been a widow for several years, of a sanguine temperament and tolerably robust habit, has always enjoyed good health, with the exception of infantile ailments. Since the cessation of the menses she has often suffered from congestion, vertigo, headache and backache, with costiveness, for which some allopathic medical men have each time prescribed bleeding and cooling mixtures, without any, or at the utmost but transitory benefit. She has for a year sought refuge in homœopathy; *Aconite* proved so beneficial that she has not, for a whole year, needed any medical assistance. Confidence in the greatly despised homœopathic mode of treatment was the necessary consequence.

The present disorder, for which she cannot assign any satisfactory reason, began eight days since, for since this time she has felt unusual mental *excitement* and irritability, the least cause exciting *anger* and *vexation*. She likewise feels a peculiar stiffness and fulness in the whole body, making it difficult for her to move about. On the 30th of March, she took a walk with her uncle and was suddenly seized with nausea and vomiting, which, however, soon passed off. After having retired to rest rather earlier than usual, she had quietly gone to sleep, but suddenly awoke about 11 o'clock with weight and confusion of the head; a taste in the mouth as bitter as gall; nausea and vomiting, attended with restlessness; an internal feeling of heat and great weakness of the extremities. This condition, preventing sleep, lasted until 5 o'clock, when she was seized with shivering and

violent vomiting, at first of a clear and then of a green and extremely bitter tasting fluid. As the vomiting increased, and no relief could be obtained, recourse was had to my assistance.

On the 31st of March she had the following symptoms:—

Confusion and muddled feeling of the head, with vertigo and a dull aching pain in the frontal and occipital regions. There was a feeling in the occiput as if it were distended and increased in size. Redness of the face; great intolerance of light and sound; the room window was obliged to be covered. Taste in the mouth as bitter as gall; tongue clean, but rather red; no thirst; no appetite. Aversion to food; constant nausea, with shivering and internal heat, especially of the head; she was obliged to lie quite quiet, neither move nor speak, for any such attempt would immediately change the nausea to vomiting. She vomited in my presence a considerable quantity of a greenish fluid, with retching as if she would be suffocated, and trembling of the extremities. She also complained of a pressing sensation of the stomach, like distension; dull pressing pains in the sacral and lumbar regions, rendering every effort to move extremely painful. Bowels unmoved for two days; the temperature of the skin not elevated. The pulse only a little quick and full. Urine a brownish red. The thoracic viscera healthy. A feeling of fulness and stiffness in the limbs, making the act of stooping painful. Weakness of the whole body. Taciturnity.

Treatment.—Bryonia 3, a drop every two hours in a teaspoonful of spring water. The result was remarkably favourable. She vomited bile twice rather abundantly after the first dose, the sickness then entirely ceased. The night was more comfortably passed than the former, but was still disturbed by frightful dreams.

On the 1st of April the head was still rather muddled, but no longer painful; the feeling of enlargement of the occiput was gone; no longer increased sensibility of the eyes and ears to light and sound; the tongue no longer red; the bitter taste in the mouth was gone; aversion to food, nausea, and vomiting had entirely disappeared. She had a little appetite, and took some milk for breakfast without any subsequent uneasiness. At night she had a comfortable and refreshing sleep.

On the 2nd of April she had lost the debility and every other symptom, and I found my patient in good spirits and engaged in her domestic employment.

2.—*Diarrhœa saburralis.*

Ferdinand Ritzberger, 10 years old, of a sanguine temperament, and scrofulous habit, has been in health since his infancy. Four days ago he ate too large a quantity of pork, and has since suffered from headache, loss of appetite, aversion to food, vomiting, looseness of the bowels, the latter acting four or five times daily, and great debility.

On the 3rd of January, 1846, he presented the following symptoms:—A pressing pain in the forehead; pale, swollen face; intolerance of light without redness of the eyes; insipid taste in the mouth; a slimy coated tongue; great thirst; loss of appetite; frequent nausea, and aversion to food, preceded by a painful feeling of pressure in the stomach and epigastrium; frequent loose stool, of a putrid odour and flocculent appearance; urine clear; a slight, dry cough, the organs of the chest natural; the skin dry, temperature not elevated; pulse not febrile; occasional slight spasmodic twitching of the facial muscles, lips, and eyelids; disturbed sleep, and great weakness of the legs.

Treatment.—Ipecac. ʒ. 3, a drop in some water every three hours.

On the 3rd of January he slept quietly, and perspired throughout the night.

On the 4th. The headache, aversion to food, and nausea had entirely disappeared. He no longer complained of any uneasiness in the stomach. A little diarrhœa still remained.

On the 5th. He had only two loose stools; the tongue was clean; taste natural, and his appetite had returned.

On the 6th. The diarrhœa had ceased entirely, and in two days the patient had improved so much that he needed no further medical treatment.

3.—*Diarrhœa catarrhosa.*

Anna Peterzick, 32 years of age, a widow, of sanguine temperament, and delicate constitution, when a child had an eruption on the head, and has since suffered from pains in the chest and hæmoptysis. From her seventeenth year the menses have appeared regularly and in great abundance. Her present disease commenced five weeks ago with diarrhœa, which subsided in a few days, but soon returned in spite of every remedy.

On the 20th of February there were the following symptoms:— A pressing pain in the forehead; a feeling of fulness and painfulness of both eyes, with intolerance of light, and slight injection of the conjunctiva; catarrh; white coated tongue; great thirst; taste and appetite unchanged; loose evacuations of a greenish yellow slimy fluid. The diarrhœa occurred most frequently at night, preceded and followed by griping pains in the abdomen, succeeded by soreness of the anus, and weakness of the legs. The organs of the chest normal; pulse rather quick, soft and full; skin humid, temperature only slightly elevated; urine scanty, of a reddish colour; uncomfortable and frequently disturbed sleep, with a feeling of great debility.

Treatment.—Mercurius solub. 3, one grain in sugar of milk, thrice daily.

After having taken this remedy four days the Diarrhœa ceased, as well as the other symptoms. The patient recovered completely with a proper diet.

4.—*Diarrhœa verminosa.*

Wolfgang Huemer, 7 years of age, light hair, sanguine temperament, and scrofulous habit, has always had good health since his infancy. For the past year he has suffered frequently from head and stomach ache with diarrhœa, and has passed several lumbrici. He had four or five stools in the day and sometimes at night.

On the 19th February, 1846, he presented the following morbid condition:—A pressive headache; itching of the nose, which caused him to be often picking the latter; pupils much dilated; tongue slimy and coated; no thirst; appetite good; abdomen distended, a little tenderness on pressure; mucous diarrhœa, four or five stools daily, without pain; urine pale; loose cough with expectoration of a whitish mucus; no change in the organs of the chest was indicated on percussion; auscultation yielded vesicular respiration, with mucous râle in the bronchi; skin perspirable; temperature not elevated; pulse weak and not feverish.

Treatment.—Cina 1, a drop in water every three hours.

On the 21st of February, the diarrhœa, headache, and painful distension of the abdomen had already ceased, the cough was considerably relieved, the last disappeared in four days more, together with the symptoms of catarrh indicated by auscultation, and no further treatment was needed.

5.—*Diarrhœa, subsequent anasarca.*

John Witenz, 28 years old, a binder, of sanguine temperament, and rather large boned, has been constantly well since his childhood. In July, 1845, he took a tertian fever while in Hungary, which was removed with large doses of China. From this period his health was entirely broken. Constantly depressed and feeble, he was scarcely able to prolong his life by manual labour. In addition, he suffered from gradual loss of appetite, œdematous swellings of the legs, and sadness of disposition. In this state he left Hungary and went to Vienna, on the journey he became anasarca. He was cured of the dropsy after a four months treatment by the Brethren of Mercy, in Vienna. Weakened by the previous treatment, and still suffering from melancholy, he was anxious to return home on foot, fourteen days since. While on the road to Linz, the weather being unusually bad, he was taken ill with headache, vomiting of every thing taken, violent diarrhœa (the bowels being relaxed from fifteen to sixteen times in the twenty-four hours), and such debility that it was only with extraordinary efforts that he could drag himself into the vicinity of the town, where his strength entirely failed, and he lay exhausted on the road. A benevolent lady, who was passing, took pity upon him, and took him in her carriage to Linz, where on the 12th of January, he presented the following symptoms:—

Weakness and confusion of the head; continual roaring and ringing in the ears; lustreless eyes, like ground-glass; dimness of sight; moist, clean tongue; insipid taste, extreme thirst; no appetite; dryness in the throat, with some soreness on swallowing; the tonsils slightly red, but not enlarged; tenderness of the epigastrium and right hypochondrium on pressure; enlargement of the spleen; frequent yellowish watery evacuations, almost every quarter of an hour, often quite involuntary, especially at night; urine scanty, pale red and turbid; the organs of the chest normal; dryness and elevated temperature of the skin; pulse quick, soft, easily compressed; uneasy, frequently disturbed sleep; sadness of disposition; debility bordering on exhaustion from loss of fluids.

Treatment.—Acid. Phosph. 2, one drop in water every three hours.

On the 12th and 13th of January, the diarrhœa continued unabated; on the 14th it lessened, and entirely ceased by the 15th.

On the 16th the taste was improved; the temperature of the skin

and the frequency of the pulse diminished, and the urine was still more scanty.

On the 17th, I found œdematous swelling of the face. The œdema extended from the 20th of January, over the whole body even to the genitals, which were extremely swollen. The circumference of the body was almost doubled. There was great thirst, no appetite; the abdominal coverings, owing to the swelling, were doughy to the touch, though not tender; stools normal; scarcely any urine; the skin distended, dry, its temperature not elevated; the pulse scarcely perceptible on account of the swollen skin.

On the 20th I discontinued the Phosphoric acid and gave Bryonia 1. The result proved to be very favourable, for during the night the patient perspired for a couple of hours, and the thirst disappeared.

On the 22nd, the perspiration continued for several hours with considerable diminution of the œdema of the face.

From the 23rd to the 25th, the patient was in a general perspiration both night and day. The urine became much clearer and was voided in greater quantity.

On the 26th I found the head free from all confusion, the eyes bright, no more roaring in the ears, no more thirst. The taste was good, appetite returning, stools again natural. The skin was moist, slightly distended, more than half of the swollen condition was gone down, even the swelling of the genitals was considerably lessened; the pulse quick; sleep comfortable, refreshing; disposition more cheerful, though there is still a considerable feeling of debility.

From 27th to 30th, the patient perspired very much, from four to six o'clock in the morning. His appetite increased as well as his strength.

On the 31st the anasarous condition of the genitals entirely disappeared; the appetite, digestion, and stools quite natural. I discontinued the Bryonia, and by the 12th of February he recovered his health, and became so cheerful that he continued his journey home.

6.—*Dysentery.*

Theresia Billin, 65 years old, of a sanguine temperament, and tolerably robust habit, has always enjoyed good health. Menses ceased some fifteen years since. In consequence of taking cold while washing, she has for the last fortnight suffered from debility, heaviness of the limbs, griping pains in the abdomen, and dysentery.

The evacuations are slimy and contain blood. She is purged from nine to ten times a day, which has considerably weakened her, although but little matter was parted with after much straining. For three days she has complained of frequent shivering, sacral pains, and extremely painful tenesmus.

On the 15th February she presented the following symptoms:—

Confusion of the head, almost amounting to vertigo; pale face; intolerance of light; clean tongue; absence of thirst; taste natural; little appetite; frequent diarrhoea; the stools consisting of a slimy fluid mixed with blood, in moderate quantity, followed by violent and very painful tenesmus. Previous to an evacuation there is always anxiety and trembling of the limbs, with an urgent call for stool.

During the stool there are griping pains in the abdomen, followed by a feeling of soreness at the anus. The abdomen is painful on pressure in the region of the colon; urine clear; the organs of the respiratory and circulatory systems are normal; the skin perspirable and moist on the least movement; pulse natural; sleep and mind quiet.

Treatment.—Mercurius solub. ʒ, a grain three times daily.

On the 17th, the looseness, tenesmus, and the other morbid symptoms were entirely gone; from this period she had daily a painless, but frothy evacuation, which on the 20th became of its natural consistence. By attending to diet, the patient recovered so quickly that by the 23rd she was not in need of any further treatment.

7.—*Dysenteria cum prolapsu intestini recti.*

Rosa Siegel, 4 years old, light hair, blue eyes, of weakly constitution, and of a lax and puffy habit, as well as wanting in energy. Her present disorder began without any assignable cause with looseness of the bowels, painful tenesmus succeeded by weakness of the lower extremities, so that she could not stand any longer on her feet. She likewise had griping pains with every stool, followed by a discharge of pure blood and prolapse of the rectum.

On the 16th March she had the following symptoms:—

Stools of a greenish yellow fluid, small in quantity, with griping pains and crying. Each evacuation was followed by extremely painful tenesmus, with discharge of blood and prolapse of the bowel, when the child trembled and cried. It was necessary to replace the prolapsed portion each time, which was easily effected, but not

without pain. This operation had to be repeated five or six times a day, and often in the night. There was nothing else abnormal about the child, excepting that there were some scattered, painful, bluish red furunculi on the skin.

Treatment.—I determined to prescribe a high potency, and accordingly gave the child *Mercurius solub.* 100, a drop thrice daily.

On the 23rd of March, there was not any change in her condition, so that I prescribed *Merc. solub.* 3, a grain thrice daily.

On the 26th, the diarrhœa and discharge of blood were entirely gone, the bowel continued to descend when there was straining, even when the stool was natural.

On the 27th the same.

On the 28th she had *Mercurius solub.* 2.

On the 29th the bowel still continued to descend after a stool, but not every time.

On the 30th the prolapse was entirely removed, for there was not any return. The furunculi gradually disappeared, and as to her strength, in a few days more there was nothing further to be wished.

8.—*Metrorrhagia.*

Barbara Baumbher, 19 years old, of a sanguine temperament, thin, and of weakly constitution. She has menstruated regularly since her 16th year. Seven years ago she recovered from hæmoptysis.

In December, 1845, without any apparent cause, her menses recurred on three occasions, each time very abundant, and lasting three days. On the 4th of January, 1846, after considerable exertion (carrying a burden), a stream of blood suddenly gushed from the genitals, attended with violent hypogastric pains.

On the 5th the following symptoms were present:—

Weakness of the head, almost amounting to vertigo; paleness of the face, heavy, lustreless eyes; great thirst; little appetite; loose stool; urine coloured red, by an admixture of blood; drawing, bearing-down pains from the fundus of the uterus towards the sacrum, and along the broad ligaments to each side, appearing periodically, accompanied with a discharge from the genitals at one time of a black fluid, at another, of coagulated blood. When the pains are absent, she has constant hæmorrhage. The pains seem to be alleviated by pressure. The least motion increases the discharge of blood. The hypogastrium has a doughy feeling, and is rather distended, but only tender on firm pressure. The temperature of the skin not elevated,

but that of the extremities diminished ; pulse full, soft and quick ; sleep uneasy ; frequent shivering and anxiety of mind. The rest of the bodily functions normal.

Treatment.—Sabina 1, a drop every three hours.

On the 6th, the whole day, she had the before mentioned hypogastric pains, and an abundant discharge of a black clotted blood, the same as yesterday. At night the distressing pains subsided, and the patient enjoyed a quiet night, notwithstanding the continued hæmorrhage.

On the 7th no more pains, but a constant discharge of a thin bright red blood ; she was more cheerful as the pains were absent.

On the 8th she has slept comfortably ; and the hypogastric region is no longer distended. The hæmorrhage has considerably diminished and recurs only on moving. She complains of weariness of the limbs.

On the 9th there was no hæmorrhage even on moving quickly, and as she was not much weakened by the loss of blood, she was able to discontinue the treatment on the 10th of January.

9.—*Pneumonorrhagia.*

Mrs. L——, 75 years old, in needy circumstances, of sanguine temperament, and of weakly constitution, a mother of several children, was tolerably healthy in her youth. Four-and-twenty years ago, in consequence of some considerable exertion, she was attacked with violent hæmoptysis which recurred yearly, sometimes more frequently, and was always treated with blood-letting and a variety of mixtures ; followed by some months of debility. She has not had an attack for six years, but has suffered from a chronic cough and blennorrhœa of the respiratory organs.

The present disorder began after *great manual exertion*, with congestion of the head, vertigo, and weakness. On the following day she had in addition attacks of nausea almost inducing fainting, heat of the head, rattling in the chest, and severe hæmoptysis.

On the 29th of January he had the following symptoms :—

Confusion of the head, with dull pain in the forehead ; roaring in the ears ; paleness of the face ; clean tongue with bright red papillæ at the point ; slimy taste, no thirst, and no appetite ; no evacuation of the bowels for two days ; the urine scanty, rather high coloured and clear ; *the thorax in its entire circumference painful as if bruised.*

The blood expectorated on the first attack was fluid and frothy, subsequently it was *darker, grumous*, and mixed with mucus ;

frequent attacks of cough, with *constant expectoration of blood; weight of the chest*—with great oppression of respiration and frequent sighing. Percussion did not show any thing abnormal, but on auscultation, a sharp vesicular râle was apparent, with mucous rattle in several parts of both lungs; the heart was hypertrophied, and disease of the mitral valve, the action of the heart was much excited, and there was a bellows sound with the systole. The temperature of the skin was not elevated; the pulse was quickened, irregular, and often intermittent; great weakness; *it seemed to her as if all her limbs, especially the chest, had been beaten.* Uneasy sleep, sadness, and anxious mind.

Treatment.—Arnica 3, a drop in water every two hours.

On the 30th of January passed a comfortable night; the patient related to me with great joy, that after taking the second spoonful of the water she felt an unusual relief to the chest; she has not had another attack. She expectorated a large quantity of mucus, in which I was able still to find some dark clotted blood, but in very small quantities. The action of the heart was moderated. Otherwise no other change.

On the 31st passed a more easy night. The improvement was progressing. The oppression of the chest and the dyspnœa were entirely gone. The action of the heart and the pulse more quiet, the latter however, still intermitting. Disposition more cheerful.

On the 1st of February, during the night, she had *three liquid stools* with much straining, preceded by griping pains. I could no longer find the slightest trace of blood in the adhesive, and abundant greyish expectoration. Respiration, the heart and pulse perfectly quiet, no longer intermitting. The patient feels a little appetite, and is something stronger. No diarrhœa during the day. She complained of a troublesome stiffness of the sacrum, and of the left hip.

On the 2nd, during the night, she had a return of the griping pains in the abdomen, and eleven loose evacuations. The Arnica was left off, and I prescribed Rhus Tox. 3, for the nocturnal diarrhœa. During the day she felt quite well with the exception of the cough, expectoration, and a little increase of debility.

On the 3rd she was again seized before midnight with a very violent cutting pain in the umbilical region, with stiffness of the hips, lasting an hour, followed by an evacuation of pure bile. These symptoms did not return. Was the same, during the day, as yesterday.

On the 4th February, she slept well the whole night, without any pain or diarrhœa. I discontinued the Rhus.

On the 5th she passed a comfortable night, and feels stronger, and with the exception of the cough has nothing further to complain of.

The expectoration amounted to three-parts of a pint during the day, and very tenacious, like bird-lime. Appetite increased.

I prescribed a powder, consisting of a drachm of Sugar of Milk and ten drops of the first dilution of Polygala senega, of which she took night and morning as much as would cover a point of a knife.

Four days after I saw the patient again, and learnt that the cough was much better and the expectoration diminished more than one-half. She was improving rapidly. Treatment continued.

In four more days the cough and expectoration were still more lessened. The latter scarcely amounted, through the day, to a coffee-cupful.

After four more days, the improvement seemed to be at a stand-still. I discontinued the Senega, and gave Tr. Sulphur, dil. 3, a drop night and morning. This remedy operated so favourably, that in ten days she felt so strong that she was able to attend to her domestic affairs.

Clinical Reports of the Leopoldstadt Homœopathic Hospital,

BY DR. WILHELM LÖW.

IN our hospital, cases almost daily occur in which patients have in vain tried the most varied modes of treatment, and having thus overcome their repugnance to homœopathy, apply to us for medical aid. It is precisely these cases which offer the strongest proofs of the efficiency of our system. During the last year we had several cases of severe hemorrhage, which had resisted every mode of treatment, one of which we proceed to lay before our readers.

Josepha Seibert, 41 years of age, single, has resided for the space of three years in the Tropics, having returned but a short time since to Vienna, has always enjoyed good health, with the exception, as she states, of an attack of peritonitis about twelve years ago, nor ever had any disorder of the menses. According to her account she was always of a strong and robust constitution, while

she is now in an exhausted condition. Her present disorder has lasted twenty-one days, if reckoned from the commencement of the catamenial period, although for the first few days she had no reason to consider herself ill, as she was not prevented from attending to her domestic duties.

Her increasing loss of strength, as well as disinclination for exertion, caused her to take to her bed. Her medical attendant used external remedies, such as cold water and iced applications, together with various internal medicines, the recipes of which I have not by me, and subsequently China. All the means used proved of no utility, and she was brought to us on the 19th of July in a pitiable condition.

She was a largely framed person, but feeble and extremely emaciated, the skin flaccid, face very pale and sunken, with an expression of suffering, the mucous membranes pale and cool, hands and feet deficient of their natural warmth, the action of the heart quickened, breathing short and oppressed, pulse very small, 120. Chest and heart otherwise normal. The abdomen was distended; the os uteri very open, with indented and puffy edges, flaccid and soft, the vagina tender and cool; the manual examination caused slight uneasiness and much flooding. She complained of violent headache though limited to one spot, throbbing in the temples, roaring in the ears, and giddiness on the slightest movement; moreover her enfeebled nervous system showed extraordinary excitability. Many times in the day, and especially at night, she was seized with cramps in the calves of the legs and spasmodic twitchings of the limbs, causing such an amount of exhaustion that she would remain several hours motionless in bed as if paralyzed. Digestion and sleep were disturbed to the same extent. The hemorrhage still continued, even in the horizontal position, and elevation of the pelvis caused no diminution in the large quantity of blackened coagula which were constantly passing, whilst the least movement increased the discharge in a very great degree.

Diagnosis. A long residence in a warm climate (Egypt, Jerusalem), as is well known, favours the venous stasis, and the passage from the latter into another induces, among women, frequent hemorrhages. The condition of the patient, the softness and flaccidity of the uterus, the absence of feverish symptoms, the great increase of loss of blood by the slightest movement or irritation, taken together, clearly shewed,

that we had to do with a chronic, passive hemorrhage. We were unable to decide as to the cause, in consequence of the slight development of the uterine disorder, although conjecture would lead us to refer it to commencing degeneration. *Treatment.* In all such cases it is evident that it must first be decided whether the hemorrhage is active or passive; whether it must be considered simply as a symptom of some organic disease of the uterus, the flooding of a lying-in woman, or the result of a miscarriage.

In the case before us we adopted the treatment necessary for a pure case of hemorrhage from an unimpregnated uterus, unaccompanied by any symptom of further disease.

After having attended to the proper regimen, we obtained the best results from the employment of the following remedies.

1st. *Belladonna*, from its special action on the female sexual organs, seemed to be the remedy that should be preferred. It causes a bearing down and pressing forwards, with constant uneasiness to the patient. The pulse is full, hard, and frequent. The blood is of a dark colour, is discharged at intervals, and coagulated.

2nd. *Ipecacuanha* has also the same symptom of bearing down and pressing of the womb and to the anus. The hemorrhage is attended with cutting pains in the umbilical region, shivering, nausea, thirst, and paleness of the face.

3rd. *Crocus*, as is well known, exercises a great influence on the female sexual organs. Homœopathic literature, the Archives and Annals, speak strongly of the instances in which the action of this remedy in metrorrhagia has been frequently proved, when accompanied with the most varied subjective symptoms. "The beneficial action of *Crocus* in epistaxis, hemoptysis, and abortion," they observe, "has been often verified in modern times." The indications for the employment of *Crocus* are less dependent upon the subjective symptoms than upon the quality of the blood, which is of a dark, black colour and viscid.

4th. *Sabina*, on the other hand, should be used in that form of hemorrhage in which the patient complains of urgent desire to pass water, with labour-like pains in the loins and uterine region. The consistency of the blood is, however, of secondary importance, as likewise Hartmann has remarked in his Therapeutics. "*Sabina*," he observes, "is one of the most valuable remedies in that kind of hemorrhage in which the blood is discharged in lumps. Still it is

not a contra-indication when the discharge is of a bright red, and comes away in gushes, more abundantly on moving, and the mouth of the womb is constantly open."

5th. *Secale cornutum*, by its use, gives rise to general symptoms. It should be employed in these cases of hemorrhage, accompanied with cramps of the extremities, twitching of the limbs, one-sided headache, paleness of the face, and tympanitic distension of the abdomen, in which the hemorrhage is passive and dependent on atony.

We must not, however, pass by other remedies unnoticed which, although but rarely used in our institution, have been strongly recommended in active hemorrhages by many homœopaths of long standing, such as Aconite, Arnica, Chamomilla, Pulsatilla, and Platinea. *Nux vomica* has been of essential service in suitable temperaments, with long continued menstruation, only interrupted by short intervals, accompanied with abdominal spasms.

In the above mentioned case, in which the consistence of the blood especially attracted our attention, *Crocus* was the first remedy given. As no result followed the use of this medicine, continued for several days, we prescribed *Secale* on account of the spasms, the semi-lateral headache, and the other symptoms.

In a few days its action became very evident, for the hemorrhage gradually diminished, the distended abdomen subsided by degrees, the cramps of the legs recurred less frequently, sleep became more refreshing, and she gradually increased in strength. The patient, however, was for a long time weak and pallid in consequence of the long continued hemorrhage and the consequent exhaustion. Although the hemorrhage ceased in a short time after the use of the remedy, still the convalescence proceeded very slowly, and the patient was discharged, at her own request, on the 9th of September, still in an enfeebled condition.

The surprising action of *Secale* proved in a very remarkable degree the truth of *similia similibus*, inasmuch as it is well known that when eaten it is capable of inducing the symptoms which we have had an opportunity of observing in the above malady, and which were happily removed in the case before us, by the use of this remedy.

It is well known to the majority of our readers that there are cases of disease extremely violent in their accession, which yield in a very short time to the remedy prescribed; on the other hand, there are others mild at their outset which for a long time obstinately bid defiance to every remedy employed.

The cause of this fact is to be sought not in the greater or less power of the remedy employed, but much more deeply, in the character and nature of the disease itself. The course of a malady is modified by various circumstances, by epidemic causes, morbid products, exudations, and by the quality and property of the latter.

In proof of the latter we will lay before our readers the two following cases.

A few days since a young woman was admitted into our hospital, who, the day after her seizure, presented the following symptoms.

The whole of the body felt in a glowing heat, face and cheeks of a fiery red, lips dry, tongue slightly coated; she was hoarse, breathing quick and irregular; pulse full, hard, quick, 120 in a minute. A continuous, fatiguing cough kept her constantly restless. She complained moreover of stitches in the left side, uneasiness, oppression, feeling of weight in the region of the heart. Still on examination by the stethoscope nothing abnormal could be found.

At the evening visit Aconite of the 6th dilution was prescribed. In a few hours a surprising change for the better took place, so that by the morning visit she felt quite well.

In this case it was evident that no morbid products had been formed; therefore, in the choice of a remedy, attention was directed to the symptoms of high fever and increased temperature, Aconite having proved so useful in many similar cases.

The second case affords a surprising contrast to the first.

Maria Sterbick, who had always enjoyed good health, was taken ill three weeks after her confinement.

She states that she suffered from tearing rheumatic pains in the upper and lower extremities. The violence of the pains forbids the least motion. The medical treatment consisted at first of warm then of cold applications, and anodynes, such as Aqua lauroceras., Acet. morph., Inf. dig., Sulph. chin., without any improvement in her condition, so that she found herself compelled, after three weeks of fruitless treatment, to seek assistance at our hospital.

On her admission, the 16th of July, she presented the following symptoms. Extraordinary exhaustion and weakness, with violent accessions of fever.

The patient was 23 years of age, of robust habit. There was great heat of skin, which was covered with perspiration, and the trunk was covered with a miliary eruption as large as hemp-seed. Lips pale and dry, as well as the tongue, which was at the same

time rather coated. Chest well formed, showing nothing abnormal on percussion. A faint murmur was perceptible at the base of the heart. Spleen and liver not enlarged. Pulse quick, small, feeble, above 120. Abdomen slightly tympanitic. The joints of the upper and lower extremities swollen, hot to the touch, not red, very sensitive on being touched or moved. All these affections, in addition to weight in the head, and roaring in the ears, were exceeded by the violent pains in the hands and feet. She was annoyed besides with an unquenchable thirst, and disinclination to solid food. Her condition was likewise much aggravated by constant sleeplessness and constipation.

The diagnosis of the above case presented great difficulty, for the symptoms were too undecided to admit of any certainty.

The local rheumatic inflammation and symptoms of effusion bear no proportion to the severe form of fever and nervous or typhoid symptoms to warrant the diagnosis of simple rheumatism. On the other hand, the normal condition of the spleen, the absence of sensibility in the ileo-cæcal region and constipation excluded the diagnosis of typhus; at the same time we had to do with a lying-in woman belonging to the poorer class, which might reasonably lead us to suppose that the morbid process might have begun at an earlier period, and had escaped notice from its gradual accession; therefore we could not consider it as improbable that it might be connected with the puerperal state.

The diagnosis, which was at first simply conjectural, became subsequently a certainty by the complete development of the symptoms. Our diagnosis was justified by the unusual length of the disorder, by the metastatic deposits in the cellular tissues, by the presence of miliaria, succeeded by petechiæ, decubitus, and the frequently repeated attacks of shivering.

It would lead us too far, and we should overstep our prescribed limits, by following the malady through all its stages, changes, and variations. We must, however, rest satisfied with these observations, and pass on to the treatment.

It has been mentioned above that the disease had not any well defined character; we could not, therefore, at first be guided by the totality of the process in the choice of the remedy; but were obliged to be led by the grouping, and the kind of symptoms, having a constant regard to the temperament of the patient.

The swelling of the joints, the eruption, the kind of pain, which

was tensive, drawing, and tearing, mostly felt on moving the affected part; the extreme sensibility on the slightest movement, the state of exhaustion attending the least effort, the fever and constipation, all taken together, led to the choice of Bryonia, which induces inflammation of the mucous membrane, with disposition to serous effusions, as well as stiffness and inflammatory swelling of the joints; it is likewise well known to be an active remedy in puerperal fever.

In this case its curative action was fully verified, for in a few days after its use the swelling was for the most part gone, and the pain was considerably lessened. It would have been continued had not other symptoms arisen, namely, frequent shiverings, with a surprising diminution of the powers and emaciation of the whole body. Arsenic in the 6th dilution was then prescribed instead of the Bryonia.

Petechiæ afterwards set in and decubitus, followed by offensive ichorous discharges, complete apathy, and an almost unconscious condition. We then had recourse to Carbo with the best effects. An anasarca condition of the lower extremities, which were greatly distended and painful, was removed by Aurum muriat. of the 6th dilution, and the patient was discharged on the 2nd of November, 108 days after her admission into the hospital, and six months after the commencement of her disease.

On Catarrh, especially Hoarseness.

Although medical practitioners now, generally, entertain a favourable prognosis of bronchial catarrh, as well as of other affections of the air passages, for example, raucedo, which are usually removed by good nursing and avoidance of any irritation of the mucous membrane, and of variations of temperature; still daily experience shows that in the severe forms they very often require decided medical treatment.

A mild attack, apparently of little importance, will often excite considerable uneasiness during its course by the appearance of symptoms demanding the strictest attention.

Sometimes there will be distressing spasmodic attacks of coughing, attended by disturbed rest at night, exhaustion, &c., and which, notwithstanding the best regimen and the utmost care, proceed on to hoarseness and entire loss of voice. These symptoms must be met with energetic treatment, as well as with a strict regard to diet. We must refer the reader to the work of Drs. Wurmb and Caspar,

pages 18 to 48, where the remedies for catarrh are more fully considered, and restrict our remarks to three cases, which in their symptoms and treatment present much that is worthy of attention.

1. Theresa Santner, 28 years of age, was admitted into our hospital on the 5th of July of last year, with hoarseness, which had lasted nine weeks. There was nothing abnormal on the closest examination of the throat and chest. There was not any fever, and all the functions of the body were performed with regularity, the voice only was altered in tone and clearness. Carbo vegetab. of the 30th dilution was prescribed; for Carbo, as is well known, has an especial action on the mucous membrane of the air passages, particularly on the larynx, the minute bronchial tubes, and cells; for its employment in chronic hoarseness has constantly proved greatly beneficial. In fact, in this case its action was very powerful, for the patient was discharged cured in nine days. It is highly improbable to assume that a case of hoarseness of such obstinacy could be cured in so short a time by any other means than by the use of the above remedy.

2. This case presented an entirely opposite form of hoarseness; it was that of a young woman, Sidenia Bartooch, 18 years of age, who was admitted on the 3rd of March last year, having suffered for three months from this obstinate disorder. She seemed tolerably strong for her age, was of an excitable temperament, and complained of a kind of scraping in the throat, causing a rough barking cough, the voice constantly losing its tone, becoming weak, until it was almost entirely lost in the evening.

On examining the throat internally there was a pale and swollen condition of the tonsils and uvula. There was no abnormal condition of the chest. The rest of the functions of the body showed no disorder; she only complained of great weakness of the limbs.

On taking into consideration the well known beneficial action of Hepar sulph. in similar disorders of the larynx when associated with an unpleasant scraping sensation of the throat, as well as the aggravation towards evening, the excitable temperament and the exudation I prescribed that remedy in the 3rd trituration.

The choice was justified by the quick recovery, the disappearance of every troublesome symptom, and the complete recovery of the clearness of the voice. The patient was dismissed on the 18th of March, perfectly cured.

3. The next case was less favourable in its course. Johanna Stener, 21 years of age, was admitted on the 9th of February, with hoarseness of several weeks duration, and was discharged on the 21st of March, after four weeks' treatment.

She was of a healthy, blooming countenance, and her personal appearance, which, under these circumstances, is an important consideration, as well as the development of the chest, did not indicate any predisposition for the existing disorder. Notwithstanding she had been troubled for many weeks with this chronic hoarseness, which was attended with a sensation of heat and prickling of the larynx, and great dryness of the fauces; a condition which was increased, towards evening, to a distressing degree. Immediately after her reception Hepar sulph. was administered in the 3rd trituration, from which, depending upon the above indications, speedy relief was expected. The subjective symptoms disappeared, but the hoarseness remained in *statu quo*.

The obstinacy of the disorder, and the absence of irritation, urged me to make use of Carbo, which was not then followed by the wished for result. Then Spongia and Iodine were *for a long time given in vain*. At last recourse was had to Carbo 80; an improvement immediately set in, and in a few days the patient had perfectly recovered.

These cases will suffice to show the very great curative action of Carbo and Hepar in chronic hoarseness, as well as the propriety of employing them in similar affections.

Aurum Muriaticum.

1. *Periostitis.*

Rosalia Drexler, 27 years of age, short. Until the present illness always enjoyed good health, still has a fresh and healthy look, though she has suffered for six weeks from an affection of the foot. The menses appeared in her thirteenth year, and have always been regular and natural. The rest of the functions of the body are natural, her disorder seeming to be local. She complains of a tensive pain in the dorsum of the left foot, much aggravated in the evening and night by the least motion, especially by warmth, preventing sleep.

On examination there was no heat nor discolouration of the skin;

the pulse was regular ; but there was a well defined semicircular doughy swelling at the affected part, extremely sensitive to the touch. The kind of pain, which was deep seated, and of a well defined extent, as well as the opinion of the patient that the disorder arose from a mechanical injury, and the fact that notwithstanding every care taken, the affection still remained unchanged, led me to the conclusion that there was inflammation of the periosteum.

With this view the treatment was begun with *Aurum muriaticum* of the 15th dilution, a remedy generally reputed of great value in diseases of bone.

The pain was alleviated in a few days, the sleep became less disturbed, and the swelling gradually decreased.

The swelling was entirely removed in a few days after. The patient was detained in the hospital a short time longer on account of weakness of the foot, and occasional slight pain in walking, there being the least trace of a swelling, and was discharged cured on the 28th of July, after a month's treatment.

2. *Typhus Metastasis.*

A similar affection occurred, without any other assignable cause than as a sequel of typhus metastasis, in a young woman 30 years of age, named Josepha Krassar, who had had a low form of typhus of five weeks' duration. During her convalescence she was suddenly seized with a deep seated troublesome pain in the left foot.

At first there was nothing to be seen externally, but there soon arose a considerable swelling, accompanied with heat, hardness and tension. The leg of the affected foot was hot to the touch from the knee to the foot ; the swelling was hard, tensive, and very sensitive to the touch. The effect of the local disorder on the system was shown by feverishness, uneasy and disturbed sleep, the pain thereby being much aggravated.

In this case *Aurum muriat.* of the 15th dilution was prescribed on the 20th of June. The beneficial effect became apparent in the first three or four days, the pain becoming less, and the other symptoms assuming a more favourable aspect.

The choice of the remedy was thus proved to be correct, especially, as by its continued use, the patient entirely recovered, and was discharged a few days after.

Cases by CHARLES C. TUCKEY, M.B., Canterbury.

1.—*Acute Meningitis.*

Sept. 27th. I was called on to visit, for the first time, Master S., a child aged 4 years, who had been ill for about three weeks, and had been treated by his medical attendant (an allopath) for gastric fever. Seeing that he every day became worse, and his symptoms most urgent and alarming, his parents sent for me.

I found the child in a frightful state of excitement; unable to bear the light; screaming fearfully at intervals; not enduring to be spoken to; head extremely hot; tongue white; abdomen tympanitic; bowels confined; picks his face constantly. Prescription Bell. 3, to take a dose alternately with Bry. 3, at intervals of two hours.

28th. Found my little patient on the whole better; he rested better last night, having previously scarcely any sleep; head still hot; but is not so excitable, though he still has screaming fits; abdomen distended; no motion; urine deep coloured and scanty; tongue white, with prominent red papillæ; pulse 100. Repeat Bell. and Bry., and let him have Acon. 3, if required.

30th. Is decidedly better to day; excitement much less; bowels relieved; aspect more natural; has slept more; the kidneys act more freely. Repeat the medicines.

Oct. 2nd. Continues to improve; his tongue is becoming more clean, and he no longer screams; but the heat of head and quick pulse continue. Repeat Bell. 3, Merc. v. 3, alternately.

4th. A very marked improvement to-day; the child is able to sit up, and is playful; he bears the light well, and his head is comparatively cool. Repeat Bell. and Merc.

6th. Continues to progress; though a certain amount of irritation remains. Repeat the medicines.

This treatment was continued with gradual improvement till the 13th, when a crop of boils appeared. I then gave Bell. 3, three times a day, and a dose of Sulphur, 3rd trituration, every night.

I need not pursue the treatment further, suffice it to add that by these means, in conjunction with Merc. v. 3, I had the satisfaction of leaving my patient after a few days more, perfectly cured.

2.—*Wound of the elbow joint.*

October 7th. Maria C., æt. 22 years, domestic, in taking down a window shutter, thrust her right elbow through the glass and re-

ceived a severe wound. On examination, I found the joint extensively opened, and the cartilages exposed to view. Knowing the frequently serious result of such injuries, I gave a very guarded opinion, though I felt her chances of safety were vastly increased under homœopathic management. Closing the large jagged gaping wound carefully, and applying lint steeped in lotion of *Calendula*, I kept the arm fixed in a straight position, and administered *Arnica*, 3rd decimal dil., every third hour.

8th. Going on favourably. Continue.

9th. The case is doing admirably; she is perfectly free from fever, and the wound looks kindly, with little inflammation. The synovia no longer escapes. Continue.

This treatment was continued till the 18th of October, when finding the wound perfectly cicatrized (it had principally united by the "first intention"), I removed the bandages, and she resumed her duties without inconvenience.

3.—*Scarlatina*.

November 1st. Anne P., aged 25 years, a young woman of full, plethoric habit, was seized this morning with acute headache, attended with flushed face and considerable fever. R *Bell.* 3, qq. secda. hora.

2nd. I found her covered with an intense scarlet rash; head swollen and painful; face hot and flushed; tongue coated; tonsils greatly enlarged; pharynx much congested; swallowing performed with difficulty; pulse 132, full and hard. Repeat *Belladonna*, every two hours.

3rd. No decided change; is not worse. Repeat.

4th. Less fever; her pulse has fallen to 108; she is covered with an immense efflorescence. Repeat *Bell.*

5th. Same. Repeat.

6th. Some accession of fever. R *Acon.* and *Bell.* alternately.

7th. Better in every respect; eruption fading; pulse 84; tongue cleaning. Repeat *Bell.*

8th. Progressing; but she suffers much from swelling of her hands, with acute pain. *Acon.* and *Bry.* alternately.

10th. Is doing well in every respect; the pains in her hands are greatly relieved. Repeat *Acon.* and *Bry.*

14th. Convalescent, and down stairs; pulse 72.

A remarkable speedy cure of an unfavorable case.

MISCELLANEOUS.

Coffee in Typhus Fever.

A case of pure uncomplicated exanthematous typhus was observed by Dr. Parkes, in University College Hospital, in January last. It ran its course in twelve days, and no medicine was given except one drachm of castor oil. The patient was discharged on the 27th day after his seizure, no relapse having occurred, nor any complication, except a little dry bronchitis two or three days after admission. The urine was carefully examined, and found to yield a very large average of urea, not less than 522 grains in the twenty-four hours during the pyrexial period, and 415 grains during convalescence.

Sulphuric acid was present in considerable quantities, but the Chloride of sodium was scarcely recognisable until after the 20th day, when it suddenly reappeared, and continued at the rate of 169 grains while the man remained in hospital.

The case is interesting chiefly as the subject of an experiment with coffee, given with a view to stimulate the nervous system, and to diminish the amount of urea, Phosphoric and Sulphuric acids, by retarding the metamorphosis of tissue. Accordingly two doses of coffee were given, one on the 10th, the other on the 11th day of the disease, each dose being 60 grains of pure extract of coffee, dissolved in warm water. Much to the surprise of the doctor, who expected quite another result, the water passed through the kidneys was much increased in quantity; the urea passed each day was 97 grains more than before or after, and the Sulphuric acid not diminished. The patient felt better, the pulse fell, and headache was removed after the coffee, and the pyrexia suddenly came to an end the day after the second dose.

This is a case in which a single medicinal substance was given on a principle, and although the result was contrary to the expectation of the prescriber, he has the credit of putting the antipathic method before us in its simplest form. Two cases of typhoid were previously treated by him with coffee, one of them with "apparently the same result as in health, diminution of urea; the other without this effect."

Probably the reason why the remedy failed in two out of three cases was, that the prescriber overlooked the fact that the diseased condition necessarily changes the susceptibility of the system to the

action of medicines, and establishes entirely new relations between given cases and given medicines. The case shows as well as a single case can show, that the antipathic principle in medicine does not hold good, and that a true principle of cure must not be sought for in *this* direction. Nature was chiefly relied on for the cure of this case; and it is pleasing to see that the drugging practice is at last going out of fashion.

Linum Catharticum.

By J. GELSTON, M.F.P.S.G.

Purging flax, Mountain flax, Mill mountain, Natord. Linacæ.

Sensorium.—Slight excitement of head, and fullness (sense of) at region of the ear; congestion of head, frontal; severe pressive pain (temporary) in both temples; dull headache; congestive headache all day. Irritability of temper; languor; depression of spirits.

Sleep.—Prolonged, drowsy after being awaked, confusion of time after profound sleep; vigil dreams of cholera; in others, dreams of travelling by water with danger; lascivious dreams.

Organs of special sense.—Tongue foul, brownish fur, bilious taste, eructations tasting of bile; rising of food; clammy taste; dryness of mouth without thirst; disgusting taste; frothy sputa; tasting as of sea wrack; heat in throat; rawness of throat.

Skin.—Feverish heat; moderate perspiration; perspires freely.

Digestive organs.—Impaired appetite; foul tongue; repletion; *urgent call to stool*, copious bilious motion; pressive pains in stomach and uneasiness in abdomen, followed by *bright yellow* mucous stool with urging; soft scanty motion with urging flatus; *purging with colic*; *tenesmus*; *colicky pains* below umbilicus; rumbling, copious stool (after several days constipation); much griping *and necessity to get quickly to stool*; *quick scouring motion, bright yellow*; *much pressing down of rectum*; mucous stool, fæces covered with gelatinous shreds resembling worms. (Infusion).

Smarting stinging at anus, as if piles were coming; difficult stool with pressing down of rectum; colic with scanty stool; constipation (several days), frequent desire to stool with haste, and only a little mucus, and great tenesmus. (Tincture and dilutions.)

Respiratory organs.—Catarrhal symptoms in throat; hawking; dry coryza; fluent coryza; soreness of chest; voice hoarse; nose stuffed and running; great pain in chest, aggravated by movement or deep inspiration; frothy expectoration; tickling cough, worse in open air,

with much phlegm ; dry cough, sneezing at night, chest much stuffed ; difficult expectoration of frothy and some yellow mucus ; hawking of sanguineous mucus ; mucus from nose, rose colour (occasionally) ; hacking cough ; much phlegm accumulates in throat with loose cough ; expectorates much glairy phlegm ; cough at night.

Urinary organs.—Frequent desire to urinate, urine bright straw colour, strong smelling, rather scanty ; itching at orifice of urethra ; copious urine (and purging).

Male genital organs.—Anaphrodisia ; feeble erection ; slight sexual desire ; scanty emission ; seminal emission in sleep.

Female genital organs.—Menses retarded, constipation and headache.

Circulation.—Pulse full and quickened.

Extremities.—Slight shooting pains in left and right shoulder joints.

Remarks.—This plant is employed by the country people for rheumatism, and as an active purge, infused in ale. Gerard informs us that a vinous infusion was a favourite remedy with a bishop of Bath and Wells for the gout. The country people also use it in dropsies.

The spheres of its action are prominently the digestive and respiratory organs. Analysing these, we find its pathological analogue minutely portrayed in *dysentery, of an inflammatory character*—for such as Hahnemann recommended Nux vomica. It would also appear suited for bilious diarrhœa and congestive constipation, with dull headache, foul tongue, &c. Sufferings from indigestion, with griping pains ? colic and derangement of the bowels of children ?

The sphere of its action on the respiratory organs would seem to indicate an efficacy in catarrhal disorders. Influenza, which is acknowledged cognate with cholera, would appear to be specially indicated by the symptoms, the fluent coryza, much phlegm, headache, malaise, and *the pains in the bowels*. This also affords a seeming illustration of the relation of the disease to the remedy. Arsenic represents cholera, its isomeric congener. Antimony (according to Dr. Gray) the best remedy for influenza. Retarded menses with menstrual colic, may also seem indicated, such as occur in the sedentary and robust. I have few clinical observations to offer. A man at fifty subject to diarrhœa, had watery purging with colic ; a few doses of the Tincture cured him. A child with diarrhœa, had the symptoms aggravated by the Tincture. A case of chronic diarrhœa in a boy (at nine) with sanguineous stools, was unrelieved.

A child (two years). Mucous stools, tenesmus, colic before stool, cured promptly by the Tincture. A man aet. twenty-seven, incessant cough and spitting of thick phlegm, with pain at the sternum unrelieved by Bryon. and Phosphorus. Clammy taste of mouth; bowels regular; Linum Cath. ϕ . Next report, pain ceased; bowels costive all the week; tongue clean; spit and cough much lessened.

It is to be hoped that more attention will be devoted to new remedies. The polychrests, like the old planets, revolve in the routine of their prescribed orbits. A new planet may be noted, its orbit defined, but it is speedily relegated to its obscure haunt. A comet occasionally glares from out the quiet order, is gazed at with some curiosity, speedily passes into space and is forgotten.

However perfect homœopathy may seem to many of its patrons, there is much room for new remedies and right notions of their application. There are many *terra cognita* and *incognita* worthy and waiting to be annexed to homœopathy; those who feel a true interest in the state of homœopathy, will adventure something towards its aggrandizement.

Fragmentary Contributions to the Homœopathic Materia Medica, collected from various sources. By Dr. Thomas.

Arum maculatum contains numerous raphidion cells. After chewing a young leaf stalk for a few seconds, a very intense prickling stinging pain was felt upon the tongue and mucous membrane of the lips and throat, accompanied with a flow of saliva, which seemed to relieve the pain a little—the pains were as if a hundred little needles had been run into the tongue and lips. A friend who followed my example, had in addition to these symptoms, constriction and burning in the larynx, his tongue was swollen, and its papillæ injected and raised. The mucous membrane of the lips and throat was inflamed. The pains on the tongue and lips were increased by pressure with the teeth. “In two or three cases the leaves have been eaten by children, and have produced very distressing effects. In one instance, three children partook of them. Their tongues became swollen, so as to render swallowing difficult, and convulsions followed; one died in twelve and another in sixteen days; the third recovered.”—*British poisonous plants.*

Cases of Hydrophobia treated by Asparagus Officinalis. By Dr. A. Chairètès, Inspector of the Royal Botanic Gardens at Athens.

On the 8th of February, 1851, Anastase Lambarris, a gardener, of about fifty-five years of age, was bitten by a mad dog in the middle finger of the left hand. According to the practice in like cases among the people, the patient had applied to the bite some of the hair taken from the same dog and burnt; the dog itself was burnt, and the man leaped three times over the ashes; lastly, he drank a decoction of the plant called *phanèroméai*, and then believing himself perfectly cured, returned to his work, and remained in perfect health until the 16th of May following. On the morning of this day he felt first a general *malaise*, then a disagreeable numbness, which, arising from the spot which had been bitten, extended over the whole arm. It was at this time only that he experienced shivering.

On the morning of the 17th he began to experience a repugnance for water, which he expressed by saying, "I cannot bear the air of water." Towards noon he sent for two physicians, who recognised the existence of hydrophobia by its unmistakable phenomena. They prescribed Calomel and Belladonna, but the patient rejected this with bile.

At six A.M. of the 18th I was requested to see him. After hearing the story of his friends, I offered him a glass of water. He took it, and carried it eagerly to his mouth; but scarcely had the liquid touched his lips when a sudden convulsion made him push the glass away, notwithstanding the efforts of the unfortunate man to keep it near his lips. "You see, Sir," said he, "it is all over with me."

I sent to the Botanical garden for some young shoots of asparagus, which I made him eat one after the other. Deglutition at first was performed with difficulty, and was still further embarrassed by continual ptyalism; but this difficulty gradually subsided. I then left him tolerably reassured, directing his wife to give him nothing but asparagus, whether for medicine or food. After three hours I found him more at ease; he had slept nearly two hours, which he had not done at all for the two preceding nights; and the numbness of his arm was relieved.

During this and the following day the patient swallowed a quantity of asparagus, and his amendment appeared to progress. He slept calmly, and perspired freely. On the evening of the 19th he called for water, and drank half a glassful without difficulty. But at the

moment that his wife was making this report to me at my house, a sad scene was going on at home. Some gens-d'armes had introduced themselves into the house, and questioned the son as to the state of the patient. Being told that he was quiet, they said, "Now is the time." The patient overhearing these words, and impressed with the idea that they wished to poison him, became suddenly furious, seized his arms, and flew out of the room stark naked in pursuit of the gens-d'armes. At this moment, meeting my brother, and mistaking him for me, he appealed to him for assistance against these gens-d'armes, who, he said, wished to poison him. The unfortunate man, naked, breathless, covered with sweat, came to the city, crossed with naked feet the stream, always running, in front of the Church of the Holy Trinity, and entered a café with which he was acquainted, threatening all who came near him to seize him, but molesting no indifferent spectators. As soon as he got inside the café, he took a bucket of water, raised it to his head, and poured over it all the water, as if to convince the lookers-on that he was no longer suffering from hydrophobia, but that he was enraged against the gens-d'armes, who wished to poison him. In the meanwhile some gens-d'armes and policemen seized him, and, holding him fast, enveloped him in carpets, rolled him on the ground, and when he was well bound placed him on a cart, and carried him into the Church, where he was shut up and guarded by the gens-d'armes. He died in a state of frenzy, eighteen hours afterwards, on the 20th May.

I am induced to ask the following questions: May hydrophobia, the characteristic and inseparable symptom of canine madness, if once developed, disappear, and the disease nevertheless continue, and destroy the patient? Or does the disappearance of this symptom justify the hope of perfect recovery (putting aside the gens-d'armes)? Can the cessation of the hydrophobia in the preceding case be attributed to the use of the asparagus?

With reference to the last question, I have to cite my experience in three other cases. The patients were women; all had been bitten by dogs undoubtedly mad. The two first I saw in Canada; they were completely cured under the use of asparagus alone; but in both cases the symptom of hydrophobia was wanting, and I no longer expected it, inasmuch as there already existed numbness of the bitten part, ptialism, and burning in the throat. The third case occurred in Athens; the woman suffered from hydrophobia in the

highest degree. She died before the asparagus administered could reach the stomach. I was only summoned at the last moment.

I conclude that the physician who is unprovided with better means ought to try asparagus in these cases. Should experience prove the efficacy of this remedy, I trust that no government and no society will deprive me of the credit of this discovery.—*Lancet*, 27th August, 1853.

Belladonna (atropa) supposed to have been the plant referred to by Plutarch, as causing such terrible consequences to the Roman troops in their retreat, under Marc Antony, from the Parthians. Plutarch thus writes, "Those who sought for herbs obtained few that they were accustomed to eat; and in tasting unknown plants, they found one that caused insanity and death. He that had eaten thereof, immediately lost all memory and knowledge, but at the same time would *busy himself in turning and moving every stone he met with*, as if he were engaged in some very important pursuit. The camp was filled with unhappy men bending to the ground, and digging up and removing stones, till at last they were carried off by a bilious vomiting, when wine, the only remedy, was not at hand." A very interesting case of delirium, cured by the use of *Belladonna*, by an amateur, has lately come under my notice. The most prominent symptom was, a desire to tear away the stone from her mother's grave, and supplications to those about her to assist her in this *duty*. I am restricted quoting the case in full.

In the *Lancet*, for August 9th, 1856, there is notice of "tumid, hard, painful, knotty, and extremely tender breasts; the superficial veins distended:" treated and cured by smearing the extract of *Belladonna* on the areola of the nipple (See *Jahr*, vol I., pp. 256 and 7). On the 10th of September, 1856, I was consulted by Mrs. —, æt. 36, a lady of nervous-bilious temperament; she was intending to wean her sixth infant, and would have done so before, but feared the consequences, as invariably in such cases, she had "suffered from hysterics and bad breasts, with much fever; indeed, in two instances, gathered breasts followed." I prescribed Bell. 3, half gtt. ter die, with a little benefit; on the third day after weaning, I used Bell. externally, with very little advantage; on the fourth day I gave her a few globules of Conium 3, which she said "acted like magic," for in less than an hour after taking the medicine, the tumefaction of the breast had entirely disappeared.

Bellis perennis or daisy, formerly called *consolida*, on account of its vulnerary properties; the roots and leaves were used in wound drinks, and were considered efficacious in removing extravasated blood from bruises, &c. It is said to be refused by cattle on account of its peculiar taste. Lightfoot, in his *Flora Scotica*, says, "In a scarcity of garden-stuff, they (daisies) have in some countries, been substituted as pot herbs." My first trial with this plant as a curative agent, was in the autumn of 1856. While on a visit in the neighbourhood of Bangor, a countryman understanding that I was a "doctor," wished me to prescribe for his foot, which he had sprained very badly. Not having either Arnica or Rhus with me, I determined to try the effects of the daisy; so directed him to procure a handful of the leaves and flowers of the plant, chop them up small, boil them for a quarter of an hour in half a pint of water, and apply them in linen as a poultice round the ankle at night. The application was not made until the next morning, but in half an hour's time, the ankle admitted a very fair motion. A piece of calico wetted and wrung out of the daisy water, was then wrapped round the ankle, and the man put his shoe on and limped about all day, walking not less than five miles. He repeated the poultice at night, and found his ankle so restored in the morning, that he was able to walk four miles to his work without experiencing any difficulty. The success, in this instance, so far exceeded the previous use of Arnica and Rhus, especially in the time gained, that I had a tincture from the whole plant made for such uses, and have used it in sprained ankle from a fall—the ankle was well the second day. A sprain of the wrist which had been a week ailing, yielded to the daisy in three days. I have also successfully used it in several severe whitlows; in every case the pure tincture was used externally. The only provings I have made with this remedy have been with the pure tincture in tea, twenty drop doses at a time. After taking the medicine for fourteen days without any symptoms, I suspended the use of it—in two weeks after leaving it off (for the first time in my life), I had a large boil on the back of my neck (right side), commencing with a dull aching pain; some difficulty and a bruised pain in keeping the head erect; slight nausea, want of appetite, and a little giddiness in the head at times. Pain in middle finger of the left hand as of a gathering, for a short time only; and at the same time, pain in inner side of left forearm, as of a boil developing; two nights before, simi-

lar pains in corresponding parts of the right arm—query, are these effects of Bellis (this was written December 11th, 1856). The boil on the neck came December 7th, 1856; began as a slight pimple with burning pain in the skin, increasing until in six days' time it was very large, of a dark fiery purple colour, and very sore burning and aching pain in it, accompanied with headache, extending from occiput to sinciput, of a cold aching character; brain as though contracted in frontal region, dizziness, &c. (as before stated.) I now set to work to cure myself, which by use of hot fomentations of Bellis externally, and 3rd dil. internally, was soon accomplished. Three days after this was cured, another made its appearance, which speedily succumbed to the same remedies. As I had never previously had a boil, and had not made any change in my diet, I suspected Bellis tincture to be the cause of the trouble. On the 12th January, 1857, feeling my left foot somewhat strained after running, I applied Bellis ϕ to the strain, which for several days aggravated the feeling; and in five hours after the application, I had another small boil (three weeks after disappearance of the last), which yielded to same treatment as the others, by January 19th, 1857. On March 7th, 1857, I chewed some daisy flowers. On the 11th, a small boil appeared at the angle of the inferior maxilla, right side; Belladonna ϕ externally, cured it. The last trial I made with the third hundredth dilution of Bellis, taking three drops on Tuesday, 2nd March, 1858, on the following Friday a small pimple appeared a little behind the angle of *left* inferior maxilla; it increased very much in size and pain by Saturday, when I treated it with Bell. ϕ externally, to which it soon yielded. As at no other time in my life have I suffered from boils, I am inclined to think, these are due to the use of the daisy.

Chloride of sodium, known as *Natrum muriaticum*.

“The use of common salt in ague has now for some time been advocated in Paris, especially by M. Piorry. It now appears, from a long report addressed to the Board of Trade of the French capital, by M. Willemin, late Sanitary Physician in the East, that the chloride of sodium is decidedly efficacious. The report concludes thus:—

“1. Common salt has well-marked febrifuge properties.

“2. In Damascus this salt stopped the fever six times out of every seven cases; and even very small doses, as from two to four half-ounce doses in six ounces of water, were in most cases sufficient.

“3. This therapeutical agent is especially valuable in anæmic

individuals, upon whom the marshy influence acts most severely; and the great cheapness of the salt should induce the profession to give their serious attention to its virtue in intermittent fever."

I have treated but one case of intermittent fever with this remedy. The patient, a poor Welshman, who had been sleeping in a brick-yard, near Cleveland, Ohio, looked so haggard that I did not recognize him to be the same man I had seen a few weeks before. He had much headache and vertigo with gauze before the eyes, and complained of feeling as though some displacement in the head had taken place, and that he felt moidered and home-sick. The chills were excessive, and he perspired very copiously all the time when not in the chill. I gave him China and Mercurius in alternation without benefit; after three days had elapsed he called on me and I gave him six powders of Nat. mur. 3rd. decimal trit., about 3 grains in each powder, desiring him to take one in the chill only. In less than a week he again called upon me returning four of the powders, for he thought the medicine must be very precious as the first powder he took immediately threw him into a copious perspiration, and he had only taken another since, although he had not any return of the ailment.

Helleborus niger. Dr. Mead says: "But of all the most powerful emmenagogues, I have found so singular a virtue in black Hellebore that I hardly remember it ever failed answering my expectations. * * * * And I have observed this remarkable circumstance; that whenever, either from a bad conformation of the parts, or any other cause, this medicine had not the desired effect, the blood was forced out through other passages; which is a manifest proof of the great power of this medicine in spurring the blood forward." Dr. Leadam, in his *Diseases of Females*, mentions it in Amenorrhœa under the head of "from disappointed love." But I believe it has a more general use in this disorder. *Jahr's Manual* merely states, "Appearance of the menses." I have used it on five different occasions only, but in every case it was successful, and that after other remedies had been tried and failed. The first patient of a phlegmatic temperament, had not menstruated for 18 months; Pulsatilla had been administered without benefit; one week's use of Helleb. nig. 6th centes. dilution developed this function. The second case, a girl of 17, who had not menstruated for more than seven months, and had been treated domestically according to Dr. Hering's book, menstruated in three days after the use of Hellebore; in each of

these the cause was "going to service." The third instance, Mrs. W., had suffered from a uterine affection and was just recovering. The fourth and fifth instances, Miss E., æt. 22, from getting the feet damp, and getting wet through, the menstrual function was restored in a few hours after the use of Hellebore 3, in the three last instances. Mr. Waller, in his *Domestic Herbal*, mentions the cure by use of the *Helleborus niger* of a great number of French prisoners, in 1806, who suffered from nyctalopia, and recommends trial of its use in the early stage of *gutta serena*.

Ledum palustre. Dr. Teste's recommendation of this medicine in Mosquito bites is, to say the least, very comforting to those afflicted with these "blood suckers." In the *Diseases of Children*, by this author, he writes (p. 122, foot note):

"This remarkable specificity of *ledum*, induces me to believe that it might succeed against the bite of venomous reptiles." In order to test this, I made the following experiments—but do not consider them sufficient to prove the point—August 20th, 1856, I put two drachms of dried *Ledum* in half an ounce of hot water. I procured two vipers, one full grown and very savage, the other about two-thirds the size of the large one. The large one killed himself. On the 23rd August, 1858, I gave to a young kitten, 2 months old, a teaspoonful of the *Ledum* decoction; part she spat out. In five minutes after pricked her foot with the dead viper's fang (run it into the ball of her foot). No effect followed. 3.15. P.M., same day without repeating the dose of *Ledum*, allowed the younger viper to bite the kitten on the paw for fully 30 seconds. Only effect, slight swelling of the paw which she licked and held up as she would have done from any wound or bruise. She appeared a little sleepy after. Nothing unusual. The size of the smallest viper was 2 feet 2 inches in length, and it had poison fangs.

Magnesia Sulph. Cures of two cases of excessive growth of warts, by internal administration; in *Lancet*, Oct. 25th, 1856.

Mygale avicularia, or bird spider of Texas, figured in *Chambers' Miscellany*. This spider is found in the island of Cuba, and also in Surinam; in both places it is used to cure gonorrhœa. Dr. Howard, of Philadelphia, the first to use it in small doses in gonorrhœa, says: "I have always found it beneficial in recent cases only." He has a few provings of the *Mygale*, but has not yet published them. I have used the medicine with decided benefit in many cases of gonorrhœa, but cannot give any exact indications for its use. I have more than once cured clap with *it* alone.

Nuphar luteum, see provings Vol. III, *N. A. Journal of Homœopathy*. Parkinson in his large *Herbal* recommends the roots of this plant in spermatorrhœa. Is it not worthy of trial?

Podophyllum peltatum. (Mandrake.) "The Cherokees use Mandrake, says Rafinesque, to expel worms, and also fresh juice of the root for deafness, putting a few drops of it in the ear. Dr. Lobstein says he has never known it fail in giving immediate relief in incontinence of urine."—Mattson's *Botanic Practice*. See *Jahr*, Vol. II, p. 272.

Rhus venenata. The following case of chronic rheumatism adds to our knowledge of this remedy. Sept. 18th, 1856, E. R., æt. 30; fifteen months ago had rheumatism in both shoulders and arms, was treated allopathically and the pain removed to the heel, and nothing seems to do him good. He is lame, walks with two sticks; great pain on first putting the foot down to stand upon it; shooting pain in the bone, and sore pain in the ball of the foot; it is œdematous. A globule of *Rhus venenata*, 6, every night. Came in a week; walks much better, œdema round the ankle, &c., has disappeared; pain is less. Repeat. In a week's time came without his sticks; feels well, but has at times pain in the bottom of the heel. *Rhus ven.* 30, cured him.

Sanguinaria canadensis. Three cases of nasal polypus completely cured by the use of powder and decoction of this root, mentioned in the *Western Journal of Medicine and Surgery*, 1840. Two cases of nasal polypus mentioned by Mattson, in his *Botanic Practice*, radically cured by using *Sanguinaria* as a snuff several times a day. This is Dr. Fell's much vaunted though little used remedy.

Two men poisoned by the herb Enanthe crocata or wild celery.

BY ROBERT GRAHAME, M. D., Surgeon, H. M. S. Wellington.

ON the morning of Saturday, the 13th of February, the barge of H. M. S. Wellington was ordered ashore at Campbelton at 8 A. M. for the purpose of being scrubbed and the gear cleaned by the boat's crew. Close to the spot selected for their operation ran a small stream or burn, as they term it hereabouts, and along its banks grew in abundance the plant in question. The men had strayed along the stream and some of them had pulled up the plant, washed the roots

or tubers and eaten them, their example being quickly followed by the rest, as is usual in such cases. They afterwards collected a further quantity, washed it, and brought it on board for their mess-mates, to the amount of perhaps as much as would have filled a ship's wash-deck bucket. For some time after the arrival of the men with the boat (about 10 A.M.), nothing occurred to induce any suspicion of the danger their imprudence had subjected them to, and unhappily four of the ship's company had partaken of the root in the meantime, among whom was William Walsh, ship's corporal, who ate four good sized tubers.

About 10.20. A.M. I was summoned to the aid of Owen Gaffney, who was labouring under severe epileptic accession on the lower deck, having just recovered from an attack of the same nature, Mr. Ironson, my assistant, having allayed its intensity by the cold affusion. On my arrival the man was in a state of almost immovable rigidity, insensible, moaning and breathing stertorously; countenance lived; eyes fixed, pupils dilated; sanguineous foam issuing from the mouth; intense action of the dorsal and lumbar muscles, or opisthotonos; the pulse very feeble, and the heart's action even scarcely perceptible; lower jaws firmly locked, the tongue much injured and slightly protruding. The cold douche to the head was freely administered. My instant impression was that he was labouring under the effects of some deleterious matter taken while on shore; and having given utterance to my suspicion, one of the men said, "Yes, Sir, he has been eating a good deal of this root," producing a mess basin half full of the plant and root. Having no doubt whatever of the nature of the case, I had him at once moved into the sick bay, and with some difficulty forced him to swallow a little brandy. This appeared to relieve him somewhat, or the violence of the spasms relaxed spontaneously, and I at once gave him an emetic of the sulphate of zinc; there was, however, not the slightest return of consciousness; he lay gasping and foaming at the mouth; the pulse, which had improved a little, becoming again imperceptible, I gave him a liberal dose of the sesquicarbonate of ammonia, but to no purpose, for in eight or ten minutes from my first seeing him he expired gently and without a struggle.

By this time alarm had seized on the majority of those who had eaten, both ashore and on board, and more than sufficiently alive to the necessities of their case, they came rushing tumultuously into the sick bay for assistance, complaining of feeling uneasy, although, in

some cases, without prominent symptoms. To all I administered the zinc emetic instanter, followed by copious draughts of tepid water, and, subsequently, brandy and ammonia, as seemed requisite; in most the stomach did not respond readily to the emetic, and in others not at all, although they used every effort to induce vomiting, by means of draughts of tepid water, tickling the fauces with feathers, and pushing the fingers into the pharynx. In five of the cases, including the man who died, the spasmodic accessions were severe and successive; in one the more prominent symptom was extreme restlessness, approaching to mania; in almost all there was semi-delirium and jactitation, if not convulsion; and in one or two prostration, requiring repeated small doses of brandy and ammonia. In two of the cases the men had said nothing, expecting I suppose to brave it out, when they suddenly fell down in convulsive fits on the fore-castle, and were carried into the sick bay.

William Walsh, ship's corporal, who had been assisting in bringing men into the sick bay, and had actually reported Gaffney's death on deck, came back again to the bay to offer his assistance. He then smilingly, and seemingly without any fear of the consequences, told me that he had also eaten some of the root, but did not feel in the least unwell. I was preparing for him an emetic draught, when he said that he was beginning to feel giddy. I immediately gave him the draught, which proved most effective. He vomited copiously, and for some time kept up the action by feathers and warm water. His countenance improved, and in other respects he seemed to be much relieved; but, when about to be removed to his hammock, convulsions came on, and for two hours one fit followed another, until they terminated in his decease. He latterly required ammonia, brandy, sinapisms to the lower extremities, and assiduous friction.

In all the cases in which there were convulsions, opisthotonos was the form assumed. As we were hourly expecting to proceed to sea, the Procurator Fiscal came on board at once, and held a precognition, and Mr. Ironson opened the body of Gaffney. The surface was slightly livid; the stomach empty,—tough, viscid, tenacious mucus adhering to its mucous lining, which was highly congested. In the ileum small portions of the root were found. On opening the abdomen, and previous to examining the stomach, an over-powering and pungent odour of the plant at once became diffused, resembling that of celery seed; and in all the cases the patients complained of constant and continued eructations strongly flavoured by the plant,

tendency to cramps in lower extremities; pain along the course of crural and sciatic nerves, commencing in the spinal column, more especially the lumbar region; vertigo, griping, or severe tormina; debility, and total loss of appetite for food.—*Medical Times and Gazette*, March 6th.

On the Toxic and Medicinal Properties of Nitrate of Oxyde of Glycyl. By A. G. Field, F.R.C.S., Late Demonstrator of Anatomy at St. George's Hospital Medical School.

IN the evening of the 3rd of February, 1858, I was conversing with a homœopathic practitioner, when he mentioned a medicine which possessed peculiar and extraordinary qualities, some of which he described as having affecting himself, though he had taken it in very minute quantities. I laughed at his credulity, and offered to take as much as he pleased, upon which he let two drops of what he called the first dilution of Glonoine fall on my tongue. After swallowing this small quantity of fluid—I was assured the quantity did not exceed two drops—I asked what effects I must expect, but was told to wait and observe for myself. I then purposely conversed on other subjects. In about three minutes I experienced a sensation of fullness in both sides of the neck, to this succeeded nausea, and I said, "I shall be sick." The next sensation of which I was conscious was, as if some of the same fluid was being poured down my throat, and then succeeded a few moments of uncertainty as to where I was, during which there was a loud rushing noise in my ears, like steam passing out of a tea-kettle, and a feeling of constriction around the lower part of my neck as if my coat were buttoned too tightly; my forehead was wet with perspiration, and I yawned frequently. My intellects returned, however, almost immediately, and I remember saying, "This has nothing to do with homœopathy, but it has to do with a very powerful poison; there are more things in heaven and earth than are dreamt of in the philosophy of some of us." I also reproached my friend for not having tested the anæsthetic power of the medicine, by inflicting a slight wound on me. I need scarcely say I am thus minute in my description of what occurred, that an accurate idea may be conveyed of the actual effect produced on me, as well as to justify the uses to which I have since put the medicine. When these sensations had passed off, which they did in a minute or so, they were succeeded by a slight headache, and dull heavy pain in

the stomach, with a decided feeling of sickness, though without any apprehension that it would amount to vomiting. I lay on a sofa, feeling rather languid, but talking cheerfully, conscious at the same time that I could very well exert myself both mentally and physically, if I liked, but that it was more pleasant to be idle. This condition lasted about half an hour, at the end of which I was quite well, and walked home, a distance of half a mile, with perfect comfort. I slept soundly from one o'clock till six, when I was called up, having a slight amount of general headache, but not such as I should have regarded but for the recollection of last night's adventure.

The physician to whom I am indebted for this overdose told me, that when his first impression that I was shamming had passed off, my condition caused him the greatest alarm, for he really thought he had killed me. I learn from him that my head fell back, my jaw dropped, I was perfectly white, breathing stertorous, and no pulse at the wrist for the space of about two minutes. He immediately rushed to a closet, and procured some stimulant, which he poured down my throat. I had never been in better health and spirits than on the day of this occurrence, and had taken nothing for hours but a little cold tea.

This same first dilution of Glonoine consists of one drop of a peculiar chemical compound, dissolved in ninety-nine drops of rectified spirit; and Glonoine itself I learn to be a nitrate of oxyde of glycyl, prepared by adding nitric and sulphuric acids to glycerine, the temperature of the fluids being kept down by a freezing mixture.

My own personal experience of the very marked and peculiar effects produced by this drug made me anxious to test its qualities still further. As a direct sedative to the nervous system without possessing any stimulating or permanently depressing qualities, without affecting secretion, together with its power of subduing muscular action, it appeared to promise to become an invaluable agent in the treatment of a large class of nervous and spasmodic diseases. By a strange perversion of all reason, as it appears to me, my friend, who is an enthusiastic disciple of Hahnemann, began to rejoice, when all appearance of danger had passed, that he had discovered what he considered a splendid remedy for apoplexy, on the principle of *similia similibus curantur*. I leave him to the enjoyment of his opinions, feeling only grateful that he did not give me a second dose to cure me on a like principle, while I consider the best mode of applying the drug in a precisely opposite direction. With this object

I procured some of the first dilution of Glonoine from a homœopathic chemist, and proceeded to institute a series of experiments before applying it to the treatment of disease.

Anxious to inform myself on the effects of a smaller dose, I got a medical friend to join me. We each touched our tongue with the cork moistened with Glonoine solution, and recorded the sensations produced by it. They were as nearly as possible identical—a sense of constriction of the neck, slight nausea, with fulness, and some pain in the head, as if the brain were expanding. But I think my friend must have experienced more decided effects than I did, for he declared he would never take any more. The sensations lasted about five minutes, and then passed off without leaving any unpleasant effects.

Animals, as far as my experiments have extended, appear to be almost unaffected by this drug, which acts so powerfully on the human organisation.

I have repeatedly given it to cats, rabbits, and other animals in doses varying from two to thirty drops without producing any immediate effect. One rabbit had diarrhœa an hour after, and the cats appeared cold and lazy all the next day. Some smaller animals, such as mice and pigeons, died after having taken the Glonoine some hours, but they appeared to have suffered from Alcoholic poisoning rather than from any symptoms at all resembling those produced by the Glonoine on the human subject.

Disappointed in my endeavours to gain any information from experiments on animals, I still thought I had seen and felt enough of the physiological action of the medicine to justify my cautiously employing it in the treatment of disease.

Case 1.—Mrs. L., aged 68, had for some days been under treatment on account of a very painful nervous affection, which she designates spasms. This recurred regularly every three hours, and is described by herself and her attendants as most distressing, and my own observation of one or two seizures fully bears out their statements. Each attack commenced suddenly with intense pain in the epigastrium, extending up to the top of the chest, and then down the inner side of the left arm; it lasted about half an hour, and then subsided, leaving her exhausted, but otherwise well in the intervals. They recurred during the night with equal regularity. She was at the same time the subject of uterine derangement. Fœtid ammonia, Assafœtida, Chloroform, Valerian, Hyoscyamus, Camphor, and

Prussic acid, with counter-irritation, having failed to give her relief, I had recourse to Morphia every two hours, which relieved her only after several doses had been taken, and partial narcotism had been produced. She would then enjoy a few hours' peace; but the attacks always returned when the influence of the Morphia had passed off.

Feb. 5th.—She had slept well all night from the Morphia which had been taken in the previous twenty-four hours, and was awoke in the morning of this day by one of her painful attacks; but it yielded in three minutes, to a quarter of a drop of the solution of Glonoine in a dessert spoonful of water. After this, she had four more attacks before noon. For three she took the same medicine, and was quickly relieved; but having exhausted her supply when the fourth occurred, she suffered as much as on former occasions.

My daily notes of this case are nearly a repetition of what I have just stated, till the evening of the 10th, when she appears to have taken an over-dose, which produced effects very similar to those from which I suffered on the 3rd. This gave rise to so much alarm that she refused to take any more. I therefore again had recourse to the Morphia; but she suffered so severely the next day and night, that she begged to be supplied with the Glonoine again, and no sooner had she taken it than relief was obtained. The dose has been continued every four hours, with the happiest results. Her attacks now are reduced to two or three in the twenty-four hours, and always readily yield to the quarter of a drop of solution of Glonoine. The only other treatment she has required has been a few ten-drop doses of the tincture of *Cannabis indica*, to relieve uterine hæmorrhage.

Case 2.—Mrs. W. had suffered severe pain from a decayed tooth for several hours. The pain was so great, that she would gladly have had it extracted; but her dentist was anxious to preserve it. In the evening she begged me to give her something, for she said, "It cannot be made worse." I placed about half a drop of the solution of Glonoine (1 per cent.) on her tongue. Soon after she experienced a pulsation in the neck, fulness in the head, throbbing in the temples, and slight nausea. The toothache subsided, and she became partially insensible, disliking very much to be roused. When fully sensible, she had headache, but the toothache was gone. Mrs. W. remarked, "Certainly that medicine allays pain wonderfully." She slept unusually well that night, and experienced no ill effects in the morning.

Case 3.—Elizabeth M., a stout, healthy young woman, had severe toothache. I was applying a very small piece of lint dipped in Glonoine solution (1 per cent.), when it accidentally fell into her mouth and was swallowed. In about five minutes, after feeling giddy and sick, with headache, she became insensible. Her countenance, naturally florid, was unaltered, breathing tranquil, pulse full, and rather quickened. Knowing, as I did, that she had taken but a small quantity of the drug, I kept my finger on her pulse, and allowed myself time carefully to observe her condition before applying a restorative. I tested her sensibility to pain, and called loudly to her, but without producing any impression. Directly I detected a slight failure in the pulse, in about three minutes after insensibility commenced, she had some stimulant poured down her throat, when she quickly recovered. Some headache was complained of, but the toothache was cured. The next morning she was quite well.

Case 4.—Mrs. R., aged 45, pale, anæmic, with feeble circulation, has for the last month suffered from headache, daily increasing in severity. When I first saw her, February 15th, she had had leeches applied to the temples, and had taken drastic purgatives, since which the pain had been much worse, and she could not sleep. I gave her a quarter drop of Glonoine solution in coloured water every four hours. On seeing her the next day, she expressed the greatest gratitude for the relief the medicine had afforded her, and she said her head was much better after taking the first dose, and she slept four hours. The Glonoine was of course given only as a palliative in this case, while iron and generous diet were relied on as a means of effecting a cure.

I have not yet met with one well-defined case of neuralgic or spasmodic disease in which this medicine has failed to afford relief. No vague, over-sanguine expectations are entertained of its power to cure disease where spasm or pain are but symptoms, excepting only in those cases where these consequences themselves become the cause of death, their cause being of a transient nature, and liable to subside if the patient's life can be maintained for a certain time, such as temporary irritation of a nervous centre, or inflammation of such a part, which might terminate in resolution or be subdued by remedies, if existence were prolonged sufficiently for their action; and also in cases where we may suppose symptoms such as spasm may react on their exciting cause, preventing the necessary tranquillity for recovery, the offspring, as it were, maintaining its parent. With such a

remedy may we not look forward hopefully to the treatment of tetanus, hydrophobia, and other similar diseases?—*Medical Times Gazette*, March 20th, 1858.

[We look on the above cases as cures by the homœopathic and not the anæsthetic action of *glonoin*e, and we predict, in opposition to the author, that it will prove useful in apoplexy, but not in tetanus or hydrophobia.—Eds.]

Poisoning by Nux Vomica.

Thinking the two following cases of poisoning by the alcoholic extract of *Nux vomica* may prove of some value, I send them to you for insertion in your Journal. Happily, similar mistakes seldom occur, and consequently there are few of such cases on record; you will therefore, perhaps, consider them to be of sufficient interest for publication.

Dr. T., a retired physician residing in this place, had suffered from partial paralysis, constipation, and distressing symptoms of vertigo for some time, and having tried different remedies in vain, went to London about six weeks since to consult Dr. George Budd, of King's College. Dr. Budd prescribed five grains of the extract of *Nux vomica* with five grains of Barbadoes aloes, to be made into twenty pills with conserve of roses, and ordered one to be taken once or twice a day before meals. In order to get the extract pure, Dr. T. went to one of the best chemists in London to procure it. On his return from town he dispensed his prescription, but instead of putting a quarter of a grain of the extract into each pill, he put two and a half grains, with two and a half of aloes into each, believing that five grains of each had been ordered for a dose. In his practice I need hardly say the extract of *Nux vomica* was never used, and he was not aware of the proper dose. After making up the pills, about a quarter before six P.M. he took a couple of them. His wife, who was present at the time, said that she had been suffering from headache all day, and that perhaps a couple would do her good also. Dr. T. consented, and gave her two, which she swallowed.

Shortly afterwards they partook of their tea, and felt no ill effects for rather more than forty minutes. Dr. T. then said that he had forgotten something in the garden, and that he would go and fetch it. He rose from his chair, and proceeded as far as his parlour door, when he felt the first symptoms, and exclaimed, "Hold me! Hold

me!" Mrs. T. sprung from her seat, and ran to his assistance, but before she got to him, she also, as she afterwards termed it, "was fixed." The symptoms were most violent, and Dr. T. knew they were those of *Strychnia* poisoning. Fortunately two of his sisters were in the room, and they immediately sent for me. Upon my arrival, within ten minutes of the first symptoms, I found they had both of them taken an emetic of mustard and one of *ippecacuanha*, and antimony was procured from an adjoining druggist's shop, which they also took. On my entering the room I first saw Dr. T. in convulsive agonies, but perfectly calm and collected. I asked what was the matter, and he replied "*Strychnia*!" and his sister then told me the particulars of the London prescription. I then requested that he would tell me the dose which he had taken, when he said five grains of the alcoholic extract, and that his wife had taken the same quantity. I told him there was a mistake, but of course did not wait to examine into particulars, but ran to my surgery, and procured some sulphate of zinc, and immediately gave half a drachm to each. His pulse shortly after this was imperceptible at the wrist, and I gave him a drachm of the compound spts. of *Ammonia*, and repeated it every ten minutes or so according as the pulsation rose or sank. The emetics acted quickly and powerfully, and Mrs. T. exclaimed after each evacuation from the stomach, "How bitter!" The convulsion spasms continued; there appeared to be an abatement of urgent spasm, but no positive cessation. They were both as it were fixed to the chairs on which they sat. The symptoms in both were exactly similar. As the convulsions came on, the heads were drawn back, their was a spasmodic clenching of the teeth, the heels fixed to the ground, and the eyes as if protruding from their sockets, and both curiously enough kept exclaiming, "Hold me! Hold me!" although there was a person on either side of each. After the lapse of about twenty minutes I again gave half a drachm of the sulphate of zinc to each, with the same results, and repeated a third dose about the same time after the effects of the second dose had subsided. After about an hour and a half had elapsed from the first dose of the zinc, Mrs. T.'s symptoms became less urgent; the spasms weakened by degrees, and I with pleasure saw improvement in her every five minutes.

I have no doubt but that a large proportion of the extract was thrown from her stomach when she exclaimed "How bitter!" Dr. T.'s symptoms were still alarming, and I feared at one time there was

little hope of saving him. I gave him a fourth dose of the sulphate of zinc, and it was not until this had begun to act that he too complained of the "horrid bitter." I of course gave most copious quantities of warm water, etc., during the action of the emetics, and had my stomach-pump in readiness to use if required; but I think any person who has once seen a severe case of poisoning by strychnia will acknowledge that it would be almost impossible to use the pump in these cases, the convulsive twitchings of the mouth, and the effect on the respiratory organs, rendering the operation so difficult and dangerous.

At the expiration of about two hours and a quarter after the first emetic, Dr. T.'s violent symptoms began to subside; at first the intermissions were of longer duration, although the spasms were equally violent, but by degrees they became less severe, and in about four hours they had entirely ceased, which made about five hours in all after taking the pills. I now asked him if he would get out of his chair, and make an attempt to walk, when he said that he still felt as if he was "fixed to his seat." He was then carried to bed, and afterwards suffered very little more than a person may be expected to after a severe fright. The next day he was down stairs, and the only thing he complained of was general debility and cramps in the calves of the legs. Mrs. T. suffered from prostration of strength for a week afterwards, and was confined to her bed. They are both now in their usual health.

I ought perhaps in justice to Dr. Budd to mention that I afterwards saw the prescription, and that the error was caused entirely in dispensing it.

Some of the symptoms in these two cases are I think very interesting, and particularly worthy of notice. Both patients took the extract at the same time, and they were both affected with the poison within two or three seconds of each other, both being immediately deprived of the power of walking.

In most cases of poisoning by Strychnia the tetanic spasms are said to show themselves in from five to twenty minutes after it has been swallowed; in these two cases forty minutes elapsed before the muscular system became affected; much must therefore depend upon the state of the poison when taken, whether it be in solution or in the form of a pill. The peculiar state of the body being as it were "fixed" to the chair is very singular. Dr. T. afterwards told me, "that if I had set fire to a bundle of straw under him, he did not

think he could have moved," although at the same time he kept crying "Hold me!"

The intellect in both cases was perfectly clear.

Dr. Christison mentions a case where three grains of the extract caused death, and Dr. Taylor also speaks of a case in his *Medical Jurisprudence*, where fifty grains of the powdered *Nux vomica* (equal to a quarter of a grain of *Strychnia*), proved fatal.

I never before saw a case of poisoning by *Strychnia*, but I can now well appreciate the decided and firm manner in which Dr. Taylor swore to the symptoms in Cook's case.

My friend and partner, Mr. Gardner, assisted me during these few hours of anxiety.

I am, &c.,

South Molton, 16th Dec., 1857.

R. LEY.

—*Medical Times and Gazette*, Jan. 16th, 1858.

Treatment of Cholera in the Mauritius.

The following account of the treatment of cholera shews a sort of rough and ready homœopathic practice.—Eds.

[To the Editor of the Mauritius Reporter.]

Plaines Wilhems, 28th June, 1854.

SIR,—In consequence of the great success which has as yet attended the system that Mr. Edward Fyers, the manager of the Wolmar Estate, has pursued in treating the prevailing epidemic, I think it may prove useful to the community to make it known through the medium of your Journal, it being simple in its application and within the reach of the poorest person, viz: on the first appearance of an attack, or as soon as possible after one has commenced, whether from vomiting or purging, to administer an emetic of 30 grains of *Ipecacuanha* and 2 grains of tartar emetic, followed, after the emetic has acted, by copious draughts of warm water to clear the stomach.

In every case but one,* this remedy appears to have given immediate relief, arresting the progress of the disease. In case either vomiting or purging should continue, the usual dose of diluted Sulphuric acid will be sure to stop it. It has been found that Sulphuric acid has a more successful effect if the stomach has been thus cleared.

* No emetic was administered to this man, his wife refusing to give it.

The patient should not be allowed to eat any thing for some days till the tone of the stomach has been restored.

Up to this date, not less than 64 persons have been attacked on the estate, all of whom have been restored with the exception of an old Creole, of a sickly constitution, who was brought to the hospital in the last stage.

The following extract of a letter I have this day received from Mr. Fyers gives further proof of the efficacy of his treatment :

“ My remedy has commenced to attract attention in this quarter. Mr. A. drove up yesterday to obtain instructions how to act in a very bad case ; one of his Indians having fallen in a state of collapse, and lockjaw setting in, I advised him to give an emetic at once, but I thought it was too late ; an emetic was however administered, when the man immediately vomited, heat returned to his body, and he is all right this morning.”

To those who commence with vomiting I give a *vomit*, and if the vomiting should continue after administering the emetic (which is seldom the case), a small quantity of Sulphuric acid will stop it at once.

It appears that the vomiting at once relieves the stomach of the person, and at the same time the retching restores the action of the blood.

I remain, Sir,

Your obedient servant,

(Signed) C. C. B.

[To the Editor of the Mauricien.]

Plaines Wilhems, 29th June, 1854.

SIR,—Since I addressed you on the 24th inst., I have received from Mr. Edward Fyers another communication, of which I give an extract, of the continued success in treating the prevailing disease ; should you think that the publication of the statements therein referred to would prove at all useful to the public, I beg you will give them a place in your Journal. Up to the present date 78 persons have been attacked, all of whom, with the same exception before noticed, have been saved.

Extract of Mr. Edward Fyers's letter : “ I enclose a rough statement of the treatment of 13 cases of cholera, on the 23rd inst. (a very sickly day here), which may prove of use at Beau Bassin or elsewhere, should the people be attacked in the same manner ; you

will observe by the statements that it was necessary to repeat the emetic in the cases of Inketsamy and Emilien before the diarrhœa could be stopped. The other statement may interest you, as it shews the progress which the cholera has already made amongst the relations of the man who died of that disease on the 18th (the only one as yet lost), attacking already six in the same house, but who have all been saved by the same treatment."

I have the honor to be, Sir,

Your most obedient servant,

(Signed) C. C. B.

Treatment of 13 people attacked with cholera, on the Wolmar Estate this day, *23rd June, 1854.*

1st to 10th. Popayer, Ramsamy, Ruggenauth, Raina, Dhacco, Chido, Naigon, Samy Santelly, Callien, Nairamy. Constant rice water evacuations; cramps in the belly; arms as far as the elbows, and feet as far as the knees, quite cold; pulse very low; appearance of face, death-like; eyes very red. Naigon and Nairamy vomiting also. Each of these 10 men received 30 grains of the Ipecacuanha powder and 2 grains of tartar emetic mixed in a wine glass full of cold water, followed by copious draughts of hot water, say about 8 or 10 quarts to each. Cured. In all these cases the Sulphuric acid was not used, the diarrhœa having stopped shortly after the patients had been relieved of the poisonous contents of their stomachs.

11th. Inketsamy. Constant evacuations; cramps all over the body; very weak and cold, altogether a very bad case. 30 grains Ipecacuanha, 2 grains tartar emetic, 8 quarts of hot water, afterwards 4 glasses of the diluted Sulphuric acid and water; *all of no effect*, the patient being a very bilious character.

Repeated the dose of Ipecacuanha and 8 quarts more of hot water, which removed a quantity of bile,* &c., which had not before come away. After 2 wine glasses full of the diluted Sulphuric acid and water, all unfavorable symptoms disappeared, and the patient quickly recovered. Cured.

12th. Emilien. Same symptoms. Same remedy as above, obliged to give two doses of the Ipecacuanha, which had the same satisfactory result. Cured.

13th. Colopar. This man was one of the holers in the habitation, was seen to stagger and then fall, throwing up, immediately after-

* Cholera poison.

wards, quantities of rice water, was carried to the hospital in a very bad state. 30 grains of Ipecacuanha, 2 grains tartar emetic, 10 quarts of hot water; the poison, bile, &c., only came up after the eighth quart. Castor oil two hours afterwards. Cured.

All these patients were only allowed to drink *a few mouthfuls of cold water for two days.** I find for the after treatment there is nothing like keeping them low.

Progress of the cholera in the house of the only man who died of that disease on the Wolmar Estate, and the manner in which the sufferers have been treated.

18th June, 1854. Lubin, 60 years. Concealed his complaint until all earthly power was of no avail. Sulphuric acid and laudanum injections; unfortunately *no vomit was given in this case.* Death.

19th. Vernis (mother-in-law to deceased), 70 years. Constant evacuations; cramps all over the body; death-like countenance; partial stoppage of the circulation of the blood. 30 grains Ipecacuanha, 2 grains tartar emetic, 8 quarts of water; afterwards a little Sulphuric acid and water. Cured.

20th. Josephine (daughter), 9 years. Commenced by vomiting; other symptoms same as above. 20 grains Ipecacuanha, 1 grain tartar emetic, 8 quarters of water. Cured.

21st. Melanie (daughter), 26 years. Cramps and headache, but no evacuations. Same treatment as the mother-in-law, leaving out the acid. Cured.

22nd. George (nephew), 20 years. Symptoms same as the daughter, Josephine. Strong vomit, with ten quarts of hot water. Cured.

23rd. Ernest (brother-in-law), 25 years. Constant evacuations and cramps. Same treatment. Cured.

24th. Emilien (nephew), 14 years. Same symptoms. The first vomit, and the Sulphuric acid afterwards *had no effect.* Obligated to repeat the dose of the emetic. The acid then acted, and saved the lad. Cured. Castor oil next morning to all these patients.

(Signed), T. E. FYERS.

* Particular attention to this, any thing solid taken into the stomach during the treatment would cause *immediate death.*

Wolmar, 29th June, 1854.

I am happy again to inform you that my exertions continue to be successful, with regard to the treatment of the prevailing malady. An average of about six per day have been attacked since the commencement of the week, some very severely, but have all been restored by that simple, and as yet never failing, remedy of the vomit.

A woman at La Mare was struck down in a state of insensibility, without either the vomiting or purging, but was restored by the usual remedy.

An Indian, at work, was seen to stagger, and then fall; vomiting commencing immediately; severe cramps in the belly. This man was carried on men's shoulders to the hospital. I need not say that he was immediately relieved by the vomit.

The hospital attendant, who is obliged to look after the sick at night, had left his wife as usual, in charge of his hut in the camp. The next morning, on opening the door, he found her lying on the floor, cold and dying, having been attacked with the cholera diarrhœa during the night, the evacuations running continually like water from her. That patient was also carried to the hospital, the usual emetic administered, followed by eight *measured quarts* of hot water.

Some time afterwards, I had the gratification of feeling the natural heat gradually returning to the body. Thirty drops of the diluted Sulphuric acid in a wineglassful of water, completed the cure; two doses. The next day a little castor oil was given, and she is now perfectly well, having been like the rest of my invalids, only *two days laid up*.

My reason for making the above observations to you, is to shew the efficacy of the vomit in *stopping the vomiting*, and also its effect in *stopping the DIARRHŒA*; both of these stages of the disease, if not properly treated, invariably *prove fatal* to the sufferer.

Up to the present date, ninety-one men have been attacked on this estate, and fifteen at the Lime Kiln (Mark de Joux's men), making in all 106, all of whom have been got round by the emetic. The *only man* as yet dead was treated *with sulphuric acid and laudanum injections*, but was *NOT made to vomit*. The neighbouring estates continue to suffer. It is reported that one proprietor close to us has lost many men. At Bamboo and Tamarind the ravages also continue. At the latter place, four were found dead in a hut the night before last.

(Signed), T. EDWARD FYERS.

Dr. Montgomery's Letter.

MY DEAR EDWARD,—I was at Beau Bassin yesterday, and was delighted to hear that Mrs. Fyers had recovered from her attack of cholera. What a scourge it has been—our best of men, Mr. Banks and Mr. Kelsey, cut off by it; the latter lost two children prior to his death; a third was saved by his persevering exertion, to which, and the pest house he resided in, may be attributed his attack—his wife only survived him three days. Would to God I had then been acquainted with your bold and judicious mode of treatment, which I have read with real satisfaction. The result of your two first notes appeared in the *Reporter*, this day; that of yesterday, will appear to-morrow. Mr. Wainwright gave me your notes to peruse; nothing could be more satisfactory than the results of your treatment. I shall submit to the Government and Municipality that I consider you entitled to a medal or some other reward, for the new light you have thrown on the cure of that scourge to the human race. I admire your foresight and boldness of action; no medical man would have dared to adopt it.

Emetics act in two ways: 1st, by removing acrid contents of the stomach; and 2nd, by giving a shock to the system, throwing all the respiratory and abdominal muscles into action, thus acting by compressing the lungs and intestines, or viscera of abdomen; it may be termed mechanical action—much better than the Douche or any remedy I have yet heard of.

Your sincere friend,

(Signed) ALEX. MONTGOMERY.*

Charcoal causing Throat Disease.

Dr. Edward Smith has observed that the burning of coke, both in the ordinary fire-grates and in forges, has exerted a most prejudicial influence in inducing cough and dyspnoea, and other evidence of chest disease. Its action appears to be that of an irritant upon the mucous membrane of the throat, causing much suffusion and inflammatory exudation, and also pharyngeal constriction, whereby inspiration is impeded. We give two cases from the Hospital for Consumption at Brompton, in illustration of the classes in which this condition is found.

A married man, aged thirty-three, living at Camberwell, applied,

* A tabular statement of some of the cases treated has also been forwarded to us, which we regret our limited space prevents us inserting.—[Eds.]

in November last, with cough and dyspnoea, accompanied by a red and swollen condition of the mucous membrane of the fauces. The frequent use of one-sixteenth of a grain of Morphia with Acacia, drunk slowly, and a small quantity of raw egg used many times a day, effected an improvement, so that on Nov. 15th and Dec. 9th he had obtained relief in both of the symptoms. On Dec. 23rd he felt a sensation of tightness in the throat, which was accompanied with an increase in the inflammation in the pharynx. An emulsion of cod-liver oil was ordered to be drunk slowly, thrice a day; and on Jan. 6th the throat was less irritable, but it was dry in the morning and the cough continued. Finding that the cough was due to the state of the throat, inquiry was diligently made into all the circumstances to which it could be attributed: and it was ascertained that it was always much worse when he burnt coke in his room, and much better when coal was used. Being a poor man, he had preferred coke, from its being less expensive than coal. He was advised to discontinue the use of coke, and directly afterwards the dryness of the throat ceased, and the cough was much relieved. The mucous membrane was improved, but on Jan. 20th it was still red and suffused. This is a case in which the domestic use of coke was injurious. The other case which we shall relate has reference to the influence of the same agent in manufactures.

A single man, aged twenty-eight, complained of much debility, with occasional seminal emissions. He was also hoarse, and had soreness of the throat, referred to the bottom of the trachea. The Phosphate of iron relieved the former symptoms; but after attending at the hospital six weeks, he complained still more of his throat; and on examination it was found to be desquamated and much inflamed. It was then ascertained that he was a watch-case manufacturer, and had daily occasion to use a charcoal furnace. When he inhaled the fumes, he complained of their irritating influence, and attributed his disease to them. It was, however, his misfortune to be obliged to continue his occupation.

Dr. Smith, in connexion with this class of diseases, referred to the probable effect of the roasting of chesnuts in the streets of London, which has been introduced during this winter for the first time. It is always effected over a grate filled with live charcoal, and the fumes which are given off are intensely irritating. He considered that, so far as it goes, it is likely to increase the class of throat diseases, and affections of the lungs resulting from and associated with them. In reference to the domestic use of coke, he advised

that in small rooms, and in open grates, it should be discontinued ; and that in all cases of stubborn throat affections, accompanied by cough, this possible cause should be borne in mind.—*Lancet*, Jan. 30th, 1858.

Chamomile in purulent formations.

Chamomile (*Anthemis nobilis*) is described in all treatises of the *Materia Medica* as emollient, digestive, fortifying, &c., but none point out a most precious virtue, just announced as pertaining to it by M. Ozanam, whose paper on the subject was presented to the Academy of Sciences at its last sitting by M. Cloquet. This virtue consists in preventing suppuration when the local disease is not too far advanced, and in gradually stopping it when it has existed for a long time. For this purpose it is administered in powerful doses of 5, 10, and even 30 grammes of the flower in a litre of water, the infusion to be drunk in the course of the day, and to be continued until the cure be effected. Compresses moistened with the infusion may be locally applied ; they aid in the cure, but are not necessary—the infusion alone, taken internally, being quite sufficient. In support of his assertion, M. Ozanam quotes the case of a man aged thirty-three, labouring under phlegmonous erysipelas of the face and head, with five enormous tumours ; the skin was separated from the skull by a vast quantity of pus ; a sixth tumour was being formed at the corner of the lower jaw. The patient had a violent fever, accompanied with unceasing delirium. On the 28th day chamomile was administered in doses of 30 grammes per day. During the first days the suppuration increased, whereupon the doses were reduced to 15 grammes ; the suppuration rapidly diminished, and on the 20th day after the commencement of the treatment, the patient went away in perfect health. Three other cases, all worse than the former, are mentioned by M. Ozanam ; in one, the amputation of the thigh was avoided by employing chamomile in doses of 30 grammes per day. The cure lasted six weeks. In another, an abscess of the size of a child's head was first opened by incision, and chamomile administered as before. The cure lasted three weeks. The last case presents such a complication of diseases, the least of which seems to have been a typhus fever, that we will not disgust our readers with the description. Chamomile was administered in doses of 5 grammes per day, owing to the weakness of the patient, and his cure was

in 25 days. When, as in the first case, the remedy produces an apparent aggravation, it is a sign that the dose is too strong for the patient, and requires diminution.—*Times*.

Gelsemium Sempervirens in Gonorrhœa.

Dr. John Douglas, of Chester District, S.C., states (*Charlestown Med. Jour.*, July, 1857), that "about thirty years ago, I was called on, in my office, by a young man who had been suffering several months with improperly treated gonorrhœa. One of my pupils begged me to give the case to him, observing that he could cure the most obstinate case in a few days with the root of yellow jessamine. A small handful of the root was put into a common junk bottle of whiskey, and the patient ordered, in a day or two, to take a table spoonful of this tincture night and morning. He took but a few doses before he became much alarmed, and called on me, stating that the medicine had destroyed his vision. The symptoms he described correspond precisely with those mentioned by Dr. M. Every symptom of gonorrhœa had disappeared, and the cure was permanent. Since that time I have treated many cases of the same character in a similar manner with uniform and speedy success." My experience with the medicine is not sufficient to determine whether it is absolutely necessary that the patient should be fully narcotized, but such was the condition in every case which I treated. I have no doubt but a more protracted use in smaller doses would answer the purpose.—*Medical Times*, 28th Nov., 1857.

On the Glycerole of Aloes in Lichen Agrius. BY M. CHAUSIT.

"The rational study of diseases of the skin teaches us that they are usually dependent upon a general condition, the modification of which is indispensable for the removal of symptoms that are merely the external sign of this. Therefore, it is always right to say that the employment of general and internal means plays the principal part in the treatment of these diseases. Nevertheless, repeated observations have enabled me to appreciate a point, secondary, perhaps, but yet of importance in practice, viz., that in many cases there is a local condition which exercises a real influence on the progress of the eruption, and calls for local treatment. Thus, in *lichen agrius*, and especially when it is seated in certain spots, the affection becomes complicated with a symptom, due perhaps to conditions peculiar to

the tissue of the parts affected, and which tends to maintain and even aggravate the disease. I mean those excoriations and fissures which are especially met with on the skin of the dorsal surface of the joints, of the phalanges, of the wrists, and at the bends of the principal joints of the body. If these in some cases are the natural consequences of the progress of the disease, they result usually from manual habitudes, progression, or from certain external impressions—in a word, from the motions themselves involuntarily produced in these regions, by which the skin becomes thickened and rugose, loses its natural suppleness, and easily tears and breaks under the influence of the incessant tractions to which it is subjected. So true is this, that I have been able to remove this condition whenever it has been possible to render the part affected immoveable, without causing too much trouble and constraint to the patient, which, however, is rarely the case in practice.”

The author cites a case in point, of a washerwoman, who had suffered for about six weeks from lichen, complicated with painful fissures confined to the last two fingers, and surrounded by an inflamed skin with violent pruritus. After trying the various topical applications during three weeks, the fingers were kept immovably extended upon a small splint. In four days the bleeding chaps had completely healed, and the hypertrophy and redness of the skin had much diminished; and eight days later all traces of the eruption had disappeared.

The author was led to the employment of *aloes* for the treatment of these troublesome ulcerations, from having observed the remarkable power of the tincture in expediting cicatrisation in veterinary practice; and in this paper he relates four cases of *lichen agrius* treated by its agency which yielded in a few days. The following is the formula he recommends:—Tincture of aloes, four to eight parts; heat until the alcohol is completely evaporated, and then gradually add thirty parts of glycerine. This forms a liquid of a mahogany colour, which never becomes turbid or deposits, and which should be applied by means of a pencil. In order to be certain that the good effect really resulted from this application, in a case in which lichen affected both hands, he applied it to only one, and in this hand alone did the improvement take place. The proportion of the tincture must be determined by the effect intended to be produced, and especially by individual conditions, whether of the tissue, seat, or nature of the points affected. But in any case local accidents (such as the

production of impetigo when used too strong) which the glycerole may give rise to, do not prevent the successful results of its application. The author has employed the glycerole with great advantage in a case which seemed to depend especially on constitutional condition, the eruption amending on the healing of the ulcers. Even supposing the latter effect alone produced, the relief of the attendant suffering is a great point gained. Numerous cases have shown that the efficacy of the application is much more decided in *lichen agrius* than in *lichen non agrius*. It was probably due to the essentially "cicatrising virtue" of the aloes that two cases of *sycosis* of the upper lip, with painful and bleeding cracks at the base of the nares, were relieved by an aloes ointment, composed of one part of tincture to ten of lard. Encouraged by his success the author extended the application of the glycerole to the excoriations from *eczema*, which are analogous to the fissures in lichen, in the condition of their production and the influence they exercise in perpetuating the eruption. In two cases of obstinate *eczema* of the ear, prompt relief followed, and in one of *eczema* of the breast the same effect was produced, but was followed by an angioleucitis from too large a proportion of aloes having been employed. Affections of the *acne* type have also been treated, and thus far with success, although, as the cases are still under treatment, nothing yet can be decisively stated.

The action of the glycerole of aloes essentially differs from that of topical applications employed as astringents or slight caustics, such as lead, zinc, tannin, nitrate of silver. It is a tonic, and in this point of view offers great advantage; and it is prompt in its effect, a few days, at most five or six applications, sufficing to procure the cicatrization of old obstinate fissures, which not only constitute a painful symptom, but become the cause of further extension of the disease. The immediate local effect is that of a smarting sensation, which is not always present, and generally passes off in a few minutes. The glycerine has nothing to do with these favourable results, for in several cases it had been previously employed alone without effect, and comparative experiments point to the same conclusion. It is remarkable that after the employment of this application the tissues have a great tendency to return to their normal condition. The tension and redness promptly disappear, as does also the thickening of the skin, this tissue recovering all its suppleness, and indeed, in some cases, acquiring a greater degree of this than it formerly possessed.—*Gaz. des Hôp.* 1857, Nos. 50, 62.

Liverpool Homœopathic Dispensary.

Return of Diseases treated at their own homes from January 1st,
1858, to March 23rd, 1858.

	Total.	Cured.	Died.	Remaining.
Abscess.....	4	2		2
Anasarca.....	13	10	1	2
Apoplexy.....	2	2		
Ascites.....	5	2	1	2
Bronchitis Ac.....	34	13	5	16
Catarrh Ac.....	11	5	1	5
Colic.....	3	3		
Contusion.....	1	1		
Croup.....	1	1		
Diarrhœa.....	1	1		
Enteritis.....	1	1		
Epilepsia.....	1			
Erysipelas.....	1	1		
Febris Com.....	23	15	2	6
" Typhus.....	1	1		
Gastritis.....	4	2		2
Hepatitis.....	5	3	1	1
Hydrocephalus Ac...	3	2	1	
Influenza.....	2	2		
Lumbago.....	1			1
Morbili.....	5	5		
Meningitis.....	2	2		5
Morbus Cordis.....	6	1		
Nephritis.....	1			1
Neuralgia.....	6	2		4
Ophthalmia.....	3	2		1
Otorrhœa.....	1			1
Paralysis.....	4			4
Peritonitis.....	2	2		
Phthisis.....	20		2	18
Pleuritis.....	1	1		
Pneumonia.....	4	3	1	
Pharyngitis.....	1			1
Rheumatism Ac.....	12	8		4
Scarlatina.....	6	3	1	2
Struma.....	8	2		6
Tumours.....	6	4		2
Ulcers.....	4	3		1
Variola.....	6	4		2
Wounds.....	8	8		
Other Diseases.....	15	13		2
	<hr/> 238	<hr/> 130	<hr/> 16	<hr/> 92

Number of Patients prescribed for at the *Liverpool Homœopathic Dispensary* from the 1st of January to the 23rd March, 1858 .. 5,298
 Prescribed for at the Patients' homes .. 238

Total..... 5,536

THOS. HENRY WILLANS, *House Surgeon.*

Cure for Hydrophobia.

M. Guillabert, French navy surgeon, has addressed a letter to the Academy of Sciences of Paris, on a specific for hydrophobia, which enjoys great reputation in Greece. The treatment is as follows: The bite is first cauterized with boiling oil, and fifteen grains of a powder composed of equal parts of the radical bark of the *synanchum erectum* and the coleopterous insect, *mylabris sexmaculata*, are administered internally. Dr. Rozer, Physician to the King of Greece, has put this specific to the test, and is satisfied of its power, though his mode of treatment differed from the above considerably. He cauterized the wound, gave half a gr. of cantharides internally, and repeated it until symptoms of gastro-intestinal irritation appeared. He gave the *synanchum* internally in the form of decoction. It is a weakly purgative. M. Guillabert states that three men were bitten by the same mad dog; the first merely washed the wound and died of hydrophobia on the third day following. The second had his wound cauterized and took Dr. Rozer's medicine. He remained well. The third refused to have his wound cauterized, but took the medicine. He also remained well, and was seen four months afterwards, in perfect health.

The above is an abstract of what appeared in the *Times* of the 9th January, 1858. The insect alluded to is allied with, and has similar medicinal properties to our cantharis.

BOOKS RECEIVED.

- Our Schools of Medicine*, by an Allopathic Practitioner. Edinburgh, 1858.
- Homœopathy Tested by Facts*, by JAMES P. HARPER, M.D.
- The Thermal Springs of Teplitz, a homœopathic sketch*, by S. PERUTZ, M.D. Leipzig, A. Edelman, 1858.
- Specifische Wirkungsweise und physiologische Analysen der Carlsbader Heilquellen*, von D. G. PORGES. Dessau, 1853.
- Balnealogische Zeitfragen*, von D. G. PORGES, Prag, 1856.
- A complete Statement of the Facts connected with the Dissolution of Partnership recently existing between Drs. Ozanne and MacLimon*, by JOHN OZANNE, M.D. Guernsey, 1858.
- A Reply to Dr. Ozanne's pamphlet*, by ROBERT MACLIMONT, M.D. Guernsey, 1858.
- Majority and Minority Reports of the Select Committee of the Board of Ten Governors, to whom was referred the subject of introducing Homœopathy into Bellevue Hospital*. New York, 1858.
- The Monthly Homœopathic Review*.
- Journal de la Société Gallicane*.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

VETERINARY HOMŒOPATHY.

BY JAMES MOORE, V.S.

CASE I.—*Congestion of the Lungs.*

ON September 19th, 1857, I was requested to visit a valuable entire horse, the property of Mr. Walter Carter, of this city. He has recently come into the owner's possession, has been put to severe work, to which he has hitherto been unaccustomed, and on the 18th, was permitted to drink copiously of cold water, whilst perspiring and exhausted, after a hard day's labour. Shortly afterwards he had a rigor so violent that his legs tottered under him. Three hours after this seizure I found the following symptoms:—Pulse strong, full, and 100 per minute (the normal pulse is 36); respiration laboured, heaving, and 84 per minute (the normal breathing is 8); conjunctiva injected; eyes watery; mouth hot, and clammy to the touch; corrugations of the cutaneous muscle along the side and shoulder; general surface warm, the extremities cold; the pituitary membrane is preternaturally vascular, &c.

To have 10 drops of Ammonium causticum 1, in a wineglassful of water every hour.

On the following morning the pulse counted 28 in the minute, and intermitted occasionally; all the other symptoms

had disappeared, and he eats, drinks, dungs, and stales as if nothing had been amiss. At two o'clock of the same day, the pulse had risen to the healthy standard, and had assumed the usual character ;—in short, the horse was all right, and resumed work next morning.

Remarks.—No better specimen than the foregoing can be given of the mode of invasion of a disease which kills thousands of the most valuable animals every year. Yet it is not so much the disease that slays as the ignorant, murderous, and unscientific treatment to which the suffering animal is subjected. On the old plan, a bucketful of blood would have been drained from this horse's jugular ;* his strength, already reduced by hard work and copious abstraction of blood, must be lowered still more by the painful irritation of a mustard or fly blister applied over the entire surface of his two sides ; he must be tortured by setons or rowels, of the latter of which Blaine, a standard allopathic authority, says, "one may be inserted between the fore legs, and another ten or twelve inches behind ;" his bowels must be violently purged by aloes ; and down his unresisting gullet must be pushed an immense bolus, composed of a heterogenous medley of active drugs, in large doses, amongst which, tartarized antimony, white hellebore, powdered foxglove, nitre, &c., are conspicuous. This attempt to slaughter the horse does not succeed directly, for he is tenacious of life, and only feels sickened and debilitated, has no desire to eat his hay or his mash, is disinclined to move or to exert himself, and cannot place one foot before the other. Besides, the disease not having been combated at its nidus, is being hatched into direr evils—*it* is not rendered powerless for further mischief ; similar treatment is pursued, the object being, apparently, rather to send him to the knacker's yard than to

* "From a moderately sized horse, *five, six, or seven quarts, or even more,* may be drawn (the italics are ours) ; and should the symptoms indicate a necessity for it in three or four hours, *take three or four quarts more,* and, as long as the breathing continues laborious, the extremities permanently cold, and the pulse oppressed, but rising on the flowing of blood, so long the bleedings should be repeated to the amount of two or three quarts at a time, at intervals of six or eight hours."—Blaine's *Veterinary Outlines*, p. 315.

restore him in strength and health to his master's team. The result is, that after an interval averaging from three to six weeks, the horse mends, and ultimately recovers; or he is sent to grass for two months to recover flesh, and after all, is not unfrequently found to be comparatively useless for sustained or severe exertion, in consequence of thick, or of broken wind—the sequelæ of the original disease.

From a number of other cases—the same in all essential points—I have adduced the preceding example of the progress of a common disease when treated homœopathically. The contrast thus presented is at once palpable and significant. The disease is checked at once, without wasting vitality, or otherwise lowering the constitutional powers; the lungs do not become disorganised or unfit to perform their office, and the horse is able to resume work with unimpaired strength within a few hours after the onset of the complaint.

Owners of horses engaged as Mr. Carter is, in an extensive carrying trade, will be better able than ourselves to estimate the difference between the old and the new systems in an economical point of view, when applied to the diseases of live producing property.

CASE II.—*Diarrhœa.*

Mr. Johnson, farmer, Moston, near this city, called upon me on September 16th, 1857, respecting a cow. The only particulars of her history that could be learnt were these:—The animal began to be purged six weeks ago, and although numerous compounds, or “cow drinks,” had been given, the ejections continued as copiously as ever. She had, consequently, been reduced to a heap of bones; the secretion of milk was suspended, and the appetite gone.

I gave him Camphor and Veratrum, each in 10 drop doses, to be given every three hours alternately. The owner reported, after these medicines were all administered, that “the cow is quite well, and is coming to her milk.”

CASE III.—*Acute Pneumonitis.*

On October 24th, 1857, a five year old cart horse belonging to Mr. Carter, and used to drag merchandize during the night time between this city and Altrincham, was observed to be ill. On examination the following symptoms existed:—Pulse full, laboured, and 72 per minute; respiration difficult, heaving, and 52 per minute; increased vascularity of the conjunctiva; cold surface; partial clammy sweats; slight cough; no appetite; membrane of nose bluish coloured; mouth hot and dry; and small crepitation along middle of left lung.

To have 10 drops of Ammonium causticum 1, in a wine-glassful of water every hour, and after the lapse of three hours repeat the dose every fourth hour.

In the evening the pulse was normal in frequency and character; the breathing was 16 per minute. Some mash and a little hay had been eaten; the eyes were less injected; and the animal is in other respects considerably improved.

On the morning of the 25th he was quite well, with the exception of a spasmodic cough, attended with a crowing sound at each inspiration, which a few doses of Belladonna entirely removed.*

CASE IV.—*Acute Muscular Rheumatism.*

On the 9th of November, 1857, Mrs. Langford, farmer, Withington, near this city, sent for me to examine a mare belonging to her, 24 years old, and used for agricultural purposes. Her husband had bred and reared this mare, which had been remarkable for good health. On the previous day she was hard-worked, and whilst perspiring, had to stand still for some time, exposed to a cold easterly wind. Next morning she was observed to be unwell; could neither eat nor drink, and was very stiff in her hind quarters.

* "Acute Pneumonitis" in the horse must be a very different disease from what we understand by acute pneumonia or pneumonitis in man. A cure effected in less than 24 hours seems to indicate a malady more nearly allied to our *pleurodynia* than to an inflammatory disease.—[Eds.]

The following symptoms were present :—Pulse 64, full and strong; breathing 36, and rather difficult; much pain between the ribs when pressed against; considerable difficulty in attempting to move; she seems unable to use her fore legs, and when she is made to turn, does so “all of a piece;” the appetite is much impaired; partial clammy sweats break out; the countenance is anxious, and the nostrils are dilated; the pituitary membrane is natural; she stands fixed as a post in one place, and evinces great unwillingness to stir even on compulsion.

To have Aconite 1, 10 drops every hour until three doses are given, and then one dose every three hours; put on warm clothing, and bandage the legs.

On the following day the pulse had fallen to 52, and the breathing to 28 per minute. She was lying down, but got up without much difficulty; she could move her legs much better, and walked out of the loose-box into the yard; she could turn round with tolerable ease; she was lame of the right hind leg; drunk freely of gruel.

To have 10 drops of Aconite and Bryonia 1, every three hours alternately.

On the 12th she ailed nothing but some degree of stiffness in the hind quarters.

To have Belladonna and Bryonia in the same way as last medicines.

On the 15th she was stiff in her hind legs. A few doses of Bryonia completed the cure.

CASE V.—*Acute Pneumonitis.*

On December 29th, 1857, a cart horse belonging to Mr. Carter returned from an eighteen miles journey, began to breathe quickly, and refused both meat and drink.

At eight o'clock in the evening the symptoms were,—feeble pulse, beating 88 per minute; respiration laboured, 48 per minute, and accompanied by a “soughing” sound through the nostrils; the pituitary and conjunctival membranes are intensely injected; the legs and ears are chilly; no desire to eat; the cough is frequent and hard, &c.

To have Ammonium causticum 1, 10 drops every hour until four doses are given, then every two hours; bandage the legs, and hand-rub them when cold.

On the following morning, 12 hours afterwards, the pulse was 44, and the breathing 20 per minute; the appetite had returned, and the horse was in all other respects very decidedly better.

To have another dose of the medicine at noon. In the afternoon my patient was quite well.

CASE VI.—*Acute Pneumonitis.*

On January 8th, 1858, Messrs. William Jackson and Sons, the extensive carriers, had a horse ill. It is used in a buggy, and has to stand exposed to wet and cold, after having been dragging heavy loads, and perspiring from the exertion. On coming home he was found "out of sorts."

He presents these symptoms:—Pulse full, laboured, and 76 per minute; breathing 48 per minute, and attended with heaving at the flanks; increased vascularity of the membrane of the nose and eyes; the skin over the upper rim of the orifices of the nostrils is thrown into folds; the mouth is hot, and filled with a soapy fluid; no appetite; some small crepitation in the middle part of left lung; frequent cough.

To have Ammonium causticum, 10 drops of the first dilution every hour for four hours, and then one dose every two hours.

On the following morning, after having had only six doses of the medicine, the pulse is down to 48, and the breathing to 18 per minute. After the third dose the horse devoured a bran mash that had been in the manger for some hours previously; in all other respects the amendment is decided. Continue same medicine.

On the 11th the pulse is 44, and the breathing 14 per minute; better otherwise.

To have 10 drops of Bryonia 1, thrice, at intervals of eight hours.

On the 12th, cured.

CASE VII.—*Sprain of the Coronet.*

A horse belonging to Messrs. George Clark and Co., cotton spinners, of this city, has been lame for several days.

On the 6th of May, 1851, the symptoms are,—great lameness of the right fore leg; considerable heat round the coronet; on taking hold of the leg and the toe, and twisting the foot, excessive pain is occasioned.

To have 10 drops of Aconite night and morning; the coronet rubbed night and morning with a lotion composed of 20 drops of tincture of Arnica to the ounce of water, and the foot placed in a bran poultice.

On the 15th he went to work sound.

CASE VIII.—*Articular Rheumatism.*

On Sept. 30th, 1853, I was called upon to visit a bay carriage horse, belonging to E. Freeman, Esq., Polygon, near Manchester.

Symptoms.—Pulse 36, attended with a peculiar trail at every beat; respiration 50, with slight “soughing” through the nostrils; anorexia; hot skin; fæces hard and covered with glairy mucus; urine copious and clear; mouth hot and dry. The right fore-leg below the knee, and especially round the fetlock joint, is excessively painful, hot, and slightly swollen.

To have 10 drops of Aconite 1, every three hours.

Oct. 1st. Pulse 28, rather hard, but the trail is absent; respiration 14; the pain in the leg is much assuaged, but the swelling is more diffused; appetite improved; manner more lively.

To have 10 drops of Bryonia 1, thrice daily.

2nd. Pulse 24, with about eight intermissions in the minute; respiration normal; fæces natural; the pain is less severe; the swelling remains in the same state.

To have 10 drops of Sulphur 6, thrice daily.

3rd. Pulse 26 and regular; appetite good; excretions natural; the swelling is almost gone; when led out of doors the horse is particularly playful.

4th. Convalescent.

CASE IX.—*Indigestion and Diuresis.*

On August 16th 1858, a horse belonging to Mr. John Hewitt, coach proprietor, of this city, presented the following :

Symptoms.—Pulse 28 and weak ; respiration normal ; the whole body is very cold, the legs particularly so, and the hair is rough, unglossy, and staring ; the tongue is of a dirty yellowish colour, and some half-masticated food remains in the mouth ; the appetite is both impaired and depraved, for the animal manifests a predilection for dirty litter, and refuses to partake of good diet ; frequent micturition ; urine clear and limpid ; the bowels are constipated and the fæces are enveloped in mucus.

To have 10 drops of *Nux vomica* 1, thrice daily.

19th. Skin of the proper temperature and appearance ; tongue clean ; appetite much improved ; fæces and urine natural, both as regards amount and character.

Continue medicine.

20th. Convalescent. The horse has worked a job of sixteen miles.

CASE X.—*Pleuro-Pneumonitis.*

On April 7th, 1852, a cart horse belonging to Messrs. Molyneux, Webb, and Co., the eminent glass manufacturers, of this city, stood, for a considerable time, exposed to rain and cold, and was shortly afterwards observed to be unwell.

There are the following symptoms.—Pulse full, hard and 68 per minute ; breathing 32 per minute ; short, suppressed inspiration ; long slow expiration, attended with a wheezing grunt and catching during breathing ; pain when the intercostal spaces are pressed against, with elicitation of characteristic grunting sound ; the skin over the affected side is thrown into folds, in consequence of contraction of the cutaneous muscle ; the skin about the sides of the nostrils, and at the angles of the mouth is also wrinkled ; the tongue is covered with a yellow fur ; the bowels are constipated ; there is a frequent, short, suppressed cough, evidently attended with pain ; bronchial

rattles are distinctly audible in the inferior third of the right lung, whilst in the middle third, small crepitation can be detected.

To have Aconite and Bryonia of the 1st dilution, 10 drops of each, every two hours alternately.

On the 8th. The pulse is 64, and the respiration 24 per minute; no abnormal sounds in the right lung, but in the middle portion of the left there is copious crepitation, and friction sounds, which latter is more marked when the animal coughs.

To have three doses of Bryonia at intervals of two hours; and then the same dose of Phosphorus 3, every three hours.

On the 9th. The pulse is 52, and the respiration 26 per minute; the cough is less frequent and less constrained; the friction sounds are gone; the crepitation is less marked; the appetite is improved; the dung and urine are natural; the horse looks more lively.

Continue the Phosphorus as before.

On the 10th. The pulse is 48, and the respiration 22 per minute; better in all other respects; healthy vesicular breathing is resumed in the inferior half of the lung; scanty crepitation in posterior portion of superior half.

To have 10 drops of tincture of Sulphur, every four hours.

On the 12th. The pulse is 44, and the breathing 16 per minute; all abnormal sounds have disappeared; improving otherwise.

Continue same medicine.

On the 14th. Considerable amendment. A few more doses of Sulphur will restore my patient.

CASE XI.—*Broncho-Pneumonitis.*

On May 6th, 1852, a horse belonging to Mr. McCaldon, horse dealer, of this city, presented the following symptoms:—Pulse soft, full and 60 per minute; breathing difficult, 80 per minute and attended with loud mucous rattles at the bifurcation of the trachea; violent shivering; frequent loose cough; anxious countenance; ears, legs, nose, &c., very cold; pituitary membrane dry, and of a bluish colour; conjunctiva intensely

vascular; throughout the whole of both lungs there are loud bronchial mucous rattles, which mask every other sound.

To have 2 drops of the strong Liquor ammonia, every hour.

On examination three hours afterwards, the pulse is full and counted 100 per minute; the breathing 68, and attended with less audible rattles; the entire surface burns with heat.

To have 5 drops of tincture of Aconite, every hour.

On the morning of the 7th, the pulse is 60, and the breathing 46 per minute; there are fewer rattles in the larger bronchi heard at the breast.

To have 10 drops of Aconite 1, every four hours.

In the evening of the same day, the pulse is 60 and very weak, the breathing 24 and much less difficult; there is great debility and no appetite.

To have three doses, 10 drops each, of Arsenicum 1, at intervals of two hours; then resume the former medicine.

From the 8th to the 10th. The Aconite has been continued in the same way. The pulse and respiration are becoming more natural and the general appearance is that of recovery.

On the 11th. The pulse is risen to 49, and he is altogether worse. On examining the lungs, which I had not done since the first day, in consequence of the favourable progress of the case, I found, along the inferior third of the left lung, dulness on percussion; absence of respiratory murmur; bronchial respiration, and considerable crepitation around the consolidated lung. The same sound is also distinct along the scapular region, and in the site of the saddle.

To have 10 drops of Arsenicum 1, every four hours.

On the 12th. He is found lying—the first time since his illness; pulse 42; respiration 13; crepitation but slight; appetite much improved.

Continue medicine.

On the 13th. The pulse is 44; the breathing 12; there is a peculiar sharp, but not strong jerk of the heart at every contraction; all the crepitation has disappeared, and the respiratory murmur has returned; so also has it in the lately hepatized lower third of left lung, where it is mingled, here and there,

with loud crepitation; the horse eats and drinks freely, and looks lively. In all other respects there is decided improvement.

Continue medicine.

In the evening of the same day, there is no great change manifest, except that at every beat of the heart there is a peculiar sound, similar to what may be produced by striking a piece of tin with a sharp pointed rod of iron, and which I have frequent heard in dropsy of the pericardium.

To have 10 drops of *Digitalis* 1, every four hours.

On the 14th. The ringing sound is gone; the pulse 33 and of its ordinary character; breathing 11 per minute; no abnormal sounds in lungs; in all other respects well.

To have 2 more doses of *Digitalis*, and then discharge the patient cured.

CASE XII.—*Idiopathic Fever.*

On January 20th, 1858, a horse belonging to Mr. Carter, was found to refuse his food, after a hard day's work. On examining him the pulse is full and 64 per minute; the breathing 36, difficult and attended with heaving at the flanks; there is no appetite; the tongue and mouth are hot and dry; the surface of the body cold; the hair staring; the spirits depressed, and the look languid and care-worn.

To have 10 drops of *Ammonium causticum* 1, every three hours.

On the following morning, at 9 o'clock, he was quite well and went to his usual work.

CASE XIII.—*Pneumonitis-Pleuritis.*

On January 20th, 1858, Messrs. Syddall Brothers, calico printers, Chadmill, near Manchester, requested my attendance on their mare, which had been coughing for several days previously.

Her symptoms are these:—pulse, full, strong, and 70 per minute; breathing laboured, difficult, and 40; cold legs, nose

and ears ; frequent short cough ; no appetite ; crepitation through whole of left lung.

To have 10 drops of Aconite 1, every three hours.

On the 21st, the pulse is down to 58, and the breathing to 36 per minute ; the appetite is better ; in all other respects improved.

To have Aconite and Phosphorus, in 10 drop doses, every three hours alternately.

On the 22nd, the pulse is 44, and the breathing 12 per minute ; all the crepitation is gone ; the appetite is good ; has laid down.

Continue same medicines every six hours.

On the 24th she is much the same.

To have 10 drops of Arsenicum 1, every six hours.

On the 26th, she is much worse, in consequence of her having been most injudiciously walked out this morning from a warm stable to a frosty and piercing cold air. The pleura is now inflamed, the symptoms being, short, suppressed cough ; pain in the intercostal spaces ; grunting, &c. ; the pulse is 54 and contracted ; mucous rattles in left lungs ; no friction can be detected.

To have 10 drops of Aconite and of Bryonia, each of the 1st dilution, every three hours alternately.

On the 28th, the pulse is 48, and weak ; breathing less frequent and not so difficult and painful ; looks lively, appetite good.

To have Arsenicum and Phosphorus, 10 drops, of the 1st dilution, every three hours alternately.

On the 30th, all abnormal sounds in lungs gone ; eats well ; rests as in health, &c.

To have Arsenicum as before, three times a day.

February 1st. Well.

CASE XIV.—*Idiopathic Fever.*

On the 21st of January, 1858, a mare belonging to Mr. Carter, returned from a journey at 7 o'clock in the evening, and at 9 I found these symptoms :—pulse full, and 60 per minute ; respiration 36 and laboured ; will neither eat nor drink ; looks dejected ; hot and dry mouth, &c.

To have 10 drops of Ammonium causticum, every four hours.

On the following morning at 9 o'clock—twelve hours after the onset of the attack—this mare ailed nothing and went to work as usual.

CASE XV.—*Pleuro-Pneumonitis.*

On the 7th of January, 1858, a horse belonging to Messrs. Andrew Knowles and Sons, the extensive coal proprietors, was brought to me unwell. She has been ill for four days with what the horse-keeper considered sore throat, and for which he had applied a stimulating liniment.

There exist the following symptoms:—pulse full, strong, and 84 per minute; respiration 52, and attended with heaving of the flanks and considerable action of the abdominal muscles; the head and neck are stretched out, and the nostrils widely dilated to permit of easy ingress of air; the pituitary membrane is of a leaden hue; the conjunctiva is intensely injected; the mouth hot and dry; great pain, flinching, grunting, and catching of the breath when the intercostal spaces are pressed against; painful, suppressed, frequent cough; the animal stands immovable, and is dejected in appearance; the only sounds detected in both lungs are small crepitation, and "creaking," as from a door hinge.

To have 10 drops of Aconite 1, every four hours.

On the 8th, the mare is suffering from excessive hypercatharsis, induced by a dose of Aloes, administered without my knowledge or sanction by the meddlesome horse-keeper; a dirty water-like fluid is streaming down her legs; she is so weak that she staggers when made to walk round the box; eats nothing; pulse 60, and weak; breathing 40, and attended with heaving and grunt; urine very high coloured.

To have 10 drops of Arsenicum and of Veratrum 1, every three hours alternately.

On the 9th, the pulse is 80, small and wiry; the breathing frequent and heaving; the purgation less copious; the other

symptoms unaltered; flatulent colic, relieved by emission of wind.

To have 10 drops of Phosphorus and of Bryonia 1, every three hours alternately.

On the 10th, the pulse is 72 and stronger; the breathing 34 and less difficult; the appetite improved; the urine not so high coloured; the cough less frequent; the appetite improved.

Continue medicine.

On the 11th, the pulse is 64, and the breathing 28 per minute; eats carrots, gruel, and bran; dung and urine natural; better otherwise.

Continue medicines.

On the 12th, improving in all respects. Pulse 60; respiration 24; appetite good, &c. Continue medicines.

Up to the 15th the amendment is gradual. The pulse is now 50, and the breathing 12; appetite not so good; looks dull and heavy.

To have the usual dose of Arsenicum and of Sulphur 1, every three hours alternately.

On the 16th, altogether better; cough troublesome at night.

Continue same medicines; 10 drops of Hyoscyamus during the night, at intervals of four hours.

On the 17th, the pulse is up to 84, in consequence, doubtless, of eating too much; looks lively and walks about; lays down; eats well; cough less frequent.

Continue Hyoscyamus as before; give 10 drops of Ammonium causticum 1, every four hours.

On the 18th, generally better.

Continue Ammonium causticum, and the same dose of Sulphur, every three hours alternately.

On the 28th, discharged cured, the medicines having been continued, but at longer intervals, as recovery progressed.

CASE XVI.—*Pleuro-Pneumonia.*

On September 24th, 1857, a cow belonging to the Rev. W. Figgins, of Booth Cottage, near this city, was observed to be

affected with that fell pestilence, "the lung disease." Her owner administered several doses of Aconite and of Belladonna before calling me in.

The symptoms are :—Pulse 80 per minute and oppressed ; respiration 100 per minute, and panting ; the breath is sometimes held, and then the expiration is attended with a loud and prolonged grunt, indicative of acute pain ; the head is held out and lowered towards the ground ; the nostrils are dilated ; there is pain, followed by grunting, when the left intercostal spaces are pressed against with the point of the thumb ; the cough is frequent, short, suppressed, and evidently attended with severe pain ; the eyes are preternaturally glistening, and have an anxious expression ; the legs, ears, and horns are intensely cold ; small crepitation, friction sounds and subdued vesicular breathing are distinguishable, &c.

To have 10 drops of Ammonium causticum 1, and the same dose of Bryonia 1, every hour alternately.

On the 25th. The pulse is 72 per minute ; the breathing is sometimes quick and panting, sometimes slow and grunting ; in the former case it counts 80 per minute, in the latter 36 to 40 ; there is less pain in the side ; better in all other respects.

Continue medicine every two hours.

On the 26th. The pulse and respiration are unaltered ; the muscles of the left shoulder are constantly quivering ; the abnormal sounds in the diseased lung are less intense, but the right lung is now affected at its lower third, where loud friction can be easily heard.

To have Phosphorus 1 and 2, 10 drop doses of each every two hours alternately.

On the 28th, the pulse is 64, and the breathing 40 per minute ; no grunting ; sounds much subdued ; in all other respects better ; appetite good ; rumination returned ; milk plentiful, &c.

To have 10 drop doses of Sulphur thrice daily.

On the 30th, received a report that my patient is well.

CASE XVII.—*Acute Bronchitis.*

On January 21st, 1858, a horse belonging to Mr. Pochin, chemical manufacturer, of Salford, returned from a journey, and was soon afterwards seized with a violent rigor.

The symptoms were:—Pulse 60, full and strong; respiration 36 per minute, difficult, and attended with loud mucous rattling in the trachea at the breast; cold legs, ears and nose; no appetite; anxious countenance; rattling in bronchia.

To have 10 drops of *Ammonium causticum* 1, every three hours.

On the 22nd. Pulse is 42, and breathing 12 per minute; appetite good; better otherwise.

Continue medicines every six hours.

On the 23rd, my patient is able to go to work.

CASE XVIII.—*Pleuro-Pneumonitis.*

On March 24th, 1858, a bay mare, nine months with foal, belonging to Mr. Boden, of Whalley Range, near this city, was brought to me unwell.

The following symptoms are found:—Pulse full, strong, and 80 per minute; breathing frequent, suppressed, painful, and 44 per minute; frequent hard, short cough, evidently attended with pain; appetite almost gone; has been brought with great difficulty, as she feels disinclined to walk; in the middle of the left lung are loud rattles and slight friction.

To have 10 drops of *Aconite* 1, every three hours.

On the 25th I visited my patient. The pulse is 72, and the breathing 36 per minute; eats very well; distinct friction in same part of left lung; pain between corresponding intercostal spaces; cough less frequent; better otherwise.

To have same dose of *Aconite* and of *Bryonia* 1, every three hours alternately.

On the 26th, much better; pulse 60, and breathing 30 per minute; friction more circumscribed; crepitation slight.

Continue medicines.

On the 27th, pulse 44 ; breathing 18 per minute ; very much better in all other respects.

Continue medicines four times daily.

On the 29th, all right. To have Sulphur 1, 10 drops night and morning, for two or three days.

CASE XIX.—*Asthenic Broncho-Pleuritis.*

On March 26th, 1858, a horse belonging to Mr. Carter was taken ill. He is what is called in stable language, a "washy" horse—one that feeds badly, has a light belly, poor constitutional powers, and is easily knocked up with work.

The symptoms are:—Pulse weak, soft, irregular, with now and then a peculiar flutter, and 100 per minute ; the breathing is difficult, laboured, and 48 per minute ; the conjunctiva is vascular, and has a yellow tinge ; the bowels are constipated, the dung lumpy, and covered with glairy mucus ; no appetite whatever ; cold legs, ears, and feet ; great prostration of strength.

To have 10 drops of the 1st dilution of Arsenicum, and 5 drops of the mother-tincture of Phosphorus every two hours alternately.

On the 27th, at 8 o'clock, A.M., the same.

Continue medicines.

At 8 o'clock, P.M., the pulse is 90, stronger, and more regular ; breathing 44 per minute ; appetite better ; slight amendment in other respects.

Continue medicines.

On the 28th, pulse 84, and still stronger ; breathing 36 per minute and less difficult ; eats pretty freely ; better otherwise.

Continue medicines.

On the 29th, same ; no abnormal lung sounds could be detected until to-day ; now can be heard in middle of right lung loud friction sounds, and in the other portions small crepitation ; the cough is frequent and painful, and the breathing laboured and heaving.

To have Phosphorus and Bryonia, both 1, in 10 drop doses every two hours alternately.

On the 30th, at 8 o'clock, A.M., much the same. At 10

o'clock, P.M., worse; throbbing at the heart; pulse 90, and strong; breathing 48 per minute; frequent painful cough, attended with the characteristic grunt of pleurisy; loud tracheal rhonchi; distinct friction sounds in right lung, and extensive sibilant rhonchi over its entire extent.

To have alternately every two hours a wineglassful of a mixture composed of 2 drops of Bromine in 12 fluid ounces of water, and the same dose of another mixture composed of a fluid drachm of tincture of *Digitalis*, in the same quantity of water.

On the 31st. Pulse 76, and breathing 36 per minute; cough much less frequent; tracheal rhonchi gone; other sounds very much subdued; appetite better; considerable improvement otherwise.

Continue medicines.

On April 1st. The pulse and breathing are rather less frequent; the appetite is good; the horse looks more lively and has been laid down; the friction sounds are gone; vesicular breathing is returned to the superior portion of the lung; the bronchial rhonchi are much less audible; the cough is easier, less frequent, but still so painful that the horse groans after each expiratory effort.

Continue medicines.

On the 2nd. The pulse is 60, and stronger; the breathing is 36, and less painful or difficult; walks voluntarily round the box; eats well; looks livelier; respiratory murmur returning; better in all other points.

Continue medicines every three hours.

On the 3rd, worse; pulse 84, and respiration 40 per minute; breathing more difficult and laboured; could not examine lungs in consequence of noise occasioned by other horses going to their work; did examine them in the evening, and found copious large and small crepitation in middle portion of left lung; the breathing in the right lung is almost right.

To have 10 drops of *Aconite* 1, every two hours.

On the 4th, in the morning, little change can be observed either for better or worse.

To have 10 drops of *Aconite* and of *Bryonia* 1, every three hours.

In the evening the pulse is 84, and the breathing down to 28 per minute; all the crepitation in left lung is gone, and respiratory breathing returned; appetite returning; looks much better every way.

Continue medicine.

On the 6th. Still improving slowly; pulse 80, and respiration 20 per minute.

To have 10 drops of Sulphur, 1 and 3, every three hours alternately.

On the 7th. Pulse 52, and breathing 20 per minute; appetite good; lies down; better otherwise.

On the 14th. This horse is discharged cured, having taken Sulphur as before, only less frequently.

AMBLYOPIA AND AMAUROSIS, AND THEIR TREATMENT.

BY HENRY BLUMBERG, M.D.

A GOOD definition of Amblyopia and Amaurosis is yet wanting. Professor Walther calls the latter, a disease in which neither the patient nor the physician sees anything; and, generally speaking, this witty remark is but too true. I define Amblyopia to be a weakness of sight, caused by a diseased state of the retina, the nervus opticus, the cerebrum, cerebellum, or the spinal cord. Amaurosis is total loss of sight from the same causes.

Amaurotic patients have, as it were, a physiognomy of their own. Their head is generally bent slightly backwards, their rather prominent eyes stare into infinite space, while they do not fix their looks on the person they are speaking to.

The size of the pupils is not in relation to the degree of light. They are nearly always very large, and almost immoveable.

The degree of weakness of sight can be proved best by making the patient try to read prints of different sizes at increasing distances. Should a patient be unable to read at all, then it will be advisable to make the following experiment.

Have the room darkened, and hold a burning candle in progressing distance before the eyes of the patient, who will tell you what distance he can still perceive the light. As it is impossible to measure exactly the power of vision, the above trials will be found sufficient to elucidate as much as is necessary for the diagnosis. Spots on the cornea, and the different cataracts of the lens will be easily distinguished from amaurosis.

The causes of amblyopia and amaurosis are,—

1. Inherited weakness. The eyes are from the birth without energy, or incapable of distinguishing certain colours (daltonism), or their focus is narrow, and they want strong illumination (hemeralopia). This visual condition is often found in several members of the same family.

2. The influence of sudden strong light. Light, the necessary and beneficial stimulant of the retina, is at the same time its most dangerous enemy. It has been remarked that there are more cases of amaurosis after a solar eclipse, as many persons on such occasions stare into the strong light of the sun without sufficient protection. Railway travelling in summer, with its sudden changes from the darkness of tunnels into the glaring daylight, may be mentioned here.

3. Faulty light. Many of the amblyopias are to be ascribed to this cause. Long and total absence of light weakens the energy of sight, therefore it is injurious to cover inflamed eyes very long. With regard to reading, writing, or other occupations, which require a constant use of the eyes, the light is injurious if it is too strong or too weak; if it is unequal (interrupted by shades), or variable (now stronger, now weaker); if it is impure, coloured, or if it comes in a wrong direction. The evening dusk is particularly injurious, also the sunlight when it pierces through red curtains.

4. Traumatic influences, as concussion of the bulbus, blows upon the head, violent convulsive movements. Beer mentions a singular case of amaurosis in a young man who was playing at blind man's buff, and whose eyes were tied too tightly.

5. Rheumatism. The eyesight becomes sometimes very weak after a severe rheumatic attack, especially when treated

with blood letting, calomel, and all the allopathic therapeutic apparatus.

6. Diseases of the cerebrum, cerebellum, and spinal cord. Congestion, apoplexia, tabes dorsalis.

7. Abnormal condition of the digestive organs. Gastricismus, helminthiasis.

8. Affections of the uterus. Morgagni mentions a case of a woman who became always blind in the second and third month of her pregnancy, and recovered her sight in the fourth.

9. Poisons, principally opium, belladonna, hyoscyamus, datura stramonium, mercury, and lead. Mackenzie alleges also, the smoke of tobacco as a cause, but upon that question "adhuc sub judice lis est." Lastly, general debility and exhaustion; for instance, after great loss of blood, long diarrhœa, salivation, typhus fever, sorrow and care, &c.

There being so many different causes of amblyopia and amaurosis, it is not surprising that nearly half of our therapeutic agents can be employed against them; and, in fact, most of our remedies from Aurum to Zincum have dimness, cloudiness, and confusion of sight, temporary or constant blindness among their symptoms. But the object of the present paper is not to give an enumeration of all the medicines which may be employed in amblyopia and amaurosis, but to state what medicines I have found useful in a few cases which came under my own observation and treatment.

1. Colonel C. L., a gentleman of about 55 years of age, of stout and strong appearance, consulted me in May, 1856. He stated that during the last six months his sight had become gradually worse; that he saw everything as through a mist, and did not distinguish distant objects at all. On trial he could not read a 2" high print on 8" distance. He complained besides of occasional headaches, great heaviness and drowsiness; his face was red, and presented the appearance of congestion; he had now and then a suffocating sensation in the throat; his sleep was heavy and full of dreams, and he awakes generally with headache. His eyes were peculiarly brilliant and staring; conjunctiva slightly inflamed; the pupils reacted very slowly, and almost imperceptibly to the light.

This case was decidedly an amblyopia, arising from congestion. I recommended him to sponge his head morning and night with cold water, to avoid stooping, and all stimulants; and I prescribed for him Opium ʒ, to be taken every six hours. He took this medicine for three weeks, with slow, but marked good effect. After three weeks I gave Morphium acet. ʒ, to be taken morning and night. After taking this medicine four days he could read his newspaper without any exertion. His eyes had still an unnatural expression; his pupils were enlarged and apathetic. I gave him Belladonna, and in less than a week his eyesight was perfectly restored.

2. Mr. M. W., a student at Oxford, consulted me about Christmas 1856. He had studied for honours, and had exerted his head and eyes very much, principally at night. He says he has generally a veil before his eyes, and after sunset he cannot see at all. He can read ordinary print at 10 inches distance, but after having read two or three lines his sight fails him altogether. It is the same with writing. In the day time, and principally when the sun shines, he sees many black spots dancing before his eyes (*mouches volantes*); he looks pale and thin, his eyes black and clear, but there is no speculation in them. He complains of oppressive headache, principally in the morning; of great weakness of memory. His spirits are very low when he is alone, but he cheers up in society. I ordered him good nutritious diet, a glass of port wine at dinner, and to abstain from all mental work, reading or writing, and prescribed Calc. Carbonica and Phosphorus, to be taken alternately every twelve hours. I saw him frequently, but there was no change of the medicines necessary for about three weeks, when he took leave of me to go back to Oxford. He was cured. He can read or write with perfect ease, and can distinguish objects at a greater distance than his physician can.

3. Mrs. — came to Southport last October for the benefit of her health. She is a lady of about 45 years, with a particularly anxious and unsettled look. She gave me a list of complaints which surpassed Homer's catalogue of warriors in length. *Entre autres*, she complained of a violent hemicrania, which comes nearly every other day, and during which she

loses her sight completely. Her eyes do not present anything remarkable, except a rather retarded re-action of the pupils against light and shade. I examined the uterus, and found two small ulcers on its neck, which I succeeded in destroying with nitrate of silver. The leucorrhœa, with which she was much troubled before, ceased almost totally afterwards, but she continued to complain about her headaches and momentary loss of sight. The symptoms seemed to correspond with no other medicine better than with Merc. viv., so I gave her a half grain powder of the first trituration every six hours. She had no attack of hemicrania and blindness afterwards until the seventh day, on which a fit of vexation brought on a new attack. I gave her *Secale corn.* and *Puls.* every four hours alternately. She had no attack during the other fortnight of her stay in Southport. In this case the blindness is particularly remarkable as being a symptom of hysteria, which we may therefore justly call

“*Monstrum horrendum, informe, ingens, cui lumen ademptum.*”

IODINE INJECTIONS—THEIR MODE OF ACTION.

BY DR. JOUSSET.

Translated from the Art Médical, Vol. V.

(Continued from page 268.)

2ND PROPOSITION.—“The phenomena which accompany and follow iodine injections, present the proper character of alterative medication.”

We have in the preceding part seen that iodine injections have often cured dropsies and serous cysts without determining adhesive inflammation.

It remains now to demonstrate that this cure is obtained by the slow and insensible action of the iodine on the vitality of the tissue. An action we have called alterative, giving to that word its traditional signification.

The ancients divided medicaments into two main classes, the evacuants and the alteratives, and they arranged under this last

class all medicines which exercise their action in an insensible manner, and without producing any sensible or perceptible *evacuation*.

Most medicines enjoy or partake according to their mode of application and their dose, some part of those two actions. Thus Mercury acts as an evacuant when it purges or when it salivates, and as an alterative when it cures Syphilis without producing any evacuations. Tart. emetic is an evacuant when administered in a purgative or vomitive dose—it becomes an alterative in a smaller dose.

In the same manner Arsenic, Potass, Nitrate of Silver, and a great number of other medicines possess when concentrated, a caustic action, which decomposes the tissue upon which they are applied, and when much diluted an alterative action, whose effects are produced in an insensible manner, and not accompanied by any appreciable evacuation. In infinitesimal doses, medicines possess no longer any action, except the alterative. When the tincture of iodine is employed in a sufficiently weak dose it does not give rise to any violent inflammation, and the cure operates by an insensible and slow action, the effects of which are only appreciable after a few weeks.

The long duration of the action of the iodine, in this case, the insensible manner by which it produces itself, and the absence of evacuation constitute the characteristics of alterative medication.

The character of the phenomena which follow iodine injections has been very decisively acknowledged by several physicians. In the recent discussion which took place at the Academy, Professor Velpeau expressed himself thus :—

“When the cyst has been punctured, and an injection of iodine has been forced in, it happens (as in the hydrocele) that the sac is filled again, in consequence of an exhalation that the iodine injection brings forth, then the exhalation ceases and an active absorption follows. This takes place fifteen days or a month only after the operation. In such cases must a new puncture be made? M. Boinet and others have done it, but I am not convinced of the necessity of this new puncture, having

seen in many cysts and hydroceles the resolution not commenced at the end of an entire month. This was the case in one of my patients, and I intended to puncture again the tumor and give him another iodine injection, but his occupation, and travelling, &c., prevented the execution of this project; that patient recovered entirely and was completely cured. *More than one case of this kind has offered itself to my observation.*—(*Velpeau in Monit. des Hôpit.* t. V. No. IX.)

A little further on M. Velpeau relates a similar fact:—

“In a woman whom I operated on three or four years ago, and who is now cured, there remained a tumor, about the size of two shut hands, a fluctuating, stationary, or even decreasing tumor.”

M. Robert has expressed the same opinion in the following terms:—

“In cases where the cure must take place, effusion is reproduced a short time after the operation; but it is far from attaining its primitive volume or size. Then it follows a retrograde march. In proportion to the decrease of the sac, its sides seem to become more dense, but the resorption is slow, and for a long time the fluctuation is felt.

“I visited on the 31st October, a patient (female) on whom I had operated eight months and a half before, for a very voluminous cyst. There remains yet near the umbilicus on the left side, a tumor as large as a shut hand, indolent, rather from elastic and slightly fluctuating. It diminishes every day from the account of the patient.”—(*Robert in Medical Union*, t. X. n. 137.)

M. Cazeaux has related an observation communicated by M. Bigot (of Evreux), which is another example of the alterative action due to iodine injection:—

“In a woman, aged 52 years, whom a first puncture had relieved of seven quarts of citrine liquid, he decided a month afterwards to follow up the second puncture with an iodine injection, *three weeks after the cyst was as full as before.* Then after two months nothing more was felt. Six months after, ‘relapse.’”—(*Cazeaux in Union Med.*, N. X. 11, 140.)

The peculiarity which belongs to iodine injections, to render cysts sometimes indefinitely stationary, is yet another proof in favour of the opinion which considers their mode of action to be an alterative one; the inflammation which exists the first few days following the injection, can in no way account for that favourable modification in the serous cysts. Several instances of this fact have been brought forward in the discussion at the Academy. M. Robert has related the following observation:—

“A few months ago I saw a woman, æt. 36, on whom M. Velpeau made, on 29th Feb., 1848, a first palliative puncture, four quarts citrine liquid escaped. She left the hospital in the month of March, but the tumor having returned she went to the Charité Hospital, in Aug. 1849. Second puncture, followed this time by an iodine injection, no result. The 12th Oct., second injection, a third on the 17th November. The patient left the hospital on the 1st Dec., in a state that seemed as if everything was unsuccessful, however since that time the cyst remained quite stationary, now it is the size of two shut hands. Menses have returned, health is flourishing, and this female, who is a washerwoman, attends without trouble to her duties. Almost seven years have elapsed since the last operation.”—
(*Robert in Union Med.*, t. X. N. 137.)

Dr. Cazeaux has seen similar cases:—

“Rather an important remark, says that physician, is that among the uncured patients there are few who have not received some benefit from iodine injections. Amongst those we have noted as ‘*relapses*,’ almost all have seen, after one or several injections, the liquid reproduce itself more slowly, and the tumor which at first had attained to a considerable size, remain for a long time stationary.

“Thus I have examined with M. Boinet, two ladies who think to this day that they are cured; one of them operated on in 1848, had a cyst from which was taken twenty-two quarts of liquid and besides a fibrous tumor. A single puncture and a single injection were made, and since that time, 1848, this lady who was then in a pitiable state, has grown fat and enjoys perfect health. She believes herself radically cured; unfortunately it is not so, since there exists a small cyst, containing at

least a quart of liquid."—(*Cazeaux in Union Med.*, t. X. N. V. 140.)

This long duration of the action of iodine injections, which we considered as constituting one of the characters of alterative medication, has been explained otherwise by M. Boinet, and as the physicians and surgeons who have taken part in the discussion at the Academy have accepted that explanation, we are obliged to refute it in order to complete our demonstration. The action of the iodine in this case would be, according to M. Boinet, but "the effect of the re-establishment of the equilibrium between the exhalation and resorption, by means of the *inflammation caused* by the iodine injection."—(*Iodothérapie*, p. 190.)

The clinical examination which we have gone through, has permitted us to establish that a certain number of dropsies and serous cysts, treated by iodine injections, have ended in a cure without shewing a single sign which constitutes inflammation, and this fact destroys by its base the hypothesis of M. Boinet.

As to those cases in which inflammation has followed, its degree has been so slight, and its duration so ephemeral, that its action on the cure of the effusion is not demonstrated.

We should like to have explained by what mechanism the non-adhesive inflammation cures dropsies, especially when it is a month after the disappearance of all its symptoms that the discharge begins to decrease.

Unless then we take from words their rigorous and scientific signification, we must give up that hypothesis of inflammation to explain the action of iodine, since in the circumstances that we have specified that inflammation does not exist, or explains nothing by reason of its ephemeral character.

Iodine injections give rise at times to an abundant diuresis. It might be objected in this case that perhaps they form an evacuating medication, and that the absorption of the effusion is due to the diuretic action of the iodine preparations.

We will answer that objection by stating that the diuresis is not constant after iodine injections, that the duration of this symptom is usually very short, and that it is seen as well in

those cases where iodine injections are unsuccessful as in those where they perform the cure. However, we believe that we must take into account the diuresis, it is possible that this action is added to the alterative.

Our caution on this point must be so much the more great, as the observations on patients treated by iodine injections are extremely incomplete.*

The action of the iodine injections is then due to the alterative influence of the iodine, and this conclusion becomes the more evident if we consider that iodine and its preparations, administered inwardly or applied to the skin, have the property of curing dropsies and even cysts of the ovary,† and that injection of the iodine is only one of the modes of administering it, a mode evidently more efficacious than the others for the cure of dropsies and serous cysts.

OF THE ACCIDENTS WHICH SOMETIMES RENDER IODINE
INJECTIONS DANGEROUS.

We think we have established what is the true mode of action in iodine injections. We will now show what are the incidents which render them sometimes dangerous, and out of these two kinds of knowledge we shall deduce the best mode of operation for their employment or use.

In the discussion on cysts of the ovary, M. Cruveilhier has very accurately specified the accidents that are to be feared after the employment of iodine injections:—

“The great danger in the curative treatment, as well as the palliative, is the purulent inflammation or gangrene of the cyst. The choice of the process to be made use of ought to be guided

* Under our own observation we have seen the diuresis happen the very day of the injection and last less than twenty-four hours, this symptom coincided with the augmentation of liquid in the operated sac.

† M. Trousseau. M. Herpin, of Geneva, has published an incontestible example of it. (*In Union Med.*, t. X. No. 135 and 136.) Besides M. Velpeau replying to this assertion of MM. Cruveilhier and Trousseau, has said that he has cured ovarian cysts by blisters and iodine frictions (*in Union*, t. X. No. 143). M. Cazeaux.

after that indication."—(*Cruveilhier in Union Med.*, t. X No. 134.)

A doctor who on the pretext of originality affects to clothe vulgar ideas, in queer and pretentious expressions, Dr. Pidoux, wished to draw the attention of physicians to another accident dependent on iodine injections. This is the case which he relates in support of that opinion :—

"I had but finished my injection when the patient uttered cruel groans, complaining of a pain in the belly. Immediately her face turned pale and convulsed. All her body became cold, and the pulse disappeared ; I tried to draw off the liquid which I had injected ; not succeeding, and not a single drop coming out through the canula, I resolved on injecting two syringes of luke-warm water into the cyst ; not an atom of anything came out, vomiting began, a sensation of painful constriction took place in the throat. Urine was suppressed, and a dry tenesmus began with spasmodic cough. The abdominal pains ceased rather quickly, and it was impossible to believe in the existence of peritonitis. But the general symptoms increased again. The patient had the appearance of a cholera patient in the stage of collapse. For forty-eight hours she remained icy cold, without a pulse. I passed the catheter and obtained a basin of urine strongly charged with iodine. Seeing that after twelve hours the heat and pulse did not return, and the vomiting continued, with a spasm in the pharynx which prevented deglutition, I thought the patient lost. Two days after a slow reaction took place. Deglutition began. Urine still iodized, flowed of itself, and ten days after the operation, the patient, greatly weakened, began to get up."—(*Pidoux in Union Med.*, t. X. No. 139.)

Such accidents have never been observed except in the case of iodine injections into the peritoneum.

M. Boinet has related several examples, of which, two especially present the greatest analogy to M. Pidoux's unfortunate operation.

The first case was under the care of Dr. Deperrière, physician to the hospital at Saumur :—

"Sudden pain, extremely violent at the time of the operation ;

utter impossibility to withdraw a single drop of the injected liquid. Half an hour after the operation, the prostration was extreme, the body was covered with a cold glutinous sweat; the face was much altered; pulse gone; skin icy cold and colour of lead; voice weak; vomiting, a few hours after desire to void urine without effect; this peritonitis was limited to the right iliac fossa, the place where the injection had been performed; it terminated successfully."—(*Boinet*, p. 188.)

The other case of grave accidents caused by iodine injections into the peritoneum happened to M. Boinet:—"At the first stroke of the syringe the patient uttered so piercing a cry, and felt so sharp a pain, that I immediately saw my error."—(M. Boinet believed he was injecting a cyst of the ovary.)—(*Iodothérapie*, p. 207.) "Then came immediately the symptoms of peritonitis, which ended in suppuration."

The accident spoken of by M. Pidoux, is not due to the poisonous effects of the iodine, but truly to the penetration of the injection into the cavity of the peritoneum, since the extremely violent pain at the moment of the injection, the immediate development of serious symptoms, and the impossibility of drawing off again a single drop of the injected liquid, are never seen in the injections into cysts of the ovary, and all the choleraic symptoms related by that physician, are incontestible signs of peritonitis. It should not be thought the accidents observed by M. Pidoux are due to gangrenous inflammation of the cyst. That lesion so grave in its termination, and so rapid in its development, differs from these accidents, not only by its principal symptoms, but especially because it requires at least several hours to develop itself. M. Cruveilhier has given us three examples which may be called *foudroyants*, and which, however, did not begin until twelve hours after the operation, hence we come to the conclusion that the iodism of M. Pidoux has no other foundation but his ignorance of the symptoms of peritonitis.

Inflammation is then the only accident which might render iodine injections dangerous, and the iodism within the limits assigned to it by universal observation has never increased the gravity of this mode of treatment. We will now explain the

circumstances which may give rise to too violent an inflammation after iodine injections. These circumstances are not all alike important. Some act, we may say, exceptionally with patients endowed with particular susceptibility.

Thus the simple puncture of a common trocar, followed by the evacuation of the liquid, may produce gangrenous inflammation of a cyst, followed by death in a few days. MM. Velpeau and Cruveilhier have given several examples of this.

With regard to this peculiar disposition which cannot be recognized by any sign, it is then prudent to consider a possible cause of too violent an inflammation, the washing of the cyst, the pressure exercised on the diseased parts in order to bring the injected liquid into contact with all the points of the serous cavity, the repetition of the punctures, and the several times of the operation.

But two circumstances are the frequent cause of purulent inflammation of the cyst or the diseased serous membrane, viz., the injection too concentrated, and the canula left in permanently.

We do not look upon the introduction of a few bubbles of air with the injected liquid as an accident capable of aggravating the treatment by iodine injection, and we place a great difference between the pressure of a certain quantity of air in a closed cavity, and the transformation of this closed cavity into a cavity permanently in connexion with the exterior.

The first condition leads to no accident, while the second often determinates suppuration.

We have not instituted experiments upon any animals, in order to establish the harmlessness of air getting into the cyst, but the following case is a proof:—

Case.—Cyst of the ovary; abdominal tumors; iodine injections; penetration of air into the cyst; moderate inflammation of the cyst; reproduction of the discharge; simple puncture seven weeks after; new puncture two months after; iodine injection; reproduction of the liquid and death by the progress of the dropsy.

Madam C., æt. 55, has been a long time affected with an

enormous cyst in right ovary, the disease came on after a wound.

Feb. 21st, 1850. The abdomen was very large; breathing and digestion difficult; œdematous swelling of inferior extremities. I made a puncture with a hydrocele trocar, and gave vent to fifty-three quarts of a brownish viscid liquid. I immediately gave an injection of 25 grs. tr. iodine, 200 grs. dist. water, with 2 grs. of iodide Potass; during the injection a few bubbles of air penetrated into the cavity of the cyst, with noise. Almost all the liquid injected was withdrawn, having remained two minutes in the cyst. I was then enabled to see that there existed in the abdomen, hard and knotty tumors ranged in a circle round the pelvis. At the time of the operation the pulse was 72; the skin a little cold. Three hours after, heat; pulse 84; pain in the hypogastric region; urine voided every quarter of an hour, in great quantities and very limpid; taste of iodine in the mouth; sharpness in throat; heat in ears. In the evening, pulse 110; skin burning; urine abundant; very loquacious. Morphine pills.

22nd. Pulse hard, 100; urine thicker and less frequency in voiding; pain in hypogastric region and in right groin; however she feels hungry. Broth five times a day. Œdema of limbs gone.

23rd. Little sleep during the night; pulse 92; urine not more abundant than natural. Broth and gruel.

24th. Abundant perspiration during the night; abdomen more painful; pulse 84; the discharge reproduced by degrees.

The following days she was convalescent; the discharge still reproducing itself by degrees.

April 13th. New puncture, only twelve quarts of liquid, red and viscid, containing many pseudo-membranous flakes. The canula came out of the cyst, and the injection was not practicable.

June 15th. New puncture, twelve quarts of much redder liquid escaped. Iodine injection, the same as the first; diuresis; fever; pain in abdomen; the liquid reproduced itself by degrees. A few weeks after the patient died by the progress of the disease.

This case is an example of cysts which iodine injections

cannot cure in spite of the development of notable inflammation. The first injection was accompanied by a certain quantity of air into the cyst, and this circumstance determined no particular accident.

Permanent Canula.

The discussion in the Academy principally resulted in establishing the danger of using the permanent canula in the treatment of cysts of the ovary with iodine injections. With few rare exceptions, all patients treated by that method have sunk at the suppuration of the cyst; so that as regards dropsies and serous cysts, the question is at length settled.

The modification or improvement upon this process of M. Barth, appears to us not very good, and as M. Malgaigne told him, his canula was nothing more than a seton, and necessarily must bring on suppuration of the cyst; and it is just what happened in the case in which M. Barth made use of his method.

The canula has determined inflammation and suppuration of the cyst. The suppuration has terminated in ulceration and perforation of the walls, escape of the pus into the abdomen, and death by peritonitis.

Injections too much concentrated.

When the injections are too much concentrated, they sometimes determine suppuration. M. Pidoux has related a case of it in *Union Med.* (Loc. cit). M. Boinet's book contains several examples of it, amongst which, that of an injection into the peritoneum by himself (*Iodothérapie*, p. 286). These suppurations are not always followed by death, but they constitute often very serious accidents, and almost all cases of death which do not follow the permanent canula may be attributed to too irritating injections.

Conclusion.—Mode of Operating.

To sum up, we have shewn that on the one hand, inflammation is not necessary to render iodine injections efficacious; and on the other, that purulent, or gangrenous inflammation is the only serious danger of that mode of treatment. Hence we

conclude that a mode of operation must be looked for which may allow the iodine to penetrate into the serous cavities and cysts, without giving rise to inflammation.

The operative method generally employed is composed of four parts:—

1st. Puncturing with the trocar.

2nd. Complete evacuation of the liquid.

3rd. Injection of a mixt. of iodine, water and iod. Pot. and

4th. Evacuation, more or less complete, of the injected liquid.

I propose to modify this operation in the following manner:—

1st. Puncture with a capillary trocar.

2nd. Evacuation of a small quantity of the liquid of the effusion.

3rd. A very weak injection of iodine and water.

4th. Allowing the injected liquid to stay in the closed cavity.

I shall give the reasons that make me propose these modifications:—

1st. Puncture with a capillary trocar. It is only to avoid all causes of inflammation that I propose this, at least for large cysts and serous cavities. This process renders, at the same time, the operation less painful; and as I only wish to evacuate a small quantity of liquid, a capillary canula is large enough.

2nd. To leave in the sac a large quantity of liquid. It is useless to empty completely the sac in order to bring the sides together, since we know the cure does not take place by adhesion; and as Malgaigne wisely says, "in operative medicine everything useless is very near being hurtful." The complete evacuation of the liquid necessitates the use of a large trocar, and so exposes the cyst to inflammation.

We must then limit ourselves to the evacuation of a quantity of liquid, sufficient for the introduction of the injection without disturbing the cyst. In case the puncture required for an injection of iodine, should at the same time be one of necessity, that is to say, if we have to operate on a very voluminous cyst which compromises many important functions, then it would be necessary to evacuate a greater quantity of the liquid.

3rd. Composition of the injection.

I propose to put in the place of the tr. iodine and water,

which is generally employed, the iodised water, in order to avoid the irritating action of the spirit which is in the tincture. As to the quantity of iodine in the water for the injection, observation alone can decide the strength. We do not wish to predetermine that point; after a while we shall make known the results of our experiments.*

4th. Leave the liquid of the injection in the closed cavity.

Finally, we leave the liquid of the injection in the cyst, because by employing a weak injection we do not run the risk of purulent inflammation, and also we leave the diseased surfaces in contact with the injection for a longer time.

Such are the conclusions we arrive at for the present; hereafter we will make known the result of the operations we have instituted on this basis, and the modifications which clinical observation may bring to it.

In a forthcoming article we shall endeavour to ascertain what are the indications and the counter indications for the iodine injections.

A CASE OF PORRIGO AND DROPSY FOLLOWING VACCINATION.

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So much has been written at various times by different authors on the introduction of disease by vaccination, and of the production of disease elsewhere by the sudden repelling of cutaneous eruptions, that it would be superfluous to do more than merely put on record the following case, illustrative of both the above facts. It is with this view, and not as a model of treatment, or because of the brilliant effects of remedies, that this case is noticed.

* Water dissolves only 0.007 of its weight of iodine. In order to have solutions more concentrated there must be added to the water a little iodide of Potassium. In a recent operation, 5 grammes of water, containing only 20 centigrammes of iodine and 50 centigrammes of iod. Pot. injected into a cyst of the ovary, containing more than six quarts of liquid, produced a slight inflammation, in spite of that weak proportion of iodine.

The patient was a boy twelve months old, of the nervous temperament with a little lymphatic, and quite free from scrofulous taint naturally; the child of a mother of the nervous temperament, with a little bilious, and of a father of equal nervous and bilious. Its head was large, with prominent organs of the reflective faculties and of cautiousness; the anterior fontanel still open to the extent of a two shilling piece; scarcely any hair on the scalp. It had seven teeth, five of which it had when three months, and the other two not until nearly twelve months old.

When called to this case I found it in what the friends thought a hopeless condition—lying in the nurse's lap, moaning and tossing its head about; very irritable, restless, and sleepless; very thirsty; refusing every kind of food, and harassed with a troublesome cough; its head was very hot, the veins of the scalp much distended, and the brain protruding at the anterior fontanel; the eyes were red, dull, and heavy, and the pupils dilated; tongue very foul; bowels relaxed and stools clay-coloured; urine scanty and high coloured; pulse very frequent and weak; so much emaciated that there was scarcely any flesh on the bones, the skin might be laid in folds; and the countenance was expressive of pain in the head.

Previous History.—I ascertained the following history of the case:—Was a very healthy infant; vaccinated when three months old, after which it did not appear so well as before, and in about three weeks pustules began to appear on the scalp, so that the scalp shortly became covered with straw-coloured pustules that gave issue to a corrosive fluid which concreted into a yellow crust. No scrofula, porriigo, or other hereditary cutaneous eruption could be traced in the family of either parent, and none had appeared in any of the other children. After this eruption had remained on the scalp for about five months, and spread over the temples and forehead, it suddenly disappeared without assignable cause. Nothing had been used to it except mild soap and water, and the child had not had any apparent fever, diarrhœa, or other internal irritation. Up to and during this time the child had been remarkably healthy, stout, and fat; but almost simultaneously with the disappearance

of the porrigo there appeared a brown rough rash on the skin of the whole body, without any fever or throat affection. The child had not been exposed to the infection of scarlatina. With the appearance of this eruption the child began to look ill, and within three days the whole body and limbs began to swell rapidly, and they continued to do so until the limbs could not be bent, or the arms brought to the sides; the urine was scanty and high coloured. The child had not been exposed to cold or other cause likely to bring on dropsy. The usual medical attendant—an allopath—treated this dropsy for ten days with hot baths, &c., with little effect, except increasing the eruption and reducing the strength. A homœopath was then called in, and under his treatment the dropsy disappeared within two weeks—by what medicines I have been unable to ascertain. Before the child was thoroughly well from the dropsy it took measles, which were in the house at the time, and passed through them favourably. The brown rash which appeared on the skin after the retrocession of the porrigo had not disappeared even after the child had recovered from the measles; it however, did disappear after some days further treatment. On the disappearance of this eruption the above enumerated head symptoms came on. At this stage the writer was called in, and found the child in the condition before described.

Treatment.—The temperament of the child and the head symptoms pointed me to Belladonna, of which I ordered 2 drops of the 1st dilution every hour, and spirit lotion to be applied to the head. These means gave speedy relief, and caused the patient to sleep a little, which it did with the eyes partially open. The improvement progressed, so that within forty-eight hours the head was tolerably cool, and much less tossed about; less protrusion at the fontanel; veins less prominent and eyes more natural; no moaning; countenance less expressive of pain; urine more copious; bowels less relaxed; pulse less frequent; and the child had slept better than for the three months of its illness. Considering now the cutaneous origin of the illness, I prescribed Sulphur, mother tincture, 1 drop every two hours. Within twenty-four hours the scalp became covered with straw-coloured pustules, which

became a crust as before; and the mother remarked that the eruption had reappeared on the head like to what it was at first after the vaccination. Very shortly after this reappearance of the porriigo nearly all the symptoms disappeared; the stools, urine, and bowels became natural, and the cough soon disappeared. There was only one crop of pustules; they gradually died away in a few days, leaving the scalp furfuraceous for about two weeks, and the child remained quite well.

Remarks.—As to the origin of the primary disease in this case, the porriigo, it cannot be objected that it was hereditary, for neither the child, either of its parents, nor their families, were at all subject to either scrofula or cutaneous eruptions; and inasmuch as it appeared shortly after vaccination, without the intervention of any other probable cause, there cannot, in this case, be a reasonable doubt that it was introduced by vaccination, the vaccine used being, in all probability, taken from a porriginous, or scrofulous child, and this opinion is supported by the marked arrest of dentition about the same time. Besides, it is no uncommon thing to meet with rashes, pimples, pustules, or even abscesses resulting from vaccination. Indeed, scarcely ever does an infant regain its plumpness and firmness of flesh after vaccination, however healthy the child from which the vaccine is taken. What explanation of a child's illness is more common than the mother's expression—"it has never been properly well since it was vaccinated?"

As to the cutaneous eruption, it cannot be asserted that it was scarlatinal, for, unlike in that disease, it was brownish and rough, came out without fever or sore throat, and remained out even after the appearance and disappearance of the dropsy and measles; indeed, for more than two months altogether; neither had the child been exposed to the infection, nor did any of the other children of the family show any symptoms of this disease. And inasmuch as it appeared immediately on the retrocession of the porriigo, it cannot be reasonably doubted that it was the result of the transference to the skin generally of the eruption previously confined to the scalp, especially as such a metastasis is no uncommon thing.

And therefore, as to the dropsy, it cannot be maintained that

it was the result of scarlatina, for the child had not suffered from this disease; and, unlike dropsy from scarlatina, it supervened within three days after the appearance of the cutaneous eruption. The most reasonable explanation, therefore, is that it was the result of the inflamed condition of the kidneys and skin, from the transference to them of the eruption of the scalp; and this opinion is supported by the fact of its supervening directly on the retrocession of the porrigo, and of the child's not thoroughly recovering until the porrigo was re-produced, when it rapidly got well.

ON THE PURE EFFECTS OF SULPHUR.

BY DR. F. WURMB.

(*Concluded from page 259.*)

Dr. ZLATAROVICH'S proving continued.

Third series of provings.—Tincture of Sulphur.

Of this preparation he took, on the 11th February, 10 drops in 1 oz. of water, whereupon violent sneezing almost immediately ensued, and in the course of the day the following symptoms were observed:—

In the forenoon great sensitiveness to the open air; a painful spot in the red part of the upper lip. At noon, slight confusion of the head. After dinner, aching in the vertex, and slight drawing in the occiput. Although he had had a normal stool in the morning, yet after dinner a second, of good consistence, occurred—a most unusual thing with him. In the afternoon, although the temperature was only about 28° Fahr., he was wonderfully sensitive to the open air, with great chilliness and frozen feeling, with reddish brown colour of the hands. The headache went off in the open air, but on coming into a room again the aching in the vertex reappeared, but went off after sitting for awhile, when the forcing down in the anus appeared.

12th. No medicine. On the spot where yesterday there was pain on the upper lip, there appeared to-day a small pustule;

after this was opened and the matter discharged, it disappeared in a few hours.

13th. Ten drops in 1 oz. of water. In the morning a copious evacuation ; several inflamed pimples in the face. About noon, some forcing down in the anus, which afterwards became very painful when sitting, and was accompanied by single shoots ; it went off on rising up and taking a few turns in the room. During the day, several times in the morning, severe itching in the left leg. About 1 A.M. he awoke, and lay awake about an hour. On both legs during the night such profuse sweat, that in the morning they were still quite wet.

14th. Ten drops. In the morning a copious loose stool. In the forenoon, when sitting, pretty severe bearing down in anus. On the upper lip, where the day before yesterday there was a pustule, there was now a red elevated itching spot. In the evening great itching on both legs.

15th. Ten drops. In the morning occasional coughing up of mucus ; a watery fluid runs out of the nose ; several small vesicles appeared on the upper lip, which soon dried up ; a slight aching pain in a circumscribed spot beneath the chest walls on the right side, near the sternum ; the pain is especially observed when breathing deeply and when bending forwards ; a pretty copious loose evacuation, followed by slight burning in the anus ; the pain beneath the walls of the chest disappeared, but recovered about 11 A.M., after the burning in the anus had subsided. In the afternoon and evening the pain in the chest is only still felt when he breathes deeply. At night a great deal of perspiration on the legs.

16th. Ten drops. When he breathes deeply the aching in the chest occurs like yesterday. At noon, on taking a full breath, slight shoots under the sternum.

17th. Ten drops. In the morning on awaking, cough several times, with mucous expectoration. The pain under the sternum continues in a lesser degree ; on leaning forwards the place under the sternum pains as if beaten. In the forenoon, some burning on the edges of the eyelids ; frequent sneezing, which increases the pain under the sternum ; bearing down in the anus, especially when sitting. In the evening, great uneasiness

and prostration, so that he has to go earlier than usual to bed. At night, vivid rememberless dreams ; great flow of urine.

18th. Ten drops. In the morning a stool passed in small lumps ; discharge of much flatus ; great itching on the right leg. The pain beneath the sternum is felt in the morning only, on breathing deeply ; it increases in the course of the forenoon, and goes off in the afternoon. After breakfast, frequent eructation ; severe bearing down in the anus. At noon, burning pain in the anus, especially troublesome when sitting ; small painful pimples here and there on the scalp. In the afternoon, dryness of the nose.

19th. Ten drops. Dryness of nose ; the pimples on the scalp gone.

20th. Ten drops. No symptoms.

21st. Ten drops. In the morning, after awaking, pain in the left side of the forehead, which lasted till noon. Great itching on both legs, making him scratch, whereupon burning pain remained for some time.

22nd. No medicine ; no symptoms.

23rd. Ten drops. In the morning, occasional cough, with expectoration of mucus ; on the right side of the forehead an inflamed pimple. After breakfast, severe burning in the anus, and rumbling in the bowels.

24th. Ten drops. Considerable mucous discharge from the nose, and occasional mucous expectoration ; vertigo lasting some minutes, followed immediately by slight shooting in the anus.

25th. Ten drops. In the morning, pain in the right leg up to the hip joint ; expectoration of mucus ; a semi-fluid stool. About noon the pain in the right leg, especially in the hip joint, became more violent. Towards evening there occurs such violent drawing, tension, and bruised feeling on the whole anterior surface of the right thigh, that he could scarcely walk, and then only limping much. The pain is somewhat increased by pressure.

26th. Ten drops. In the morning, expectoration of mucus ; the pains in the thigh as yesterday. In the forenoon, when walking, these pains go off considerably, but reappear at noon

when sitting; immediately afterwards, cold feeling in both thighs, as if a cold air blew over them. In the afternoon, when sitting, the pains in the right thigh were very violent; they afterwards diminished when walking, but recurred in the evening in a high degree of intensity, and occasionally disturbed his sleep at night.

27th. Ten drops. In the morning, burning in the skin of the forehead; occasional coughing of mucus. In the forenoon he had to walk much, and when doing so felt almost no pain in the right limb.

28th. Ten drops. Early in the morning a very vivid dream, so that he talked aloud, and then awoke. After getting up some constriction of chest; dryness of nose; a loose motion, followed by some burning in the anus. At night, sweat on the right foot.

1st March. No medicine. Beyond the usual mucous cough, no symptoms.

2nd. Ten drops. In the morning great drowsiness after a good night's rest; frequent dry tussiculation; slight tension on the outside of the chest; at one time below the scapula, at another under the arms, and at another in the back; a fluid frequently flows out of the right nostril. In the morning and afternoon a loose evacuation. During the day frequent gnawing and tearing in the bones of the right arm.

3rd. Ten drops. In the morning as drowsy as yesterday; a few mucous coughs.

4th. Ten drops. In the morning mucous cough; an inflamed pimple on the occiput. At night, when asleep, frequent groaning; on account of tensive pain in the right leg he could not lie on the right side.

5th. Ten drops. In the morning, after waking, occasional mucous cough; slight burning of the skin of the right leg; a loose motion; slight drawing on the left side of the throat to the shoulder; diminution of the falling off of the hair; the cutaneous transpiration smells strongly of sulphur.

6th. Ten drops. In the morning, occasional short dry cough. At noon, when sitting, great bearing down in the anus. At night, frequent and copious discharge of urine.

7th. Ten drops. He awoke in the morning with great aching in the vertex, which also lasted some time after getting up ; occasional coughing of mucus ; beneath the left nostril several small vesicles ; aching at the root of the nose ; a copious loose stool.

8th. No medicine. In the evening great drowsiness ; occasional mucous cough ; the vesicles on the upper lip begin to dry up. At noon, when sitting, some vertigo and slight bearing down in the anus. At night very profuse perspiration on the legs.

9th. No medicine ; no symptoms.

10th. Ten drops. At noon some bearing down in the anus. In the afternoon and evening aching pain in the right ear, in the external meatus, towards the membrane of the tympanum. At night perspiration in both legs.

11th. Ten drops. In the morning a loose motion. After dinner repeated short dry cough. Late in the evening aching pain and sore feeling upon and beneath the sternum ; the pain is increased by breathing deeply, by moving the body, and by rough handling ; burning in the skin of the right leg.

12th. Ten drops. In the morning after awaking, occasional coughing up of thick mucus ; the spot on the sternum is still sensitive, but less so than yesterday ; a copious evacuation, with some burning pain in the anus. At noon when sitting, great bearing down and burning in the anus.

13th. Ten drops. In the morning, coughing up of thick mucus ; the pain in the chest gone. After dinner, short, dry, tussiculation. At night much sweat on both legs.

14th. Ten drops. After breakfast a semi-fluid evacuation. In the forenoon some vertigo ; after dinner a watery fluid frequently flows from the nose.

15th. No medicine. In the morning tensive pain in the right foot. At night, sweat on the right leg—a symptom which recurs almost every night.

16th. Ten drops. In the morning occasional coughing of mucus ; discharge of flatus. After dinner a second loose evacuation ; watery discharge from the nose.

17th. Ten drops. In the morning coughing of mucus.

After getting up burning of the skin of the right leg, and part of the foot. In the forenoon tiresome feeling of chilliness ; watery discharge from the nose occasionally.

18th. Ten drops. In the forenoon occasional aching and pinching in the bowels, particularly those of the hypochondriac region. After dinner severe pain in the throat, and contraction of the œsophagus.

19th. No medicine. Externally, on the left side of the throat behind the ear, two painful inflamed pimples, which disappeared the following day.

20th. Ten drops. Soon after taking them rumbling and gurgling in the bowels. During the day two loose stools. In the evening pretty severe aching pain in the vertex.

21st. Ten drops. No symptoms.

22nd. Ten drops. In the morning pretty smart aching in the vertex ; discharge of much flatus.

23rd. Ten drops. In the morning, after getting up, slight shooting in the left side of the chest, which recurred by fits several times during the day ; when sitting some bearing down in the anus. In the forenoon two loose motions.

24th. Ten drops. In the morning, discharge of much flatus ; a few sneezes and slight mucous cough.

25th. Ten drops. In the morning a copious, tough, greasy evacuation, and some burning in the right leg. During the day he felt quite well. In the evening, after some exercise, recurrence of the burning on the leg ; dry feeling and aching in the nose.

26th. No medicine. In the morning, hoarse voice and irritation of the throat. These symptoms went off about noon.

27th. Ten drops. In the morning occasional coughing of mucus ; the eyelids were somewhat stuck together ; great discharge of flatus. At noon some bearing down in the anus ; frequent sneezing.

28th. Ten drops. No symptoms.

29th. No medicine. In the morning, after getting up, aching and heavy feeling in the occiput extending into the nape ; burning of the eyes ; dryness of the nose ; coughing of

mucus ; a semi-fluid evacuation. The headache went off during the day.

30th. Ten drops. With the exception of the headache the same symptoms as yesterday.

31st. Ten drops. In the morning, coughing of mucus ; tiresome dryness of the nose ; itching of the skin of the forehead ; discharge of much flatus. In the forenoon frequent blowing of thick mucus from the nose.

1st April. Ten drops. No symptoms.

2nd and 3rd. No medicine ; no symptoms.

4th. Ten drops. In the morning, coughing of mucus and blowing of mucus from the nose ; severe burning in the skin of the forehead and in the eyes.

5th. No medicine. In the morning, coughing of mucus ; a small pustule on the dorsum of the nose.

6th. Ten drops. In the morning great drowsiness ; occasional sneezing and hawking of mucus ; dryness of the nose ; several small pimples on the hairy scalp. After breakfast, eructations ; slight burning in the skin of the right leg. In the evening, itching on various parts, in the face, chest, and hands ; after scratching a slight redness appears.

7th. Ten drops. In the morning great drowsiness ; several times coughing of mucus ; some sticking together of the lids.

8th. Ten drops. In the morning on waking, headache, chiefly externally, on the vertex, which lasts for some time after getting up.

9th. Ten drops. In the morning a peculiar sensitiveness of the wrists and finger joints, especially on moving them.

10th. Ten drops. In the morning, sensitiveness ; a kind of bruised feeling in the carpal joint of the right thumb ; occasional short dry cough. Immediately after taking the medicine, rumbling in the bowels ; a soft stool. In the forenoon occasional violent sneezing.

11th. No medicine. In the morning, occasional coughing of mucus ; slight sensitiveness and swelling of the gums on the right side of the lower jaw ; some inflamed pimples at the back of the scalp.

12th. Ten drops. In the morning some burning on the

right leg ; the swelling of the gums and the pimples on the scalp have disappeared. During the day two pimples again appeared, one on the vertex, the other posteriorly about the nape. In the evening the eyes burn a little.

13th. Ten drops. In the morning occasional coughing of mucus ; discharge of much flatus ; the pimples on the head gone.

14th. Ten drops. In the morning, coughing of mucus ; discharge of much flatus ; burning in the skin of the right leg ; a semi-fluid stool ; much secretion from the nose.

15th. Ten drops. In the morning, after getting up, severe burning on the right leg ; a small inflamed pimple in the nape ; slight burning in the external canthi.

16th. Ten drops. In the morning, coughing of mucus ; dryness of nose ; the pimple in the nape gone.

17th. Ten drops. In the morning the canthi slightly adherent ; discharge of much flatus.

18th. Ten drops. In the morning slight adhesion of the eyelids ; some difficulty in making water ; occasional coughing of mucus ; an inflamed pimple on the back of the right hand ; copious secretion of thick mucus from the nose. At noon, great aching and burning pain in the vertex ; frequent sneezing and dry tussiculation.

19th. Ten drops. No symptoms.

20th. No medicine. In the morning frequent dry cough.

21st. Ten drops. In the morning occasional coughing of mucus.

22nd and 23rd. Ten drops. No symptoms.

24th. Ten drops. In the morning, dryness of the nose. At noon less appetite than usual.

25th. Ten drops. At noon, hawking of mucus occasionally.

26th. Ten drops. No symptoms.

27th. Ten drops. After taking them some burning in the stomach.

28th. Ten drops. No symptoms.

29th. In the morning, adhesion of the eyelids and slight burning of their edges. At noon, when walking, tensive pain in the sole of the right foot ; dysuria ; it required an effort to empty the bladder.

30th. Ten drops. Uncommonly early waking ; soon after taking the medicine discharge of much flatus. After dinner, when standing, great tension and weight in the right leg ; on the occiput two painful pimples, and a similar inflamed pimple on the middle of the vertex.

1st May. Ten drops. No symptoms.

2nd. No medicine. In the morning considerable itching on the back of the hand near the wrist. After dinner tense pain in the right foot.

3rd, 4th, and 5th. Ten drops. In the morning, occasional coughing of mucus ; discharge of much flatus.

6th, and following days. Ten drops. In the morning, after rising, occasional sneezing.

7th. In the evening frequently recurring tiresome burning in the left eye, followed by lachrymation ; itching in the occiput, making him scratch.

8th. In the morning, frequent short, dry cough ; slight adhesion of the external canthi.

9th. The urine passed in the morning did not flow in a full stream, but by jerks ; some bruised feeling in the muscles of the spine.

10th. In the morning some mucous cough ; slight sensitiveness of the skin of the vertex.

11th. In the morning, coughing of mucus ; slight burning of the eyes. At noon, for half an hour great itching of the left eye, with lachrymation. At night profuse perspiration on the right leg.

12th. In the morning, occasional coughing of mucus ; discharge of much flatus ; the urine flows in the morning in a weaker stream than usual ; the eyes are somewhat adherent in their external canthi. At noon, sudden painful bearing down in the anus.

13th. In the morning, occasional dry cough ; slight adhesion and burning of the external canthi.

14th. In the morning, after waking, transient but pretty severe pain in the small of the back ; the urine is passed in a slow interrupted stream. In the evening he observed on the dorsum of both hands beneath the skin, when this was tightened

by flexing the joints, small pimples in considerable numbers, which, however, neither itched nor displayed any difference of colour from the rest of the skin; the hands smelt strongly of sulphur.

15th. No symptoms.

16th. In the morning, after getting up, pain in the ribs, vertebræ and muscles, so that he could scarcely bend forward. The pain was diminished by holding himself upright, and was quite gone in an hour. After dinner, aching in both temples; a painful pimple on the vertex. At night severe perspiration on the right leg.

17th. In the morning, after getting up, great itching on the occiput and nape; discharge of much flatus; the right leg somewhat painful.

18th. No symptoms.

19th. In the morning on awaking, great aching in the vertex, which continues for some time after getting up; the eyelids somewhat adherent; blowing of thick mucus from the nose, and coughing of mucus. In the forenoon, frequent tearing in the right wrist. In the morning, on awaking, and after dinner, aching and sore pain in the gums of the lower jaw, on the right side. At night, perspiration on the right leg.

20th. Several painful pimples on the occiput. "I must," says Z., "repeat the remark, that the large quantity of scales I used to have on my head for some time back have quite disappeared, and that I cannot now bring away anything of the sort by strong combing and brushing, but the hair on the vertex is falling off considerably, so that a bald place is beginning to appear." In the evening the gum around the stump of a tooth in the lower jaw, right side, is painful as if a parulis were about to form; the eyes burn a little; and the hands also are tender—just the sort of feeling one has on entering a warm room after the hands have been much chilled in winter. These sensations went off before bed time.

21st. In the evening some aching in the small of the back.

22nd. In the morning on awaking, some pain in the small of the back; discharge of much flatus. After getting up burning

in the right leg. At night much sweat on the right leg—a symptom which recurred almost every night about this time,

23rd. In the morning, hawking up of thick, jelly-like mucus; slight drawing in the temples and occiput.

24th. In the morning coughing up of thick jelly-like mucus; a copious stool with severe burning in the anus; sudden, aching pain in the small of the back.

25th. In the morning after awaking, feeling of roughness in the fauces, frequent hawking up and blowing from the nose of mucus; transient pain in the small of the back. At noon, dry feeling in the nose and confusion of the head. At night, perspiration all over the body, especially on the right leg.

26th. In the morning, dry tussiculation; severe aching in the small of the back; two fluid stools. At noon, aching in both temples.

27th. Awakened early by burning, contractive pains in the stomach. The pains lasted an hour, after they had left he fell asleep again. During this sleep profuse perspiration all over the body. In the morning after getting up occasional coughing up of thick mucus. After breakfast rumbling in the bowels. The burning pain in the stomach recurred twice in the forenoon in short fits; on the forehead and hairy scalp an inflamed pimple. In the evening, slight aching in the small of the back; above the eyebrows their appeared some painful pimples. At night great perspiration on both legs.

28th. In the morning slight coughing up of mucus; above the left eyebrow six pustules; severe burning on the right leg. Soon after taking the medicine, slight burning in the stomach; rumbling in the bowels; and aching pain in the small of the back, felt especially when sitting down and rising up; occasional short dry tussiculation. The pain in the back frequently recurred during the forenoon, particularly when walking, but by noon it was quite gone. At noon slight griping about the navel, which ceased after discharge of inodorous flatus. On the vertex were some small elevations of the scalp quite free from pain.

29th. In the morning, occasional coughing up of mucus; severe backache; discharge of much flatus. In the evening a

small boil on the back, which is not painful, but when squeezed discharges a considerable quantity of blood and pus. On the right side of the hairy scalp a small painful pimple. The swellings observed yesterday on the head are quite gone.

30th. In the morning, slight sensitiveness of the whole scalp; when rising up and sitting down aching in the small of the back; a semi-fluid stool. On the left side of the forehead a small inflamed boil.

31st. The perspiration on the leg only occurred after awaking in the morning. Immediately after taking the drops, discharge of much flatus; occasional sneezing and coughing up of thick mucus. The boil on the forehead gone. At night, profuse sweat over the whole body, especially on the right leg.

1st June. An insufficient, difficult stool, with feeling of distension in the abdomen; slight drawing in the occiput and nape; frequent dry tussiculation; two pustules on the forehead. A kind of creeping feeling occasionally felt in the head, especially on the parietal and occipital regions. On the dorsum of the nose a red inflamed spot, like a commencing boil. At night moderate sweat on the whole body.

2nd. In the morning, after waking, great pain in the gastric region; when he turned the pain went from one side to the other, and went off when he got up; occasional cough with mucous expectoration; severe pain in the small of the back and slight aching in the vertex. At noon very troublesome aching pain in the nasal bones; two inflamed pimples above the left eyebrow. At night profuse sweat.

3rd. Towards morning, burning pain in the stomach. After getting up a copious loose motion. During the day severe aching in the nasal bones.

4th. In the morning coughing up of mucus; sensitiveness and dryness of the mucous membrane of the nose. At noon very severe aching in the nasal bones and creeping in both temples. At night profuse perspiration all over the body, especially the right leg.

5th. In the morning occasional expectoration of mucus; an inflamed pimple on the left side of the forehead; a loose stool.

6th. In the morning occasional coughing up of mucus.

After getting up severe aching in the stomach and slight burning of the eyes, especially their external canthi. On every movement of the body, as also in drawing a deep breath, dull aching pain and shooting in the bend of the left pulse rib. The pain was limited to a small spot and went off after washing with cold water. Frequent short dry cough ; on stooping severe pain in the small of the back.

7th. In the morning slight burning of the eyes and the right leg ; occasional short dry tussiculation. During the day frequently a disagreeable feeling of aching and fulness in the nose, one of the nasal bones was thickened and swollen. No change in the nasal secretion. In the evening after a short drive, such a severe aching in the small of the back, that it gave him great pain to sit down and to get up again.

8th. In the morning severe aching in the nasal bones and dry feeling in the nose. Occasional dry short cough. The aching in the nasal bones went off in the forenoon, but recurred at noon in great intensity and went away again in an hour. At night much sweat on both legs.

9th. In the morning, on awaking, occasional dry tussiculation ; a fluid stool ; the left auricle is painful as if sore, on a limited spot. At noon severe aching pain in the nasal bones and dry feeling in the nose, though a drop or two of fluid occasionally escapes unobserved from the nostrils.

10th. In the morning short dry tussiculation. After breakfast great flickering and luminous appearance before the eye—*chrypsia*. Everything appeared to be in a quivering movement. This symptom lasted an hour. In the forenoon occasional severe aching in the nasal bones.

11th. In the morning, occasional coughing of mucus ; two semi-fluid stools. In the evening, immediately after lying down in bed, such copious sweat on the legs, as if they had been dipped in water.

12th. In the morning, occasional coughing of mucus. During breakfast very violent aching in the nose ; the pain extended into the frontal sinus, but did not last long. At night severe perspiration on the right leg.

13th. In the morning, occasional coughing of mucus and

pretty severe aching in the vertex, which only went off after getting up. On the vertex several small painful pimples. In the forenoon two loose motions. In the afternoon there appeared on the dorsum of the right hand, at the joint of the right middle finger, a group of pimples the size of poppy seeds, which seem to be under the skin, are not red, do not itch, and which go off after three days.

14th. In the morning discharge of much inodorous flatus; slight burning in the eyes; occasional aching pain in the nasal bones. About 11 A.M., when sitting, slight tenesmus in the anus; a hard painless pimple on the left cheek.

15th. In the morning occasional coughing of mucus; discharge of much flatus; burning on the right leg. In the forenoon whilst walking, great tension on the right thigh. The pimple on the cheek discharges pus; it is about to disappear.

16th. In the morning, moderate expectoration of mucus; much flatus discharged. In the afternoon some painful spots on the vertex.

17th. In the morning, coughing of mucus, followed by frequent dry tussiculation; discharge of much flatus, a copious semi-fluid stool; an inflamed pimple above the left eyebrow. In the forenoon frequent aching pain in the nasal bones. Towards evening in the open air, there were severe dull hot tense shoots through the right external meatus; pains in the corn of the right little toe.

18th. In the morning, occasional short dry tussiculation; somewhat later some jelly-like phlegm from the air passages. In the forenoon, a very disagreeable drawing in the right arm. At noon and after dinner, occasional short dry tussiculation; dry feeling and aching in the superior nasal passages. At night severe perspiration on both legs.

19th. In the morning, discharge of much flatus; frequent short dry tussiculation; a copious loose stool. In the forenoon with a temperature of 24° R., uncommonly copious perspiration, and so much prostrated by the heat, he could scarcely speak. At night moderate perspiration all over.

20th. In the morning severe burning on the right leg; occasional short dry tussiculation; tiresome dryness of the nose;

discharge of much flatus ; drawing in the right forearm. After breakfast occasional eructation ; a copious loose stool. On the right index, where he had had a humid eruption many years ago, there appeared some hard points, so that the skin has a rough appearance. The pimple on the forehead swelled up during the past night and is filled with pus. Towards noon pretty severe aching in the nasal passages.

21st. No medicine. No symptoms.

22nd. In the morning occasional coughing of mucus ; frequently recurring, but always transitory ; sensation of soreness in the nose. After dinner discharge of much flatus ; slight sensitiveness in the right ear, judging by the feeling in the cavity of the tympanum. At night severe perspiration.

23rd. On the vertex a small painful pimple ; the pimples on the right hand are to-day reddened and itch a little ; occasional aching in the nasal bones ; the lunula, which used to be present on both thumb nails, is almost gone. In the afternoon the pimples extended all over the back of the right hand ; in the nose very tiresome aching and feeling of dryness. At night severe sweat.

24th. In the morning coughing of mucus ; discharge of much flatus ; a painful pimple on the middle of the vertex. At noon aching in the nose. In the evening painful pimples here and there over the hairy scalp ; violent tearing scraping pains in the middle of the right tibia, and also, but not so severe, on the vertex and in the bone of the right forearm.

25th. In the morning slight sensitiveness of the edges of the lids ; the pimples on the back of the hand are going gradually off ; those on the index continue ; an inflamed pimple on the cheek and several on the hairy scalp ; a small pimple on the right cheek ; occasionally tiresome aching in the nose.

26th. In the morning occasional cough ; discharge of much flatus ; a copious loose stool. During the day repeated aching at the root of the nose.

27th. No symptoms.

28th. In the morning occasional cough with mucous expectoration ; a semi-fluid stool ; burning in the skin of the right leg. Towards noon tiresome aching in the root of the

nose ; several small pimples on the head. At night great perspiration on the right leg. For some days past very urgent sexual desire.

29th. In the morning mucous cough ; two loose stools ; slight burning on the right leg ; at noon sore feeling on a spot the size of a crown in the middle of the right tibia ; this pain lasted some hours in the afternoon, went off towards evening in order to give place to an aching pain in the small of the back, which was especially felt when walking and standing, less when sitting. At night severe perspiration.

30th. In the morning much flatus discharged ; a soft stool. At night on both legs, especially the right one, great perspiration.

1st July. No symptoms.

2nd. In the morning slight burning of the eyes and sensitiveness of the skin on the top of the head. All day long confusion of the head in the vertex ; great perspiration. On the left lower jaw, towards the cheek, an itching spot on the skin, which becomes red on being rubbed and exhibits slight elevations ; clammy taste in the mouth. In the afternoon at an unusual hour, a copious semi-fluid evacuation.

3rd. In the forenoon slight aching in both temples ; shoots in the anus ; penetrating shooting and drawing in the left zygoma. After dinner frequent short dry tussiculation. The lunula has quite disappeared from both thumbnails. At night profuse perspiration, especially on the right leg.

4th. Occasional cough. On the forehead complete patches and groups of black points, like comedones ; they cannot, however, be squeezed out.

5th and 6th. No symptoms.

7th. In the morning when walking moderately, much perspiration ; occasional short dry tussiculation ; frequent sneezing ; some fluid comes out of the right nostril ; small pimples on various parts of the scalp. At night profuse perspiration on both legs.

8th and 9th. In the forenoon when walking, very profuse sweat. At noon sudden violent forcing down in the anus. The pimples on the head are almost all there still. On the index of

both hands, on the left thumb, and here and there on the hands are small vesicles, singly or in groups. They are filled with a fluid, but do not itch. At night profuse perspiration.

11th. Several new vesicles appear on the hands.

12th. No symptoms.

13th. During the day, three semi-fluid stools. After dinner frequent short dry tussiculation. The eruption on the hands itches a little.

14th. After quick walking great perspiration, especially on the occiput. In the forenoon two loose stools; severe drawing pain in the tibiæ. The vesicles on the hands begin to dry up.

15th. In the morning discharge of much flatus. During the day occasional dry tussiculation.

16th. Profuse sweat on the occiput; frequent drawing in the tibiæ; on the hairy scalp several small spots covered with thin scabs; discharge of much flatus; slight aching in the small of the back. The cutaneous transpiration, especially on the hands, smell strongly of Sulphur; all the metal articles he has about his person begin to turn black.

17th. In the morning discharge of much flatus; a copious semi-fluid stool; frequent short dry tussiculation. In the forenoon dry feeling and aching in the nose, especially its root.

18th. In the morning occasional slight coughing up of mucus; the scabs on the scalp are loosening. In the forenoon drawing aching pains in the occiput to the nape.

19th. No symptoms.

20th. In the morning coughing of mucus; profuse perspiration, especially in the occiput; a soft stool followed by pinching in the umbilical region, recurring by fits; a second copious fluid stool. The pinching continues and is sometimes so violent, that it impedes the respiration and compels him to bend double. At noon a third semi-fluid stool followed by diminution of the pinching pains. In the afternoon he is quite well except a slight pinching which comes on occasionally. At night perspiration.

21st. No medicine. At dawn, after severe pinching, a copious stool; a second about 8 A.M. Slight drawing and shooting in the thoracic muscles; sinking feeling in the abdomen; when

walking profuse perspiration, especially on the occiput, which is quite wet. At noon a third and in the afternoon a fourth fluid stool.

22nd and following days, 10 drops. Soon after taking them, the above described abdominal pains recurred, and in the course of the forenoon three fluid stools, after which the bellyache declines. When walking profuse sweat; an inflamed painful pimple behind the right ear. At night profuse perspiration.

23rd. In the morning two copious semi-fluid stools; when walking profuse perspiration, afterwards when sitting much burning in the anus. At night perspiration on the right leg.

24th. In the morning after awaking, great tenesmus in the anus, followed by a copious fluid stool; after a while a second, and in the afternoon a third, likewise copious fluid stool. At night profuse perspiration.

25th. In the morning a copious fluid stool without griping.

26th. No medicine. In the morning an insufficient rather hard stool. In the evening when driving aching pain in the small of the back. At night much perspiration.

27th and following days, 10 drops. On the forehead an inflamed pimple; a consistent stool without pain. In the afternoon aching pain in the small of the back.

28th. In the morning feeling of flabbiness of the stomach; several small pimples on the forehead; a firm stool. In the forenoon when sitting severe pain in the small of the back. At night much perspiration.

29th. No medicine. No symptoms.

30th and 31st. Ten drops. In the morning on awaking, great pain in the small of the back; occasional coughing of mucus.

31st. Occasional coughing of mucus; several inflamed pimples on the face.

1st August. No medicine. After dinner, severe aching pain in the small of the back. At night, for an hour, severe aching and burning in the stomach.

2nd and following days, 10 drops. Quite well.

3rd. In the morning occasional mucous cough; a painful inflamed spot in the red of the upper lip.

4th. The spot on the upper lip is swollen and burns extremely. In the forenoon much perspiration, smelling strongly of Sulphur.

5th. In the upper lip the inflamed spot has turned into an aphtha. The eruption on the hands is still present.

6th. The aphtha begins to dry up. At night perspiration over the whole body, especially the right leg.

7th. In the morning very transient burning in the stomach; frequent short dry tussiculation; profuse sweat.

8th. In the morning two loose stools; much perspiration; frequent dry tussiculation. At night perspiration on both legs.

9th, 10th, 11th, and 12th. Contrary to habit he awoke very early and could not fall asleep again.

13th. In the morning occasional dry tussiculation rarely with expectoration of mucus; a copious loose stool; slight stopped up feeling of the ears.

14th. In the morning occasional coughing of mucus; severe backache, with tension and weight in the small of the back; sensitiveness of the eyes.

15th. In the morning on awaking, severe drawing and bruised pain in the right thigh; occasional short dry cough; severe backache, especially when stooping. The vesicular eruption on the hands is nearly gone, only the skin on the affected parts is still rough.

16th. No symptoms.

17th. A copious evacuation; very urgent sexual desire for the last few days.

18th. In the morning occasional coughing of mucus. The skin of the head is again covered with many white scales difficult to get away.

19th, 20th, and 21st. In the morning coughing of mucus and profuse perspiration when walking.

22nd. In the morning frequent coughing. In the forenoon great perspiration; on combing a quantity of scales fall from the head. At night and in the morning acute stitches through the joint of the left little finger.

23rd. During the day profuse perspiration and occasional dry cough.

24th. A semi-fluid stool, followed by blown up feeling in the abdomen; slight drawing in the occiput; when walking very profuse perspiration, though it was a cool rainy day; occasional dry tussiculation; on the lower lip several painful humid vesicles; on the forehead an inflamed pimple.

25th. The vesicles on the under lip begin to dry up; the pimple on the forehead is full of pus; a great eruption of vesicles near the left commissure of the mouth.

26th. Well.

27th. No medicine. During the day considerable perspiration. At night great perspiration on the right leg.

28th and 29th. Again 10 drops. In the morning occasional coughing of mucus; rumbling and rattling in the bowels; the urine flows in a weaker stream than usual. The vesicles near the mouth are dried up; but fresh ones have appeared on the right side of the upper lip; on the forehead an inflamed pimple.

29th. Occasional coughing of thick phlegm; severe burning in the eyes and right leg.

30th and 31st. No medicine. No symptoms.

1st September. 10 drops. During the day occasional itching on the right leg.

2nd. Ten drops. In the morning, occasional coughing of mucus; much rumbling and rattling in the bowels; slight burning of the eyes; a loose motion; on the right cheek an inflamed pimple.

3rd. No medicine; no symptoms.

4th, and following days, ten drops. In the forenoon profuse perspiration. At noon a peculiar uneasiness and excitation of the nervous system.

5th. All day long great perspiration on the slightest movement. At noon, tiresome aching pain in the bones of the nose.

6th. In the morning, occasional expectoration of mucus. In the forenoon profuse perspiration; the toe nails, especially of the middle toes, became thick, horny, and mis-shapen.

7th, 8th, 9th, 10th, and 11th, and following days, ten drops. Much perspiration, especially in the forenoon; the perspiration occurred at every movement, and was generally greatest on the occiput.

12th. In the morning, occasional mucous cough; profuse perspiration on the head. At night for half an hour, dry tussiculation and hawking, caused by a tickling in the larynx.

13th. An inflamed pimple on the forehead; a painful spot on the left nostril.

14th. In the evening some aching pain in the vertex.

15th. In the morning, coughing of mucus. In the evening violent sneezing.

16th. No medicine; no symptoms.

17th. Ten drops. At noon very violent sneezing, ten successive times, followed by frequent dry tussiculation. After dinner, tension in the pectoral muscles. At night, slight febrile excitement; frequent coughing and blowing the nose; slight burning of the eyes; compression of the head, and aching in the vertex.

18th. No medicine. In the afternoon, great confusion of the head; aching in the vertex; tickling in the larynx; frequent hawking. At night, violent pains on the right leg, which did not allow him to lie on that side.

19th, and following days, ten drops. The catarrhal symptoms somewhat less to-day; tension between the scapulæ, lasting half an hour. After dinner, pretty severe pain in the right leg. The group of comedones which appeared on the forehead in July have disappeared; only a few dark spots are still visible.

20th. In the morning the right leg is very painful; the right shoulder and right upper arm are also not free from pain; frequent cough, sometimes dry, sometimes with mucous expectoration; afterwards severe tearing in the right shoulder. At night some perspiration on the right leg.

21st. The catarrhal symptoms continue in a milder degree; tearing in the right shoulder; in the hollow at the back of the head, downwards towards the nape, are several small not itching pimples. The hands and fingers are quite free from eruption.

22nd, 23rd, 24th, and 25th. In the morning, coughing up of mucus; otherwise well.

26th. In the morning, coughing of mucus; soon after taking the drops, warm feeling and slight burning in the eyes; discharge of much flatus; eructation of air.

27th. In the morning much coughing of mucus and pain in the left frontal region; two loose stools; beaten feeling in the hip and pubic region, which is very tiresome even when sitting.

28th. In the morning, expectoration of mucus; discharge of much flatus upwards and downwards. In the afternoon frequent coughing, sometimes with mucous expectoration.

29th. In the morning, coughing of mucus; occasional sneezing; a fluid runs out of the left nostril; slight burning in the skin of the right leg.

30th. In the morning the usual coughing of mucus; occasional sneezing; a few flying shoots from the abdomen into the anus; there are many scales on the head to-day.

1st October. In the morning, coughing of mucus; slight tension in the thorax; discharge of much flatus. During the day severe burning on the edges of the eyelids.

2nd. In the morning, coughing of mucus. In the forenoon tiresome tension in the right calf; in the middle of the vertex a small painful pimple. At noon, dry short cough.

3rd. In addition to the symptoms of yesterday, pains in the right leg; a small aphthous erosion on the upper lip. At night frequent coughing up of mucus.

4th. In the morning, slight adhesion of the eyelids; severe tension in the right calf; a loose stool. In the evening, aching pain in the root of the nose. At night very active sexual feeling.

5th. Frequent coughing up and blowing from the nose of mucus; throughout the day frequent aching pain in the root of the nose. At night frequent coughing up of mucus.

6th. In the morning, slight adhesion of the eyelids. At noon, frequent dry, short, continued cough; aching at the root of the nose.

7th. In the morning, coughing of mucus; slight burning on the right leg; discharge of much flatus. In the forenoon acute tearing in the right ring and little fingers; after the cessation of the tearing there remains for a considerable time a creeping sensation in both fingers; the left wrist has for some days been sensitive to the touch externally, on its ulnar side.

8th. In the morning occasional coughing of mucus; dis-

charge of much flatus. In the forenoon, frequent short dry cough; confusion of the head. In the evening much cough; hoarse voice.

9th. Towards morning frequent dry cough. In the forenoon roughness of voice; speaking requires a certain effort. In the afternoon frequent coughing up of mucus. In the night awakened by a rather severe but transient pain in the left frontal region.

10th. In the morning much rumbling and rattling in the bowels; a loose stool, followed by pretty severe burning in the anus for some time. The tenderness on the wrists has gone off.

11th. During the day frequent cough, sometimes dry, sometimes with thick mucous expectoration; disagreeable creeping and tension in the scalp; slight drawing in the lower incisors. In the evening rough voice.

12th. In the morning occasional coughing up of mucus; rumbling and rattling in the bowels; roughness of the voice, lasting all day. After coffee, which he took in the afternoon contrary to custom, aching in the stomach. In the evening a painful pimple on the vertex. At night, frequent coughing up of mucus.

13th. In the morning great discharge of flatus. At noon, when sitting, a not disagreeable creeping in the anus, lasting an hour. After dinner, frequent short dry tussiculation; slight pinching about the navel. The pimple on the vertex gone, but in place of it there appears on the same spot several not very tender elevations the size of a hemp seed; tenderness of the head on both temples.

14th. In the morning, coughing up of mucus. During the day, voice somewhat rough; an inflamed pimple in the forehead; the elevations on the scalp gone.

15th. In the morning, coughing of mucus; a suppurating boil on the right whisker; the skin of the back is covered with elevations; a constrictive pain in the cardiac region that had been there for some days, is particularly troublesome to-day. After dinner rather severe itching of the edges of the lids, especially of the right eye; burning on the right leg; frequent short, dry tussiculation. At night, coughing of mucus.

16th. In the morning, discharge of much flatus; great itching on the borders of the right eyelids. At noon, aching pain in the nose.

17th. The hair falls out a great deal; a bald place is formed.

18th. In the morning, coughing up of mucus; after a good stool, burning in the anus for a considerable time. The horny thickening of the toe nails has considerably diminished; the nails of the fourth toe of both feet are still thicker than usual, but much less so than during the summer.

19th. In the morning, coughing up of mucus; discharge of much flatus. In the forenoon, hoarseness.

20th. In the morning mucous cough; discharge of much flatus; roughness of voice. Towards noon, anxious, aching, contractive pain in the cardiac region.

21st. In the morning occasional coughing up of thick mucus; discharge of much flatus. On the head, especially the vertex, a large number of scales.

22nd. In the morning mucous cough; discharge of flatus; severe burning on the right leg. In the evening, after reading or some time, severe aching in both temples. At night great flow of urine; occasional mucous cough.

23rd. In the morning burning in the right leg. In the forenoon when walking, frequent tenesmus and forcing down in the anus; feeling over the body as if ants were running about. At night perspiration of the right leg.

24th. No symptoms.

25th. In the morning occasional mucous cough; a semi-fluid stool, followed by burning in the anus. On the right natis a painful inflamed pimple. During the first half of the night much groaning and tossing about in sleep.

26th. He awoke in the morning with violent pains in the left frontal region, which lasted till he got up; afterwards there occurred severe mucous cough and great discharge of flatus. In the forenoon very severe aching pain in the nose about its root, with dryness of the Schneiderian membrane; frequent short dry tussiculation. In the afternoon when sitting, severe burning and tension in the right leg.

27th. In the morning frequent expectoration of mucus;

burning pain in the right leg; after a hard stool, burning in the anus. During the day, especially in the evening, the voice became rough and toneless, with occasional cough.

28th. In the morning mucous cough; discharge of much flatus; shooting pain beneath the sternum; burning on the right leg. During the day, quite well. At night much groaning during sleep.

29th. In the morning a few coughs with mucus; great discharge of flatus. During the day frequent short dry cough, with some expectoration of phlegm.

30th. No symptoms.

31st. In the morning occasional mucous cough; slight drawing behind the left ear. In the forenoon frequent short dry cough; a small inflamed pimple behind the right ear.

1st November. In the morning unusually early waking; severe drawing behind the right ear; occasional short dry cough.

2nd. In the morning, for nearly an hour, pretty severe cough, generally dry and short, rarely with mucous expectoration; some inflamed pimples in the lumbar region and one on the face; general prostration; feeling of general derangement. In the evening rough voice.

3rd and 4th. No symptoms.

5th. At noon sleepiness; sensitiveness of the scalp on the vertex. At night a violent fit of coughing, lasting half an hour.

6th. He awoke in the morning with violent aching throbbing pains in the crown; the pains went off gradually after getting up; blowing from the nose of thick mucus; slight sensitiveness of the eyes; accumulation of scales on the hairy scalp. At noon catarrhal sufferings: itching on the scalp. Afternoon, for two hours, great bearing down in the anus. Towards evening burning of the eyes; coughing up and blowing of thick mucus.

7th. In the morning occasional coughing up of mucus; slight burning of the eyes. In the forenoon feels well. In the afternoon the catarrhal symptoms recurred very severely, to wit: cough, hoarseness, dryness, and aching in the nose, with confusion of head. At night rattling in the chest; violent cough with much expectoration of phlegm.

8th. In the morning discharge of flatus ; slight burning of the eyes ; dryness of the nose. In the evening frequent dry cough.

9th. Same symptoms as yesterday.

10th. In the morning coughing up of mucus ; itching in the anus ; discharge of much flatus ; an inflamed pimple on the lumbar region. In the afternoon frequent violent, short, dry cough.

11th. In the morning, on awaking, violent aching pain in the vertex ; the pain was relieved by getting up, but not quite removed ; at the same time great itching on the occiput, compelling him to scratch ; frequent cough, sometimes dry, sometimes with mucous expectoration ; severe burning on the right leg ; much mucus blown from the nose. At noon tearing in the right leg towards the ankle ; on the right temple a small painful spot covered with papulæ.

12th. In the morning much cough, generally fatiguing, short and dry, with severe feeling of pain in the chest. Discharge of much flatus ; burning on the right leg. After breakfast aching and sore feeling in the chest ; blowing from the nose of thick mucus.

13th. In the morning coughing up of mucus ; discharge of much flatus ; in the forenoon occasional violent cough ; lachrymation of the eyes when walking in the open air ; sudden aching pain in the small of the back ; tension in the whole right leg, especially the thigh and knee. In the afternoon and evening rough hoarse voice and much dry cough.

14th. In the morning, on awaking, violent pains in the right foot ; they are of an aching and drawing character and are only a little relieved after getting up ; a loose stool followed in a few minutes by burning in the anus, lasting half an hour ; frequent stool ; dry cough. In the afternoon discharge of much flatus. After midnight excessively violent pains in the left lower jaw ; the pains were drawing, pressing, proceeding from a healthy tooth, spreading over the whole lower jaw, extending to the temple and ear, and lasting till he got up the following morning.

15th. In the morning discharge of much flatus ; great aching in a spot on the sacral region the size of a crown ; he looks ill ;

has double rings round the eyes; perspiring uncommonly in the axillæ; a loose stool, followed by burning in the anus. At night two fits of coughing, one of which lasted at least half an hour, the other was shorter, but much more fatiguing.

16th. In the morning profuse perspiration on both legs; slight burning of the tarsal edges; occasional violent sneezing; some tenderness of the left lower jaw; discharge of much flatus. At noon rough voice; frequent short dry cough; the cough also occurred several times in the afternoon and evening. In the evening occasional pain in the left lower jaw.

17th. In the morning a few coughs with mucous expectoration; great discharge of flatus; an inflamed pimple on the nape. Towards morning severe pain occurred in the left lower jaw, sometimes with drawing into the left ear. In the forenoon in the open air the pain increased; it was a very painful drawing, which extended not only over the jaw but over the whole of the left side of the face. One spot on the lower border of the under jaw was especially painful, also when touched; in the evening, in the open air, the pain extended in an aggravated degree all over the lower jaw.

18th. In the morning drawing in the lower jaw; discharge of much flatus. All day long, with the exception of a few coughs, quite well.

19th. Towards morning the pain of the left lower jaw, especially about a loose tooth, extremely violent; occasional sneezing.

20th. In the morning, frequent cough, generally with mucous expectoration; pain in the lower jaw; great itching in the right leg. During the day occasional sharp tearing in the left lower jaw.

21st. No medicine. In the morning, occasional coughing up of mucus; the left jaw very little painful; great discharge of flatus. After dinner dry tussiculation; severe coughing, and sensitiveness of the fauces.

22nd, 23rd, and 24th. No medicine. No symptoms, except the usual coughing up of mucus in the morning.

Fourth series of provings.—1st dilution of the Tincture.

25th November. He began his proving in the morning with 10 drops of this dilution, and the same day he observed the following symptoms:—In the forenoon, while walking, a sharp cutting in the right shoulder, which was often repeated. In the afternoon some tearing in the lower part of the left leg. During the day, frequent rather violent cough.

26th. Ten drops. In the morning, very painful tension from the right shoulder towards the back, whereby the movements of the arm were somewhat impeded.

27th. Ten drops. In the morning, occasional cough. In the forenoon, when walking, severe bearing down and cutting in the anus; when sitting these symptoms went off. After dinner, all this afternoon and evening, disagreeable horripilation all over the body; no appetite for supper.

28th. No medicine. In the morning, after a good stool, burning in the anus; languor and prostration; little appetite for breakfast. At noon, a second copious quite thin stool; looks ill; tenderness of the head at the crown; horripilation and chilliness over the whole body; the hands and feet especially are cold; he loathed his dinner. In the afternoon, two liquid stools; constant chilliness; weariness. About 6 P.M. he went to bed; for long he could not get warm; the hands and feet were especially cold. At night much perspiration all over the body.

29th. No medicine. In the morning slight uneasiness; a liquid stool; aching on the eyelids; rumbling and gurgling in the bowels; occasional aching in the root of the nose, betwixt the shoulders, and all over the back.

30th. No medicine. In the morning severe burning in the stomach; occasional cough; great discharge of flatus. Towards noon some aching in the nasal bones. At noon more appetite than on the previous days. After dinner, recurrence of the aching in the nasal bones; a tender spot in the left nostril; frequent sneezing; looks ill; emaciation.

1st December. No medicine. In the morning occasional coughing of mucus. In the afternoon slight heartburn.

2nd. No medicine. In the morning, itching of the scalp ; small pimples in the nape and behind the ears ; sudden burning pain in the anus. After dinner severe heartburn.

3rd. No medicine. In the morning, severe cough ; a painful pimple on the right eyebrow.

4th. No medicine. In the morning, severe itching in the occiput ; discharge of much flatus.

5th. No medicine. In the morning, severe tension in the right leg ; aching in the nasal bones.

6th and 7th. No medicine. In the morning a few coughs, with mucus.

8th to 13th. No medicine. Quite well.

14th. No medicine. At noon, when sitting, very severe forcing down and violent pains in the anus.

15th. No medicine ; no symptoms.

The Sulphur symptoms diminished gradually, and disappeared entirely towards the end of December.

By Zlatarovich's proving of Sulphur many new symptoms are gained, and the following of Hahnemann's list confirmed :—
83, 118, 121, 123, 126, 131, 175, 188, 200, 201, 205-207, 210, 213-215, 218, 219, 223, 234, 250, 274, 278, 299, 309, 310, 346, 348, 352, 355, 359, 376, 377, 401, 403, 404, 410, 413, 414, 421, 423, 439, 450, 476, 505, 526, 543, 550, 567, 601, 627, 649, 653, 671, 719, 442, 743, 785, 798, 813, 826, 829-831, 837, 867-871, 896, 897, 909, 913, 920, 923-925, 929, 930, 953, 955, 963, 964, 969, 989, 1016, 1075, 1080, 1081, 1092, 1099, 1100, 1104, 1112, 1124, 1127, 1128, 1136, 1159, 1193, 1195, 1198, 1201, 1298, 1302, 1334, 1358, 1359, 1377, 1383, 1404, 1407, 1431, 1438, 1489, 1503, 1535, 1558, 1564, 1624, 1631, 1659, 1663, 1667, 1669, 1675.

CROTON OIL IN SKIN DISEASES.

BY DR. BAHR, of Hanover.

(From *Neue Zeitschrift für Homöopathische Klinik*. Vol. III., p. 4.)

It scarcely requires any special proof to demonstrate that the homœopathic treatment of skin diseases is not equally successful with that of other diseases. The causes of this are easy enough to find, but much harder to remove.

The diagnosis even of a skin disease, especially if chronic, is not such a simple and easy matter; but the choice of the remedy is out of all proportion more difficult and uncertain, and this depends fundamentally on the mode of proving our medicines, and the way the provings are described. It would be very difficult to make an abstract of the practical characteristics of the effects of any medicine on the skin from the Hahnemannian arrangement of its symptoms.

And on this point we are as yet greatly in want of satisfactory re-provings. Finally, the remaining element necessary to complete the subject, viz., clinical experience, is almost wanting, or so imperfect as to be almost useless. Under these circumstances I venture to contribute the following observations, though they are as yet only fragmentary; but before doing so I must be allowed a short digression.

On account of the poverty of symptoms of chronic skin diseases, the visible efflorescence will always be the most important element in the choice of the medicine, and therefore it is of consequence to determine, as accurately as possible, the changes produced on the skin by any medicine, according to their seat, and course, and appearance. That has hitherto been done only very imperfectly, and in a few instances, in the homœopathic materia medica. Practitioners have therefore been forced to fill up the gap in some way or other, and thus have given the reins freely to speculation and theorizing. More particularly it is from laying too much stress on the anamnestic element that confusion has been engendered, the most remarkable example of this being the Psora theory.

It is certain that almost every skin disease is a pathological state in which the whole organism, as well as the affected spot, is involved more or less. I make this remark lest it should be thought that I in any way favour those theories which make all chronic skin diseases purely local affections, and open to purely local treatment. Nevertheless I hold, that for the treatment and the choice of the remedy the objective symptoms are far the most to be relied upon, and the anamnesis and general symptoms are only to be used for the more accurate discrimination of the former. The first point, therefore, is, in a concrete case, to establish the similarity between the cutaneous symptoms of the disease and of a medicine; then only will it be possible to determine the choice by the totality of the general symptoms. But if, with this view, we search through the whole *materia medica*, we shall find but a small number of well-marked useful remedies, and that only for those affections whose external phenomena are very well defined or very simple.

The more difficult it may be, according to all probability, to supply the deficiency, the more do I hold it to be a duty to search with perseverance and zeal for the means of obtaining the desired object. Judging from appearances, the proving and re-proving of medicines is coming more into vogue, and this it is which induces me all the more to allude here to a subject that is certainly not unimportant, and attention to which will in many cases afford very important results for determining the effects of the remedies upon the skin.

It is beyond all doubt that the symptoms following the local application of a medicinal substance upon the skin, are not the effect of a mere general irritation, but that they owe their origin and their frequently essentially various forms, to a specific irritation. They must, therefore, be regarded as characteristic effects of the respective medicines; and it is a question whether they may not, without further knowledge of their action, serve to determine us in our choice of a remedy for internal administration. In many instances, practice has already answered this question affirmatively, as for example is proved by the employment of *rhus*, *mercurius*, &c.; and in the following pages I shall offer a further proof of the correctness of this

inference. From this circumstance, however, it follows that it is absolutely necessary for the prover of medicine to test every medicine that displays any tendency to action on the skin, not only as to its action when given internally, but also when applied externally. As far as I am aware, this has hitherto seldom or never been done, so that the scanty knowledge which we have of some medicines in this respect, has not been obtained from homœopathic provings, but has been derived from the records of generally accidental observations. At the same time, the mode of proving alluded to may possibly throw light on some long unsettled points. I shall only allude to one—to wit, the consequences attributed to the cure of itch by inunction. Do we already know what are the consequences of the local application of *sulphur* to the healthy skin? Admitting the frightful consequences of driving off itch, still the question remains unsolved,—how much of them are due to the itch? how much to the sulphur (or other remedies) employed?

Irrespective of the consequences the determination of the above question and of many similar questions must have on many theories which have long been defended by members of the homœopathic body, the chief effect of it in practice would be that the selection of the remedy would be facilitated and precisionised, in proportion as the *Materia Medica* is capable of furnishing us with a clearer and more accurate picture of a cutaneous disease.

Another advantage of no mean value would be, that in general, skin symptoms are obtained more rapidly from external application than from internal use, which can often only produce them in peculiar constitutions, and then only after long-continued employment.

It would be out of place here to enter more specially on the mode of conducting such provings, or to enumerate all the medicines which might advantageously be tested in that way; I think that may be best left to the views and the good intentions of the prover.

During my stay in Vienna I followed Hebra's course of skin diseases, at the same time that I first became acquainted with homœopathy in the Homœopathic Hospital. Perhaps it was on

that account that I was so much struck by Hebra, one of the bitterest opponents of homœopathy, demonstrating the production of eczema by means of the action of *croton oil* upon the healthy skin, which led me to conceive my first "homœopathic idea," namely, that this medicinal agent must be of use in the cure of that disorder. I was, therefore, not a little delighted when practice soon gave me an opportunity of convincing myself of the correctness of the opinion I then formed. It seemed to me a sort of touchstone of the truth of *similia similibus*, of the accuracy of which I was not completely convinced. A more extended experience has repeatedly recalled to my mind this demonstration of Hebra's, for my allopathic colleagues have afforded me the opportunity of observing the efflorescences caused by Croton oil in a very considerable number of cases. I have thereby obtained the advantage of being able to fix with greater accuracy the proper moment for administering this remedy in eczema.

If we diligently rub in upon a portion of the skin the size of half-a-crown, a drop of croton oil, there occurs in a short time, a feeling of prickling and heat, followed at no long interval by redness and visible injection. In from six to twelve hours small papulæ are observable on the reddened spot, which are generally rapidly changed into vesicles. They are sometimes isolated, sometimes they stand so thickly together that they are partially confluent. The clear serum of which their contents at first consist, soon becomes opaque, purulent, so that smaller vesicles obtain the appearance of pustules, from which, however, they are distinguished by their uniform height above the rest of the skin. After from two to three days scabs are formed from them, which fall off sooner or later, and leave on the still reddened skin humid cicatrices. If, however, we repeat several times the application of the oil to the skin, even after the formation of papulæ has taken place, or in very susceptible individuals, then the whole process becomes of a more intensive character and affects the skin more profoundly, so that either the formation of crusts does not occur, but cuticular desquamation and ulcerated places appear, or such phenomena are observed after the falling off of the crusts. The skin displays the same

changes when the vesicles are irritated by scratching, and the formation of the crusts is prevented.

The croton eczema has a great tendency to spread over the body, and appears to have two favourite localities, viz., the scrotum and the face. At least this occurred in one interesting case recorded in the *Deutsche Klinik*, No. XLI, 1851. In this instance the oil was rubbed into the right inguinal region, and was followed by the formation of pustules over the scrotum and face, which in the latter situation became covered with crusts, but in the former changed into ulcers, probably in consequence of the constant rubbing the scrotum was subjected to by moving about. From this one case I could not positively infer the predominant attraction of the croton oil for the scrotum, in the vicinity of which it was rubbed in, were not another case known to me (unfortunately I cannot now remember where I met with it) where, after the oil had been rubbed upon the throat an eczema of the scrotum was developed. From this we may safely infer the affinity I have mentioned.

If we now compare with these phenomena the symptoms of eczema from its commencement, we shall observe a similarity such as is rarely to be met with.

Amid hot and prickly feelings there occurs a more or less extensive redness and injection, on which pimples sooner or later appear, which turn into vesicles. These are at first clear, then they become yellowish, pustular and form crusts; and when these fall off they leave behind a slight cicatrix on a slightly reddened surface. If this process, as usually happens, is disturbed by scratching, or if the exudative process is intensive, then immediately, or after the crusts have fallen off, there occur ulcerated spots, and thus commences the proper chronic stage of the eczema, to the inveteracy of which the irresistible itching and scratching contribute not a little.

We thus find a similarity in every particular between the natural and the medicinal disease. If from this we are called to determine *a priori*, the therapeutic action of and the indications for croton oil, we should be fully justified in inferring that eczema in its commencing stage may be certainly cured by this drug.

Practical experience has also actually afforded me proofs of the correctness of the above inference. I shall here give the most important points of my observations without binding myself to a full detail of the various cases.

The best and most striking effects I have seen from croton oil were in eczema of children—the milk-crust as it is called. In this case much certainly depends on the time when the disease comes under treatment; for the longer it has lasted the more obstinate it is. The most rapid cure (less than a fortnight) I obtained in two cases, in which the symptoms had not been present more than from six to eight days, when consequently the disease was still chiefly vesicular. An important point seems to be that the itching and consequent scratching soon ceases, and thus the formation of crusts is undisturbed.

In three other cases, the croton oil was employed under less favourable circumstances, so that from three to four weeks were required in order to effect a cure. They were cases in which the eczema had already lasted several weeks, and besides the face, had affected the hairy scalp to a greater or less degree; where, moreover, in consequence of scratching, the skin was more deeply injured, and hence the cicatrisation was more protracted.

If the time I have indicated as requisite for the cure should appear long* to many, I wish to be understood that I mean by cure when the crusts have fallen off, and at the most only a somewhat reddish appearance remains on the skin. With such a result I think I may speak of the cure having been rapid.

In one case only was the remedy of no use. This was a weakly child of six months, which had been brought up by the hand, and whose whole head was one mass of scabs. It was impossible to stop the scratching, and no medicine was of the slightest avail. All that I could do was to protect the hairy scalp in some degree from the destructive action of the child's nails, and this I did by covering the head with a fresh calf's bladder, denuded of its mucous membrane. When this dried it became so firmly fixed to the head that the child was unable to

* Far from it: in some cases we should be content with a cure in as many months.—[Eds.]

remove it. I do not remember where I have read about this remedy, but I must testify to its great value in extensive eczema of the hairy scalp. We must, however, be careful when renewing the application, which has to be done every four or six days, as the bladder adheres very firmly, and requires to be first softened by warm water compresses before it can be removed.

I have more rarely had an opportunity of observing the effects of Croton oil in adults, and then it has not proved so decidedly beneficial as in children. I can call to mind three cases—none of them was a pure case of eczema, such as we generally observe in children,—but the effect of the medicine was, if not very rapid and radically curative, yet undeniably favourable.

In the case of a robust woman of 28, the mother of two children, the eczema always appeared on the internal aspect of the fingers, sometimes with a simultaneous eruption of scattered, very itching papulæ on the cheeks or throat. The attack was always preceded by ill humour, anorexia, and great prostration, and a leucorrhœa, which had been present since the last confinement, always became aggravated when the eruption appeared. It persisted for from three to six weeks, and healed up gradually. Any particular mental or corporeal exertion, and especially lively society, always produced an immediate aggravation. The view which Hebra has lately repeatedly insisted on of a connexion between the uterine derangement and the skin disease was corroborated by this case. There was also a very peculiar circumstance about this lady. She lived in a house surrounded by a garden, which had a draw well, the water of which contained a quantity of salt. Drinking this water produced a very bad effect upon the eczema, even when she took but a small quantity of it, so that she had to prepare her drinks with boiled rain water. When, at a later period, she changed her residence, the eczema, which I was long inclined to regard as the effect of the *natrum muriaticum* taken in with the water drank, went away not entirely, but became much rarer in its appearance, lasted a shorter time, and was much less extensive.

The action of the Croton oil in this case was not curative, but remarkably palliative, inasmuch as the horrible itching preceding the eruption, and the other uncomfortable feelings

were relieved in from 24 to 48 hours. A return of the disease, however, was not prevented. Weak sulphurous baths were of most advantage latterly, but the cure is still not complete.

A man aged 64, otherwise strong and healthy, but who had suffered eight years previously from an attack of eczema, which seems to be hereditary in his family, was again subject to the disease in December 1855. It began in the face, and soon extended to the hairy scalp. In a fortnight this attack was cured by Croton oil. He then went on a journey for three weeks, and returned with a fresh eruption, which proved excessively obstinate, and in which Croton oil produced no effect. I did not, indeed, give it at the commencement; I hesitated to do so because a new attack had come on so soon after the disappearance of the previous one. Afterwards the eczema had spread too extensively, and I became convinced of the inutility of the medicine, which was no longer the most appropriate to the symptoms. Incidentally, I may remark, that after the greatest variety of homœopathic remedies had been fruitlessly used, twenty-four baths, containing the extract of pine leaves, cured the disease, which had come to involve a considerable extent of the body.

A short time since I had an opportunity of convincing myself of the good effects of Croton oil. A young man of not very robust frame had four years previously suffered from an attack of eczema of the hairy scalp, which required three months for its cure. At the beginning of last May, the disease broke out anew upon him: this time however, it was not confined to the head, but extended almost all over the body, and finally the scrotum, penis, and inner surface of the thighs. I saw him for the first time ten days after the disease had commenced. The above indicated parts were quite covered with the eruption, the scrotum and penis were so swollen and inflamed, that it gave him great pain to walk and to make water. The skin was very dark red and covered with innumerable vesicles; the burning and itching were intolerable. The scalp and a portion of the forehead were similarly affected. The rest of the skin was dry, the sleep was very much disturbed. There was no question of syphilitic taint. After taking the croton oil

for ten days, every thing was improved except the head. The patient could walk easily, for his penis and scrotum were no longer swollen, and though red, they were free from pain. Some scaly thin crusts had formed, which soon fell off, leaving a healthy skin behind them. The itching was all gone, and hence his sleep was now sound and refreshing. The further course of the disease did not belie the favourable commencement. After giving *merc. viv.* 3 for ten or twelve days, I discontinued all internal medicines, as the cure was in the best train. Diligent washing with cold water, and three vapour baths, had in four weeks so far removed the disease that my patient could again resume his occupation, and once more get into his pulpit, from which the horrible disfigurement of his face had driven him.

Some other more or less favourable cases are too weakly impressed on my memory to allow me to give their details. The indications for using Croton oil which I have gradually picked up I will in conclusion record, in order thereby to supply the deficiencies of the histories of the cases.

In pure idiopathic eczema, such as it usually appears in children, Croton oil is a direct remedy, and when used early enough suffices of itself to effect a cure, even in cases where external cleanliness and attention to the skin are neglected.

Eczema caused by certain pathological states of other organs, or complicated with these, cannot be cured by this medium, but it may be relieved.

The idiopathic eczema of adults appears sometimes to yield readily to Croton oil, sometimes only to be somewhat benefited. The reason of this is, sometimes the disease appears to be idiopathic when it is not so in reality.

Though complete and constant success cannot be expected in all cases from our remedy, still it must ever prove a valuable accessory. Complicated and inveterate diseases like eczema can seldom be cured by a single remedy, as their complex of symptoms becomes so frequently altered in the course of the disease.

With respect to the dose I have employed, I always used the 3rd decimal trituration both for children and adults. To the

former I gave from 1 to 3 grains, to the latter from 5 to 8 grains, in the course of the day, in a little water.

Finally, I may observe that I do not intend to recommend croton oil under all circumstances as a remedy for eczema ; but I think I am justified in recommending it for further practical trials in that disease.

CONTRIBUTIONS TO THE KNOWLEDGE OF
MEDICINES—*AB USU IN MORBIS.*

BY DR. SCHRÖN, of Hof, in Bavaria.*

[In the course of rummaging among the past records of our therapeutics for a totally different object, we have been struck with the excellence of some of the early writings of the coryphœi of our art, and we are sure our readers will forgive us if we present them occasionally with a practical paper written by a pioneer of homœopathy, which, though old in point of date, may perhaps contain something new to them, or at least may serve to recal some facts and practical rules which it may not be unadvisable to reiterate from time to time. The following paper by Dr. Schrön, one of the profoundest thinkers and careful observers among the past generation of homœopaths, will repay an attentive perusal, and requires no further introduction from us, and certainly no apology for its insertion in our pages, except on account of its age. But though old it is not antiquated, and it certainly deserves to be presented to the English reader more than many of the newest articles we have lately seen in the columns of our continental contemporaries.—EDS.]

ACONITE, if we may judge from the results of its employment in cases of disease, when it is administered in accordance with the morbid picture presented by it in its trials on healthy individuals, occupies undeniably one of the most important places in the *Materia Medica*. It is not only a perfect sub-

* From "Hygea," vol. v.

stitute, if I may be permitted to speak from my own experience, for the whole antiphlogistic apparatus of the antipathic school, with all its blood-lettings, neutral salts, mercurials and fomentations, but it excels these immeasurably in certainty, and likewise (which is of vast importance) in harmlessness.

It has shewn itself an indispensable remedy in all cases where, in consequence of a violent reaction of the organism to the primary affection of a single system or organ, a general febrile action has been added, characterised by previous well marked cold stage, or even rigors, followed by local or general heat, generally lasting a considerable time, by hot, dry, often burning skin, more or less reddened; quick, full pulse; headache; sparkling eyes; violent, continued thirst: complete anorexia; fiery urine; restlessness, sleeplessness, depression; more or less violent delirium, with distinct remissions and paroxysms.

In all such cases the author employed Aconite at the commencement of the treatment, in doses repeated every hour or every two hours. Some years since he gave Aconite 3—6, —a drop for a dose. Afterwards, when Dr. Aegidi had made known his method of administering medicines in water, from 3 to 6 drops of this dilution were added to a tumbler of water, and this water given in spoonfuls at intervals of one or two hours. For about a year past the author has preferred the following method:—From 3 to 6 drops of the 3rd to 6th dilution are rubbed up for a few minutes with one or two scruples of milk sugar, and of this as much as would cover the point of a knife is given every hour, or every two hours. In this state it is completely safe from decomposition, and appears to be remarkably efficacious. By this mode of procedure the general disease is separated and torn away from the primary affection, and the remedy specifically applicable to the remaining disease can freely perform its curative action. A gastric fever thus becomes a simple indigestion, which easily yields according to its peculiar character, to a few drops of Bryonia, Pulsatilla, Nux vomica, Sulphur, Magnesia mur., &c. Of a pleuritic fever, there remains in a short time nothing but a feverless pleurisy of a rheumatic or inflammatory kind, which Bryonia,

Belladonna, or Mercury cures in a short time. I observed in some cases of pleurisy the administration of several doses of Aconite in this manner followed by vomiting of bile and mucus, which recurred three or four times, and was succeeded by perfect recovery in from twelve to twenty hours. Sometimes the matter vomited contained a lumbricus, of which I have frequently observed several evacuated by stool in children.

Is the disease under treatment a purely inflammatory affection?—for instance,—of the respiratory organs, Aconite is frequently capable of removing by itself the whole disease; in other cases, however, it is necessary to employ several other remedies. For a long time past medical men have ceased to communicate histories of the cure of persons affected with inflammatory diseases; and we shall content ourselves here with stating the general results; but we must observe, that in our elevated position, 1738 feet above the level of the sea, exquisite instances of pulmonary and intestinal inflammation are by no means rare. Should it be desired, we might communicate a long array of unmistakable inflammatory affections of internal organs, all of which we had the pleasure of treating successfully without blood letting.

In croup, although Antenrieth places it amongst the neuro-paralyses, Schönlein among the neuro-phlogoses, yet the general febrile state accompanying the local disease seems vastly to favour the development of the plastic process, and Aconite is not only extremely useful in checking the progress of the incipient disease, but, in the shape of plastic exudation, it likewise supports the action of the spongia or calc. sulph. with which the author is in the habit of giving Aconite alternately in the above described manner.

In febrile derangements of the normal puerperal states, which appear to be referable, more or less, to what is called puerperal fever, I had several times an opportunity of admiring the great curative power of Aconite.

Darting cutting pain in a somewhat distended abdomen, aggravated by motion and pressure; diminution of the lochial discharge and of the milk; headache; sparkling eyes; much thirst; pulse not very full, but rapid; hot skin; great restless-

ness ; anxiety, with fear of death ; complete sleeplessness, with delirium, in a woman who had been delivered four days before, were removed by Aconite in a few days.

In a similar case, where, in addition to Aconite, Belladonna was also administered, there was formed, most probably by metastasis, a bright red, very painful swelling, of the size of a walnut, on the back of the left hand, between the forefinger and thumb, which continued for weeks after the recovery of the patient, and having become painless was gradually removed by absorption. Aconite 6, several drops in a glass of water, and of this a spoonful administered every hour, removed the most urgent symptoms so quickly that the very first night of its employment the patient enjoyed refreshing sleep.

This tumour will involuntarily recall to the recollection of the reader those exudations which are usually deposited in extraordinary quantities within the cavity of the abdomen in this disease of the peritoneum. It owed its origin to the same act which, by the favourable locality of its development, saved the life of the patient.

In the year 1830, the author had an opportunity of observing this disease endemic, in the lying-in hospital at Vienna, where every day during the latter part of January, and throughout February, it carried off several victims. I there saw two cases which likewise commenced with a boil-like swelling on the fingers of the left hand, and ended fatally. Such deposits, when they appeared on the periphery of the body, were usually immediately opened with the knife. Calomel, with tartar emetic, was given internally, when the bowels were confined. Columbo, Valerian, Serpentina, Arnica, Moschus, and wine were administered if there was diarrhoea. Cataplasms were generally applied to the abdomen, and when there was great tenderness leeches were put on. With few exceptions, the patients died within from 48 to 72 hours. In cases of enormous distension of the abdomen, there was found an extraordinary quantity of an inodorous purulent looking mass, which covered all the organs in the abdomen to the thickness of an inch.

In many cases of threatened suppuration in angina tonsillaris, neither Mercury nor Belladonna were of any avail ; but

rapidly repeated doses of Aconite 3—6 (given every hour in the manner above described), sufficed to ward off the danger.

Cases of violent, frequently recurring, and extremely debilitating epistaxis in women at the period of decrepitude, the cause of which lay in congestions towards the head, were cured by Aconite 3 in rapidly repeated doses. In one case an allopathic physician had previously made use of almost every means without success. For some time it appeared only to act as a palliative, for the hæmorrhage recurred at long intervals; but on continuing its employment the disease was cured radically.

In the case of a still older woman, who, after having survived several pneumonias, was attacked with what is called *pneumonia notha*, Aconite given during the attack of hæmorrhage proved of service, inasmuch as it shortened the duration of the bleeding relatively to the former attacks. But as the lung, to a great extent impermeable, could admit of but a small quantity of blood being brought in contact with the air, the excess of used blood distending the vena cava superior and venous branches communicating with it, sought by hæmorrhage to effect an evacuation necessary to life. This woman died apoplectic, on the receipt of some very joyful intelligence, in consequence of no hæmorrhage coming to relieve the brain from the fatal flow of blood towards it.

In congestions towards the head, in general Aconite proves of excellent service. It relieved a young man with the most intensely developed apoplectic habit of body, of constantly recurring attacks of vertigo, which commenced with noise in the head, and compelled him to seize hold of the first object, and occasioned a loss of consciousness that lasted some length of time. I prescribed a drop of the 3rd dilution to be taken daily in a glass of water, this to be continued for a considerable time. The same remedy was efficacious in some other cases similar to, but not so severe as this.

To this section belongs the valuable curative power of Aconite in the head affections of children during dentition. The greater activity of development in the region of the head, causes a greater flow of fluids towards that part. But along with this there is produced a greater tendency to abnormal process, to in-

inflammations of a plastic character. The children become ill tempered; will not play; their walk is unsteady, and they wish always to be carried, when they always lay their head on the shoulder of the nurse, as they have a difficulty in keeping it erect. The head is very warm; the conjunctiva injected; the pupils dilated. One or both cheeks have a circumscribed bright red spot and are hot. The appetite is moderate, but vomiting is easily produced on partaking of food. Bowels sluggish. The symptoms are better marked, the nearer is the commencement of acute hydrocephalus. In such cases I gave Aconite alone in repeated doses, and generally with the best effects.

Belladonna. This medicine cured several cases of erysipelas, as well the dangerous kind affecting the face, as the less serious form occurring after external wounds, more particularly those of the skin.

A patient, after general uneasiness and fever in the evening, with very violent delirium, was attacked the following morning with erysipelas over the left side of the face reaching to the corner of the mouth. The left eye was closed, the eyelid œdematous, much swollen and almost transparent. The face, towards the left side, was almost square. The patient complained when she was not delirious of most violent tearing headache in the sinciput; humming and buzzing in the ears; pain in the palate on swallowing; an inclination to vomit; white thickly furred tongue; bad taste in the mouth; the pulse was hard; the skin moist. The erysipelatous swelling had the appearance of red on a yellow ground. The patient was extremely restless; had not slept during the night and had much thirst. I gave Belladonna ʒ, gr. iv, in a pint of water, and ordered half a tablespoonful of this to be given every hour. In the course of three days the patient was well. I saw several similar cases, and treated them with the like success. I cured erysipelatous inflammations after wounds in the same manner, except that sometimes one or more doses of Silica were necessary.

A case of pseudo-erysipelas came under my treatment which was cured by Belladonna followed by Silica, with extraordinary rapidity in comparison with the cases I have observed in the hospitals of Munich, Vienna, &c. A married woman, 38 years

old, came to me for advice. Her right arm was swollen to double its natural size from the finger joints up to a hand's breadth above the elbow; the skin was yellowish red, shining and very tense. The axillary glands were swollen, and the arm could not be moved in any of its joints. At some points the arm felt doughy, and there was indistinct fluctuation; the colour of such parts, especially on the back of the hand, was bluish. The woman complained of the most excruciating tearing throbbing pain in the arm. She had violent pain alternating with severe rigors; was very delirious and extremely restless and anxious. The whole of the cellular tissue of the affected part was evidently inflamed, and suppuration had already commenced in some parts. As I had always seen such cases treated by a cutaneous incision along the whole affected part, in this case from the hip to the ankle, I should have resolved upon performing a similar incision in this case, had not the lady forbidden all surgical operations in the most positive manner. I made her lay the whole arm in a tepid cataplasm made of bran and milk, and gave Belladonna ʒi, gtt. vi, in a cup of water, a teaspoonful to be taken every hour. As this is not the place for a minute detail of the case, I may merely mention that the severe pains were soon diminished, the swelling decreased somewhat, and the mobility returned. The colour changed more to yellow or greenish, and in forty-eight hours the whole arm fluctuated. As early as the third day several openings were formed on the internal border of the palm of the hand, whence a large quantity of pus flowed for several successive days, during which the hand was kept in tepid water, and at the same time regular sinuses were formed under the skin along the whole arm. Pressure on any part of the arm caused the matter to exude more rapidly from these openings. After all traces of inflammation had disappeared the arm was enveloped in soft linen, and from this time (the sixth day) Silica ʒi, gtt. 6, was administered in the same manner as the Belladonna. The whole skin was preserved, and the cure was accomplished within three weeks, all except a slight stiffness of the fingers, which disappeared after a time. Any one who has seen or treated pseudo-erysipelas of such an extent knows how difficult it is to cure, and what a length of time the treat-

ment occupies. A bandage was never applied. I cannot help ascribing the rapid recovery to the Belladonna and Silica, notwithstanding that the inflammation took its natural course and ended in suppuration. Such a pseudo-erysipelas can certainly be regarded as nothing else than the metastasis of an internal dynamic or material morbid process, which fully accounts for the difficulty of curing it, and the above rapid recovery undoubtedly appears to be owing to the medicines administered.

Scrofulous ophthalmia, the reflex of fully developed scrofulosis, is a true source of torment both to the patient and the physician. Hence it is laughable when Dr. Hartmann in his, "Therapeia of acute diseases," p. 322, assures us, "When an inflammation of this sort will yield to no remedy, a single small dose of Arsenic affords relief in a short space of time." He may endeavour to vindicate his assertion as he has written it, but practical men will one and all say, "it is not true." Among other remedies Belladonna followed by Sulphur has enabled me frequently to subdue this disease, at least, for a time. In consequence of the great photophobia the children lie on the face and cover their eyes with their hands. Before obtaining some amelioration, an inspection of the eyes is not to be thought of. The children became convulsed before the eyes can be opened. At a later period, a gush of water takes place whenever the eyes are opened, though it be done with every possible care. The well-known scrofulous ulcers are now observed, and they are often not nearly so considerable as they were supposed to be. I could relate six or eight cases of this kind, of various degrees of intensity, in which Belladonna 3—6, gtt. 3—6, in a glass of water administered in spoonfuls every twelve hours, afforded relief; the cure was further advanced, indeed, often completed by means of tinct. Sulphuris given by drops at the same intervals of time; but I cannot tell why in a number of similar cases these remedies were of no service. I could see no difference between the two sets of cases. The distinction of scrofula into torpid and erethic does not give us any assistance, neither does the assumption of the existence of a nervous or sanguineous dyscrasia. The physician must not be merely a diagnoser he must be also an artist.

In a case which bore a close resemblance to acute hydrocephalus in the stage of exudation, Belladonna was useful. A girl of 5 years of age complained of headache for several days. I could obtain no further information. On the third day she lay in bed, would not speak a word and partook of no food. The head was drawn back; the pupils much dilated and little sensible to light; the head hot; the pulse rather quick, not very full; the skin soft, but not moist; no stool. I gave Belladonna 12, gtt. 3, in a cup of water, a tea spoonful to be taken every two hours. On the following morning the patient was out of bed. Had the girl died I should have considered the case one of acute hydrops ventr. cerebr. in the last stage, but from the rapidity with which it recovered I hesitate to do so, for I am no believer in miraculous cures by homœopathy.

The good effects of Belladonna in angina faucium are well known. I found it particularly useful in commencing angina after a chill. The patient feels as if there were a foreign body in the throat, which causes shooting and pressive pain. He is forced to swallow frequently, but it appears to him that he cannot properly perform this act, which causes an increase of the pressive pain. The dryness in the fauces is not thereby diminished, and the patient seeks to remove it by frequent hawking, which brings away little or no mucus. The fauces are bright red, more especially on either side of the velum, though but little swollen. In the evening there is a slight rigor, and on the following day, if Belladonna be not previously administered, there is in those predisposed to it, a severe angina, but the whole of the symptoms disappear during the night if a few drops of Belladonna, 12, be administered. By a long continued use of Belladonna, one drop of the 3rd dilution taken every six or eight days, at the same time frequently washing the throat with cold water, I have succeeded in removing, in some individuals, and in myself, that disagreeable tendency to get sore throat on the slightest occasion, which, when left to itself, frequently goes on to suppuration.

Moreover, for the inflammatory affection of the mucous membrane of the fauces in scarlatina miliaris as well as for the whole disease, Belladonna is an indispensable, excellent remedy.

I have never had an opportunity of observing the smooth scarlet-fever of Sydenham, and therefore I consider to be true Hahnemann's statement, that it no longer exists, at all events as regards the part of the country where I have hitherto lived and practised. In the treatment of the well known military scarlatina, Belladonna 6—12, a few drops in water, or rubbed up with sugar, a small portion given at intervals, was always the chief remedy, but I could not dispense with Aconite when the febrile excitement was great. I scarcely ever was unsuccessful in the treatment of this disease except when the children were exposed to the air in the stage of desquamation. In such case the children were carried off with all the symptoms of acute hydrothorax. Yet I likewise observed in May and June, 1834, some cases where the first onslaught of the disease occasioned complete paralysis of the nervous system. This form commenced with violent vomiting followed by sopor, which ended in a few days with death. In this true cerebral apoplexy, Belladonna, as probably every thing else, was of no avail.

In forms of the disease in which there is a more or less marked enteritis serosa, Belladonna is a serviceable remedy, yet Aconite given alternately with it should not be neglected.

A man 42 years old, otherwise healthy, was attacked apparently in consequence of a chill, with pain in the abdomen, which first consisted of single shooting pains proceeding from the right ileum; but afterwards, on the following evening, namely, when I saw the patient, increased to a frightful burning tearing pain, stretching from the part corresponding to the coecum over the whole abdomen. The part whence the pain proceeded was tense, could not bear even the pressure of the shirt, so that the patient kept it uncovered. There were scarcely perceptible remissions of the pain. During the night he had already once vomited mucus, and had constant loud eructations. He complained of tearing pains across the forehead; the tongue was red and pretty clean; the day previously he had no evacuation. He had violent pain, with alternate heats and rigors. The skin was red, hot and dry; the pulse quick but small. The face exhibited a well-marked expression of a serious abdominal affection, and the patient moaned sadly, and had great thirst.

I considered, and am still of opinion, that this was a true case of enteritis serosa, having its seat in the coecum. In the course of twelve days the man was restored to health, but for months afterwards the part of the abdomen corresponding to the coecum was sensitive and painful on any violent movement. He has now been free from this symptom for more than a year without taking any more medicine. Aconite 3 and Belladonna 12 were the remedies I employed, a dose of a drop each, alternately, every hour. Besides this, he got injections of tepid water every day, which brought away large hard and almost carbonaceous stools. On the seventh day after the occurrence of a critical sweat, and deposition of sediment in the urine, the coecum still being tense and very painful, I gave 3 doses of Nitri acid. 1, a grain for a dose, at intervals of 8 hours. The tenseness diminished, but the pain subsided very gradually.

Milder cases, resembling enteritis serosa, and in which there were only pain and vomiting, but which wanted the other pathognomonic symptoms, which consequently might be regarded as spasmodic affections, were also removed by Belladonna. One case of this kind was very severe, had lasted for several days, and threatened to pass into a true enteritis serosa. This transition into an inflammation in such a case is so much the more to be feared, as the circulation sympathizes readily with the nervous affection, and there is but a small step from what is termed a colic, to the corresponding inflammation.

That form of menstrual colic which commences shortly before the appearance of the catamenia, and continues generally for the first day, consisting in a drawing pain proceeding from the small of the back, and descending like labour pains into the thighs, and in a twisting feeling under the navel, with a pressure towards the genitals, as if every thing would be forced out, such cases were generally cured by a drop of Belladonna 12; but only in a palliative manner for each attack, as the spasms returned with the next period.

In one case, where the menses were too early and too copious, Platina effected a radical cure.

Bryonia. After the employment of Aconite, by means of which the fever and the general sympathetic affection of the

organism were diminished, Bryonia was the remedy which in many instances removed the inflammatory affection of the respiratory organs. Shooting pain of the most violent character was the indication for its employment. I cannot refrain from mentioning that by the use of Bryonia in such cases, perspiration almost invariably set in on the 4th or 5th day, which was apparently the crisis of the disease, as from that period, amendment took place. The diaphoresis is very great and hot, and the patient lies in a true vapour bath. After this, from twenty to thirty vesicles appear on the outside of the mouth, which are soon filled with a purulent fluid; they then burst and form scabs. (These sweats put me strongly in mind of those I observed in similar cases in the practice of Dr. Schiffner, of Vienna. He gave every hour or two hours several grains of Calomel, combined with quarter to half grain doses of Digitalis. The disease disappeared with the most copious diaphoresis in from twice to six times twenty four hours. But alas! the subsequent mercurial disease——!) True, it sometimes happened that in cases of greater sympathetic disturbance of the reproductive system, as for instance, bilious pleurisy, a dose of Nux vomica or Magnesia muriatica was necessary to complete the cure, yet Bryonia still seemed to be the chief remedy, even in such cases. In rheumatic pleuritis, unaccompanied by fever, Bryonia alone was generally sufficient. No doubt a blister raised by means of a cantharides plaster, applied to the neighbouring skin, produces the same result, but in that case the "*jucunde*" is wanting to the practice.

I administer the Bryonia generally from the 3rd to the 6th dilution, several drops in water or milk sugar, and for the most part, repeat the dose at short intervals.

In gastric fevers with frontal head-ache, foul tongue, bitter taste, nausea, pressure in the stomach, and costive bowels, Bryonia 3—6 in oft repeated doses, I have frequently found very efficacious. If the accompanying fever was considerable, a few doses of Aconite were necessary, either before or between the doses of Bryonia. If in such cases there was present a tendency to vomit, it generally happened that the administration

of Bryonia was followed by bilious vomiting, which recurred not unfrequently on repeating the dose.

I have often observed that the administration of the proper medicine chosen on homœopathic principles, but in doses not too small, was followed by vomiting of bile, and this observation, which I alluded to when writing of Aconite, leads to the conclusion, that the properly chosen medicine is capable of raising the reaction of the organism to such a degree, that, in the case of morbid matters, *e.g.*, bile in the intestinal canal, it is able by its own efforts, to remove them without the assistance of an emetic. Hence we infer that though emetics cannot be altogether rejected, their employment should be very much limited. The action of an emetic, however, appears to be one of the most innocuous the physician can make use of, while at the same time it is one of the most powerful weapons of the antipathic physician. A blood-letting, a purgative, always leave more bad effects behind them. But invalids in a very weak state may die from the indirect effects of an emetic. Thus, before I was acquainted with homœopathy, a girl who had been a long time ill, and was very much reduced, came under my care. She had been suffering for four weeks from the following symptoms: pain in the forehead, foul tongue, bitter taste, disgust at food, desire for sour things; and in addition to this, her left arm had been swollen to double its natural size, and was incapable of motion for the same length of time. In such cases I had often seen emetics given, and had given them myself with the best effects. As my predecessor in the treatment had tried many things without any good result, I commenced the treatment with an emetic. The vomiting was followed by acute pleurisy, while at the same time the arm returned to its normal dimensions. The pleurisy was treated *lege artis* with leeches, nitre, and purgatives. It disappeared in order to give place to typhoid affection, and the girl died of a white miliary eruption, which the organism was not able to bring to maturity. In another case, I saw an emetic consisting of Tartar emetic and Ipecacuanha powder, given to a lady who had been treated for a considerable time for liver complaint with resolving mixtures; the emetic acted downwards, diarrhœa

set in, ulcerations in the bowel were formed, and the patient died of typhus abdominalis. Under such circumstances, homœopathy with its moderate doses (for they do not require to be extravagantly small, beyond microscopic ken), would have the advantage, as it can boast of this merit "*non nocere.*"

In chronic cough, which becomes very violent at the least excitation of the lungs, as speaking, which is worst morning and evening, and which is accompanied by very little expectoration, as we observe in individuals whose lungs have suffered from previous inflammation and frequent attacks of hæmoptysis, I have seen Bryonia administered with the best effects. I had such a case in which the patient coughed for whole nights together. Bryonia 6, given for some length of time in the manner above indicated, not only produced perfect night rest, but favoured the process of nourishment in such a manner, that the patient, who was formerly quite emaciated, picked up flesh, and her appearance improved. Yet in such cases, the action of Bryonia is generally merely palliative, as the lungs appear to have become impermeable in several parts, and insidious inflammatory processes subsequently occurring, in the end destroy the lungs. However, a good palliative is not to be despised in diseases which defy our skill to cure.

A married woman, 49 years old, has not been able for the last eight or nine months to bear any other position than the sitting posture. A violent shooting pain in the precordial region, and the abdomen thereabouts, prevents her walking as well as lying. The painful part was swollen, and the pressure of anything tight was intolerable. She described the affection as being extremely painful; at the same time, the tongue was clean, but the appetite bad, and after a few spoonfuls of soup she felt quite full and satiated; her bowels were costive, and she had a motion only every second day; general emaciation. The irritability did not seem to be affected sympathetically. I must confess that I was not quite clear what disease I had to treat. The case was as little indicative of a commencing material degeneration of the membranes of the stomach, as of a disease of the plexus solaris. I gave a few drops of Bryonia 6 in milk sugar; a small quantity of this every evening. After

about three weeks all traces of this affection had disappeared, except that the region of the stomach could bear no pressure, consequently tight clothes cannot be borne, which is still the case after the lapse of several years.

Nux vomica.—This excellent medicine has been so often employed that I should have no difficulty in filling an entire volume were I to relate the various cases in which I gave it with good results, either alone, or before or after other remedies.

The principal field of action of this important substance seems to be the ganglionic system of nerves, and the various systems and organs supplied by it. Those organs connected with these parts, either sympathetically or antagonistically, are not unfrequently subject to its medicinal action. Hence I often cured with it those forms of headache whose cause, according to the researches of pathology, is referable to these abdominal organs. To this class belongs the *headache of hysterical women*, either consisting of the boring "clavus hystericus," piercing the whole head from a small spot, or characterised by frightful pressure in the temporal region, compelling the patient to lie down, and followed, after a short time, by retchings. The other hysterical sufferings serve to confirm the diagnosis.

Similar to this is that form of headache which I have sometimes met with in young men and girls weakened by masturbation, and who, probably, were still addicted to the vice. It is preceded by a state similar to that ocular deception, called by some writers, "*vertigo spuria*." The patient is attacked in the following manner:—He sees only one point of the object to which he directs his attention; all surrounding parts and objects swim before his eyes. Thus he only sees one finger of his hand, one leg of a chair. He can spell printed words with some difficulty, but cannot see at once a whole word containing even a few syllables only.

This state continues from a quarter to half an hour; then the patient begins to observe a vivid light towards the external angle of both eyes, which he can compare to nothing but the appearance of a fire wheel set off at his side; at the same time there is a flow of water from the eyes, in which, however, no change is observed. After the lapse of from fifteen to twenty

minutes this symptom likewise ceases, and then commences the desperate headache, at first merely as a slight pressive pain, but which increases every minute, whereas the deception of the sight lasts only from thirty to fifty minutes. The pain continues about 24 hours, for after reaching its acme, during which the patient must remain in the recumbent position and often vomits, it again declines. I could never get a more accurate description of the kind of pain. These attacks, described as frightful by the patients, were not only abridged by *Nux vomica* 12, a few drops in sugar, but by repeating the dose the number of the attacks was diminished, and in many cases a complete cure was effected. In one individual, who continued to indulge in the vice, the *Nux vomica* seemed only to act as a palliative.

In a similar manner I succeeded in curing some headaches which were the consequence of a sedentary life and intellectual labour. The cases were generally men in the prime of life, who awoke every morning with pressive headache in the frontal and temporal regions. There was at the same time a humming in the ears, synchronous with the heart's beat, when the patient assumed the erect position, after having been lying. Along with these were bradypeptic affections, with retarded stools and bad humour. *Nux vomica* 6—12, given in drops every three or four days, cured these affections. Exercise, cold water as drink and employed in bathing the abdomen, assisted the *Nux vomica* in its curative action.

A few drops of *Nux vomica* 3—6, removed in a very rapid manner that affection characterised by confusion or dull pain in the head, with a peculiar uneasy feeling in the region of the stomach, and frequent desire for some article of food, as is often observed in the morning after indulgence the day previously in ardent liquors, and which goes by the name of "*blue devils*." (*Katzenjammer*).

In toothache *Nux vomica* often proved itself one of the most frequently applicable remedies, and the kind to which it was peculiarly suited was that described by Dr. Knorre (*allgem. hom. Zeitung*, Vol. V., p. 275), where the pains are kept up by carious teeth. The patient is in general not able to say exactly in which tooth the pain is, but he points to the place where the

carious tooth is. The pain is drawing, and occasionally violently tearing. In the day time the pain is generally inconsiderable, but at night it becomes intolerable, and the sufferer cannot lie in bed. In this respect *Nux vomica* and *Chamomilla* agree. The latter, however, appears to be more particularly indicated when there is swelling of the cheek.

When the crown of the tooth is already destroyed by caries, and when the root has become carious, and causes inflammation and swelling of the gums, with small or large abscesses, *Nux vomica* not only cures the existing parulis, but administered from time to time, it entirely removes the tendency to its formation, so that many cases treated with *Nux vomica* remained for years exempt from gumboil, whereas formerly scarcely a month passed in which they were not affected with it.

Even in Fothergill's extremely painful prosopalgia, whether the pains were seated in the infra-orbital branch of the trigeminus, extending from the point where it first appears on the face, over the nose, cheek, and upper lip, or in the middle branch of the facial nerve, from the ear over the cheek, the angle of the mouth, the upper lip, the under jaw, and, from its connexion with the third cervical nerve, down the side of the neck to the shoulder—in these forms of the disease *Nux vomica*, especially alternately with *Chamomilla*, produced excellent effects. I saw some cases which had already existed several months cured thus in a few days, without rendering necessary the administration of nauseous cod liver oil, or the barbarous interference of the knife, which always produces paralysis of some of the muscles of the face. The pain cured by *Nux vomica* and *Chamomilla* was of an intermittent or remittent character, vastly aggravated at night, compelling the patient to quit the bed; was described as a frightful tearing pain, especially in the neck, and caused the female patients to shed tears.

One case of a man of 60 years of age, was accompanied by violent remittent fever; the patient complained when the pain was severe, of shooting in the right side of the chest, which symptoms were cured by a drop of *Bryonia* 6. The pain and prosopalgia were removed by *Nux* alternately with *Chamomilla*.

In several individuals suffering from what is termed "weak chest," owing to a too sensitive mucous membrane of the organs of respiration, the least circumstance causing an attack of catarrh, which was very tedious and suspicious looking, a dose of *Nux vomica* gtt. j, often sufficed to ward off the threatened attack. The patients feel after the least chill a rough scraping sensation at the upper part of the sternum, and also in the larynx. The breathing is not impeded, but is very audible, owing to the catarrhal inflammatory affection of the mucous membrane of the larynx and trachea. It seems as if this membrane were relaxed. The patient coughs, but only in order to get rid of the obstruction in his throat, which is extremely irksome in the morning; there is no expectoration. I have often seen *Nux vomica* of use in such cases. As the disease advances, it descends from the trachea to the bronchial tubes (resembling the progress of erysipelas), and weeks may elapse before a cure is effected. The patient has the real dyspnoea, and feels the obstacle to his breathing in the lower part of the chest, where he also has pain on taking full breath. Such lungs, owing to their tendency to inflammatory and exudative processes, seem to become easily tuberculous, or perhaps they are not altogether free from hard tubercles in some parts.

My experience fully concurs with that of Dr. Muehlenbein, who remarks that *Nux vomica* alternately with Sulphur is very efficacious in derangements of the digestive powers, but when these remedies can do no good there must be a material cause of disease in the alimentary canal. These remedies are particularly useful in cases of bradypeptic disposition, with little or no appetite, oppression in the stomach during digestion, and frequent empty eructations of air. In chronic cases there is present also emaciation and weakness. A few doses of *Nux vomica*, 3—6 gtt. j., between as many doses of tinct. Sulphuris gtt. j., one dose given every night at bed time, effected a cure in several such cases.

I have seen *Nux vomica* produce the desired motion, but merely as a palliative, in pregnant women who, without any other ailment, are affected with costiveness, in one or several rapidly repeated doses of the 3rd dilution gtt. j. Likewise in

little children who without any other morbid symptom suffered from costiveness, *Nux vomica* 6, in drops was serviceable.

Two patients, who had several times vomited black coagulated blood, and were affected with melaena I cured with *Secale cornutum* 1, gtt. j., a dose repeated every day or two for a considerable time. But after the pain in the stomach and spleen, and the morbid secretion of blood had disappeared, there remained behind an indolent state of the bowels. This was removed by *Nux vomica* of which I gave for some time, a drop of the 3rd dilution daily. Both the patients have now been well for a long period, and their bowels are quite regular.

There can be no doubt that in all cases, in which we wish to produce an increase of the peristaltic motion of the bowels, we have an excellent agent in *Nux vomica*. A further proof of this we have in cases of strangulated hernia, when there is not yet inflammation of the incarcerated bowel. I had in two cases, an opportunity of observing that the praise bestowed on it in such cases is not unmerited. If there be a threatening of inflammation, *Belladonna* is preferable to *Nux vomica*.

Although easily comprehended by the homœopathist, it is yet wonderful to think that the same *Nux vomica* with which we can increase the number of stools, is capable of checking them when too numerous. Thus I have more than once seen the dangerous *diarrhœa nocturna* yield to the employment of *strychnia* in increasing doses, while many other remedies, for example narcotics, were given without effect. In this disease the patients are attacked suddenly at night by a burning sensation in the umbilical region, with anxiety. After this state has lasted from two to four minutes, it is followed by frothy mucous evacuations, whereupon the patient feels well. But the disease becomes worse from day to day. This observation may tend to draw the attention of the sceptical to the truth of the law of primary and secondary effects.

It is however, more than probable that the homœopathist would obtain a quicker and more successful result by the employment of *Arsenic*, or in certain cases, of *Petroleum*, in the nocturnal diarrhœa, than the allopathist with *strychnia*. I have elsewhere (*Hygea*, Vol. II, No. 5) related two cases which corroborate my opinion.

In inflammatory affections of the liver, where it is swollen, with pressive burning pains, much increased by motion and pressure, *Nux vomica* is also of use. If the serous investment be much affected the burning prevails, if the disease be confined to the parenchyma the pressive pain is the most marked. The patient has at the same time violent fever, but the pulse only at 90; he cannot lie on the left side; he vomits frequently, and has more or less of an icteric colour. In acute cases *Aconite* is indispensable, but when the violence of the fever is subdued, or if the inflammation is subacute, *Nux vomica* performs all that could be desired.

ON DEFORMITIES OF THE CHEST.—THEIR MECHANICAL AND HOMŒOPATHIC TREATMENT.

BY THOMAS ENGALL, M.R.C.S.E.

FOR practical purposes deformities of the chest may be classed as follows:—

The prominent chest.

The depressed chest.

And the irregular chest.

These may be further classed into those which are the result of other diseases, or *accidental*, as those existing with spinal distortions, and which are cured with the distortion, and those which are *idiopathic*. It is of the latter alone that I wish now to speak, the former ought never to be treated, unless by the removal of the spinal distortion upon which they depend, as the change in the position of the ribs is frequently the result of the preservative power of the system adapting the chest to the most favourable position under the circumstances for protecting the life of the individual.

The distortion itself consists in an alteration of the relative position of the ribs, sternum, and cartilages to each other, or in the whole of them, altering their relative position to the spinal column. In the first instance it occurs from the changes taking

place in the structure and form of the anterior part of the chest, in the sternum, cartilages, and ribs; in the latter by changes effected at the spinal extremities of the ribs; in both cases it may arise from forces exerted exterior to the body, or from forces inherent in it. The former consist in various appliances which restrict the natural development of the parts, the latter in the want of a due supply of nutriment to them; both these causes may act singly or in conjunction.

The most common cause of distortion of the chest in this country, is doubtless the use of stays, or bands and compresses of various kinds applied in early life. These act upon the system, both locally and constitutionally. Locally they act by compressing the chest in various directions, tending to force it out of its proper position and proportions. Were the chest perfectly circular the effects of stays would be less pernicious than they are, but as it is longer in diameter from side to side than from before backwards, they are necessarily hurtful, for a bandage applied round a perfectly circular object would when tightly drawn press equally upon all parts of that body, but when the body so situated is oval, the force acts most powerfully on the longest diameter, tending to make it assume the circular form when the bandage is tightened. This circumstance, which holds good as regards other bodies, particularly applies to the human thorax, which from its peculiar position is most liable to suffer; containing internally no resisting substance, being formed of materials readily capable of compression at the anterior part, and united by flexible ribs, with apophyses at the posterior extremities, to the spinal column; and these ribs being in their position directed forwards and downwards—all these circumstances make the chest more readily acted upon by any restraining influence from without, and the earlier in life these appliances are had recourse to, the more easily is the work of distortion accomplished. Hence it is that we find the fashionable deformities that exist in such numbers around us; deformities that owe their existence to the idea that rounded figures are graceful and oval ones not so.

When the victim of tight lacing has exercised the practice some time, then the constitutional effects begin to manifest

themselves; from the ribs being nearly, and in some cases, permanently fixed, the chest cannot naturally be enlarged, and from the compression which the lower part of the waist has undergone, the diaphragm has had its muscular origins brought nearer to the tendon of insertion, and in consequence cannot contract to the extent it otherwise should do. Owing to this the cavity of the chest is contracted, and as a result, the quantity of air admitted into the lung is diminished, and the blood deprived of its full amount of oxygen. This is lost in two ways; as the diaphragm cannot fully contract, nor the ribs fall, the amount of air which ought to be sent out at each expiration cannot be expelled, and therefore a greater portion than natural remains to deteriorate that which is inhaled at the next inspiration, which is less in quantity than it otherwise would be; this is owing to the space being contracted. Again, the heart, from the diaphragm being unable to contract with its usual force and to its usual extent, loses its natural position, and is unduly pressed upon by the lungs, hence it is probable that it does not send the blood with sufficient force, either into the lungs, or over the system. That the circulation is affected we need not doubt, as those who lace tightly usually suffer from cold feet and extremities evidencing a languid circulation.

As the blood becomes deteriorated from the causes named, and also from the digestive apparatus suffering, the constitution will soon feel its influence, and then that state is induced which readily permits the changes in the chest to take place from the operation of the various causes named. If the lacing has not commenced until the chest has become perfectly formed, the effects may operate upon the spine, inducing spinal curvature; a remarkable instance of which I have seen whilst writing this paper, in which the spine at every inspiration is propelled outwards, and at every expiration drawn inwards, the ribs being fixed through tight stays.

But although stays are a very common cause of chest deformity and also of spinal deformity, so much so that the favourite sons of the Shetlanders, and those of our forefathers who were incased in them to preserve their symmetry, were uniformly found to prove deformed, whilst their less favoured

brothers escaped; yet stays are not the only cause. We frequently meet with the disease in persons where no restraints have been employed, and in whom every care has been taken. In these cases the formative power of the individual appears to be at fault. As we find these cases usually occurring in children of strumous habit, we may suppose that it is produced in nature's effort to ward off diseases from more important organs. It is probable that both cases may arise from a deteriorated state of the constitution, in the former case induced by the destructive habits referred to, in the latter congenital; these states permitting the exciting diseases to act in the manner we will now proceed to consider.

The exciting causes.—When the constitution has become weakened by the means just adverted to, it then falls an easier prey to the exciting causes of the deformity, and the cartilages and epiphyses becoming less consistent have less capability of resistance, and in consequence are unable to resist the muscular traction to which they are subject, and hence yield to this and other forces acting upon them; which forces being continued alternately, produce permanent deformity.

The pressure of the stays or other bandage, as already stated, produces lengthening of the antero-posterior diameter of the chest, from the tendency it has to make the body round, but the position of the sternum will be influenced by other circumstances; if it be unable to resist the action of the muscles it will either be drawn in or out, by the muscular contraction. If it be unable to resist that of the *triangularis sterni*, this muscle will draw it outwards, and then the lateral pressure of the stays urging the sternal ends of the ribs towards each other will force it further outwards, as the position is anterior to the line of direction on which they act. The great pectoral muscles are united across the sternum by an aponeurosis; if these two muscles act, and the sternum be unable to resist this force, it will be forced inwards; and as they are situated posteriorly to the line of direction of the sternal ends of the ribs, their tendency will be to force the sternum ever further inwards.

Again, if these parts resist as a whole, the force exerted may act upon the epiphyses at the spinal extremities of the ribs and

these yielding may permit the thorax as a whole to be projected backwards or forwards. In the former case the chest would be, relatively to the spine, contracted from before backward, if the spine maintains its position. In the latter, elongation in the antero-posterior diameter would be caused by the spine yielding in that direction, which it is much disposed to do, as the spine itself lies in a groove, and is in consequence the part unpressed by the stay; and therefore, when an inspiration is taken, that part receiving no support is entirely dependent upon the strength of its different constituent parts for its safety; the inspirations constantly urging the walls of the thorax in the direction of the least resistance.

Although the tendency of the stay when laced is to press upon the longest diameter of the chest, yet the action of lacing them behind has the tendency to draw the whole chest backwards; and thus it is, that if the chest as a whole can resist the force, and the spinal epiphyses of the ribs alone yield, the chest is drawn in that direction. In this case the spine lies in a deeper furrow than natural, as the angles of the ribs are drawn backwards, and the antero-posterior diameter of the chest in relation to the spine is diminished. Now the component parts of the chest are not only liable to be acted upon by the forces named, but are more particularly so on account of their peculiar structure. The ribs at birth are completely ossified, except two epiphyses at the spinal extremity; but the sternum does not commence to ossify until the fifth or sixth month after birth, when the centre of ossification is first seen on the superior piece. The ossification is first completed on the lowest pieces, but that process does not cease until after adult life has commenced; hence the parts are much disposed to adapt themselves to the forces acting upon them in early life.

To recapitulate, these chest deformities we consider to arise from want of formative power, or from that power being otherwise employed, or from pressure applied externally to the chest, and this we consider to act in two ways, first, mechanically, and second, constitutionally.

My limits will not permit me to consider this part of the subject at more length, I shall therefore proceed to consider the treatment.

A variety of exercises have been invented for the purpose of curing these deformities, but where there are so many muscles acting directly or indirectly upon a part, it must be very difficult to obtain that exact exercise which shall produce just the effect desired, and no other. This is especially the case with children, who are generally the subjects to be treated, for they soon get tired of the prolonged repetition of any exercise, and unless strictly watched whilst exercising (admitting that the proper exercise has been discovered), may do exactly the contrary, and thus do more harm than good. For these reasons, and also having found that deformities of this description when connected with spinal distortion, were cured with the deformity, when no muscular power was employed for that end, I have, in treating the few cases which have fallen under my care, made use of none of the usually employed muscular exercises, but have relied upon friction and pressure—the latter constantly and gently applied, and the result of this I have found so beneficial, that I have thought it worth while to communicate it.

The instruments I have employed are of two kinds: that for applying pressure during the day, and that for the same end during the night. The first, which was made for a case of prominent chest, consists of two springs like those used for hernia, affixed behind to a hinge, by means of which, the front is allowed to open and close: the hinge works upon a central wire, which is prolonged beyond it, by which means the springs can be elevated and depressed, as the position of the prominence may require. At each end of this wire an eye is formed, by which the whole is fastened to an iron busk, which extends the whole length of the spine, and which it fits accurately, so as not to press upon the angle of the ribs, but to rest entirely upon the spine. At the sternal extremity of the springs is a piece of tin affixed permanently to one of them, and so arranged as to adapt itself to the figure of the sternum; it is united (when placed around the patient) to the other by means of a stud and hole. The whole is properly stuffed and fixed into a pair of stays which open in front, and the apparatus is put on like a jacket. In its application to the prominent chest, the back and sternum are the only parts which have pressure ex-

erted upon them ; the effect of which is, that all the other parts being without resistance will allow of the expansion laterally.

At first, I did not use the iron busk, but was led to its adoption through finding that the pressure at one point of the spine was injurious, and had a tendency to favour spinal distortion : it is of great use, it distributes the pressure over the spine, and keeps the springs in their places. The whole is so well adapted, that it can be worn under the clothes without exciting observation, a point of some importance.

The means employed at night consist of a back shield fitted into a pair of stays made to open in front and behind ; by its use *alone*, I have succeeded in curing various deformities of the chest, when connected with spinal deformities. In the case here supposed to be treated, that of the prominent chest, it would be so formed as to press solely upon the spine in its whole length, leaving the angles of the ribs unsupported. The stays may be prevented pressing upon the side of the chest, either by means of side shields pressing only upon the ilium and axillæ, or simply by making the band of the shield wider than the breadth of the trunk, leaving the sides unpressed by the stay, the patient lying constantly on the back during the night. Every morning and evening the back and chest are to be subjected to friction for the space of half-an-hour, olive oil being employed to prevent abrasion of the skin. The friction will excite circulation in the part, and thus prevent sloughs forming, the patient lying upon the shield whilst the friction is applied to the chest.

In treating depression of the chest, these plans must be modified according to the cause ; if it be found that this arises from the ribs being too rounded, the springs must be made to terminate upon the prominent points ; if as I suspect is usually the case, it is found that the angles of the ribs have been forced back, the pressure of the busk must be made to act upon them by increasing its width, and the spine left unsupported ; the same plan must be used at night, by the shields being made to press upon the prominent parts. Two side shields in these cases are particularly useful, friction being employed over the parts subjected to pressure.

Irregularities of the Chest.

These may all be treated by modifications of the above principles; the prominent sternum can I think seldom, if ever, occur without the chest being also affected. Should it, however, do so, it can readily be treated by the spring and back shield, as already shown for prominent chests, and the depressed sternum also; but the cases what I think are most properly classed under the head of irregularities of the chest, are those in which some portion of it undergoes changes—thus, one case I have seen where the first bone of the sternum at its junction with the first rib was unduly prominent; in others, one side of the sternum is unduly developed, and the other depressed,—in another, the cartilages are bent upon each other. Each of these cases requires separate consideration and appropriate treatment, to which the principles already adverted to will easily lead.

In conclusion, I have to advert to a subject which I think not only most important as an auxiliary to the treatment, but as one upon which its prevention may greatly depend. Instead of the muscular exercises usually resorted to, I advise a trial to be made of one which is a great cause of delight to the infant mind, and of which children seldom tire. As it is with these we have most to do in treating these complaints, it is of moment that the exercise be agreeable, and nothing is more so to a child than singing. One of the most powerful means by which the unruly spirits of our ragged schools are swayed, and far above all force, is the dependence which exists between singing and good behaviour. So true is the assertion of the great master of the human heart, that "music hath charms to soothe the savage breast." But to return to the case before us—in this I believe singing to be a most important curative agent. It excites the mind agreeably, it causes more frequent inspirations, which, by dilating the chest, have a tendency not only to assist in removing the deformity, but also to improve the condition of the blood; and from the natural love for it which children possess, no difficulty is experienced in having recourse to it, and no danger from the ignorance of the parties engaged in its use

when kept within its due bounds. As it acts both mechanically and constitutionally, it acts against the two forces upon which we considered deformities of the chest to depend.

With regard to the medicinal means to be employed in these cases, I may merely remark that from the power which *Calcareæ* appears to possess over the formative principle, I have considered it of most important use in these cases. This with *Silicea*, *Aurum*, *Assafœtida*, I have employed, and in cases where there are evident proofs of a rachitic habit, I should advise their use, together with *Mercurius*, *Belladonna*, and the usual remedies employed in such cases, and perhaps the most important medicinal agent of the whole, sea air.

CASES ILLUSTRATIVE OF THE TREATMENT OF GLYCOSURIA.

BY DR. WALKER, of Manchester.

TRUSTING your readers may feel interested in the detail of a few cases of glycosuria which have come under my care lately, I make no apology in submitting them to their notice.

Practical men, of any school, when a case of saccharine diabetes comes under their observation for the first time, find themselves in a sea of troubles. If allopathic, they find paraded before them no end of remedies, the virtue of each of which is vouched for as being curative until experience teaches them their worthlessness; if homœopathic, little encouragement is afforded in the repertories commonly in use, as all they find there is that *Ledum*, *Scilla*, and *Phos. ac.* may be tried.

In the few observations I have to make, it does not appear to me in the least necessary to enter into the pathology of glycosuria. Your excellent article on Bernard's researches is quite sufficient to give your readers an opportunity of making a hypothetical pathology for themselves, as in my case I feel that the whole subject is very far beyond the range of anything definite.

My object will be gained if, in stating what I have seen, I

can draw the attention of our friends to a few facts (so very few indeed that they may be nil), but which I fancy if followed up may lead to something.

CASE I.

A gentleman, *æt.* 40, an able analytical chemist, consulted me in 1856.

The symptoms which had existed about six months, in varying intensity, were as follows:—intense thirst; emaciation; dry skin; pulse 108; urine varying from twelve to sixteen pints in the twenty-four hours, and the amount of sugar evolved averaging thirteen ounces daily, as determined by analysis (production of carbonic acid and Trommer's test); slight cough; very decided dulness on percussion at apex of right lung.

Independently of the diabetes the prognosis was very bad, as in his cachectic state he must soon fall a victim to phthisis.

I prescribed as follows:—15 grains of Phosphoric acid to 6 ounces of water, a tablespoonful every four hours. This was continued for three weeks, at the end of which time, the quantity of urine had diminished to six pints. A copious deposit of Phosphates occurred, and 5 grain doses of Saccharine carbonate of iron were substituted for the acid. Under this medicine the urine speedily became clear, but again increased in quantity and specific gravity. The appetite, however, improved so much that he rather gained than lost weight. During the whole of the time he took cod liver oil, ate abundantly of oysters, and drank a pint and a half of stout daily.

For three months the Phosphoric acid and iron were given in alternation, each remedy being allowed to act alone for about a fortnight, at the end of that time he had gained so much in weight, and in bodily strength, whilst the diabetic symptoms had so diminished, urine averaging about four pints, that he dismissed me, conceiving diet alone would be sufficient for his permanent recovery. In this view I did not coincide. For twelve months, however, he pursued his usual avocations and again sent for me, having from exposure in very cold and damp weather brought on an increase of his pulmonary symptoms. I

found him, in fact, sinking rapidly with a large cavity in the seat of the dulness. In a few weeks he died, but from the time of my ceasing my first attendance, the diabetic symptoms, although never completely absent, were yet so much in abeyance as to excite in him no alarm.

CASE II.

A gentleman, *æt.* 52, stout, well-formed, of active habits.

About three months before calling upon me he suffered from what he conceived to be lumbago, which hung about him without being severe, yet sufficient to prevent his attending thoroughly to his business. For this he tried a course of Buxton waters for a month, but with an increase of suffering. At first sight it appeared to me a case of ordinary lumbago with sciatica, and he ran the round of our best medicines for those complaints without any benefit. For three weeks he was treated at my own residence, but finding him to be losing flesh, I persuaded him to allow me to attend him at his own house for the sake of watching the excretions. Having thus an opportunity of examining him more closely, I found constant thirst, and great desire for effervescing liquids, whilst the urine had a specific gravity of 1088, varying in quantity from eight to twelve pints in the twenty-four hours, fermenting with extreme briskness on the addition of yeast, and precipitating abundantly metallic copper when boiled with the Potash Sulphate of Copper.

For six weeks so acute were the sciatic pains in both sides with numbness and partial paraplegia that the spinal cord called for all my attention.

Aconite, Arnica, Nux vomica, &c., were given internally, and externally liniments of Rhus, Arnica, Belladonna, Chloroform. These were followed by acupuncture and galvanism, and lastly vapour baths and a very cold douche applied by a force pump to the spine. Under this treatment the myelitis, with its concomitant sufferings disappeared, but the diabetes continued unabated, and he was but the shadow of the man he had been two months previously. He was now put on the Phosphoric acid every three hours, whilst a strict diet was enjoined: no vegetables beyond bran bread; cabbage and mushrooms allowed;

Liebig's broth ad libitum; a little lemon juice when thirsty, and a dessertspoonful of neat brandy occasionally when faint.

The urine gradually diminished in quantity and specific gravity; in three months it had become three pints daily, and Trommer's test showed no trace of sugar.

For six months he lived carefully avoiding sugar, but then returned to his old mode of living—eating and drinking sweetmeats and fermented liquors.

I had an opportunity at the commencement of this year of examining him, and found him in the enjoyment of perfect health, (with the exception of slight catarrh), and no trace of sugar in the urine or diuresis.

CASE III.

A lady, aged 50, who has been under my care at varying intervals for the last three years, first for erysipelas simplex affecting the leg, from which she speedily recovered. Twelve months afterwards erysipelas of head and face, 17 days, a smart attack, but perfect recovery. Eighteen months afterwards malaise, cephalalgia; loaded tongue in patches, denuded of epithelium; restless nights, with constant thirst; dry, harsh skin. On inquiring about the urine I found it averaged six to seven pints a day, with a specific gravity of 1045', and containing a very large quantity of sugar.

At first Antimonium crudum was prescribed, and then the strong Phosphoric acid mixture.

In a week the urine had diminished to four pints, sp. gr. 1040. A week afterwards the following table was furnished me by an attendant:

January 31st,	urine three pints,	sp. gr.	1035
February 1st	„ „	„	1030
„ 2nd	„ „	„	1023
„ 3rd	„ „	„	1020
„ 4th	„ 2 pints	„	1024
„ 6th	„ „	„	1020
„ 7th	„ 2½ pints	„	1023

At this stage the patient, who was not under my immediate

notice, having gone to London, had to suspend the treatment in consequence of an attack of catarrh. By correspondence I directed different remedies, and found from the report of the attendant that the sp. gr. and quantity were again rising. Circumstances called the patient to this locality in March, and on examining I again found the urine six pints, and sp. gr. 1045. As soon as other things would permit, she resumed the Acid with the best effect, and on the 28th of April the quantity of urine had diminished to two pints, with a sp. gr. of 1019.

She is still persevering with the Acid; no return of glycosuria, and general health gradually but steadily improving. It is worthy of remark, that in this case no particular diet was enforced beyond a nourishing one recommended.

STRANGULATED FEMORAL HERNIA.—RADICAL CURE.

By Dr. HARRISON, of Manchester.

ON Saturday, 1st of May, I was called to Mrs. T., æt. 74, suffering from the following symptoms: constipation; the bowels not having acted for eleven days; for five days past there has been sickness with vomiting which has now for two days been fæcal.

On examining the groin, a tumour was observed below Poupert's ligament, which was tender, and about the size of an egg. The family had been homœopaths for many years, and the patient had been treated domestically until the day before I was called in. The taxis had been applied as long as it was thought prudent, and at a consultation with Drs. Walker and Rayner, we agreed to proceed to the operation at once.

An incision was made across the tumor vertically, four inches long, and the sack carefully opened, which was found to be filled with omentum—and posteriorly a knuckle of intestine in a healthy condition; the stricture was easily divided directly inwards, and the intestine immediately reduced; the omentum had, however, contracted adhesions which could not be overcome by prudent force, and it was thought best to leave it alone.

The wound was closed by three sutures, and the usual dressing applied, viz., strip of plaister, a compress, and figure of 8 bandage.

The following morning the patient expressed herself as much relieved; had passed a good night, but had one fæcal vomiting just before I saw her. On the third day no more vomiting or nausea was complained of; the patient very comfortable; a slight febrile attack, which yielded soon to Acon.

On the 4th day the wound was dressed, the sutures were removed, none of the incisions had healed by the first intention. The omentum looked black, and the discharge was offensive. A poultice was ordered and continued a few days, the whole of the omentum sloughed, healthy granulations sprung up, and in three weeks the wound had healed with a firm cicatrix.

The patient is now in excellent health, and following her usual occupations.

I attribute the absence of all bad symptoms after the operation in this case in great measure to proceeding to the knife without wasting time, and in my opinion creating inflammation by the continued use of the taxis. A small enema was given on the fourth day, Castor oil on the fifth, and after that date the bowels acted regularly without interference. The omentum having sloughed, the granulations formed a firm pad completely closing up the crural ring.

HYDROCOTYLE ASIATICA—ITS PATHOGENETIC AND THERAPEUTIC ACTION.

An abstract of a paper by Dr. Andouit from the "*Allgemeine Homöopathische Zeitung.*"

ALTHOUGH this plant has been long known as an Indian remedy, still its properties were considered very unimportant, until in 1852 it acquired a greater reputation in the hands of Dr. Boileau, resident in the Mauritius. Dr. Boileau had suffered for many years from lepra, and after having in vain tried every remedy, he endeavoured to procure an American plant named Chinchunchilly, which was celebrated as a specific

for lepra; it did not grow in the Mauritius. He however discovered in his garden another plant strongly resembling the Chinchunchilly, which he named *Bevilaqua*. The favourable results obtained by the use of this plant in a dozen cases of lepra was published in a journal named the *Cerneen*. Lepine, an apothecary, a clever botanist, read the article, and decided that the so-called *Bevilaqua* must be the *Hydrocotyle Asiatica*. He procured the plant, which is common in India, and made therewith several preparations. Drs. Poupeau, Houbert and Colles were the first to prescribe it with very satisfactory results. Lepine introduced the remedy in Paris, where it was used by Andonit, Cazenove and Devergie, who have published the results, which, thanks to the system they follow, are not of any great worth. Gibert has likewise given a similar imperfect description in his Essay to the Academy.

Boileau describes his experiments as follows:—I have treated with *Hydrocotyle Asiatica* fifty-seven persons suffering from lepra. *In all, without exception*, was the disease arrested, and that in a very short time. The disorder has not shown any aggravation, although two or three have almost relinquished the treatment. In a small number of cases, especially in those in which the disease had not made much progress, the improvement in the skin was but slight, on the contrary, the action on the heart, lungs and brain was surprising: thus young people who had been rendered clumsy and unwieldy by the disease, as if a heavy weight was attached to their feet, under the action of *Hydrocotyle* became quite light and active. In forty cases of older standing, especially in those whose health had been shattered by the use of Arsenic and Mercury, both the internal and external improvement were remarkable; horrible gangrenous sores became cicatrised, the eruption on the skin paler, and the skin itself softer. In some instances the disorder disappeared from the general surface of the body, limiting itself to the parts exposed to the air, such as the hands, feet and face.

In a few cases there appeared papulæ and pustules similar to those of variola; in these there was the most decided improvement. Notwithstanding Boileau's delight at his discovery, still

he was not able to free himself from lepra, of which he died a few years subsequently. His successor in the Mauritius was Dr. Poupeau, who continued the researches with *Hydrocotyle*. He reports the following very interesting case:—The convict Sinnasamy suffered from lepra; the whole of his face was covered with papulae and spots, but totally invisible; his face, nates, hands and feet were principally affected; the first was quite disfigured and ugly; the nasal membrane was destroyed, secreting a stinking, ichorous fluid, and the arch of the palate was occupied with thickly set purple papulae. On the nates, and below the ankle, were numerous suppurating ulcers; the hands, particularly the fingers, were covered with tubercles as large as nuts, preventing them from being used; the nails were either mis-shapen or had fallen out; the feet, which were much swollen and very painful, no longer permitted either walking or standing; the miserable individual could only crawl; the voice was very much changed, indicating the extension of the disease to the larynx; the bronchi and lungs seemed also to be affected, for he was occasionally attacked with dyspnoea. The skin and cellular tissue of the whole body, particularly of the back, was thickened, and had the appearance as if blown. The powers were much enfeebled, with the exception of the digestive organs, which still appeared pretty active. It seemed to Dr. Poupeau that death was unavoidable. However, by the use of *Hydrocotyle* for seven months the symptoms were much improved. The ulcerations were cicatrized, the nasal discharge had ceased, the voice was clearer, the dyspnoea no longer appeared, the tubercles on the hands were partly gone, or diminished to the size of peas, the feet had regained their usual shape, and the patient could once more walk and stand firmly; the swollen state of the body existed no longer, the face alone was rather puffed. The patient's mental condition was likewise much improved. A similar favourable result was obtained by Poupeau in a case of Arabian elephantiasis of three years' duration, as well as in one of gout with very severe paroxysms.

Poupeau was succeeded by Houbert, who continued the experiments with the *Hydrocotyle*. From his report we will only mention one case in which the dose was increased daily

to four drachms giving rise to *vertigo*, *disturbed vision*, and a difficulty of maintaining the upright posture. Another symptom observed by Houbert in almost all his cases was a *very copious perspiration*, especially in those parts rendered insensible by lepra; as soon as the perspiration ceased the disorder made no further progress. In another case in which an infusion of sixty-four drachms of the dry powder in a pound of water was taken, while the Hydrocotyle ointment was at the same time used externally, the patient complained the first day of vertigo and a general feeling of illness, to which was soon added fever in the evening, lasting through a portion of the night, recurring for six days, diminishing the strength, as well as proving very troublesome by the constant vertigo. On leaving off the remedy all these symptoms disappeared. A few days after, the treatment was resumed, when the patient took daily four drachms of the powder with a recurrence of the above mentioned symptoms. He also had a feeling of weight in the stomach. In another instance the dose was increased to seven drachms, which gave rise to very violent colic.

Dr. Hunter, Secretary of the Pharmaceutical Society and Surgeon of the first district in Madras, ascribes to Hydrocotyle the following properties, namely, that of acting on the skin and mucous membrane. It is a tonic and stimulant to the stomach without having any violent or local action on the intestinal canal. The following clinical remarks are appended to the above opinion. This remedy causes first a sensation of heat and prickling of the skin, especially in the hands and feet, followed, in a few days, by general heat of the skin, and in some cases by an insupportable itching. Occasionally the skin becomes red, the pulse strong and full. After taking the remedy for eight days the appetite becomes much increased, in some persons amounts to voracity. The intestinal canal is not affected even by large doses. After some time the skin becomes softer, the epidermis falls off in small scales, or in severe cases in large crusts; perspiration again sets in, the excretions increase in quantity, and the digestive organs assume their normal action.

Andouit, after having severely censured the mode of treat-

ment followed by Dr. Hunter, who employed the remedy in a *number of cases*, mixed with a great variety of other drugs, passes over to the experiments made with the plant at the Hospital of St. Louis. Cazenove himself confesses that he is not yet able to assert any thing positively as to the properties of Hydrocotyle, although he had employed it frequently in the above institution. Thus much seems to have been ascertained, that it increases the secretion of urine, causes additional warmth of the skin, with profuse perspiration. There are further the unpleasant symptoms of *great heat of face, nausea, anorexia, heaviness of the head, and vertigo*. These symptoms, however, did not appear until the dose of the extracts exceeded 0·60 and 0·80 centigr. In *vesicular eruptions*, especially in hyperesthesia, either with or without papulæ, it seemed to be of most use. A case of Arabian elephantiasis was visibly benefitted. On the whole, Cazenove ventures to hope that Hydrocotyle may prove a very important remedy in skin diseases.

Devergie expresses himself more fully in his experiments made in the same hospital. The case of leprosy which he chose was that of a person in the prime of life, and who in spite of the disease was still robust. He took the decoction, as well as four centigrams of the watery extract, in the form of a pill, the first day, increasing the dose by an additional pill every fifth day. The following symptoms presented themselves when the dose had reached to seven pills a day: *stupefaction, unsteady look, trembling of the limbs, a drunken appearance, universal feeling of illness, anorexia, uncertain gait, headache, and inclination to sleep*. This state lasted for five or six days, notwithstanding the discontinuance of the remedy, and subsided gradually, leaving behind *an aversion for every kind of food*, which lasted for fourteen days. The disease was but slightly affected by the medicine. Devergie, however, found it of surprising use in five cases of the most obstinate and inveterate eczemas; four of these were completely and rapidly cured.

PATHOGENESIS—ACTION IN THE APPARATUS OF ORGANIC LIFE.

Digestive Organs.

1. *Mouth*. Insipid, or bitter taste. (Andouit, prov. with 6 drops of 3rd. dil.)

Aversion to tobacco smoking (Id. id.)

Aversion to food (Devergie).

Four whitish spots (plaques) on the left side of the tongue, three on the upper surface, the other of the size of a 50 centime piece on the under. (Andouit, prov. with 10 drops of the 3rd dil.)

5. Bright redness of the velum pelati, and pain in swallowing saliva or food (Id. id.)

Redness of the posterior wall of the throat, (Andouit, Clinical reports, with 3 drops of the 3rd dil.)

Pharynx. Slight impediment (embarras) of the constrictor muscles of the pharynx. (Andouit, prov. 8 drops 6th dil.)

Shooting in the pharynx (Id. id.)

Œsophagus. Rawness—roughness and dryness in the œsophagus (Id. id.)

10. Burning and shooting in the œsophagus (Id. id.)

Stomach. Loss of appetite, occasionally great increase of appetite (Id. id.)

Increase of appetite, sometimes amounting to voracity. (Hunter, Clinical, after taking 7 grammes of the powder daily for a week.)

Uneasiness and weight in the region of the stomach. (Andouit, prov. with 8 drops of 6th dil.)

Weight in the stomach. (Houbert, Clinical reports, after 6 grammes of powder).

15. Weight in the stomach, accompanied with vertigo (Id. id.)

Much odourless eructation, immediately after taking the medicine. (Andouit, prov. with drops of 6th dil.)

Distension of the stomach (Id. id.)

Acid eructation (Id. id.)

Eructation, tasting of the medicine 6 hours after having taken it (Id. id.)

20. Sensation as if air had collected into a ball in the stomach (Id. id.)

Spasmodic pains in the stomach, without nausea (Id. id.)

Sensation of heat across the region of the stomach—s'étendant comme une bavre (Id. id.)

A little nausea (Id. id.)

Very violent pains in the stomach. (Andouit, Clin. reports, in a blonde 19 years of age, after taking 5 drops of the 6th dil.)

25. Intestinal Canal. Rumbling in several parts of the body. (Andouit, prov. with 12 drops of the mother tincture).

Very acute pains in the bowels, especially in the transverse colon (Id. id.)

Sensation as if all the abdominal organs were in motion (Id. id.)

Very acute pains in the whole of the intestinal canal (Id. id.)

Severe colic, accompanied with borborygmi (Id. id.)

30. Colic, recurring every five minutes, without stool (Id. id.)

Very violent colic. (Hunter, Clin. reports, after 7 grammes of powder).

Contraction of the whole body (Andouit, prov.)

Heat in the whole of the hypogastric region (Id. id.)

Weight in the rectum (Id. id.)

35. Flatulency (Id. id.)

Burning at the anus (Id. id.)

Easy evacuation (Id. id.)

Increase of stools without colic (Id. id.)

Urinary Organs.

Frequent desire to pass urine (Id. id.)

40. Increase of urine (Id. id.)

The urine on cooling becomes brownish (Id. id.)

Turbid urine, without any deposit of sediment (Id. id.)

Increase of the secretions. (Hunter, Clin. reports).

Considerable increase of the secretion of urine (Cazenove).

Respiratory Organs.

45. Larynx and Trachea. Weak voice. (Andouit, prov.)

Speaking (phonation) wears quickly (Id. id.)

Feeling of dryness in the ventricle of the larynx (Id. id.)

Insupportable shooting in the region of the glottis (Id. id.)

A little slowness of speech (Id. id.)

50. Rawness in the whole of the trachea (Id. id.)

Bronchi. Difficulty of expectorating the bronchial secretion.

The bronchial secretion is expectorated with ease—secondary action (Id. id.)

Lungs. Slight oppression, suddenly disappearing, recurring at longer or shorter intervals (Id. id.)

Oppressed breathing (Id. id.)

55. Easy and perfect breathing—secondary effect (Id. id.)

Action on the lungs (?) (Boileau, Clin. rep.)

Circulatory System.

A feeling of contraction of the heart, with a quiet and regular pulse, with throbbing of particular arteries, and with partial flushes of the face. (Andouit, prov. with 20 drops of mother tincture given to a man 30 years of age).

Spasm of the heart (prov. with 6 drops of 3rd dil. on a woman 25 years old).

A pressive constriction of the heart (prov. with 10 drops of mother tincture on a man 18 years old).

60. Irregular beating of the heart (prov. on a young woman 19 years of age).

Intermitting beating of the pulse, from 6—8 beats. (Andouit, Clin. rep. on a young woman 17 years of age, with 3 drops of the 6th dil.)

Very severe palpitation of the heart (Id. id.)

Action on the heart (?). (Boileau, Clin. rep.)

Several portions of the face, especially the regions of the temples, are reddened and hot. (Andouit, prov.)

65. Transient heat of face. (Cazenove).

Determination of blood to the head. (Andouit, prov.)

Heaviness of the head (Id. id.)

Heaviness of the head. (Cazenove).

Slight shivering in the afternoon. (Andouit, prov.)

Coldness of the hands and feet, a similar condition preceding the fever, but without any change of the pulse (Id. id.)

Feverishness (Id. id.)

Fever. (Houbert, Clin. rep.)

Stronger and fuller pulse. (Hunter, Clin. rep.)

ACTION ON THE ORGANS OF HUMAN LIFE.

Vision.

- Shooting in the eyes. (Andouit, Clin. rep.)
75. Dimness of sight (Id. id.)
Pricking in the eyes. (Andouit, Clin. rep. on a lady 40 years of age, with 5 drops of 6th dil.)
Flames of fire before the eyes and hallucinations of fiery spots at separate distances. (Andouit, Clin. rep.)
Disturbed vision. (Houbert, Clin. rep.)
Intolerance of light—*oblouissements*. (Devergie, Clin. rep.)
80. Uncertain look (Id. id.)
More or less staring look (Id. id.)

Hearing.

- Roaring in the ears. (Andouit, prov. with 10 drops of the mother tincture).
Noises in the right ear (Id. id.)
Roaring in the ears (Id. id.)
85. Buzzing in the ears (Id. id.)
Roaring in the left ear, which appears to be stopped (Id. id.)
Confused noise in the left ear (Id. id.)
Very acute pain in the internal meatus of the left ear (Id. id.)

Smell.

- Cold in the head. (Andouit, prov.)
90. Obstruction of the nose (Id. id.)
Feeling as if bleeding of the nose would take place (Id. id.)
Tickling of the nose, especially in the left nasal cavity (Id. id.)
Cold in the head (Id. id.)
Swelling of the nose (Id. id.)
.95. Very severe itching of the end of the nose. In a woman 26 years of age, who every year had a chilblain in the same part (Id. id., with a drop of the 24th dil.)
Perversion of smell.
Almost complete loss of smell.

Action on the Genital Organs.

Male. Flaccidity of the scrotum. (Andouit, prov.)
Slight drawing in the spermatic cord, particularly in the left (Id. id.)

100. Indifference to the other sex (Id. id.)

Impotency, for 14 days (Id. id.)

Female. Dull pains in the region of the ovary. (Andouit, prov. in a woman 25 years old).

A feeling of weight in the uterus (Id. id.)

Deep seated heat in the vagina; shooting and itching of the orifice (Id. id.)

105. Redness of the neck of the uterus, disappearing on omitting the remedy, and returning on its resumption (Id. id.)

Considerable increase of the leucorrhœa (Id. id.)

Violent pains in the uterus and its neighbourhood, like labor pains. (Andouit, prov. in a lady 35 years old, with 4 drops of the 3rd dil.)

Pains in the uterus, especially of the left side (Id. id.)

Slight redness of the left side of the neck of the womb. (Andouit, Clin. rep.)

110. The menses occur 5, 10, even 14 days earlier than usual. (Andouit, prov. in Clin. rep. in several women).

Action on the Nervous System.

Hyperæmia of the nervous centres, as shown by vertigo. (Andouit, prov.)

Vertigo, with dejection of spirits (Id. id.)

Vertigo (Id. id.)

Vertigo, with stupefaction (Id. id.)

115. Vertigo, with general indisposition. (Houb., Clin. rep.)

Constant giddiness (Id. id.)

Giddiness with extraordinary weakness (Id. id.)

Stretching and yawning. (Andouit, prov.)

Weakness of the whole body (Id. id.)

120. Impossible to hold himself upright (Id. id.)

Extreme dejection, heaviness and disinclination for every thing.

Stupefaction. (Deverg., Clin. reports).

Tottering of the legs (Id. id.)

Uncertain gait (Id. id.)

125. Loss of power (Id. id.)

Headache with inclination to sleep (Id. id.)

Giddiness with feeling of illness. (Cazenove).

Observation.—On comparing the above symptoms with several of those mentioned as appertaining to the digestive organs and circulatory system, a correct idea of the symptomatology of hyperæmia of the brain may be formed.

Neuraglia.—Painful drawing in almost all the nerves of the brain. (Andouit, prov. with 25 drops of the mother tincture in a medical student 24 years of age).

Neuralgic pain in the external frontal nerve—point sus-orbitaire de valleix (Id. id.)

130. Similar pains in a young man 19 years old. (Andouit, prov. with 10 drops of 6th dil.)

Pain beginning in the mental foramen of left side, extending to the chin, teeth, cheek and ear (*neuraglia of the left inferior maxillary nerve*). (Andouit, Clin. rep. in a young woman 19 years of age, with 3 drops of the 6th dil.)

Intermitting pain of the left zygoma—*neuraglia of the left superior maxillary nerve*. (In the same lady, the subject of the 102 symptom, with 3 drops of the 4th dil.)

Observation.—The neuralgic symptoms obtained by Andouit are restricted to these spots, all of which are supplied by the nerv. trigem, upon which hydrocotyle seems to have an especial action.

Painful contractions of the posterior and superior coverings of the skull. (Andouit, prov.)

Pressure in the posterior region of the skull (Id. id.)

135. Great sensibility of the occiput, increased by being touched (Id. id.)

Observation.—These four symptoms seem to depend upon the action on the second pair of nerves.

(To be continued.)

CONSULTATIONS BETWEEN HOMŒOPATHISTS AND ALLOPATHISTS.

THE question of the relation of homœopathy to the orthodox medical profession, seems to turn up every now and then at almost regular intervals, like the successive waves of the flowing tide, and each fresh discussion of the subject marks some onward progress of our cause. Over and over again has the decease of homœopathy been announced, and apparently the only question that should have remained after that catastrophe was the decent interment of the mangled remains, when lo! our valiant conquerors seem to have discovered that homœopathy was still alive and active, and again they buckle on their heavy armour for its utter destruction—"and thrice they slay the slain."

The champions of old physic have apparently abandoned their old lists in the *Lancet*, and have selected the *Medical Times* as the arena of their prowess. Again it is the question of the meeting of homœopaths and allopaths that is selected; and the *Medical Times* hesitates not to say that this question is still open for discussion. This is certainly an admission that speaks for the vitality and progress of homœopathy, and so far is all in our favour, though we know quite well the foregone conclusions of such organs as the weekly medical press, and such partisans as the contributors to their pages. Homœopaths, medical and lay, know perfectly well the merits of the non-meeting resolutions of the allopaths, still, as those resolutions are sometimes used as an engine against us, we may be allowed to make a few remarks upon the subject.

The motions put, and unanimously carried at large meetings of our allopathic brethren, are nothing but an attempt at persecution in its most odious form; that has neither faith nor zeal to excuse it. They are but another development of the personal jealousy and irritability which are too well known to prevail in our profession. The ostensible ground for this persecution of a portion of their brethren, viz., a regard for the interests of science, and a wish to protect the public against evil, is a

shallow and transparent pretence. Such duties are not within the province of the profession. Moreover, their attempt to put us under a ban, by refusing to meet us is impracticable, for there will always be among themselves a sufficient number under the influence of honesty and common propriety, which will not consent to their sentence of excommunication, and this small force of non-jurors has hitherto broken, and will always break up these combinations against us. The thing itself is inconsistent with common humanity, justice and the rights of the public. We will put the case of a small town, where there are but one good physician and one good surgeon, both of whom the inhabitants have been accustomed to employ when necessary (and the division of labour principle makes both necessary). Now supposing the physician were to become converted to homœopathy, and were to prescribe homœopathic medicines for his patients, and supposing that in the course of a case the patient required the services of the surgeon, in order to pass a catheter or perform some other little surgical operation, why should the patient not have the services of the surgeon to perform his purely surgical part as formerly? No possible amount of sophistry will persuade the public of the justice or propriety, not to speak of the humanity of a rule or resolution that prohibits the surgeon from performing his purely surgical act, because the physician adopts—according to his convictions—a different mode of practice than that he formerly pursued, when the surgeon had no objection to meet him at all. The public perfectly well see that paltry jealousy and spite, not the interests of science, dictate the refusal to meet homœopathists.

The plain and simple rule is, that when a properly qualified medical man does nothing wrong or contrary to the rules of etiquette, no mere change of view as to a scientific matters, ought to put any barrier between him and his colleagues. To beg the question and decree that change of scientific views is itself a breach of etiquette is, of course, for ever to place the the progress of medical science at the mercy of the ignorant, prejudiced and jealous part of the profession, and is in the end as futile as it is wrong.

We at one time hoped that a scientific body connected with a

science so imperfect and progressive as medicine, would have acted differently; but recent events have enlightened us, and we find that as a profession, they have forgotten every thing, and learned nothing, since their forefathers rejected the circulation of the blood, peruvian bark, the ligature of arteries, antimony, cantharides, vaccination, and every one of the great practical advances of medicines. On a little more reflection we need not have been surprised, for, after all, is the profession a scientific body? We think it can hardly claim such a title, and therefore we need no more expect improvement of the art of medicine from them, than political economy from a custom-house officer, or law reform from an attorney. The majority leave all their taste for science with the lecture room, and practise their art merely as a profession or money trade, whose rules are as fixed as the laws of the Medes and Persians. As a body, therefore, they are merely a corporation of men with a somewhat mediocre education, and like other corporations, do collectively what they would hesitate to do individually. This consideration takes out all the sting of the big talk of some of those paltry provincial cliques of jealous doctors, which call themselves "Ethical societies;" in fact it is all "bunkum." The common herd that constitute these cliques are mostly actuated by envious spite, at the idea that Homœopaths are practising a "dodge" to steal a march on them in the favour of the public—an idea which throws the suspicion on those who entertain it, that they are likely persons to do such a thing themselves! But the better class of physicians and surgeons who are the leaders, are again influenced in their turn, because they are dependent on the general practitioners, who call them in consultation. Thus like the leaders of party in political life they condescend to much in order to keep the lead, and are obliged to vie with each other in bigotry and intolerance for fear of losing their pre-eminence. Nevertheless there are a number who have not bowed the knee to Baal, and who have the magnanimity and sense of justice to refuse to join the persecution of homœopathy, on the plain ground of maintaining freedom of opinion on scientific matters, without which all progress must necessarily cease. And, therefore, they hold that no right exists to put a ban

upon us duly qualified medical men, so long as the rules of professional propriety are not infringed. All honour to those few who are often quite opposed to homœopathy, and have not the faith and zeal for a good cause that is our support and comfort in the position we are often placed in for the sake of truth. But that party and our own body together were not enough to maintain the very existence of homœopathy, if the power of the law were given into the hands of the profession as a body. To the disgrace of the profession be it said that our chief safeguard is in the conduct of juries of honest unlearned men, who will not permit verdicts to be recorded against us in prosecutions instigated by party spirit. Unlearned juries have a wholesome dread and dislike of anything like tyranny of class or party. It is true that the same feeling covers and excuses many instances of death occurring from gross ignorance and quackery. But whose fault is that? Clearly that of the medical profession as a body, who have not managed to gain the respect of the public, so far as to allow judicial power to be committed into their hands. The public remember very well that in the last generation, the inestimable discovery of vaccination would have been stifled in the bud and lost to the world, if the voice of the majority of the medical profession had been allowed weight, though that was pronounced before examination. And now in our own day they see that the proposed reform of practice by homœopathy, though represented by a respectable minority of duly qualified men, is attempted to be put down without examination, by persecution. Therefore they have no faith in the profession as a body, and we trust will always continue to withhold any legal judicial power from it. We recommend the public to scrutinize closely all medical bills, and see that no power is given to the profession of imposing penalties, for that power will infallibly be sooner or later perverted by party spirit into some mode of resisting change and improvement. Depend upon it, whatever people may say about "our enlightened age," the time has not come when any class may be trusted to legislate for itself at the expense of the rest of the community, and the medical profession as a body are, most likely, neither worse nor better than their neighbours in that respect.

We shall not attempt to give even an abstract of all that has recently appeared in the *Medical Times and Gazette*, on the subject of allopathic medical men consulting with homœopathists.

The exciting cause of all the outcry seems to have been this. A homœopathic physician was in attendance on a patient in a country town, and in the course of the disease, it was desirable to have the patient's urine drawn off with a catheter. The local surgeons refused to perform this operation while the homœopath was in attendance, and the latter was compelled to seek the assistance of a London surgeon of eminence, Mr. Fergusson, of King's College, who at once obeyed the summons of the homœopathist, much to the disgust of all the very uneminent surgeons who had scornfully held aloof from the patient.

A very small specimen of the leading articles of the *Medical Times and Gazette*, will serve as a sample of its unaltered and unalterable style.

"Of all the Protean shapes of quackery, homœopathy is one of the most ridiculous and contemptible. Whoever will take the trouble to examine the doctrines of the homœopathic school will be disgusted with their folly, shocked by their profanity, and outraged by their indecency; yet those who are acquainted with the history of the human mind, as developed in different countries and ages, will not be surprised that so foolish, profane, and indecent a system should have met with encouragement from a certain portion of the public." &c., &c., and so on through many dreary columns.

It is useless, as it would be undignified to argue with the dishonorable bigots, who are chiefly anonymous, who contribute their letters to our hebdomadal contemporary. And of the two who put their names, we know nothing of the individual called Dr. Semple, further than that we see him advertizing a book with the quackish and patient-decoying title of "Cough," therefore we may pass by his epistle without notice. But we regret to see the name of Dr. Sieveking appended to a letter on the same side, though it is written in a much more becoming tone. He is a man distinguished among the real cultivators of medical science, and one from whom we might have anticipated more liberality and less prejudice than he displays in this communi-

cation. We would beg him to look into this matter for himself, and not be led by the false witnesses from whom he apparently derives all his knowledge of homœopathy. Why does he not give us the credit he takes to himself, for wishing to advance the true interests of medical science? We can assure him homœopathy is not at all the thing that his letter alludes to. Homœopathy is a systematic endeavour to discover the true actions of medicinal agents, and remodel the administration of them—otherwise therapeutics—in accordance with the knowledge we gain of those actions.

In every other respect medical knowledge remains the same, except that indeed an even greater accuracy, in all the accessory departments, is necessary for the practice of a purely specific therapeutic treatment, such as ours is. Is there any thing in this live-long struggle to reform the healing art that should subject us to such treatment and imputations as those in these letters? Of course not. On the contrary, the small band now fighting for this great therapeutic truth, deserves the highest praise, *and will one day receive it also*, though it may not be till long after those wicked slanderers have “ceased from troubling.”

We cannot resist inserting from the *Medical Times and Gazette*, a report of a meeting held at Bedford, apparently for the purpose of protesting against meetings between homœopathists and allopathists. It gives at once the history of the case which led to the present outbreak of allopathic ire, and is such a fine specimen of the spirit that animates our adversaries, that it would be a pity not to embalm it in our pages, for the delectation of the present and future generations.

*“Consultations with Homœopathic Quacks—Meeting of the
Profession at Bedford.*

“AT a large meeting of Medical men held at Bedford, on Friday, May 21st,

“Dr. Webster said:—Mr. President and gentlemen, I rise for the purpose of bringing under your consideration a circumstance that has recently occurred in the district of our South Midland Branch of

the Association, which has created much excitement, and occasioned much discussion both within and without the Profession. Involving as this matter does many medico-ethical considerations, and happening in the practice of two of our members, a full investigation into the circumstances, and a decided opinion upon them, may justly be expected of this meeting. I am informed, Sir, that a faithful account has not yet been given to the public; and before entering upon the subject it may be desirable that you, Sir, should request of those two gentlemen, whom we gladly see present to-day, to favour us with authentic details. But before doing so, I would express a hope that our observations and expressions may be of the most temperate character, and that we shall not be led away into any disquisition upon the merits of Homœopathy, it being quite sufficient at the present meeting of professionally educated gentlemen, to refer to the fact that the so-called system has been weighed in the balance of talent, science, and truthful investigation, and has been ever found wanting. Will you then, Sir, solicit from Dr. Paley, of Peterborough, and from Mr. Philbrick, of Stamford, the account of this case.

“ Dr. Paley said, he should have pleasure in stating the facts of the case, which he believed was a very important one. It was that of a gentleman living near Stamford, who was suffering from paralysis of the left side, and had previously suffered from similar symptoms in a much slighter form. He (Dr. Paley) had no doubt that there was some structural disease of the brain, probably of long standing, and he therefore did not think it right to adopt active treatment; retention of urine did not occur till some days after, and then not from any disease of those organs, but as a consequence of the paralysis. Under the treatment prescribed, the patient appeared to him (Dr. Paley) to be doing well; but the wife of the patient, not being satisfied, had been very anxious from the first that Dr. Bell, a homœopath, should be called in in consultation. Both Mr. Philbrick and himself positively declined to meet Dr. Bell if he came down, and in consequence of this refusal a telegraphic message was sent to Dr. Bell to put off his journey for some time. On Sunday afternoon Dr. Bell came down; and here, in speaking of the conduct of others, he (Dr. Paley) would prefer to use only documentary evidence. In a letter to Mr. Philbrick, the lady says, ‘ In answer to your letter and bill, I beg to say that I requested you and Dr. Paley to meet Dr. Bell on Sunday, Feb. 21, which you both

declined to do.' In another part she says, 'As soon as Dr. Bell saw the patient he was much shocked, pronounced him in imminent danger, desired me to send for his brother, as his opinion was that he would sink in a few days under rhubarb, gentian, &c.' He (Dr. Paley) had arranged to go again on Monday; but after Dr. Bell had seen him, a polite note was sent, explaining the circumstances, and declining his further attendance. From an accident this note did not arrive in time, and he (Dr. Paley) and Mr. Philbrick saw the patient together on the Monday morning after Dr. Bell had left. The patient then required the use of the catheter; and before considering what further course they should adopt under the circumstances, they determined first to relieve their patient. This was done, and then Mr. Philbrick was requested to attend with Dr. Bell to perform the necessary operations. After consulting together as to what was the proper course for him (Mr. Philbrick) to pursue, he respectfully but firmly declined to have anything further to do with the case so long as Dr. Bell had charge of the patient. There had been much misrepresentation; but what he had stated were the simple facts of the case. Mr. Philbrick had been accused of 'leaving the patient to die,' rather than meet Dr. Bell; of having acted from temper, &c. He (Dr. Paley) was present when Mr. Philbrick declined, and he must say that he thought Mr. Philbrick had acted throughout the whole of this painful case with humanity and firmness. The patient was not left in an emergency, the catheter having been used before he left the house. More honourable conduct than that of his friend Mr. Philbrick he had never met with from any practitioner; and he thought he had been most harshly treated. After Mr. Philbrick declined, he received another letter from the lady, in which she says:—'He (Dr. Paley) will be glad to hear that Mr. Jackson came without making the least difficulty, to perform the operation for the patient this morning; and he has not the slightest objection to meeting Dr. Bell, or acting under his directions, which of course makes Mr. — quite comfortable.' In consequence of this intimation, he communicated with Mr. Jackson, who in his answer stated that he was in attendance upon the patient for the purpose of introducing the catheter. In the postscript he stated:—'I have never yet seen Dr. Bell, but he and Mr. Fergusson are coming down from London to-night, when I shall have an interview with those gentlemen.' In his last letter to the lady he (Dr. Paley) remarked, 'that the Profession do not believe that

infinitesimal doses of medicine have any effect in relieving true disease, whatever supposed effect they may have over imaginary disorders; further, they suspect that many of those who profess to follow the system do not fully carry out their own principles, and are often obliged in serious cases to fall back upon legitimate medicine, and give efficient doses, though in a highly concentrated form. Regarding, then, the system as a delusion, if fully carried out, or as one involving an unworthy deception, if evaded, they do not see how, with any regard to their own honour, they could take part in or sanction such a plan of treatment.' With that letter closes the correspondence. He hoped the members had come to the conclusion that he and his friend had acted courteously, but firmly. (Hear, hear). He should just like to call attention to Mr. Fergusson's letter. Mr. Fergusson stated that he accompanied Dr. Bell to Lincolnshire to see an urgent surgical case! But he (Dr. Paley) would say that it was scarcely a surgical case at all, and certainly not an urgent one. In another curious letter from the lady she says, 'We did not send for Mr. Fergusson, Dr. Bell brought him;' but the former gentleman says he does not consult with Homœopaths; but if going down to Lincolnshire with Dr. Bell to see a patient, and meeting him and Mr. Jackson at the patient's house, be not consulting, he (Dr. Paley) did not know what was. The circumstance of Mr. Fergusson attending the case with Dr. Bell, had left an impression on the minds of people in the neighbourhood, that Mr. Jackson was justified in so doing. What possible reason was there for bringing Mr. Fergusson down at all? The case must have been extremely exaggerated on the part of some one; but the result of the investigation showed that the case was not of the character represented to Mr. Fergusson. He knew that attempts had been made to produce an impression prejudicial to Mr. Philbrick and himself, who were accused as having acted from pique, whereas they had been actuated by a sense of duty and honour.

"Mr. Philbrick had nothing to add to the statement of Dr. Paley; and it would only be occupying their time uselessly if he were to make any lengthened observations. He felt that he had to choose between his honour and his pocket, and he preferred retaining his honour. (Applause).

"Dr. Webster said: After these clear and satisfactory statements, I think I shall be justified in proposing for your consideration the following resolution:—'That it is the opinion of this meeting that

no honourable man, whether physician or surgeon, can meet in consultation a Homœopathic practitioner, or, as such, can act in conjunction with him.' The unhappy alliance between Mr. Ferguson and Dr. Bell has called forth several letters, which have found a place in one only, I am sorry to say, of our medical journals; and after the perusal of those letters in the *Medical Times and Gazette*, the question has arisen in my mind whether our professional duties to our patients are ever at variance with that proper respect and duty each man owes to himself individually. I do not think they ever are, and I hope to make it appear that if we always entertain a proper appreciation of those duties, they never can be so. If we have no belief in the truth of principles in the acquisition of which we have all spent so many years of study and research, it is full time they were discarded, and some others substituted in their place. But if, to use the words of Dr. Sieveking, 'we have the full assurance of the reality of our science, and that we believe what we have learnt, and what we are daily practising,' are we true to ourselves, are we just to ourselves, by word or deed to throw into the minds of our patients discredit, diffidence, or disbelief of the remedial agents or measures we prescribe for their ailments? This is not the way to inspire hope and confidence, oftentimes the means of cure, and at all times so essential in the treatment of the sick, to which mental comfort and dietetic injunctions the dogmatic homœopath can only trust. What, then, becomes of the aphorism in the letter of 'Justa aut Nihil?'—'Since homœopathic remedies are nothing, treat them as nothing, and let your patients take them or not, just as they please.' Would this be manifesting a faith, a confidence in your own medical creed, or be discharging your duty to your patient, in permitting him to rely for the relief of his malady upon means you conscientiously believe to be worthless? Could you say this to your patient, 'Do this, or take this, and it is my honest opinion that you will be better?'

"This motion was seconded, and carried unanimously.

"Dr. Barker said: Mr. President and Gentlemen,—It is with feelings at the same time of regret and of pleasure that I second this resolution—of regret, because it is necessary to vindicate the honour of our noble profession against one of the worst forms of heresy which ever crept into it; and of pleasure, because so many of our members are inclined to meet together for the purpose of defending that honour when it has been sadly assailed. In some

way the transcendental ravings of a German empiric have, in our day, become fashionable, and have found partizans from among a few renegade members of our own profession. Many other delusions might be alluded to which sprang up in days of yore, became to a certain extent fashionable and popular, but at length went the way of all other errors and impositions, and are now known only in history. That homœopathy will follow this course there can be no doubt. It has well nigh died out in the land which gave it birth, and will ere long be found only in the history of great frauds and delusions. Some other form of empiricism will take its place and have its day, and thus there will ever be a contest between truth and error, between the genuine and the counterfeit, between the true student of nature and of science, and the mere worshipper of Mammon. As a medical system, there is no doubt in the mind of any one who has studied it, that homœopathy is a great delusion. Every one who practises it belongs to one of only two classes—either he believes it, and is himself deluded; or he does not believe it, and practises it for the sake of deluding others. Now, of the first class, whose mental calibre we will not characterise, there are very few, if any, practitioners. Of the second class, it is to be regretted, there are many. One significant fact we will just notice, *en passant*, that we cannot call to mind a single instance of a man joining the ranks of the homœopaths who, at the time of his pretended conversion, enjoyed an extensive practice based upon the legitimate system. This looks very suspicious. In fact, it has been adopted by men who have failed to realize their wishes in the regular mode of practice, or as a stepping-stone by young candidates for respectable practice. It is true that some medical practitioners, and educated men too, seeing that occasionally a respectable patient might be obtained by the concession, have been willing to practise either way; to give the large bolus or the tiny globule; the five-grain dose or the decillionth-of-a-grain dose, according to the choice of the patient! By some practitioners homœopathy has been adopted in name and form only; for under the pretence of giving infinitesimal doses, they have given the ordinary doses of active medicinal agents. A case came under my notice a short time ago in which mercury had been given by a homœopath, in such doses as to have produced salivation. In fact, it has been proved that in some cases poisonous overdoses have been surreptitiously given, and the poor patient destroyed. All this undoubtedly indicates a sad want of principle, and the time has

arrived when every true lover of his profession must take his stand against the imposition. The immediate cause of this movement you have already heard ably stated by Dr. Webster, Dr. Paley, and Mr. Philbrick. A distinguished consulting surgeon has been tampering with homœopathy. It is true he repudiates the notion of having consulted with the homœopath, but the line of demarcation between having been fetched by, and travelling with, the charlatan, and consulting with him and Mr. Jackson in the patient's house, does not appear to have been very broad, distinct, and satisfactory. It is high time that the profession should cease to treat the subject with apathy. If we in the provinces feel it to be our duty not to soil our hands with quackery, and to forego the fees which are proffered to us from this source, surely it is equally—aye still more—incumbent upon our more distinguished metropolitan brethren, not to yield to the temptation; not to touch 'the unclean thing.' It is a good sign of the times, that the medical journals have taken so correct a view of the subject. Some leading articles which have lately appeared deserve to be printed in gold, and placed in the library of every true medical man. The sentiments which have been so well expressed by the journals, and which have been broached to-day, are those which are entertained by nineteen-twentieths of the profession. In all probability very many of the profession feel so strongly on this point, that they would not consult with any one who so far recognised charlatanry as to consult with homœopathic practitioners. I do not hesitate to state that I would refuse, in any case, to meet the physician or surgeon who had been known openly and avowedly to have met a homœopath. The time has arrived when the line must be drawn between the true profession and the false profession; between those who boast of their Harvey, Sydenham, Heberden, Jenner, the Hunters, the Coopers, Abernethy, Liston, Brodie, Copland, Bright, Latham, Williams, Watson, Paget, and, though last, not least, Richardson (who favours us with his company to-day), and a host of other bright luminaries, and those who glory in Hahnemann, Holloway, Fleischmann, Coffin, Morrison, Epps, L'Amert, Culverwell, *et hoc genus*. In answer to the question, What should be done? I would just throw out the following suggestions:—1. That every individual member should, in his own conduct, most jealously regard the honour of the entire body. Attention to this fundamental rule would be all that is required. 2. That a central and extensive medico-ethical association should be established

for the purpose of framing a code of ethics adapted to the present condition of the profession. This would also constitute a court of appeal. Several smaller medico-ethical associations exist scattered through the country, the parent of them having been established in Manchester eleven years ago. I wrote to the President of the Manchester Medico-ethical Association, Sir James L. Bardsley, to ascertain if any resolution had been adopted relating to homœopathy. It appears that the first bye-law of that association declares that 'no member shall practise professedly or exclusively homœopathy, hydro-pathy, or mesmerism,' and in the Code of Etiquette it is declared that 'no member shall meet in consultation any medical practitioner who may be inadmissible by the operation of the bye-laws, section first, as a member of this association.' Sir James Bardsley adds, 'I may say that no member of our association would, under any circumstances, meet in consultation with homœopathists.' 3. That petitions should be forwarded to the heads of universities and colleges, urging them to the judicious exercise of all the power they possess. There can be no doubt that the universities and colleges have been apathetic; with one exception, that of the College of Surgeons in Edinburgh, I am not aware that any notice has been taken of the dishonourable conduct of their members. An immense amount of good would accrue from a movement in these quarters. 4. That the editors of the medical directories be requested to publish a list by itself of the members of the profession practising homœopathy, hydropathy, mesmerism, &c., instead of incorporating them among the true medical men. 5. That resolutions on the subject be adopted by every meeting of medical men throughout the country, and forwarded to the medical journals for insertion.

"Mr. Paget congratulated the meeting upon an amended resolution, which was a great improvement on the motion, as it appeared in the circular calling the meeting. But he would even now venture to suggest that it was not sufficiently explanatory of their object. It appeared to him that the resolution should not only embody the sentiments of the profession, but it should distinctly state the grounds on which they based their opinion. He had drawn up a resolution which he would read to the meeting; it was as follows:— That so long as a system has no higher philosophy than the jargon of 'similia similibus curantur,' nor sounder chemistry than the delusion of 'infinite dynamization,' it is degrading to a man of education to be connected with it. He, therefore, who assents to consultation with

homœopaths, be they impostors or dupes, forfeits the respect of his professional brethren, and his membership of this branch of the British Medical Association.' The motion was seconded and carried unanimously.

"Mr. Marriatt said the very honourable conduct of Dr. Paley and Mr. Philbrick was beyond all praise, and demanded an expression of approval from that meeting. He sincerely hoped that the profession generally would follow their example. He could not but express his very great regret at the annoyance to which they had been subjected. He would move a vote of thanks to those gentlemen for their honourable and straightforward conduct in the matter which had formed the subject of their deliberations to-day.

"Dr. Williams seconded the motion, which was carried unanimously.

"Dr. Paley briefly thanked the members for this cordial expression of their sympathy. The circumstances had made a strong impression in the neighbourhood; but he was quite sure that all candid persons must admit that he and his friend had honestly performed their duty. (Hear, hear).

"The President alluded to the fact of Mr. Fergusson accompanying Dr. Bell, and suggested whether the meeting would not be justified in passing a resolution on the subject. It appeared there was not the slightest necessity for going to Lincolnshire, and there is no doubt about the consultation.

"Mr. Paget said Mr. Fergusson must have known that Dr. Bell was a homœopathic practitioner when he accompanied him to Lincolnshire, and yet he says that he does not encourage homœopaths; but he (Mr. Paget) would say he did give encouragement to consult him; and it was a question whether they ought not to pass a resolution condemnatory of the conduct of Mr. Fergusson, and of the practice of meeting a homœopath under any circumstances whatever.

"Dr. Richardson said Mr. Fergusson, unfortunately, was not the only prominent man who favoured homœopaths. It was exceedingly distressing to all honourable men; because, if it were not for the countenance homœopaths received from some members of their own profession, the public would not be duped in the way they have been. He was sorry that Mr. Fergusson, in his good-natured way, should have allowed himself to attend to the representations of a homœopath. But if they passed a condemnatory resolution, it would be simply making a martyr of him, while the others would go scot free.

“Dr. Barker said he would give up a patient rather than meet any one who avowedly met homœopaths. If a man wished him (Dr. Barker) to meet in consultation with another practitioner who encouraged homœopaths, he should refuse.

“The resolutions being carried, it was ultimately agreed that a copy of them should be forwarded to Messrs. Fergusson and Jackson. After receiving the signature of every member present, it was also agreed that the resolutions should be sent to the absent members of the branch for their signatures, and then forwarded for insertion in the weekly medical journals.”

The insolent ravings of Dr. Barker would be simply ludicrous were they not at the same time the style and tone that most delight the majority of the allopathic profession. His classification of Hahnemann with Holloway, Coffin, Morison, L'Amert, and Culverwell, is rather incongruous, seeing that Hahnemann practised homœopathy, and all these other heroes practise allopathy. We would take leave to substitute the names of Barker, Cowan, and Cormack, for those of the three homœopaths, so improperly intruded into the company of notorious drug-givers. Nothing could then be objected to the list. It is chiefly owing to the Barkers, Cowans, and Cormacks that the Holloways, Morisons, and other advertising harpies flourish. It is mainly because the former prostitute the power and influence of the medical body to such base purposes as the persecution of those members of their own body, who are engaged in the laborious task of reforming therapeutics, that the latter are enabled to thrive. It is owing to the imperfections, the uncertainties, the crude empirical condition of the medical art as ordinarily practised, that the vendors of quack medicines find a ready market for their wares. With homœopathists they have nothing in common, their medicines are allopathic and differ little in composition from what are daily prescribed by the allopaths. The association of the names of such notorious allopaths with those of homœopathists is as inconsequent as it would be to unite in the same sentence such names as these, Abraham, Isaac, and Jack Shepherd; or Copernicus, Kepler, Newton, and Bill Sykes; or again, Shakspeare, Milton, and Betsy Prigg.

REVIEW.

Hydropathy; or, The Natural System of Medical Treatment.
An Explanatory Essay, by EDWARD W. LANE, M.A., M.D.
Edin. John Churchill, London, pp. 132.

THE book before us is what its author states it to be:—"An explanatory essay of the rational grounds of hygienic medicine and the present position of the medical art, with the hope of assisting in bringing about a reconciliation between the practitioners of old physic and the more modern natural school."

This is a step in the right direction; another of the signs of the times in the medical world; another finger raised to point to, as the author says, "the struggle commenced between the practice founded on empiricism and old tradition on the one hand, and on science and reason on the other." The matter is certainly good, and the book well written; and we strongly recommend its perusal to our brethren, especially those of the old school.

In this essay the author has been particular to show that hydropathy is not "cold water cure," because warm water is frequently used; and not "water cure" only, because "air, exercise, diet, and healthy moral influences for the mind go to constitute the means whereby what is termed hydropathy really works its cures."

The author has evidently brought to the study of the science of medicine a mind regulated and sharpened by physiological knowledge; and the result is, the conviction "that medicine remains as it was when physiology was in its veriest embryo state," and "is a system in which no general principle reigns—unreasoning routine of antiquated usage, a great portion of which is nothing more than blind empiricism." And he "asks the educated and enlightened physician whether he thinks in his heart that medicine, as it has hitherto been and still is generally practised, is indeed rational in its method, or on the contrary to a very large extent the result of a system of blind experimenta-

tion, and unedifying to every philosophical mind ; insecure in its results, and even actually damaging to the human frame even in those cases where it would appear to have been successful." Indeed he plainly affirms, that in very many cases the means used "actually aggravate the original complaint," being "unquestionably an evil pregnant with results inferior only to the original complaint in their damaging effects on the constitution:" he is, however, convinced that this destructive practice "is fast lapsing into decay;" and views as significant signs the facts, that "the channel in which the opinions of the advanced thinkers in medicine appear to be running, in our day, is clearly towards the abandonment of the old conventional empiricism in practice;" and that some of the best men in the profession "have already recorded, unquestioned and unchallenged, their infinite distrust of medicine in its present state." "And this being so, the greater to me," he says, "has always been the puzzle why, the evils of the old system being so clearly appreciated, the merits of the new should not be thoroughly tested." This, though no puzzle to us, certainly is remarkable, especially as according to the author's quotation from professor Bennett, "everything promises that before long a law of true harmony (in medicine) will be formed out of the discordant materials which surround us just as health and disease are seen to be governed by laws as determined as the motions of the planets and currents of the ocean." True, everything does promise, nay demonstrates that a law of true harmony exists in medicine; that medicine, as well as health and disease, is governed by law as determined as the motion of the planets and currents of the ocean. But this law has already been discovered; the discovery is not a thing to be looked forward to; it has already been both discovered, announced, and demonstrated by the immortal Hahnemann, and, as our author says, "entertained by one large class of practitioners," who are now thereon, to use the language of Dr. Bennett, quoted by our author, "building up a system of medicine which, from its consistency, simplicity and truth, may at the same time attract the confidence of the public and command the respect of the scientific world." This honourable distinction our author is

anxious to claim for hydropony, or hygienic medicine as he calls it. Having convinced himself that as usually employed drugs pervert, obstruct, and arrest the operations of nature rather than regulate, guide, and assist them—do harm instead of good, he would, as Shakespeare says,

“Throw physic to the dogs,”

and trust the cure of disease to nature herself—to the *vis medicatrix nature*. He says :—“Nature possesses within herself her own means of restoration when the organism is overtaken by disease.” He is, however, obliged to admit, that in some cases “her powers are not sufficient to this end, and the aid of art is to be invoked.” In such instances, he recommends the applications of hydropony, which he affirms, “is a system of therapeutics based on a practical recognition, and a systematic carrying out of the organic laws of health, and it is, therefore,” he continues, “my conviction that it must ultimately take its place as the indispensable basis of all medical practice, and I assert fearlessly, that if hydropony be identical with hygienic medicine, and founded on physiological laws, then it must necessarily form part of the treatment of every case of disease.” He states, however, that “it is to be carried on in establishments designed and set apart for that precise object.”

Now we imagine that no one with a knowledge of physiology will dispute the advantage of attention to the rules of hygiene in the treatment of disease ; and we fully agree with the author, that it should “form *part* of the treatment of every case of disease ;” but to leave every case of disease entirely to the power of air, exercise, and diet, with the various applications of water, would be, not only the way to prolong the duration of most diseases, but, to run the serious risk of sacrificing the lives of our fellow creatures by refusing to employ those means of restoration which nature has provided : our very instinct forbids this : and, indeed, the author himself shrinks from it, and “does not regard it (hydropony) as a panacæa, an infallible specific for all curable disease,” not even all curable chronic diseases, and scarcely even applicable to acute diseases, where, he admits, recourse must be had to drugs ;—“drug medication,”

he says, "more especially in acute diseases will, I verily believe, always retain its value, nay more, may always continue to be, in very many cases, indispensably necessary:" and as to chronic diseases he says,—“I am of opinion that cases will arise occasionally, not only where drugs may be given with advantage but, where they are absolutely essential.” By these, and other such admissions our author destroys the impression which it is the main object of his book to produce, *viz.*, “that hydropathy is the natural system of medical treatment;” for he thus acknowledges its deficiency in several essentials of a natural system. The *natural* system of medical treatment, or that designed by Nature herself, would of necessity be applicable to all diseases, throughout the whole course of the disease, at all times, and in all places; and not, as hydropathy, require a hospital, but be to be used on the spot where the patient is taken ill—in the field as well as the patient’s home, in the beggar’s hut as well as the mansion. What could be done with hydropathy in the courts, alleys, cellars, and garrets of our densely populated cities? The natural system would serve not for “part of the treatment” only, but for the whole; and not cure only some, but *all* the curable diseases, both chronic and acute. There would be no sickness and no circumstance in which it could not fulfil its divine mission. Hydropathy cannot therefore claim to be more than “a part” of the natural system of medical treatment, and that not the most essential part, because not the most generally applicable—not applicable in every-day practice. Its proper sphere is not the curing of disease, but the maintaining of health. That the appliances of hygiene are of inestimable advantage in the treatment of disease is fully admitted, but the main power of the art of medicine certainly does, and ever must, reside in the use of drugs. We make this assertion advisedly and after carefully examining the subject in all its bearings. Our author also admits this, for he says, “drugs are absolutely essential we are forced to give them; always, however, under a protest; always with a conviction that we are driving out one devil by means of another only less baleful than himself; and we have next to bethink ourselves of doing something towards eradicating the bad effects of our remedies.” Drugs

are absolutely essential, but as usually administered they are baleful and damaging to the human frame! What a serious consideration!

Our author has evidently made a good step towards the discovery of what he appears to be in search of—the natural, true, consistent, simple and scientific system of medicine; for he has determined what it is not;—it is not allopathy, for that is, “un-reasoning routine . . . even actually damaging to the human frame.” It is not hydropathy, for that cannot cure all curable diseases, is but little applicable to acute diseases, and less so to general practice. Neither is it in trusting to the *vis medicatrix natureæ*—in leaving the cure of disease to nature herself, for “her powers are not sufficient to this end, and the aid of art is to be invoked.” He has also indicated the direction in which the true system lies, *viz.*, in the use of drugs, for he says, “they are absolutely essential . . . we are forced to give them.”

We earnestly entreat him, for his own satisfaction and peace, as well as for the sake of suffering humanity, not to stop here, not to be content with finding out what the true system of medical treatment is *not*, but to go on and find out what it *is*. If it does lie in the use of drugs, and he is satisfied it is not in using them on the principle of contraries with large doses, let him try them on the principle of likes and with small doses, and we venture to affirm that his exclamation will be—‘Eureka;’ and he will thank us for our kind hint.

CLINICAL RECORD.

On the Prophylactic Effects of Belladonna in Scarlet Fever.

As a slight contribution to this *quæstio vexata*, Dr. Morris furnishes an account of some observations he made at the Foster Home Orphan Asylum, near Philadelphia. The number of children who were liable to scarlatina, on December 25, 1856, was as follows:—

Sickened up to Feb. 20	35
Stated not to have had it	14
	49

Taken sick Dec. 27 and 28	6		
			<hr/> 43
Took no Belladonna .. 24	6	18	
Took Belladonna 19	8	11	
Had scarl. in December.. 6	..	6	
	<hr/> 49	<hr/> 14	<hr/> 85

The administration of the Belladonna was commenced December 29, and continued to February 20, a drop of Hufeland's mixture (ext. Bell. gr. iii, aq. $3\frac{1}{2}$, alcol. 3j.) for each year of the child's age, being given night and morning. The effects produced were generally slight, consisting in a little dryness and redness of the fauces, and dilatation of the pupil, with occasionally a little headache. Of the 11 children who sickened while using the Belladonna, 2 did so on the sixth day, 1 on the eighth, tenth, and fifteenth days respectively, 2 on the seventeenth, and 1 each on the fortieth, forty-first, and forty-second day.

If the figures are reduced to a per-centage, we find 75 per cent. of the unprotected children seized, while only 53 per cent. of the protected were so. The period of incubation was also prolonged; for, while the last case of the 24, in which no Belladonna was given occurred on January 12, the last of the Belladonna cases occurred on February 9. "I think the explanation is, that the Belladonna acted by preventing to some extent the absorption of the scarlatina miasm. We know that the process of absorption depends to a great extent on the movement of the blood in the blood-vessels; the slower this movement, and the fuller the blood-vessels, the less the absorption. Hence the effect of narcotics would be to diminish absorption." As to the point, whether Belladonna should be given generally to all who are exposed to the influence of scarlatina, Dr. Morris observes, that it is not such a trifle as it has been represented to be, to obtain even a slight narcotic impression for a month or six weeks, which would have to be repeated on the occasion of every fresh exposure; yet, where an epidemic is very malignant, or where hereditary fatality attends the disease in a family, he would recommend its employment, as tending to diminish the risk of contracting the disease.—*American Journal of Science.*

Cases of Apoplexy,

BY DR. POMMERAIS.*

CASE 1.—Lecomte, aged 43, tailor, of nervous-sanguine temperament, and moderate stoutness, when first seen by the doctor on the 29th November, 1854, at noon, was in the following state. He was seated in a chair, in which he was held by some members of his family. He was comatose; consciousness and power of utterance were lost; complete immobility; general insensibility—he might be pinched or pricked without appearing to feel it. The eyelids drooping, when raised they immediately closed again; loss of sight, pupils insensible and dilated; paralysis of the œsophagus. This last symptom was very dangerous, as he might have been suffocated by any attempt to pour liquids down his throat, unless an œsophageal tube were introduced, which could not be done here, as the teeth were firmly clenched. The face is of a violet-red colour, and slightly swollen. No pulse. The ear and hand applied to the precordial region are still sensible of some pulsations at long intervals; respiration can scarcely be perceived. The top of the head is burning hot. The coma is so profound he cannot be roused from it. Cold extremities.

It was ascertained that the patient had taken in the morning, on an empty stomach, betwixt six and eight o'clock, three or four small glasses of brandy. At eight o'clock he had come home to do his work. Three hours afterwards he had complained of nausea, and had vomited several times. An hour afterwards, having gone to the water-closet, he fell to the ground perfectly unconscious, where he was found, and brought into the house. He had not been feeling well for some days previously.

He was undressed, and put to bed with the head high. A drop of *nux vom.* 15, in three or four grammes of water, was with difficulty introduced into the mouth, through a space betwixt two teeth. This caused a fit of choking, with attempts at respiration; cough and deglutition; after which the patient relapsed into the same state of coma and insensibility. Sina-

* Journal de la Société Gallicane, T. VI. p. 203.

pisms were applied to the legs. A quarter of an hour after the medicine had been given some movements ensued, particularly of the muscles of the face and the right leg. Twenty minutes later the doctor was summoned in haste: the patient was found to be in a state of great agitation, real convulsions, grinding of the teeth, striking out at those around him, tossing his head about, uttering groans almost like bellowing; he often raises his hand to his neck, his chin, and the back of his head. This agitation was succeeded by coma, which lasted a few minutes, when the agitation recommenced. All the left side is paralysed, and there is complete insensibility of the skin of the limbs and chest. *Opium* 8, two drops in water, was now given. In an hour the patient grew calm, and he had recovered sufficient consciousness to hear confusedly what was said to him, and to express his wishes by signs. He gave us to understand that he was completely paralysed on the left side, that he could not raise his eyelids nor move his tongue; but he could now open his mouth a very little way. At four o'clock, the face being redder and more animated, the pulse hard and full, 2 drops of *bellad.* 24 were mixed with 82 grammes of water, and a teaspoonful of this given every quarter of an hour, and in addition, compresses of cold water were applied to the head. At six o'clock the patient commenced to open the right eye; he could put out his tongue a little. He understands much better the questions addressed to him; he makes signs that he is better, but he still seems much concerned about the hemiplegia; the sensibility of the skin of the chest is restored; the left eye remains closed. At ten o'clock *nux vom.* was ordered to be alternated with the *bell.*, a dose every four hours. On the morning of the 30th, the left leg had recovered its mobility and sensibility. The left arm has as yet only recovered its sensibility, but he can perform a few movements with the fingers. There is a feeling of formication throughout the arm. The sight is completely restored, and he can open and shut his eyes. The head is a little less oppressed, he only complains of severe pain in the forehead. He cannot yet talk. About four o'clock p.m., he can move his arm slightly. The medicines are to be taken every six hours alternately. At midnight (*i. e.* thirty-

seven hours after the attack) he can articulate some words. By the next morning he had completely recovered his powers of speech and the use of his left arm. He had nothing to complain of, but some shootings in the limbs, and especially in the ends of the fingers, which were still insensible. There was some compressive pain at the root of the nose, with weight and fulness in the forehead and temples. The same treatment was continued. He went on after this rapidly improving, and in eight days was able to resume his work.

CASE 2.—Madame de B., aged 43, was seized with a fit of insensibility on the 3rd September, 1854. When seen at four P.M. she was in a state of comatose somnolence, with stertorous breathing: the lower jaw hung down; she could be roused; the face was red, puffy; head hot and covered with cold perspiration; constant movement of the lips; pulse natural; breathing stertorous, panting; eyes fixed, wide open; pupils dilated and insensible; power of speaking gone; hemiplegia of the right side, with paralysis of the left arm, and general insensibility. The head is no sooner raised than it falls again by its own weight. Great throbbing of the temporal arteries; retention of fæces and urine; cold extremities. A drop of *opium* 8 was given in a spoonful of water, and compresses of cold water were applied to the head. In an hour and a half the patient was able to move the left leg; she turned her head with the air of one returning back from death to life, and seemed to interrogate those around her with her eyes. However, she did not reply to questions, nor did she seem to understand them. At eight o'clock the face became bluish, and the coldness of the extremities was more marked than before, with slight trembling of the legs. *Lachesis* 6, two drops in 122 grammes of water, a spoonful every hour, was given. The following morning at ten o'clock, the warmth was restored; the pulse hard and full; the skin hot. She made it understood that her head was very painful. The paralysis of the tongue and of the right arm continued. She now got *bellad.*, 12, two drops in 122 grammes of water, a spoonful every six hours. The following day at one o'clock she was able to speak. She com-

plained of great itching on different parts of the body; the sensibility of the right arm is restored. In fine, twelve days after the attack she was perfectly well, with the exception of a pain in the back and weakness of the legs, which went off in a short time. It should be observed that before this attack she had complained for some days of stupor, vertigo, and heaviness of the head, with noise in the ears, hardness of hearing, constant inclination to sleep, anorexia, indisposition to work.

CASE 3.—The 8th of October, 1854, M. de T. was walking in his garden, when, all of a sudden, he was seized with vertigo, and had no time to gain a seat before he fell senseless to the ground. Half an hour afterwards, his servant finding him in this state, conveyed him to his room. The doctor having been sent for, arrived at two o'clock. He found M. de T. in bed: the eyes wide open; pupils contracted; face pale; features drawn and expressive of pain, mouth drawn to the left; hemiplegia dextra, and general insensibility. There had been involuntary discharges of fæces and urine. The patient uttered frequent groans; his inspirations were short, and sometimes deep; pulse small, soft, compressed. The medicine first given was *ipec.* ʒ. ʒ. ʒ. a dose every two hours. At six o'clock he had slight convulsions in the limbs; some delirium; the pulse very full; and the skin hot. He now got *acon.* ʒ. ʒ. alternately with *ipec.* every two hours. The following morning at nine the patient was better, and the same treatment was continued. On the morning of the 10th the face had resumed its ordinary expression; there were no more appearances of paralysis, the limbs had recovered their power of motion, though they were still insensible; the bowels had been moved. Treatment the same. About eleven P.M. he became delirious, and fell out of his bed, and when raised up he was found to be unable to move. A dose of *arnica* was now given every four hours. Four days after this the patient was able to get up and take some broth; nothing remained but a little weakness in the limbs, and a slight pain in the eyes, which went off in a few days. On the 18th he was better and freer in the head than he had been for a long time.

CASE 4.—On the 4th of December, M. T., ex-employé, was at church, when he was seized with very violent headache with disposition to faint, and great agitation; he had barely time to get home and go to bed. This was the third time similar symptoms had recurred at some months' interval, but this last attack was much more severe than the previous ones, which had been treated by blood-letting. His medical attendant wished to have again recourse to bleeding, but this the patient positively objected to. A mustard foot-bath was ordered, together with a ptisan of dandelion. In the night M. T. was attacked by convulsions, which were followed by complete loss of consciousness, with deathly paleness of the face; no pulse; paralysis of the right arm and left leg; eyes wide open; pupils contracted; loss of sight; general insensibility; involuntary passing of stools and urine; cold skin. He got *verat.* 6, a dose every hour; this was at four A.M. Gradually the heat of the body returned; at nine o'clock he was able to utter some words expressive of the pains he suffered. At noon sensibility was restored, only the arm remained paralysed. The patient complained of great weight in the head; fulness of the forehead and temples; sweat on the head; great sensitiveness of the scalp; sad and taciturn disposition—he seems much concerned about his state; excessive sensitiveness of the hearing. He now got *coff.* 2, a dose every two hours. The following day he was less morose, the headache was almost quite gone; he only complains of his right arm being paralysed and insensible; anorexia, and even disgust at food. He got *nux vom.* 6, a dose every four hours. Four days afterwards the sensibility was restored; he had some pains that were aggravated by stooping; some shootings in the limbs; nausea; pale face; the arm continued paralysed. *Ignatia* 8, a dose every three hours was given, and on the 17th December the patient was quite well, and has continued so.

Morbus Brightii.

Even if we did not possess in homœopathy any proved remedy for dropsies, still it would not be just to condemn our entire mode of treatment, as this circumstance would only place homœopathy on the same footing with allopathy; the latter, according to *Canstatt's* avowal, being quite helpless in this disease.

Unfortunately the sad confession of *Artaus*, and repeated by *Kemper*, is still applicable in our days, that in reference to the treatment of dropsies very few patients are cured, and when the dropsy is removed it is more by accident or the assistance of the gods than by the aid of art. It must then be so much the more gratifying to us homœopaths that such like accidents, as they are called, are of frequent occurrence in our hospital, and that too in such cases in which the prognosis seemed just to point to that assistance of the gods.

We have been able radically to cure every kind of dropsy in individuals of both sexes, of various ages and temperaments, without subjecting the patient to bleeding, diuretics, diaphoretics, and other causes of annoyance. Nevertheless, we do not maintain that we have a universal remedy for dropsy, which is impossible, because the latter is not of itself a disease, but a symptom of a deep-seated malady, and the choice of the remedy must depend upon the nature of the disorder. It is well known that dropsy often results from disease of the heart, liver, spleen and kidneys, from old adhesions in the thoracic cavity, from the misuse of China, and occurs after exanthemata. Most kinds of dropsies, a few alone excepted, which occur after the exanthemata, often disappear in spite of all allopathic treatment. Homœopathy is much more fortunate in many such cases: for by obeying the law of *similia similibus*, the remedy will be indicated by the primary disease, if the organ is not totally destroyed. To prove this remark, we have chosen from many others the following case, remarkable for its peculiar attendant circumstances.

Julia Latal, 34 years old, a charwoman, generally enjoyed good health; menses normal, and had favourably passed through the first confinement two years before. Three months ago she miscarried, and flooded profusely. This was succeeded by a four weeks' illness, stated to be typhus, from which she had already recovered so far as

to attend to her domestic affairs, and return to her ordinary coarse diet. She then perceived a swelling on the instep and heels of both feet, for which she consulted a physician, who assured her that it was nothing more than weakness left by typhus. As she only grew worse and found much difficulty in walking, she rested herself in bed and took juniper water, when after some time, according to her own account, she perfectly recovered.

On the 8th of March she journeyed towards Vienna in search of employment, and was seized on the road with violent colic, nausea and diarrhoea, in which state she was brought to our hospital immediately on her arrival at Vienna.

Status præsens. She is a powerful, robust woman. The temperature of the skin unequal; head hot; extremities cold; face slightly red; pulse 90; spleen enlarged; abdomen tympanitic; slight effusion in the right iliac region; very frequent watery stools. The patient complains of abdominal pains, confusion in the head, ringing in the ears, is few worded, drinks much, and complains especially of a feeling of lameness in the lower extremities. As no particular cause for these symptoms could be discovered, the case was provisionally considered to be typhus, and Acid. Phosph., 6th dil. was prescribed.

Eight days passed over, the patient being at one time better at another worse; other remedies were used, and at last Arsen. The diarrhoea was certainly less frequent, and the abdominal pains not so severe, but the feeling of lameness still remained.

The last symptom caused us to repeat the examination of the extremities, when we found an œdematous swelling on the left foot, extending up the thigh to the hip joint. On chemical examination of the urine the latter was found to abound in albumen.

The œdema of the legs, and the great exhaustion of the patient, required the further employment of Arsen. in 6th dil. Although the great power of this remedy, especially in dropsy, has often been proved, yet it was not of any value in this instance. The œdema continued to increase until it reached the false ribs. On the succeeding days, besides the increasing swelling, ascites made its appearance, with some slight effusion in the thorax. The disease progressed until the 30th of March, when the whole body was swollen; the patient could scarcely sit upright, and exhibited the well known cachectic, leuco-phlegmatic, stupid appearance; the skin

was dry ; she was sluggish and sleepy ; had frequent calls to urinate, especially at night. In addition to the diarrhœa, which had existed all along, she now had vomiting of a greenish fluid, with frequent shiverings in the intervals. The characteristic swelling, so evident to the eye, combined with the albuminous urine, obliged us to depart from our first diagnosis, for the symptoms undoubtedly indicated morbus brightii.

Prognosis.—The disease having existed so long, and having attained to a high degree of development, and accompanied with so much organic disorder—ascites, the effusion in the thorax, dyspepsia, the constant diminution of the urine in quantity, as well as its abundant albuminous contents, the supervening sopor, and the general appearance, forced us to an unfavourable prognosis.

Therapeutics.—The most useful medicine against dropsy is Arsenic, which experience teaches us has great influence over the abdominal organs, but particularly the spleen and urinary organs. Its action on the latter organs is shown by nephralgia, dysuria, enuresis, paralysis of the bladder. In the examination of individuals poisoned by Arsenic, the spleen may be seen congested, and its tissue soft and easily broken down ; 2, *China*, whose action on the liver and spleen is well known ; 3, *Iodine*, which gives rise to marked symptoms of the spleen ; and finally, 4, *Aurum muriaticum*, which, from frequent observation, has proved to be a very powerful remedy in secondary affections of the abdomen.

In the present case Arsen. was continued, but was prescribed in the 3rd trituration ; still no important improvement followed : the urine continued to decrease in quantity, and the albumen to increase. A comatose condition now supervened. We laid aside Arsenicum and ordered Aurum muriaticum of the 6th dil.

Within a few days the powerful action of this medicine was shown in a surprising manner. The digestive powers soon improved by its use, sickness and nausea stopped, the urine gradually lost its albumen and increased in quantity, while the anasarca was continually on the decrease.

In the course of five weeks all trace of albumen had disappeared in the urine, and the patient was dismissed so well that she was able to return to her usual employment.

Thus, in this severe case, was the truth of the homœopathic law brilliantly confirmed. (*From Reports of the Leopoldstadt Hospital, in the Austrian Homœopathic Journal.*)

MISCELLANEOUS.*The London Homœopathic Hospital.*

(REPORT OF THE COMMITTEE.)

SINCE the issue of the circular of the 30th October last, announcing the purchase of the freehold premises in Great Ormond Street for the purposes of the hospital, the board of management have received the most satisfactory proof that the opinion they had formed of the importance of the purchase is shared by the governors and subscribers. No sooner was the purchase announced than assurances of increased support were received, which convinced the board that the confident anticipations expressed in their circular are in no danger of being falsified. For those assurances, and for the liberality with which the appeal of last October has been met, the board of management are most grateful; but they cannot allow the present opportunity to pass without recording their deep obligations to Dr. Quin, and to his anonymous friends, whose generosity first gave life and reality to that movement which has so happily ended in obtaining for the hospital a permanent domicile, with the means of prosecuting on a greatly extended scale the beneficent operations of past years.

The governors and subscribers were informed by public advertisement in December last, that with the view of obviating any risk to in-patients, and of avoiding increased expenditure from commencing the proposed alterations previously to the surrender of the whole of the premises recently purchased, it had been resolved by the board of management, on the advice of the medical officers, and of the architect, Mr. Henry Jarvis, to suspend the opening of any of the wards until the completion of the works. The dispensary for out-patients has, however, being carried on as usual without any intermission.

During the year 1857, the number of out-patients has been 1925, of whom 886 were reported cured, 458 improved, 113 unaltered, four dead, and 464 result unknown, or remaining under treatment on the 31st December last. The aggregate number of patients since the opening of the hospital on the 10th of April, 1850, to the 31st December, 1857, is, therefore, 23,085.

By midsummer next, the only portion of the houses remaining un-

surrendered will come into the possession of the hospital, and as the future alterations have been agreed upon, no further delay will take place in adapting the extensive premises for the reception of in-patients.

The purchase-money of the three houses and of the freehold has amounted to £4600, the whole of which has been provided, and is ready to be paid upon the completion of the deeds of conveyance.* An additional sum, estimated at £5000 will be required to alter and furnish the premises, which, when complete, will afford accommodation for from 160 to 200 in-patients. In the plans of the new hospital arrangements have been made for two accident wards for surgical cases, a children's ward, a theatre for lectures, in connection with the School of Medicine to be attached to the institution, besides the necessary consulting and reception rooms for out-patients. Towards the expenses for altering and fitting-up the new hospital, there is, at the present date, a sum of fully £2000 subscribed, from which, however, a deduction will have to be made for interest chargeable on the purchase-money until the completion of the conveyance, and for law charges on the transfer of the property to the trustees of the hospital.

The accounts for the year ending the 31st December, 1857, have been duly audited by Messrs. Hallett and Gardner, the latter of whom kindly consented to act in the place of Mr. Goetz, now abroad, and the balance sheet is now submitted for the information and approval of the governors and subscribers.

The board of management have to recommend to the governors and subscribers the appointment of Mr. William Pritchard, and of Mr. Henry Rosher, trustees of the building fund, to be trustees of the hospital, conjointly with Messrs. Barton, Hallett, Hughes, and Watkins. They have also to recommend the appointment of Messrs. Hallett and Reep to be auditors, and H. D. Pritchard, L. Sugden, and John Boodle, Esqrs., to supply vacancies which have occurred in the board of management.

So soon as the arrangements for opening the new hospital are complete, the election of the medical staff by the governors and subscribers will take place, pursuant to Laws 46, 47, and 48, of which due notice will be given.

[The balance sheet which accompanies the above report shews a satisfactory condition of the funds of the hospital.]

* The conveyance has since been completed.

FESTIVAL IN AID OF THE HOSPITAL.

A public dinner in aid of the building fund of this charity took place on Wednesday, April 21, at Willis's Rooms, when the Duke of Wellington presided. His Grace was supported by the Duke of Beaufort, Viscount Lismore, Viscount Maldon, Lord Rokeby, Lord Grey de Wilton, Lord Cosmo Russell, the Hon. R. Grosvenor, Mr. Truman, M.P., Major Blake, Captain Fishbourne, R.N., Mr. Pritchard (High Bailiff of Southwark), Mr. Sheriff Rutherford, Dr. Chepmell, Dr. Clarke, Dr. W. Bell, Dr. G. N. Epps, Dr. Baikie, Dr. Kidd, Mr. Yeldham, Dr. Wyld, Mr. de Michele, Dr. Tuckey, Dr. Bayes, Dr. Mc Kechnie, Dr. Ryan, Mr. Reynolds, Mr. Metcalfe, Dr. de Brereton, Dr. Dunn, Dr. Drury, Mr. Battye, Dr. Ransford, Dr. Guinness, Dr. Morgan (Plymouth), Dr. Morgan (Dover), Dr. Joce, Mr. Ayerst, Dr. Quin, Dr. Hamilton, Mr. Cameron, Mr. Leadam, Dr. Phillips, Mr. Mackern, Mr. D. Smith, Dr. R. Russell, Dr. Henriques, Dr. Hartmann, and about 150 other gentlemen, known as supporters of homœopathy in the metropolis and in the provinces. The following toasts were proposed and responded to in appropriate speeches:—"The Queen," "The Prince Consort and the rest of the Royal Family," "The Army and Navy," by the Chairman, the latter toast was acknowledged by Major-General Lord Rokeby and Captain Fishbourne, R.N.; "The Memory of Hahnemann," by Dr. Russell; "The Charity," by the Chairman; "The Duchess of Cambridge, Patroness of the Hospital," by the Duke of Beaufort; "The Chairman," by Dr. Quin, responded to by the Chairman; "The President and Vice-President," by Mr. Tufnell, acknowledged by Lord Grey de Wilton; "The British Homœopathic Society and the Medical Staff," by Mr. Pritchard, acknowledged by Dr. Quin; "Lord Ebury and the Board of Management," by Mr. Yeldham, responded to by the Hon. Robert Grosvenor; "The Honorary Secretary" (Mr. Buchan), by the Duke of Beaufort; "The Stewards," by Mr. G. Nightingale.

The musical arrangements were under the direction of Mr. G. Buckland, who was assisted by Messrs. Lockey, Young, and H. Buckland.

[The following account of a Fancy Bazaar in aid of the funds of the Hospital we borrow from the columns of the *Liverpool Albion* of the 14th of June.—Eds.]

A grand fancy bazaar was held on Friday and Saturday last, in the Riding School of the Cavalry Barracks, Knightsbridge, in aid of the funds for the necessary alterations, &c. in the freehold premises, Great Ormond-street, recently purchased for the London Homœopathic Hospital. The bazaar was originally fixed for Wednesday and Thursday, but the Queen's state-ball on Wednesday, and other fashionable events on Thursday, rendered it desirable, in deference to the wish expressed by many lady-patronesses, to postpone the bazaar until the two following days.

The bazaar was one of the gayest and most aristocratic re-unions that has been seen in the metropolis for a long time. The riding-school, a large, lofty, and well-ventilated building, was decorated with the flags of all nations. The stalls ran round the sides of the building, leaving a large open area in the centre for the promenaders, except opposite the entrance, where there arose a vast military trophy, having for its base the silver kettle drums presented to the first regiment of Life Guards by George IV., a superstructure of cuirasses, swords, helmets with nodding plumes, &c. completed the trophy.

Judging from the list of Lady-patronesses of the bazaar, homœopathy must be a fashionable creed, for it comprised five duchesses, three marchionesses, eleven countesses, six vicountesses, and thirty-one additional ladies of title. Most of these ladies are said to be firm disciples of homœopathy, while the rest are claimed as "sympathizers," who almost believe in the virtues of the infinitesimal science. The stall-holders, who may fairly be claimed as devotees, were the Duchess Emily of Beaufort, Maria Marchioness of Aylesbury, the Countess of Craven, the Countess of Wilton, Lady Willoughby de Broke, Lady Ebury, Lady Rokeby, Baroness Alphonse de Rothschild, Duchess of St Arpino, Vicountess Newport, Lady Augusta and Lady Honora Cadogan, Mrs. Moore, of Liverpool; Mrs. Drysdale, of Liverpool; Mrs. Fussell, Mrs. Joseph Hoar, and Miss Wilkinson, Mrs. Rosher and Mrs. Yeldham, Mrs. Hamilton and Miss Crispin, Mrs. Leadam and Miss Meymott, the Ladies of the Committee of the Subscription Society, Mrs. and the Misses Parry, &c.

The lady stall-keepers were early at the bazaar on Friday morning, in order to receive her Royal Highness the Duchess of Cambridge, the Hereditary Grand Duchess of Mecklenburg-Strelitz, and the Princess Mary of Cambridge. The Royal visitors, who, attended

by Baron Knesebeck, arrived about twelve o'clock, after passing amongst the flower-stalls, entered the bazaar proper, making purchases at almost every stall, and instituting the most affable inquiries relative to the articles for sale. At Mrs. Drysdale's stall the Royal visitors purchased a little card-box, which, the Duchess was informed, was made by a poor girl who had been a Dispensary patient, and who had lost her arm. At the Fine Arts' stall, kept by Lady Augusta and Lady Honora Cadogan, the Princess Mary purchased a water-colour drawing, by Lady Augusta Cadogan, entitled "Homage to Raglan." The Grand Duchess also made some purchases of paintings and drawings, which reflected great credit on the amateur artists by whom they were executed. At Lady Rokeby's stall the Princess Mary, with her winning smile, called the attention of the Duchess and her sister to some Berlin work of her own; to some bijoux sent by the Princess Alice; to some beadwork by the Duchess of Kent; to packets of gourdseed from the celebrated collection of Sans-Souci; and to a silver flagree basket, contributed by the Princess of Prussia. The Duchess of Cambridge, who is said to be the patient of a metropolitan practitioner of homœopathy, had herself sent some little offerings in knitting and beadwork to Lady Rokeby's stall. Lady Wilton's stall exhibited some magnificent embroidery and Berlin work, which obtained for the amiable Countess a well-deserved compliment to the taste and industry of the young ladies of Heaton-hall. After a lengthened inspection of the bazaar, and expressing their gratification at the numerous objects of taste and utility which they had witnessed, the Royal party took their departure.

The Liverpool stalls displayed more than the usual variety of bazaar work, tastefully arranged. Mrs. Drysdale's stall exhibited an elegant and most complete homœopathic medicine chest, presented by Thompson and Capper, containing bottles, drawers, a pharmacopœia, &c. A nautical character was given to this stall by the model of a life-boat, presented by Mr. Ridyard, of Quarry-bank. Many young gentlemen were observed to eye this little craft wistfully, as if they were calculating its success upon the placid water of the Serpentine, or the perils it would undergo from the aquatic fowl in St. James's Park. Mr. Edgar, of Duke-street, sent a music stool, handsomely carved. Lady Lindsay had sent from Haigh-hall some pretty little porcelain trifles from Paris; and nicely-executed drawings from Miss Lace and Miss Grainger testified to the fact that Liverpool can boast some accomplished amateur artists. Mr. Buchan, of Liverpool, had

forwarded a large case of Australian birds, of gayest plumage, ready for stuffing. A splendid collection of ferns, principally South American, and books of Algæ, were also exhibited. Mr. Ridyard sent two boxes of beautiful hothouse flowers. The remaining contents of the stall consisted of hanging flower-stands, in beadwork, slippers, pen-wipers, smoking caps, all embroidered in such gay colours, or studded with such pretty beads, as to speak volumes for the nimble fingers and tasteful fancies of the *houris* of Liverpool. Mrs. Drysdale was assisted by Miss Lee and Miss Saunders in the sale of the articles in her stall.

Mrs. Moore's stall was graced by a fire-screen, most elegantly worked by Miss Pratt, a very large collection of stereoscopic photographs, a tasteful stand of artificial flowers, by Miss Williams, a picturesque Affghan blanket by the same lady, large contributions of ornamental boxes, sent by Dr. Roche, and a collection of American toys, the work of that industrious community, the Shaking Quakers. Some pretty rose pink paper mats, made by the girls in the Kent-street Ragged School, expressly for the bazaar, were much admired. A rich and rare snuff-box, made of elephant's teeth veneers, and strongly mounted in silver, was contributed by Mr. Jackson. Mrs. Cowie sent a book containing a valuable collection of British ferns. Irish shawls, pincushions, crochet and Berlin work, and other devices of pretty idleness made up the contents of this stall. Mrs. Moore was assisted by Miss Chapman.

About two o'clock the band of the Horse Guards (Blue) takes up its station outside the riding school, and gratifies the company with operatic selections, waltzes, polkas. The company now begin to arrive, and the scene becomes very animated. Muslin of course carries it over silk, as becomes the heat of the weather, and every year these summer robes become lighter in texture and more graceful and artistic in design. Fair Floras, bareheaded and with ravishing *chevelures*, who were presented at the first drawing-room this season, and have already made a dozen conquests, trip lightly about with fanciful flower baskets and put a posy in your hands with such a simple and winning grace that your half-a-crown seems a paltry return for the condescension. The sisters of one of the proudest Dukes in the peerage, the friends and companions of a Royal Duchess, sell you a pen-wiper or a travelling-cap, knit by their own fair hands; and a young Duke, who is anxious to speak to them about a raffle, waits until your purchase is completed, that he may not interrupt the commercial transaction. The daughters of a Countess

talk to you about art, and when you praise the *poss* of a figure in crayons, or the perspective of a water-colour landscape, you find you have been whispering your eulogies in the ear of the fair artist herself. A fashionable Viscountess, who presides over the refreshment table, and who has a half-dozen obsequious and much be-floured flunkeys behind her to bring her hot water and cakes, will do that for you which she never does for her guests, and will pour you out a cup of tea with her own fair hands. The Viscountess was in the *Book of Beauty* a few years ago, and still preserves the engaging smile which led enthusiastic admirers to cut out her portrait and hang it up, Madonna-wise, upon their walls.

Saturday was a shilling day. Raffles were got up for the disposal of the unsaleable articles, and heaps of real bargains, at a nominal risk, were obtained by the lucky winners. The sylphs of the bazaar would take no refusal in so good a cause, and gentlemen were fain to close their ears with pretty pantomimic action and take refuge in flight. It is too soon to announce the result of the bazaar, but the hospital cannot fail to realize a handsome surplus from the disinterested labours of so many zealous believers in the virtues of homœopathy.

Note.—The receipts were between £1700 and £1800.

Glonoine.

[We subjoin a few more letters on the subject which have recently appeared in the *Medical Times and Gazette*. Apart from the interest attached to the corroboration of the known effects of glonoine afforded by these allopathic observers, these letters throw a curious light on the state of the allopathic mind in reference to homœopathy. While pretending to ignore and disdain every thing relating to homœopathy, our opponents are only too eager to seize on any thing that gives them a plausible way of explaining away homœopathic results. In our last number we asserted that Dr. Field was quite wrong in attributing the curative effects of glonoine to any anæsthetic power of two drops of the 1st dilution; but we see how eager the various allopathic writers are to clutch at this explanation, des-

titute as they must have felt it to be of the slightest plausibility. Though not at all disposed to prove medicines for any proper scientific purpose, our opponents are ready enough to do so, if thereby they may obtain a shadow of an argument against homœopathy!—EDS.]

[“ To the Editor of the Medical Times and Gazette.”]

“ SIR,—The extraordinary effects ascribed to Glonoine by Mr. Field, in a communication inserted in the *Medical Times and Gazette* of the 20th instant, induced me this morning to undertake a series of experiments, in conjunction with Dr. Harley, of University College, with the view of testing the effects of this agent; and as the subject is one which has attracted some attention, it may be useful to make the profession acquainted with the results at which we arrived. I leave to Dr. Harley to describe the details of the experiments in his own case, as also of those on a rabbit to which we administered this substance, and shall merely premise that the Glonoine which I swallowed was pure Glonoine, obtained from Morson’s, of Southampton-row, diluted with 10 parts of rectified spirit; whilst the Glonoine which Dr. Harley took was pure Glonoine, obtained from a homœopathic chemist, diluted with $6\frac{2}{3}$ parts of rectified spirit. Eight drops of this latter solution added to 92 drops of rectified spirit would form (so the homœopathic chemist stated) the solution of Glonoine known to homœopaths and described by Mr. Field as Glonoine of the first dilution. It would contain 1 drop of pure Glonoine to 99 of spirit.

“ Our experiments commenced at 12.45 o’clock, at which time my pulse was 80, and my respirations were eighteen in a minute. I began by taking 2 drops of a solution containing 1 drop of pure Glonoine in 99 of rectified spirit—the solution employed by Mr. Field. It was sweet to the taste and warm, and imparted a flavour or odour somewhat resembling chloric ether. In the course of a minute I felt, or fancied that I felt, some fulness in the head, but was not conscious of any other unusual sensation. At four minutes past 1 o’clock I took 2 drops of the solution obtained from Morson’s, or in other words, one-sixth of a drop of pure Glonoine, which is equal to 17 drops of the solution spoken of by Mr. Field. It was very sweet, and pungently hot to the tongue and throat, giving rise to a burning sensation which lasted several minutes. At six minutes

past one my pulse had risen to 96, and I felt, or fancied that I felt, increased fulness about the head, but without giddiness or confusion of thought. My pupils were not affected, and I did not experience any unusual sensation beyond that just referred to. At 1.15 o'clock I took 4 more drops of Morson's solution, or in other words, one-third of a drop of pure Glonoine, which is equivalent to $33\frac{2}{3}$ drops of Mr. Field's solution. At 1.18 o'clock my pulse was still 96; my respiration remained tranquil; my pupils were unaffected, and I was not conscious of any unusual sensation, except a sense of slight fulness in the head. As no further symptoms occurred, at 1.30 o'clock I swallowed 6 drops of Morson's solution, or in other words, half a drop of pure Glonoine, which is equivalent to 50 drops of Mr. Field's solution. It was intensely hot to the mouth and gullet, rendering it necessary for me to swallow half a glass of water. I felt somewhat nervous; and for a few moments the surface of my body became covered with a clammy perspiration; my pulse intermitted occasionally, and I experienced, or fancied that I did so, an increase of fulness about the head; but my pupils remained unaltered, and in no other respect did I perceive any difference from the effects produced by the former and smaller doses. In a few minutes the nervousness passed off, and at 1.35 o'clock my pulse was 90 and regular. At 1.40 o'clock my pulse was 86, and my respirations were sixteen in a minute. At 1.50 o'clock my pulse had fallen to 80, or the standard at which it was found before the commencement of the experiments.

“ Thus within the space of one hour I took rather more than one drop of pure Glonoine, which is the amount contained in eighty drops of the solution spoken of by Mr. Field. This would appear conclusive as to the fact that whether in weak solution (1 in 100) as employed by the homœopaths, or in a strong solution (1 in 6) Glonoine does not produce the effects which have been ascribed to it; and that, contrary to what has been stated by Gmelin and implied by Mr. Field in his recent communication, it may be taken with impunity in considerable quantity. Whether the acceleration of the pulse which was observed in the first instance was attributable to the effect of Glonoine, is a question which requires further experiments to determine. My own impression is, that it was purely the effect of the nervousness or excitement resulting from the experiments in which we were engaged, for had it been otherwise it is not probable that the pulse would have fallen to its natural standard

within so short a period after taking the larger doses. The fulness in the head may have been attributable in part to the same cause, but some discomfort about the head, not amounting to head-ache, continued for several hours afterwards, and I cannot help thinking that it is fairly referrible to the effect of the Glonoine I had taken. I will only add, that for some weeks I had been suffering from slight bronchial irritation, with frequent expectoration of thick mucus, and that since I swallowed the Glonoine I have not had occasion to cough or expectorate.

I am, &c.

HENRY WM. FULLER, M.D., Cantab, F.R.C.P.
Physician to St. George's Hospital.

13, Manchester-square.

Monday Evening, March 29, 1858.

[To the Editor of the Medical Times and Gazette.]

"SIR,—In last week's number of your Journal appeared a very interesting communication on the toxical and medicinal properties of the substance to which homœopathists have given the name of Glonoine. The author described the effects produced by this substance upon himself and other animals, and, strange to say, the results obtained seemed to indicate that Glonoine, although poisonous to man, was yet perfectly innocuous in its effects upon other animals. . . .

"The effects so graphically described by Mr. Field are scarcely those one would expect to find produced by so small a quantity of a homœopathic drug; and I must candidly admit, that if all infinitesimal doses are equally potent, my ideas of homœopathy require to undergo a radical change. The abovementioned two drops of liquid were taken from a solution consisting of one drop of Glonoine dissolved in ninety-nine drops of rectified spirit; consequently the alarming effects spoken of were produced by only one-fiftieth of a drop of pure Glonoine. From another part of the communication of Mr. Field, it would appear that Glonoine is a very powerful poison; but, on reading a little further, we find that animals 'appear to be almost unaffected by this drug.' . . .

"Being unacquainted with any substance whose toxical effects are

entirely limited to the human organism,* I was naturally anxious to repeat Mr. Field's experiments. Consequently I lost no time in procuring at a homœopathic pharmacy a bottle of Glonoine, of the same strength as Mr. Field's. I began by touching my tongue with the cork moistened with the solution; but experiencing no effect beyond that which usually follows the application of alcohol or ether to the tongue, I boldly put a couple of drops in my mouth. At first I felt a kind of sweet and burning sensation, and soon after a sense of fulness in the head, and slight tightness about the throat, without, however, any nausea or faintness. After waiting a minute or two these effects went off, and I could not help thinking that they were partially due to imagination. Determined to give the thing a fair chance, I swallowed five drops more, and as these did not cause any increased uneasiness, I took, in the course of a few minutes, other ten drops of the solution. Being at the same time quite alone, I became somewhat alarmed lest I should have taken an over-dose, and very soon my pulse rose to above 100 in the minute. The fulness in the head, and constriction in the throat, I thought was more marked than after the previous dose. In a minute or two, however, my courage returned, and the pulse soon fell to 90. The fulness in the head lasted some time, and was followed by a slight headache. Next day I repeated the experiment upon myself by taking ten-drop doses, and finding no bad effects to result from them, I tried the substance on some of my friends, without saying what sensations might be expected to arise from it; and I may cite the following as a good example of an experiment unaffected by imagination:—

“To Dr. von F., a strong, healthy gentleman, aged 26, respirations 28, and pulse 84 in the minute, I gave ten drops of the solution. After waiting five minutes without witnessing any effect, I administered to him other eighteen drops of the Glonoine in a little water. In about a quarter of an hour the pulse was noticed to be slower; this, however, was, no doubt, caused by his sitting quite still. The respirations remained as before, and neither fulness in the head nor constriction in the throat was complained of. Upon the tongue of another gentleman (a medical man) who was equally ignorant of the contents of Mr. Field's communication, I allowed two drops of Glonoine to fall; after waiting five minutes without any peculiar sensation being felt, I gave him eighteen drops of the solution, and, in

* The old notions about hydrocyanic acid not being fatal to hedgehogs, &c. have all proved false.

five minutes more, as there was still not the slightest effect observable, I again gave him other eighteen drops. The pulse and respirations were carefully watched during a quarter of an hour longer; but as absolutely nothing was either felt or observed, my friend went home. Having been thus unsuccessful in obtaining any decided effects from the employment of Glonoine procured at the homœopathic Pharmacy, I obtained some of the pure substance from Mr. Morson, in Southampton-row. While standing in Mr. Morson's shop, I took by degrees a drop of the perfectly pure material, and found that, on bringing it in contact with the tongue, it at first gave rise to a sweet flavour, which was rapidly followed, however, by a most disagreeable, acrid, burning sensation. The latter lasted during several minutes. Immediately after I had taken the drop, which was equal to 100 drops of the solution previously employed, I felt my pulse, and found it 105 per minute. I imagined, too, that I felt fulness in the head, and some tightness about the throat; but as these effects gradually passed off in the course of a few minutes, I thought that they were most probably due to fear and imagination.

“On the 29th instant I made, in consort with Dr. Fuller of St. George's Hospital, some experiments with two different solutions of Glonoine. One contained one drop of Glonoine dissolved in ten of spirit; the other, one drop dissolved in six and three-quarters of spirit. As Dr. Fuller will, in a separate letter, describe the effects produced upon himself by Glonoine, I shall limit my remarks to a description of my own sensations. At 12·45, my pulse being 80, my respirations 22 per minute, I took of the solution containing one part in six and three-quarters of spirit, a quantity equal to one-sixth of a drop of pure Glonoine, which would be equal to sixteen and a-half drops of the solution used by Mr. Field. At one o'clock my pulse had risen to 90, but the respirations were about the same. I felt some fulness in the head, and slight tightness about the throat. At 1·5 I took one-third of a drop (= thirty-three drops of Field's solution). In three minutes afterwards my pulse was 98. The other effects continued as before. At 1·16 I took another half-drop, (= fifty drops of Field's solution,) and in four minutes afterwards, my attention having been directed to another subject, my pulse had fallen to 94. At 1·30 I took a whole drop of pure Glonoine, (= 100 drops of Field's solution,) and in six minutes afterwards my pulse had got up to 106 per minute. None of the other effects were increased. Ten minutes later, when I had become convinced that I

ran no risk in thus rapidly augmenting the dose, my pulse fell to 78, while the respirations were 18 per minute. I have, therefore, no hesitation in saying, that the effect upon the heart's action was entirely due to fear. The head and neck sensations, however, I think, are too constant to be attributed to the same cause, although I have no doubt the imagination exaggerates them. During the three-quarters of an hour that this experiment lasted, I had taken altogether a quantity of Glonoine equal to $199\frac{1}{2}$ drops of the solution used by Mr. Field, and of which two drops were sufficient to produce in him symptoms of narcotic poisoning.

"While Dr. Fuller was with me at University College, we gave in the course of fifteen minutes a quantity of an alcoholic solution of Glonoine, equal to three drops of the pure substance, to a small sickly looking rabbit. The animal was kept under observation for more than an hour without any effect being observed.

"To a frog we gave at 1:20 some of the solution equal to two-thirds of a drop of pure Glonoine. At 1:34 he was noticed to be in a convulsion. This experiment, however, scarcely deserves to be mentioned, as it is impossible to say whether the Alcohol or the Glonoine induced the tetanic state.

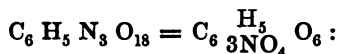
"Through the kindness of Mr. Spencer Wells, who gave me a quantity of pure Glonoine, prepared by Mr. Squire, I was enabled to perform the following experiments. To a middle sized dog I gave fifteen drops of the undiluted substance, and in three minutes afterwards I gave him other ten drops—in all a quantity represented by 2,500 drops of the solution employed by Mr. Field, and although the animal was most carefully watched during a couple of hours, no effect was detected beyond what was produced in the mouth by the acidity of the drug.

"At 11:45 I put two drops of pure Glonoine into the mouth of a frog. At 12:7 he was seized with convulsions. The fore-legs were firmly clasped on his breast, and the hind-legs were stretched straight out. The slightest touch or even blowing with the breath upon him was found sufficient to induce a spasm. The tetanic state differed from that produced by Strychnia, inasmuch as the spasms were of very short duration, almost instantaneous, and when the animal was left quiet recurred at regular intervals—eighteen in the minute. In about an hour and a half after the administration of the toxic substance, the frog was found flaccid, and nearly dead. When touched, however, slight spasm could still be induced.

surface, which must be separated and well washed with water by decantation. The oil should then be dissolved in a small quantity of ether, and the ether allowed to escape by spontaneous evaporation.

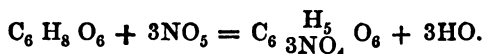
The substance thus obtained is a heavy oil, of an amber colour, very slightly soluble in water, but exceedingly so in ether. It has a sweet, pungent, aromatic taste, and when placed on the tongue, even in very small quantity, produces headache, which lasts for several hours. When a small piece of blotting-paper, moistened with a few drops of it, and placed upon a smooth anvil, is struck with a hammer, a violent explosion is produced. If, on the contrary, a little of it on a piece of paper is introduced into the flame of a candle, the combustion takes place quietly. When boiled with aqueous potash, nitroglycerine is decomposed, glycerine and nitrate of potash being formed.

Submitted to analysis, this body is found to consist of



that is to say, it is glycerine in which three equivalents of hydrogen have been replaced by three equivalents of hyponitric acid, three equivalents of water being formed at the same time, thus:—

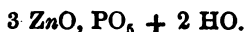
Glycerine. *Nitroglycerine.*



I may mention, that the proper name of this substance is nitroglycerine. The word "glonoine" gives no idea of its nature, and the term "nitrate of oxide of glycyll" is quite inadmissible.

PHOSPHATE OF ZINC.

Ordinary Phosphate of zinc may occur in two forms, either as triphosphate or as diphosphate. If a solution of Sulphate of zinc is poured into a solution of Phosphate of soda, a fine white crystalline powder is obtained. This is the triphosphate, the composition of which is expressed by the formula:—



If, however, a solution of four parts of crystallized Phosphate of soda in thirty-two parts of hot water is poured into a solution of three parts of Sulphate of zinc in thirty-two parts of hot water, and

the whole allowed to cool, the Diphosphate of zinc is deposited in shining laminæ.



Both these salts are readily soluble in dilute acids; but the diphosphate dissolves to a greater extent than the other, inasmuch as it already contains more phosphoric acid, and its crystalline form is a guarantee of purity. A fluid ounce of the dilute phosphoric acid of the Pharmacopœia dissolves 40 grains of the diphosphate; and in this solution both the acid taste of the phosphoric acid and the styptic taste of the zinc are singularly modified and diminished. It would be, I think, an agreeable form for administration.

I am, &c.

W. STEVENS SQUIRE, Ph. D. F.C.S.

277, Oxford-street, March 30.

[To the Editor of the Medical Times and Gazette.]

SIR,—Calling on my brother a few days ago, I found him experimenting with glonoine, a new drug, of which I had previously heard nothing. He wished me to take a small dose, as he had done so himself without any very disagreeable effect. I refused; but, on visiting him the next day, he renewed his request, observing, “Why your Professor, Dr. Harley, says he has taken 199½ drops of a solution equal to this in less than an hour.” I then saw my brother take one minim, and in half an hour, as no serious effect followed, after counting my pulse, which was eighty, I took the same dose. We now purposely changed the subject of conversation. In the course of a few minutes I exclaimed, “I feel drunk.” This sensation was quickly followed up by a dull aching pain at the back of my head, which was alternately better and worse, each accession becoming more and more severe. It soon extended to the forehead and the back of the neck, in which there was a decided feeling of stiffness. I also experienced some difficulty of deglutition, succeeded by nausea, retching and flatulence. A profuse perspiration ensued, and in a quarter of an hour the symptoms began to abate, but I continued dull and heavy. My pulse was now 100. Considerable headache remained, which increased in the after part of the day to such an extent that at six o'clock I was compelled to go to bed. At break of day I

was not relieved, but after a few hours more sleep I arose in my usual health. I have only to add that I made this brief sketch of my own feelings before reading the contradictory statements which have appeared in your columns.

I am, &c., F. AUGUSTUS JAMES.

University College, April 5, 1858.

[To the Editor of the Medical Times and Gazette.]

SIR,—The existence of any fact once established cannot be affected by a subsequent discovery; and though the evidence may at first sight be conflicting in the two cases, and apparently tending to a precisely opposite conclusion, it is often within the scope of reason to reconcile seemingly contradictory testimony.

Gmelin has stated that half a drop of pure glonoine would kill a man.

In my last paper on this subject, I stated that two drops of what the homœopathsists call the first dilution of glonoine, produced profound coma in me. Doctors Fuller and Harley took very much larger quantities, and produced nothing beyond a headache. Was the action of the drug less powerful in their cases from peculiarities in the subjects of the experiment, in the substance experimented with, or the conditions under which the experiments were made? Putting aside for the present the hypothesis that idiosyncrasy may greatly influence the action of such an agent as glonoine, I think a very reasonable explanation may be found in the great variation in strength to which glonoine is liable, at which we cannot wonder when its mode of preparation is considered. But a far more important cause in determining the extent of its action is to be found in the conditions under which the drug is taken.

In my own case my nervous energy had been much impaired by a hard day's work; for contrary to my usual custom I had walked to all my patients that day, and besides this I had just finished a painful and protracted surgical operation, involving as it did a considerable expenditure of nervous force, added to which the hour had arrived when there was a natural tendency in the brain to subside into that state of unconsciousness in which one-quarter of its life is passed. I have since taken the same quantity of glonoine under

different conditions, with no other result than the production of a mere headache.

Having in my experiments on myself experienced the greatest variation in the strength of different specimens of glonoine, I was disposed to think, when I read Dr. Fuller's and Dr. Harley's experiments, that they had used a less powerful agent. I therefore called on Dr. Fuller in the morning of April 3, and requested him to take a part of the same glonoine which had affected me. He kindly acceded to my request, but to my surprise he experienced little besides the usual headache, which appears always to result from a small dose.

From Dr. Fuller's I went to a London hospital, where I heard a patient was undergoing treatment with solution of glonoine for hemi-crania; he had been taking one dose of two drops daily, but the medicine had produced no effect on him. I took two drops of his solution, and was but slightly affected by it. By permission of his physician I gave this patient two drops of my own solution. In about a minute he became pallid, felt sick and giddy, his forehead was covered with perspiration, and he sank on to the bed by which he was standing almost unconscious, his pulse failing so as scarcely to be felt. I requested that he might have some stimulant, and after taking a little ammonia the circulation became more vigorous, and I left him in twenty minutes with a marked diminution of his pain, and he expressed a great desire to sleep, a luxury which his sufferings had almost deprived him of the previous nights.

The slight action of glonoine on Dr. Fuller, who was in vigorous health and not suffering from fatigue at the time he took the dose, and the powerful effect produced on the hospital patient, whose nervous energy was reduced by suffering and want of sleep, affords a good illustration of the explanation which I have ventured to give of the apparently opposite results which have been observed.

Some pure glonoine was procured from Morson's, in Southampton-row; this was one hundred times stronger than that, two drops of which produced so powerful an effect on me. One drop of this pure glonoine was given to a mouse, and larger quantities to a calf, cats, and rabbits, without producing any appreciable effect, thereby confirming the conclusion before arrived at that not the glonoine, but the spirit in which it was dissolved, had affected the animals which died in the former experiments.

The curious fact of certain poisons exerting a powerful influence

over some animal systems, while harmless to others, is not without analogy. It is stated on good authority by a recent writer that the horse can with safety eat aconite, the goat hemlock, and the rabbit belladonna; and Dr. Livingstone mentions a small African insect, the tsetsze, whose bite is fatal to the horse, ox, and dog, but affects man in only a very trifling degree.

My friend, Mr. Lawrence, surgeon, of Brighton, slightly moistened the tip of his finger with the solution of glonoine (1 per cent.) and applied it to his tongue; he took only just sufficient to taste the fluid. In about three minutes he experienced a "muddled" sensation in his head, and felt as if he could easily have gone to sleep in the operating room, where we then were; he believes that had he taken a little more he must have fallen asleep; his appetite failed for the rest of the day, and he passed a restless night. Mr. Lawrence regards the effect produced on him as the more remarkable that he has very little susceptibility to the influence of the common narcotic drugs.

Case 5.—G. F., aged 24, epileptic eight years. After a fit on the 4th of March, he slept nearly an hour, and then awoke in a state of violent mania, struggling with such violence that it was with difficulty two persons could keep him in bed; with eyeballs projecting, and mouth half opened, he looked as if he were contemplating some afflicting sight, while he rapidly reiterated an unmeaning monosyllable, doe-doe-doe, in a painfully plaintive tone. In this state I was called to attend Mr. F., I touched his tongue with a cork moistened with solution of glonoine, and after the third application his struggles ceased, and he sunk into a tranquil sleep, from which he awoke refreshed and well the next morning.

In this case the rapidly acting sedative influence of the medicine was most marked, and the exceedingly small dose required made it peculiarly valuable, as no bulky remedy could have been taken owing to the excited condition of the patient.

Case 6.—Mrs. R. sent for me in the night of March 17, on account of severe neuralgic pain in the lower part of the cervical region of her spine and right arm. Her sufferings had been severe for some hours and still continued, when I applied less than a drop of glonoine solution to her tongue. In a short time this patient complained of a peculiar pain and pulsation in her head; she became drowsy, and buried her head in the pillow, but retained sufficient consciousness to request I would not leave her while she felt "so strange." These

effects lasted about ten minutes, during which she had several attacks of general rigor, which were succeeded by nausea and coldness of the extremities; but the neuralgic pain was quite subdued for a time, though it returned in a much smaller degree.

Case 7.—Mrs. L., aged 28, weak from undue lactation and neglect of air and exercise, consulted me, March 22, on account of supra-orbital neuralgia, from which she had suffered more than a week; the pain usually commenced at six o'clock in the morning, and continued till eleven or twelve. A quarter of a drop of solution of glonoine was given, and the pain ceased for that day almost immediately. She recovered in a few days under appropriate treatment.

Case 8.—Mrs. D., aged 36, under treatment for dyspepsia. March 29, she complained of severe hemicrania, which had troubled her for many days. She took about a drop of solution of glonoine in perfect ignorance of any effect it was likely to produce. In a minute or so, she reclined on a sofa to save her from falling, put her hand to her forehead where she experienced a pulsating pain. In a few minutes more her head was free from pain of any kind, and there had been no return two days after.

Case 9.—Miss V., aged 28, frequently suffered severely from what she calls nervous head-aches; these she has been in the habit of curing with Indian hemp. On the 1st of April, a violent head-ache was suddenly produced by a fright caused by her horse; she was kept awake nearly all night, and the following morning she requested me to give her something for the pain, which continued severe. Her old remedy had been discontinued by my advice. I applied a small quantity of the dilution of glonoine to the tip of her tongue, which produced scarcely any effect. Two drops were then given, and in about a minute she became giddy, and said it is just like taking chloroform; she lay back in a chair supporting her forehead with her hand, trembled, and said faintly that her feet were cold: her pulse rose to 100—before it was 80. In about two minutes she recovered, complained of great tightness at the root of the neck, which soon subsided. Her headache was gone; and in half an hour she left my house feeling unusually well and “bright,” as she expressed it.

Forcibly struck by the slight effect produced in the last two cases by what, by my former experience, I should have considered a powerful dose, I myself took two drops of the solution, and only

experienced a sense of fulness and throbbing in the head ; my pulse rose twenty in the minute. The experiment was repeated on a married lady, aged 32, with a similar result. The cases 8 and 9 had been treated with a fresh specimen of the glonoine.

From what has been observed it would appear that glonoine is liable to great variation in strength. That under ordinary circumstances of health and vigour it may be taken in small quantities with safety, but that when the nervous energy is much diminished by fatigue or suffering it may act with the greatest power.

It affords me great satisfaction to find the action of nitro-glycerine has engaged the attention of those who are so much more capable than I am of doing justice to the subject ; and I hope that we shall soon be furnished with more precise information on this curious medicine.

I am, &c. A. G. FIELD, F.R.C.S.

Old Steine, Brighton.

Homœopathic and Allopathic Treatment Compared.

DISEASES OF CHILDREN.

And now, having seen the homœopathic statistics in regard to adults, in general and individual diseases, let us look at the results of that treatment in the affections to which childhood is peculiarly subject. And for this purpose we would refer to the Report of the Homœopathic Treatment in the Protestant Half-Orphan Asylum of New York, by Dr. B. F. Bowers. We take the following extract and comparative statement from his work :

“The immense interest which the public has in forming a correct estimate of the relative value of the different systems of medical practice, and the absolute necessity for a collection of well-ascertained facts in order to come to a satisfactory conclusion, give importance to the subject. The number of children in the several asylums is taken from a table kindly furnished by A. Gilbert, Esq., from the reports made annually, under oath, to the Board of Education.”

*Tables of the result of twelve years' treatment.***I. IN ALLOPATHIC ASYLUMS.****1. New York Orphan Asylum.**

Years.	Whole No.	Deaths.	Mortality.
For ten years ending 1852,	1584	34	1 in 46
For 1853,	220	0	
„ 1854,	209	0	
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	2013	34	1 in 59

2. The three Roman Catholic Orphan Asylums.

Years.	Whole No.	Deaths.	Mortality.
For ten years ending 1852,	5149	94	1 in 54
For year 1853,	964	2	1 in 482
„ 1854,	1042	9	1 in 120
	<hr/>	<hr/>	<hr/>
	7155	105	1 in 69

3. Leake and Watts' Orphan Asylum.

Years.	Whole No.	Deaths.	Mortality.
For ten years ending 1852,	1688	23	1 in 73
For year 1853,	262	12	1 in 22
„ 1854,	263	6	1 in 44
	<hr/>	<hr/>	<hr/>
	2213	41	1 in 54

4. Colored Orphan Asylum.

Years.	Whole No.	Deaths.	Mortality.
For ten years ending 1852,	2142	136	1 in 15
For year 1853,	348	13	1 in 27
„ 1854,	403	23	1 in 18
	<hr/>	<hr/>	<hr/>
	2893	172	1 in 16

II. IN HOMŒOPATHIC ASYLUMS.

The Protestant Half Orphan Asylum.

Years.	Whole No.	Deaths.	Mortality.
For ten years ending 1852,	2543	21	1 in 121
For the year 1853,	275	0	
„ 1854,	257	0	
	—————	—————	—————
	3075	21	1 in 146

Recapitulation of Mortality in New York Orphan Asylums.

ALLOPATHICALLY.

At six City Orphan Asylums, 1 in 41, or $2\frac{2}{5}$ per cent.

HOMŒOPATHICALLY.

At Protestant Half Orphan Asylum, 1 in 146, or $\frac{68}{100}$ of 1 per cent.

Showing the ratio of mortality under Allopathic treatment, as compared with Homœopathic, to be more than 3 to 1.

Let us compare the result of the two systems of treatment in the case of the foundlings and miserable, sickly orphans, so many of whom are thrown entirely upon the care of this Board. Most of these unfortunates, upon whom the sins of their parents are visited so heavily, are provided for at Randall's Island Nursery; but the Home for the Friendless, in East Thirtieth Street, now under the medical care of Dr. E. Guernsey, annually receives and provides for hundreds of this class of children, who, on account of their more tender age and diseased constitution, cannot rightly be compared with the inmates of the City Orphan Asylums.

From their published reports, we have in

The Nursery at Randall's Island, under Allopathic Treatment.

Years.	Whole No.	Deaths.	Mortality.
In 1853,	3040	79	1 in 39
1854,	2690	208	1 in 13
1855,	2378	202	1 in 11
1856,	2021	96	1 in 21
	—————	—————	—————
	10129	585	1 in 17

The Home for the Friendless, under Homœopathic Treatment.

Years.	Whole No.	Deaths.	Mortality.
In 1853,	264	6	1 in 41
„ 1854,	280	13	1 in 21
„ 1855,	360	5	1 in 72
„ 1856,	306	6	1 in 51
	1210	30	1 in 40

Or a mortality of 5·8 per cent. allopathically,

„ „ 2·5 „ homœopathically.

Your Minority Committee cannot leave this part of their subject, without mentioning the brilliant results of homœopathic treatment in the Brooklyn City Orphan Asylum during the past year. At times a species of ophthalmia rages among the children in Orphan Asylums to such an extent as to necessitate the closing of the institution and the dispersion of its inmates. This same necessity was threatening the Protestant Half Orphan Asylum in this city in 1842, when the medical treatment thereof was fortunately transferred to Dr. Clark Wright; and the history of the Brooklyn Asylum shows that it has twice been compelled to resort to this last means of getting rid of this scourge.

In January, 1857, the executive of this latter Asylum applied to Dr. Carroll Dunham to treat the children Homœopathically, inasmuch as the ordinary treatment had been pursued without any beneficial results, either curative as regards the sick, or preventive as regards the healthy, children. Dr. Dunham entered upon his duties on January 27, 1857, and found 25 ophthalmic patients out of 121 children. During the next three months, 13 new cases were added; but such was the efficacy of the homœopathic treatment, that when Dr. Dunham was compelled by ill health to resign his charge on the 2nd of May following, he left but three cases of ophthalmic disease in the institution.

These results, totally ignored in the Report already presented, are most earnestly urged upon the consideration of this Board, which has the health and lives not only of adults, but also of thousands of children dependent upon its fostering care and provision.

COMPARATIVE DURATION OF DISEASE.

The duration of pneumonia was particularly noted by Drs. Tessier, Henderson, Diel, and Louis, whose authority has already been given.

These show the mean duration of pneumonia to be,

Under homœopathic treatment,	11½ days.
„ allopathic „	29 „
„ expectant „	28 „

Dr. Kurtz has compiled a statistical table of the mean duration of disease in general in the chief hospitals of Paris, Berlin, Göttingen, and Stuttgart, under allopathic treatment, as compared with the hospitals in Vienna, Munich, and Leipzig, under homœopathic treatment. This is to be found in the *Hygea* xviii, *Part 2*. This gives the *average duration of disease*,

Under allopathic treatment,	28 to 29 days.
„ homœopathic „	20 „ 21 „

COMPARATIVE COST OF TREATMENT.

That homœopathic treatment costs less, follows as a matter of course, from the fact that it cures more patients and in a shorter time than allopathic treatment. To demonstrate this no tables or figures are needed; but another reason of its greater economy is to be found in the much smaller quantity of drugs and medicines which it requires. To illustrate this, take an extract from Dr. B. F. Bowers' Report of the Protestant Half-Orphan Asylum in this city.

“In the first period of *seven years* (under allopathy) there was paid for medicine the sum of 239,64 dols.; for extra nursing, &c., 95,25 dols. more.

“In the last period of *ten years* (under homœopathy) there was paid for medicine the sum of 35 dols.; for extra nursing, nothing.”

This shows the allopathic medicines to cost nearly *ten times* as much as the homœopathic; and if the extra nursing be included, the old treatment costs that institution, here before our eyes, thirteen times as much as the new! But who can estimate *the cost in life*? For these statistics, which are accessible to all of us, prove that of the 352 children who have died in city orphan asylums during the twelve years ending 1854, two-thirds, that is to say more than 230, might have been, in all human probability, saved to the world by

homœopathic treatment. This single fact demands the attention and action not only of those in charge of public institutions, but also of the entire community.

The apothecary's report for Bellevue Hospital for 1856, shows a disbursement of nearly 5,000 dols. for drugs and medicines, exclusive of liquors; and your Minority Committee are assured, upon reliable authority, that an annual saving would be effected, of at least 4,000 dols. per annum, by the introduction of homœopathy. Extend this to the other public institutions under the charge of this Board, and a large item of expense, to our already tax-ridden community, would be materially reduced.

RECAPITULATION.

Per cent. of Mortality.

	Under allopathy.	Under homœopathy.
In all diseases in hospitals	10 to 11	5 to 6
„ asiatic cholera „	54	27
„ pneumonia „	14 to 24	5 to 6
„ typhns fever „	21 to 22	10 to 11
„ New-York orphan asylums	2 ⁴ / ₁₀	⁶⁸ / ₁₀₀ of 1

Allopathically. Homœopathically.

Mean duration of disease, 28 days, 21 days.

Cost of drugs and medicines, as 10 to 1.

[From *Majority and Minority Reports on the subject of introducing Homœopathy into the Bellevue Hospital.*]

Case of Poisoning by Soap-lees.

By Dr. DEUTSCH.

At a soap-boiler's, a man, aged 55, drank by mistake a portion of a glass of soap-lees, which at a specific gravity of 1.33 to 1.36 contained 30 per cent. of caustic potass. It was calculated that the quantity drunk must have contained $\frac{1}{2}$ oz. of the potass; and, notwithstanding his efforts to preventing the swallowing when he discovered his error, at least a fourth part must have reached the stomach. The author, called to him immediately, found the mucous membrane of the mouth and fauces of a bluish-red colour, easily bleeding on contact, and in places separating in shreds. The man complained of an insupportable burning stretching down from the mouth along

the spine to the epigastrium, a continuous urinous taste, stabbing pains in the pharynx, and a sensation of constriction along the course of the œsophagus. He could not swallow, every attempt inducing constriction of the fauces. Choking, and an inclination to vomit, were constantly present, but he never completely vomited. He also suffered from irritation in the larynx, causing constant coughing. With all this there were conjoined cold sweats, excessive pallor of the face, collapsed features, faintness, slight convulsions, hiccough, and a very rapid, small, thread-like pulse. The abdomen was distended, and very tender to the touch. Trials having been made in vain to pour down some vinegar and water, some almond oil was got down at first in small quantities, and then in larger, by means of a syringe. This excited repeated vomiting, discharging bloody shreds of mucous membrane mixed with a little of the contents of the stomach, and causing great pain.

The irritation and constriction of the parts, however, became somewhat relieved, so that vinegar and water could be frequently swallowed. In the course of eight days the inflammation of the mucous membrane of the fauces was entirely subdued by the frequent use of cold water gargles; and the patient was able to take milk, and other milk fluids, with little difficulty. He now went into the country, and was only seen again by the author six weeks afterwards; but he now complained of difficulty in swallowing, referring this to the cardiac region. There was no pain, but only an obstacle which allowed only fluids to pass with difficulty, and a large portion of these were soon rejected by vomiting. He had become weak, and his countenance was expressive of deep-seated suffering. The difficulty of swallowing continued to increase, and he perished at last from inanition twenty-eight weeks after he had swallowed the alkali. In the autopsy excessive emaciation was found to prevail. There was nothing abnormal in the appearance of the fauces and upper part of the œsophagus, the latter first showing itself to be considerably thicker where it turns to the left and front of the aorta in the posterior mediastinum. This thickness continued to increase, so that at the cardia it lay in a roll-like form at the upper part of the stomach, measuring in places two inches in diameter. The interior of the tube had undergone a corresponding infundibular diminution, so that the cardiac aperture would scarcely admit a crowquill. The increase in thickness was entirely confined to the mucous membrane, the folds of which were obliterated, and its epithelium unusually de-

veloped, and softened as if macerated. The muscular coat, on the other hand, had well nigh disappeared, some thin pale, scattered, circular fibres only remaining. Neither indurated nor ulcerated spots were observable. The stomach, completely empty, was small, contracted, and bloodless, but free from all organic degeneration.

Cases of poisoning by Caustic alkali, Dr. Deutsch states, have been seldom observed. Orfila only relates one case in which the far milder article, carbonate of potass, was employed. Sobernheim and Simon relate two cases, taken from English sources, one of which (Charles Bell's *Surg. Obs.*, Part I. p. 82) bears some resemblance to the one now related. It is upon the fauces and œsophagus that these poisons must chiefly exert their effects, their repulsive taste preventing large quantities being swallowed. The small quantity, moreover, which may still reach the stomach, becomes greatly neutralized by the acids of the organ, or saponified by any fat it may contain. In the present case no gastro-enteric symptoms appeared, the stomach and intestinal canal being entirely normal.—*Berlin Med. Zeitung*, No. li.

BOOKS RECEIVED.

Homœopathia and Nature against Allopathia and Art, by Dr. E. BAYARD. New York, 1858.

Fourth Annual Report of the Central Homœopathic Dispensary, for the year ending 1st April, 1858. New York, 1858.

Chaos and Order, or the Orthodox Practice of Medicine unveiled, VERSUS the Medical Heresy, by Dr. THOMAS BERIGNY. Melbourne, 1858.

A Short Sketch of Homœopathy; its principles and practice, by GEORGE WILKIN, M.D., &c. London, 1858.

A Refutation of Dr. Maclimont's reply to Dr. Ozanne's Statement, by JOHN OZANNE, M.D. Guernsey, 1858.

[This is the 3rd octavo vol. on the same interesting subject. We wish to know how many more are to come. We would recommend to the angry disputants a verse from Dr. Watts:

“ Birds in their little nests agree,
And 'tis a shameful sight
When children of one family
Fall out, and chide and fight.”

As it is they seem to say with Macbeth,

“ Damned be he who first cries ‘ hold, enough.’ ”]

Journal de la Société Gallicane.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE MEDICAL ACT.

THOSE who have watched the progress of the project for revolutionizing the medical profession, by means of an Act of the legislature, from the first "Draft of a Bill," which appeared in 1852, to the Bill which finally passed into an Act of Parliament on the 29th of July last, must have been struck with the total change it has undergone in almost every respect. From being a scheme for turning topsy-turvy all existing arrangements with respect to examination of candidates, and licensing practitioners, it has sunk to a very milk-and-water apparatus for abrogating certain rights of antiquated colleges which were already obsolete; for publishing a medical directory; and for compiling a new pharmacopœia. The first of these reforms is unobjectionable, though not very loudly demanded; the second is not without its uses, though it has hitherto been done well enough by private enterprise; the last appears to us as useful and as sensible an operation as painting and decorating a house that is just falling to pieces, and will inevitably, ere long, be a heap of ruins, untenantable and unsightly.

For ourselves, we infinitely prefer the feeble, colourless Act as it now stands, to the dashing revolutionist it originally appeared; and we rejoice heartily that the "mickle cry" about medical reform has resulted in the "little oo" now offered to us.

It was easy enough to see that the jealousies and opposite interests of the various medical bodies, colleges, and faculties, would never permit them to agree upon any real sweeping piece of reform, which would inevitably have swept many of these venerable but useless institutions clean off the face of creation. Accordingly, after many years of bitter contests, mutual recriminations, petitions to Parliament, and deputations to the minister, the original Bill (which we suspect was drawn up by three medical tailors residing in Tooley Street, in the name and on behalf of the whole medical profession of Great Britain and Ireland) has had all its original characteristics expunged, one after the other, until it has at last become the mere skeleton of the original Bill—the bare poles of scaffolding, whence the wonderful edifice has disappeared.

Though we might dwell at length on the several telling clauses in the original drafts and amended and re-amended bills that have gradually melted completely away, or been transformed into something utterly impotent for good or for evil, we will resist the temptation, and only allude to those features of the Act and of the progressive bills which affect, or were designed to affect, homœopathic practitioners.

Any one who will peruse the original draft, composed by an obscure clique of conspirators, will at once perceive that one of the main objects of the legislative scheme there disclosed was to extinguish completely and for ever the homœopathic heresy. The plan was artfully laid, but not so skilfully executed as to escape detection by those against whom it was aimed. There was to be a registry of all qualified practitioners,—*i. e.*, of all who possessed a degree or diploma of one of the existing, or of one of the future examining bodies or faculties. The being in the register was to render one a legally qualified practitioner, entitled to practise in any part of the kingdom, to recover fees, and to hold public medical appointments. The not being in the register rendered one incapable of holding a public medical appointment, of recovering fees, or even of practising; for if any unregistered person ventured to practise, whether gratuitously or for fees, he might be summarily mulcted to the extent of from £2 to £5 for each offence. With the *mens*

conscia recti naturally accompanying the possession of an honourably-earned diploma, we might have regarded all this with supreme indifference, were it not for a clause that immediately followed, whereby any otherwise qualified person proved guilty of "irregular practice," was to have his name struck out of the register; and if after that he persisted in practising, all the above pains and penalties would be enforced against him.

It was not hard to conceive what was meant by "irregular practice." The witty bishop's definition of orthodoxy and heterodoxy would have served the council for a model in their definition of regular and irregular practice. "Regular practice is what we pursue; irregular practice is all else beside." So homœopaths, hydropaths, and mesmerists would have found themselves thrust beyond the pale of the regular church in company with Morisonians, Hollowayites, Coffinites, the Perrys, La'Merts, and Kahns. All these irregulars would equally have had the terrors of the law suspended over their devoted heads if they ventured to prescribe. Allopathy would have stood forth resplendently—the one true, authorised, regular practice. Voltaire once sneeringly said of the Holy Roman Empire, that it was not holy, nor Roman, nor yet an empire, otherwise the title was unexceptionable; and we might, in like manner, say of the allopathic practice, that it is not true (for it is constantly being proved false by its own professors), it is not authorised (for no one can define it), and it is not regular (for each practitioner has a different practice). It is only regular and consistent in condemning everything besides itself; but what itself exactly is, it would puzzle Œdipus to discover. It is related of the College of Physicians of London, that at an extraordinary meeting held for the purpose of considering whether some alteration was not to be made in the regulation charge of a guinea a mile, in consequence of the increased travelling facilities afforded by railways, they were one and all of opinion (the only occasion on which they had ever been unanimous) that no alteration should be made. In like manner, the allopathic profession, if unanimous in nothing else, is united on this point,—that homœopathy is a detestable quackery, and homœopaths are to be treated as Pariahs, and denied all

the civilities and courtesies of professional life. We beg pardon—a noble exception to this unanimity has just occurred at the recent meeting of the British Medical Association at Edinburgh, where Dr. Conolly opposed, single-handed, a motion hostile to homœopathists, in the following calm and philosophical words, wherein he gives a dignified rebuke to the stupid outcry raised against our body :—

“ Dr. Conolly regretted exceedingly to see this great Association attacking a small professional sect who professed certain doctrines, although he (Dr. Conolly) did not approve of or believe in these doctrines. There seemed to him to be no more reason for the proceeding recommended by Mr. May against homœopathists than there was for making a demonstration against a set of men who should make a real discovery in science which should happen to be unacceptable to the profession generally. If it were a delusion, it would die away ; if there were any truth in it, they should give it the chance of developing itself. They had no right to say that what they thought was right, and that that which was not in unison with their opinions was false. He feared he was in a small minority, but he could not refrain from expressing what he felt on this subject. Nothing which had ever occurred in the Association had filled him with so much disgust as the tumultuous meeting at Brighton when homœopathy was denounced. He hoped that there was to be no repetition of that scene.”

But what could one voice avail against the clamours of a multitude blinded by their bigotry and prejudices ? The resolution hostile to homœopathy was, we read, carried by an overwhelming majority. Of course, where passion and prejudice are rampant, of what avail are the most logical reasons ? Were reasons as plentiful as blackberries, the clamour of intolerance would outweigh them all. However, the General Council, before whom the subject was brought next day, seem to have had an inkling of common sense, for they declined to interfere in the matter.

The machinery for detecting and convicting the irregular practitioner was simple and effectual in the original bill. It was as follows :—On the complaint of any three registered

practitioners to the Council of any College, that one of their licentiates had been guilty of any irregular practice, the said Council should, on conviction, erase the name of such licentiate from the rolls of the College, and transmit to the registrar a report of their decision, who should thereafter strike out the name of the offending party from the register in his custody.

It will be perceived that this clause would have conferred quite a new, despotic and irresponsible power on the licensing bodies. A *new* power we certainly believe it would have been, for hitherto the most intolerant of colleges have not pretended to be able to erase from their rolls the name of any licentiate on account of irregular practice. How such a power would have been exercised by some colleges we can easily guess. For instance,—how would the College of St. Andrew's have acted, whose whole medical faculty consists of one individual, Dr. Day? We know that when the medical faculty of St. Andrew's discovered that Dr. Hale—to whom it had just granted his degree—was a homœopathist, it demanded back its diploma;—that is to say, Dr. Day did all this. Possibly, if he had had one colleague to share with himself the honours and duties of the faculty, he might have been dissuaded from exhibiting himself in such a pitiful position of impotent wrath; but unfortunately for the dignity of St. Andrew's, he could say, like a medical Louis XIV, "*La faculté c'est moi*;" and so the faculty did not shine forth very resplendently under this very feeble *daylight*. We may imagine how this medical faculty, incarnated in Dr. Day, would have acted had the irresponsible power proposed by this Bill been placed in his hands. How eagerly would he not have searched through the rolls of graduates for those who might now be practising homœopathy; and a stroke of his pen would have at once reduced a flourishing practitioner to an outlawed quack. No Dey of Algiers ever exercised such despotic sway over the lives of his crouching subjects as this Day of St. Andrew's would have held over the fortunes and reputations of his graduates had this bill passed. He would have possessed indisputable power to "filch from them their good name" by a scratch of his goosequill. For mark—against such an act no appeal was

provided by the Bill. The General Council could not interfere. If the college erased a name, the registrar must do the same,—*bon gré, mal gré*,—and thus place the victim *hors la loi*.

It was of course impossible that such a power could be confided to the hands of any individual or faculty, and accordingly the representations of the friends of the "irregular practice" intended to be quashed by it, prevailed to secure its complete erasure in the next draft of the Bill. In its place, however, appeared a clause which might, perhaps, have been used to our disadvantage. It was to this effect:—That if any faculty or college should exercise any power it possessed by law of striking off the name of any of its members, the registrar should likewise erase from his list the qualification derived from said faculty or college, in respect of which such member was registered. In the case of a one-qualification man, this would of course have been tantamount to expunging him altogether from the register, and putting him at once without the pale.

It was not very clear what powers the different faculties and colleges possessed "by law" to strike off the names of their members, but doubtless it was hoped by the framers of this clause, that some of them, if not all, might discover that they were legally capable of eliminating their homœopathic members. So that to the very much modified clause which represents this one in the final bill (see clause XXVIII. of the Act) the friends of homœopathy in Parliament succeeded in adding this proviso, by way of safeguard against any attempt to employ it to our disadvantage—"provided always, that the name of no person shall be erased from the register on the ground of his having adopted any theory of medicine or surgery."

Thus it has happened, thanks to the powerful influence of our parliamentary friends, that all the fangs of this serpent that threatened death and destruction to homœopathy have been effectually drawn, and no ingenuity can pervert the Act into an instrument for our oppression or annoyance. Thus the hopes of the original framers of the Bill, and of their aiders and abettors in the medical press, that this new reform Bill would purge the ranks of legitimate practitioners of all adherents of the homœopathic heresy, have been signally disap-

pointed; for in place of anything like this taking place, the Act expressly forbids any of the small powers it confers being employed against us on account of our adoption of a particular medical theory.

So far then homœopathy obtained a triumph over allopathy, and in every instance foiled the attempts of the latter to persecute the former. Homœopathy effectually prevented allopathy obtaining by this Act any new powers for the oppression of its rival; and, as we have shewn, by countermining every mine constructed by allopathy, homœopathy precisely restored the *status quo ante bellum*.

But a greater victory remained for homœopathy to achieve over her old foe, on the terrain selected by the latter for her hostile machinations. The Act which was to have annihilated us was destined to become the very *magna charta* of our protection against a species of persecution which had hitherto been employed towards us by the allopaths, and against which we had been helpless. The Act, which was originally intended to be for the oppression of homœopathy, was to be transformed into an Act for the protection of homœopathy. The history of this transformation is amusing and almost dramatic, shewing allopathy in the character of Sir Giles Overreach, the victim of that

Vaulting ambition which o'erleaps itself,
And falls on the other side.

It will be remembered that Mr. Pope was rejected, or at all events remitted to a future period, by the Edinburgh Faculty of Medicine, chiefly on account of the "serious doubts entertained as to his principles of practice," in other words, because he was suspected of "homœopathic tenets and tendencies." As however there was an alleged "insufficiency on some subjects of examination," it was impossible to attribute his remission solely to his homœopathy.

At St. Andrew's again, after the discovery that a homœopath had obtained the degree of that ancient University, a rule was passed by the faculty—proposed by Dr. Day, seconded by Dr. Day, and unanimously carried by Dr. Day, *nem. con.*, to this effect: "The examiners expect that in the answers to the

practical questions, every candidate will specify the mode of treatment he is in the habit of adopting, and the doses of medicines he prescribes." This, as we on a former occasion (vol. IX, p. 613,) suggested, was intended as a trap to catch homœopathic candidates. But alas!

"The best laid schemes o' mice an' men
Gang aft a-gley,"

and so in this case the expectations of the examiners were vain, for several homœopathists have since then obtained their degrees at St. Andrew's; and doubtless they did not answer as they were expected to do; nor was a suspicion entertained of their orthodoxy, though probably scrutinized by all the light Day could bring to bear upon them. Whether he has since discovered that he has unwittingly passed heterodox candidates we know not; at all events he has not, as far as we are aware, addressed to them an impotent demand for the restitution of their diplomas. His failure in the case of Dr. Hale was not encouraging.

Last year the University of London, which was certainly not designed by its founders to perpetuate traditional errors, nor to put a stop to progress and enquiry, rejected a candidate of homœopathic tendencies, according to the *Medical Times and Gazette*, on account of those tendencies, and such was probably the true cause, though nominally he was plucked for an erroneous answer he made respecting the dose of *liquor arsenicalis*.

These proceedings on the part of the examining bodies of St. Andrew's and London University, together with certain reports that Aberdeen and Glasgow had adopted rules for the exclusion of homœopathic candidates, and, moreover, sundry resolutions passed by various colleges, as the Colleges of Physicians and Surgeons in Edinburgh, that homœopathists were unworthy of their fellowship, created among the homœopathic body a strong suspicion that some more stringent rules would hereafter be adopted to exclude homœopathists from the degrees and diplomas of which these colleges and faculties were the dispensers. As yet, however, no overt act had been committed by them which could be called a real grievance. The spirit of Loyola

and Laud was there; but even soulless corporations will pause before renewing in these days the tactics of the Inquisition or the Star Chamber.

Had things so continued, there is no doubt that the Bill would have passed into an Act leaving things exactly as they were, as far as homœopathy is concerned. But fortunately, in the far North, a little incident occurred, just in the very nick of time to be useful to us as a lever whereby we might jerk in a small clause that would afford us the required amount of protection against future persecution by the examining bodies.

Had no such event as the one we are about to relate occurred, we could never have succeeded in inducing parliament to legislate against an act of oppression which was, to be sure, possible, but which had never positively and distinctly occurred, and which had even been formally deprecated by some Colleges,* and denied by others. Most opportunely, however, an event occurred at the further extremity of Great Britain which afforded us the precise means which we required for obtaining a parliamentary protection for future homœopathists.

Of the four universities of Scotland, the farthest north is that of Aberdeen. Indeed, the university of this favoured hyperborean city is a sort of double university, or, rather, there are two universities; but whether they work together like amicable Siamese twins, or whether, as is more probable, considering the *perfervidum ingenium Scotorum* and their rival interests, they are in a state of chronic civil war with one another, we know not. Their several styles and titles are "University and King's College," and "Marischal College and University." Both have a powerful cast of medical professors—some of whom they might in charity spare for the assistance of the neighbouring singular faculty of St. Andrew's—and both have the right to make doctors, a right which was

* For instance, the College of Surgeons of England, which publishes the following memorandum: "The Council of the Royal College of Surgeons of England have attentively and repeatedly considered the various communications which have been received on the subject of homœopathy; and after mature deliberation have resolved, that it is not expedient for this College to interfere in the matter."

(be it parenthetically observed) rather abused in former times. But *tempora mutantur*, and we will not rake up by-gone scandals; suffice it to say no fault is now to be found with the examinations on the score of laxity, or with the examiners on the score of venality.

To this *ultima Thule* of learning there repaired at the commencement of the present year a young practitioner, a Member of the College of Surgeons of England, but who was ambitious of the title of doctor, who wished to obtain that title in an honourable straightforward manner by examination, and who would, we trust, have scorned to sneak into the distinction by means of a degree obtained without examination at the expense of a few pounds and of all proper feeling. Mr. Harvey selected the Marischal College and University for his *alma mater*,—why we know not. Perhaps his political principles are democratic and republican, and therefore he eschewed the college with the royal title. Or perhaps he had recently been reading Sir Walter Scott, who tells us that that illustrious hero and doughty warrior, Dugald Dalgetty, had obtained his education at the Marischal, and he was naturally desirous of becoming a fellow *alumnus* of such a worthy. However this may be, to Marischal College Mr. Harvey went in January last, where he paid for and attended, in conformity with the regulations, three courses of medical lectures. In Easter week he presented himself for examination. The examination was to last four days—he passed the two first days. The first day the examination was a written one; the second it was *viva voce*. After Dr. Lizars, the Professor of Anatomy, had examined him on anatomy and expressed himself satisfied, Dr. Pirrie, the surgical professor, took him in hand. “Write me a prescription for syphilitic iritis,” Dr. Pirrie began. “Good—write now one for rheumatic iritis. That will do. What doses of *quinine* would you give in scrofulous iritis?” The answer was still satisfactory. “But,” says Pirrie, “do you always give such doses?” This excited the candidate’s suspicions that all was not quite serene. However, he seems to have gone through the two days’ examination without any serious obstacle.

The following day Dr. Macrobin, Professor of the Principles and Practice of Medicine, to whom the question *de heretico comburendo*, or smoking a heretic, was referred, as being more appropriate to his office than to that of the surgical professor, sent for Mr. Harvey to his house, and told him that Dr. Pirrie had received a communication wherein it was alleged that Mr. Harvey had been practising homœopathy. He wished to know if that were the case. Mr. Harvey answered evasively, but admitted that he had frequently prescribed small doses. The Grand Inquisitor expressed himself as not satisfied, but could obtain no further satisfaction from Mr. Harvey, who, doubtless, denied Dr. Macrobin's right to enquire into his antecedents, and reminded him that his business as an examiner was to ascertain whether the candidate had learned what he, as professor, was capable of teaching him. Dr. Macrobin—probably regretting that the spirit of the age prevented him applying the question to his victim in a more efficacious form, by means of thumbscrew, boot, or that ingenious instrument the "maiden," which we have seen uselessly rusting in sundry museums of Scottish antiquities—said it would place him—the constituted defender of the faith as it is in physic of the Marischal College, an institution venerable not only by its antiquity, but as having been the *alma mater* of so many eminent men, not forgetting the renowned Captain Dugald Dalgetty, the brave soldier of the great Gustavus Adolphus, the Lion of the North, the Bulwark etc. etc.—it would place him, he alleged, in a very unpleasant position with the other members of the faculty, were he (Mr. Harvey) to be allowed to proceed with his examination, and afterwards turn out to be a homœopathist.

Under these circumstances Mr. Harvey was refused his further examination until Dr. Macrobin should be satisfied that he was untainted with the heresy. Mr. Harvey withdrew to his practice in Blackpool in order to give Dr. Macrobin time to make his enquiries. After waiting two months he wrote to Dr. Macrobin to ascertain what hope there was of his being allowed to continue his examinations, and naming some gentlemen as his referees as to his character, medical and other. To this letter he received the following reply.

“Aberdeen, 11th June, 1858.

“Dear Sir,

“Instead of writing to the gentlemen you name, or to others, I think it will be more satisfactory to myself and colleagues to receive from yourself a distinct declaration that, as a man of honor, *you have not practised*, and *do not entertain any intention* of practising the profession on other principles than those taught and sanctioned in this and other legally recognized schools of medicine. That homœopathy or any other species of irregular unauthorised practice is what you entirely repudiate. The examination term is on Tuesday, the 19th of October, and upon receiving your answer in the above terms (which please copy) you will be admitted to your final trial.

“I remain, dear Sir,

“Yours very truly,

“J. MACROBIN.

“C. T. Harvey, Esq., etc. etc.”

On first reading this remarkable letter we were disposed to give Dr. Macrobin and the Faculty of Marischal College credit for originality; but somehow it struck us that we had read something of the kind before, and it was not long before we remembered that the whole idea, almost the very words, were a vile plagiarism and imitation of the oath administered to the candidate for medical honours, in that illustrious Faculty, the proceedings of which have been faithfully transmitted to us by Molière in his *Malade Imaginaire*. Here is the oath, and let the reader compare it with the declaration exacted by the Northern Faculty:

“PRÆSES. Juras gardare statuta
Per facultatem præscripta
Cum sensu et jugeamento?”

“BACHELIERUS. Juro.

“**PRÆSES.** Essere in omnibus
 Consultationibus
 Ancieno aviso,
 Aut bono,
 Aut mauvaiso ?

“**BACHELIERUS.** **Juro.**

“**PRÆSES.** De non jamais te servir
 De remediis aucunis,
 Quam de ceux seulement doctæ facultatis,
 Maladus dût-il crevare
 Et mori de suo malo ?

“**BACHELIERUS.** **Juro.”**

We really almost feel a compunction at depriving Dr. Macrobin and his associates of the credit of originality in their declaration, and pointing out the source of their inspiration ; but our duty as critics and reviewers imposes on us the necessity of exposing such literary thefts, and we cannot allow our veneration for the Marischal College, endeared as it is to our memory as the *alma mater* of our heroic friend Captain Dalgetty, to divert us from the stern duty of laying bare such a gigantic robbery. Moreover, we are of opinion that the Aberdeen Faculty would have materially strengthened their position had they acknowledged their obligation to their sister faculty in France for the form of declaration they have for the first time introduced into Britain ; for the apparent novelty of the thing might have shocked the feelings of many who might have approved of the declaration in their hearts, but who must always have precedents for every unusual step. Had these been informed that a similar declaration or oath was exacted by an eminent French Faculty in the time of Louis XIV, or, better still, had the oath been administered in the classical latin of the French Faculty, who could have been so unreasonable as to cavil at it ?

But though Dr. Macrobin copied as closely as he could the President of the learned French Faculty, Mr. Harvey declined to base his reply upon the model of the response of the Bachelierus given above. Consequently he was refused to be admitted

to the remainder of his examination, and therefore denied his degree.

If medicine, as represented by the medical faculties of the country, made pretensions to infallible teaching and to an absolutely true creed like the Church of Rome, or if medical faculties were appointed for the purpose of purveying doctors who should practise exactly in conformity with certain doctrines taught by these faculties, we could understand the proceedings of the Marischal College in reference to Mr. Harvey. In that case it would be quite right and proper to demand an adhesion to and a subscription of certain articles of faith, and to exact a promise to practise according to a certain method.

But the business of faculties is not to give a guarantee to the public that their licentiates profess a certain form of medical faith, but merely that they are sufficiently educated men,—men who have attended the courses of instruction of the schools, and have acquired a fair knowledge of the subjects there taught. Such being the case they have no right to exact from a candidate an obligation to practise or refrain from practising according to any particular method. Their diploma leaves its possessor free to use his judgment as to the best treatment for any case that comes before him. Were it otherwise there would be a stop put to all improvements in practice; the methods of one generation would be stereotyped on all future generations of medical men; and medicine, in place of being a progressive art, as its professors boast, would degenerate into a mere farrago of antiquated receipts, whose antiquity was their only title to respect.

Moreover it should be remembered that faculties and schools of medicine have no fixed and immutable principles of medical practice to offer. Let us hear what is said on this subject by one of the great authorities of allopathic medicine, one too who is a rampant opponent of homœopathy—one of the very clique who rejected Mr. Pope on account of his suspected belief in a therapeutic theory. At the recent meeting of the British Medical Association, in Edinburgh, in July last, Dr. Christison delivered an address on therapeutics, in which he is reported to have said: “That therapeutics considered as a branch, whether

of medical science or of medical art, and compared with other branches of medicine, fundamental or practical, were in a backward and unsatisfactory condition. It was not enough to admit that, for a good many years past they could neither point to a single great authority, nor to a single plausible or generally admitted theory as to the actions of remedies, but even their therapeutic facts must be allowed to be too often scanty and vague, or insecurely founded."

And it is in such an admitted, deplored and deplorable state of the principles of medical practice, that a faculty of medicine attempts to exact from its candidates a promise to repudiate all principles save "those taught and sanctioned at the legally recognized schools of medicine." Suppose the candidate, from whom this declaration was sought to be extorted, had replied: "Please, most worshipful faculty,

'Grandes doctores doctrinæ
De la rhubarbe et du séné'

to enlighten my ignorance as to what the principles you refer to are. When I hear them I may tell you whether I can subscribe them or no." How could the faculty have replied? Would it have said with Christison, Forbes, and others, that medicine had no particular principle? But then it could have hardly gone through, with becoming gravity, the mock ceremony of exacting from the candidate a declaration of his belief in what had no existence. If the Roman Augurs could not contain their laughter when delivering their oracles from the inspection of the bowels of dead animals, which taught them nothing, how could the Aberdeen Aruspices have kept their countenances when exacting adherence to the principles of their art, which they well knew, had no more principles than a Finnan haddock?

But perhaps the Faculty of Marischal College have discovered some principles of medicine unknown to other faculties; if so, Dr. Macrobin, as Professor of the Principles and Practice of Medicine, should naturally be their exponent; and had not this Act of Parliament come to his rescue, dispensing him and his colleagues from enquiring into the principles of candidates, we should have strongly advised him to reduce his principles to a

formula or creed, and administer them in this form to aspirants for an Aberdeen degree.

But fortunately, as we observed, Parliament has saved him this trouble. And this is the history of this parliamentary relief. Mr. Harvey, strange to say, was discontented with the conditions sought to be imposed by the Faculty of Marischal College. Somehow he got it into his head that after having spent a considerable time, some money, and much labour, it was hard that he should be deprived of all the anticipated results of this expenditure, by this novel test thus applied to him.

He accordingly petitioned both Houses of Parliament, setting forth the mode in which he had been treated by the Aberdeen College, and praying that some clause might be introduced into the Bill before Parliament to prevent a repetition of such proceedings on the part of a licensing body. At the same time a petition to a similar effect was hurriedly got up by our zealous colleagues in Lancashire, at a meeting held by them for the purpose. It was signed by the names of as many homœopathic practitioners as could be obtained in the short time at their disposal. These petitions were presented by Lord Ebury in the House of Lords, and by the Hon. W. Cowper in the House of Commons.

The Bill as amended in the House of Commons was then on the point of being read for the third and last time in the House of Lords. No amendments had been proposed, and the third reading, whereby it would have become the law of the land in its unamended form, was a mere matter of form. No time was therefore to be lost if any modifications were to be introduced into the Bill. Lord Ebury, who has ever shewn himself the firm and consistent parliamentary champion of homœopathy, formerly in the Lower, and now in the Upper House, agreed to make the attempt. With the assistance of Mr. Cowper and a homœopathic practitioner, a new clause was framed, and moved as an amendment to the Bill on the occasion of its third reading in the House of Lords. The assent of the Home Secretary, who had charge of the Bill, had previously been obtained to the new clause, and the Bill as

amended passed through the Upper House without any attempt at opposition. Had any obstacle been offered, several members of the House of Peers were present that night with the express intention of supporting and advocating the clause. Among them was the venerable orator Lord Lyndhurst, who was prepared to support it by his eloquence; he waited in the House until he was assured that no opposition would be offered. Conspicuous in the Strangers' Gallery that evening was Professor J. Y. Simpson, the great obstetrician of Edinburgh, and the virulent opponent of homœopathy, as all our readers know. He probably little suspected that in the amendments proposed and passed, without ever being read, in the conventional rigmarole of parliamentary formulas, was a clause which was to secure perfect liberty of conscience in matters of medical faith to future aspirants for degrees and diplomas.

The Bill having been amended in the House of Lords, must again pass through the ordeal of the House of Commons. Accordingly a few days later, viz., on the 29th of July, the Bill as amended by the Lords came before the House of Commons. Mr. Cowper drew attention to the new clause: he said "the principal amendment introduced in the House of Lords was a clause for the protection of homœopaths. Recently the officers of the University of Aberdeen, in examining a candidate, asked whether, if he obtained his degree, he was prepared utterly and solemnly to renounce the practice of homœopathy. The candidate declined to give such a pledge; and a clause had been introduced in the other House, providing that if any college of physicians or surgeons, or any university, should impose any tests or conditions upon any person who presented himself for examination, the Privy Council should be empowered to issue an order restricting the degrees or diplomas of such body from entitling any person to be registered under this Act so long as those conditions were maintained."

Lord Elcho and Mr. Brady both said a few words in commendation of the Bill, and it passed through the House of Commons with its amendments unopposed.

The clause which Mr. Cowper justly characterised as for the protection of homœopaths, is that numbered XXIII in
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the Act, which we give in full below. We have seen it objected to this clause, by a writer in the *Monthly Homœopathic Review*, that it only *permits* and does not *compel* the General Council to punish any college that attempts to impose a particular mode of practice on a candidate. But we apprehend, that the expression "it shall be lawful," is equivalent to "it is required by law," and we are informed, that if the Council should refuse to act as here required, they may be proceeded against and compelled to act by the legal process of "mandamus." Moreover the Council will not necessarily be composed, as that writer alleges, of allopathic practitioners only. For though it is imperative that the various colleges and universities shall elect medical men, there is no such requirement in respect of the Government members, and it is thought that some at least, if not all of the six, will be non-medical. Several of the allopathic journals have named Mr. Cowper, who has taken so much trouble with the Bill, as the most appropriate person for President of the Council, and should he accept the appointment, we shall have at least one member in the Council who will see that even-handed justice is dealt out to homœopath and allopath.

In other quarters we have heard it objected that this clause, though valuable as being a sort of statutory recognition of homœopathists, will be no protection, because the examiners can reject any student they choose, and would exert this power against one suspected of homœopathy.* This may be true, but still the clause is a protection; for it prevents examiners requiring from students a declaration as to their medical faith, and they will generally find it difficult, if not impossible, to ascertain this by espionage, or other indirect means. And we can hardly believe that any amount of service as an examiner can render a gentleman so lost to all sense of honour, as that he

* The author of "*The Medical Act, with explanatory notes*," is of the same opinion. He says (p. 8): "We believe that clause XXIII, empowering, or rather enjoining licensing bodies not to reject persons professing purely, particular medical doctrines, will be inoperative in practice. Any examining body would reject a notorious heretic without giving a reason. The clause was intended to afford a loophole for homœopathists and other quacks."

shall reject an otherwise competent candidate on the suspicion of his entertaining opinions which the supreme legislature of the country has decided he has a perfect right to hold. The remedy for such an abuse of power, if it should ever occur, would be to compel the colleges to conduct their examinations in public. Perhaps it is a pity that a clause to that effect was not introduced into the present Act. We would fain hope, however, that nothing of the sort may be requisite, and that examiners, like a certain unmentionable personage, are not quite so black as they have been painted.

We do not think this Act will affect us much in other respects. It legally extinguishes the absurd privileges of some of the old colleges, and notably those of the Royal College of Physicians of London. But these had previously fallen almost completely into abeyance, so not much visible change will take place in consequence of the Act.

It excludes from registration all who have not a British degree or diploma, and it forbids the registration of titles not obtained from the recognized colleges in Britain. At the same time it allows the registration of doctors of medicine of foreign universities, practising in this country before the 1st of October, 1858, provided they can prove that they have passed a regular examination for their degree. This must be reassuring to those respectable foreigners among us who have obtained their titles in a fair and legitimate manner, and is as great a concession to foreign titles as we could have expected. Those medical men, members of various colleges in this country, who have yielded to the unworthy ambition of obtaining a foreign title without the trouble or hazard of an examination, cannot—and very properly cannot—register such titles, unless by special order of the General Council, which, be it incidentally observed, the General Council are not likely to grant to homœopaths with purchased titles.

The Act will not, however, as many suppose, put a stop to the assumption of titles by those having no legal claim to them. After, as before the passing of the Act, indeed more easily after, than before (considering the blow given to the colleges of physicians), any one, with or without a foreign purchased degree, may

put "Dr." on his door, and practise physic without let or hindrance. He will only have to avoid saying or implying that he is registered as a doctor of medicine, and no one can interfere with his operations. He will, of course, be debarred the privilege of recovering charges in a court of law, a deprivation which is voluntarily incurred by the members of the College of Physicians; and he will not be able to hold an appointment in a public institution, or to sign a certificate; but otherwise he may do all that a registered practitioner can do. There is, of course, the odium attaching to those who sail under false colours, but that is merely a moral penalty, and with those who have already given evidence of their want of self-respect, by assuming a title to which they have no justly acquired right, this penalty is not likely to be very hard to pay.

We were recently very much astonished at reading, in the *Homœopathic Record*, a letter to Lord Derby, and a petition to Parliament, from a highly meritorious homœopathic practitioner. We presume that the writer is, as he asserts, legally qualified, that is, that he has a British medical diploma; if so, there is no difficulty about his registration. If he has, besides, a foreign medical degree, obtained without examination—which we do not know, but can only surmise from his cries of distress—he cannot expect to meet with much sympathy from those who have earned their degree in an honourable manner, because the registrar refuses to enroll him as M.D. "Self-respect," he writes, "and justice to some hundreds of fellow-practitioners of homœopathy in Great Britain, and five thousand in Europe and America, will prevent me from associating myself by registration with men who brand us as 'impostors.'" We can assure him, that the some hundreds of his homœopathic fellow-practitioners in this country will feel no thankfulness to him for his proposed self-immolation, as they all intend—all at least who are not ashamed of the source of their titles—to register, even though they have to pay a fee "not exceeding two pounds." Nor shall we feel our self-respect at all outraged by association with other practitioners who may differ from us in medical faith. If there be among them Cormacks and Wakleys, who have called us hard names, whose companionship we would rather avoid,

there are also Fergussons and Conollys, who have treated us with respect, and with whom any one must feel it an honour to be associated. We should just as soon think of objecting to our names appearing in the street directory, because the compiler has impartially registered honourable men along with rogues who have the proper qualification derived from inhabiting a house. The martyrdom which the writer courts, as the consequence of his refusal to be registered, will not be accorded to him, unless he shall assert that he is registered when he is not, which would of course be a fraud meriting punishment. If the writer chooses to remain an unregistered illegal practitioner, in the select company of Professor Holloway and the graduates of the British College of Health, he is of course free to do so, just as any one is free to amputate his nose in order to annoy his face; but we are not bound to throw away our sympathies on any such silly proceeding.

The new charters which are to be given to the various colleges will not be dangerous, as it is especially provided by clause LII, that they shall not "create any new restriction in the practice of medicine or surgery."

Nothing need be said of the pharmacopœia to be compiled by the General Council, as there is no provision in the Act for rendering it imperative on medical practitioners to pay the slightest regard to it in their prescriptions.

On the whole we have good cause to be pleased with the results of legislation in the matter of medical reform. Not only has no harm been done to homœopathic practitioners by this Act, they are even placed in a more favourable position than they were before. Whereas formerly they were at the mercy of all the faculties and examining boards, now their right to their own medical doctrines is distinctly maintained and enunciated by a solemn act of the legislature; and thus, the very act which was originally designed to be an instrument for our persecution, has been changed into the charter of our rights. Homœopathists have been in every way gainers, not losers, by the medical reform agitation. And thus it has always been; every onslaught of our enemies, every attempt to persecute us has invariably resulted in giving us a stronger footing and establishing our position. Homœopathy has never

suffered save and except from the silliness or roguery of some who, like unwholesome parasites, have clung to it and battered on it to its hurt. In a recent number of *Hirschel's Magazine* Dr. Trinks expresses the same opinion, and anything that that veteran and untiring champion of our system says is deserving of attention. "My experience," he says, "has convinced me, that nothing has ever proved so obstructive and fatal to the healthy and prosperous development of homœopathy in its twofold capacity of science and art, as well as to the confidence of the public, lay and medical, in it, as the bragging and foolishness, the silly fancies, the nostrum dealing propensities, the miraculous doings and the quackery of homœopathic practitioners themselves—and their sins of this sort are truly great and numerous!—whereas all the attacks of allopathists and all government regulations have not only never done any harm, but have, on the contrary, been invariably useful and advantageous to homœopathy."

Such has been the case in this country also. Those ardent medical reformers who figured at "the tumultuous meeting at Brighton," and who since that period have busied themselves throughout the country in stirring up the provincial medical societies to utter harmless denunciations of homœopathy, who sought to turn the wide spread desire for medical reform into a crusade against the adherents of Hahnemann, must view with bitter disgust the result of their labours. The Act which they fondly and foolishly hoped would be for the suppression of homœopathists, is in reality an Act for the protection of homœopathists. On this Act, as on the gravestone of their buried hopes of legal interference for our destruction, they should write, in humble imitation of one of their own victims immortalized by Mr. Joseph Miller :

"WE WERE ABLE TO PERSECUTE HOMŒOPATHISTS A LITTLE,
 "WE WISHED TO PERSECUTE THEM MORE,
 "AND HERE WE ARE WITHOUT ANY POWER OF PERSECUTING
 THEM AT ALL."

So little were our opponents prepared for the result obtained, that the *Lancet* actually printed the Bill without the amendments of the Upper House as the final Act. This omission it

was forced to supply in a subsequent number, by printing the whole Act as it ultimately passed. The *Medical Times* and *Medical Circular* gave the act properly, but none of these Journals has made any allusion to the clause that gives a legislative sanction to those opinions they have constantly derided, and that practice they have ever sought to suppress. The *Medical Times* shews its rage and spite by the dignified procedure of inventing new names for us, the last being *homœoquacks*. It is pitiful to see a journal self-named after the great Thunderer of the press resorting to such silly pot-house arts. We would strongly counsel it to doff its respectable name, which

“ Lies as sightly on the back of it,
As great Alcides’ shoes upon an ass,”

and to assume the title of the *Medical Satirist* as more indicative of the dirty ways it has elected to pursue. To it and the other Xantippes of the press, we can afford compassionately to exclaim, like the stalwart navy whose feeble wife was assaulting him with all her little might, “Mind you don’t hurt yourself, my lass !”

We subjoin the entire Act, that all our readers may become familiar with its provisions.

ANNO VICESIMO PRIMO ET VICESIMO SECUNDO

VICTORIÆ REGINÆ.

C A P. XC.

An Act to regulate the Qualifications of Practitioners
in Medicine and Surgery. [2d August 1858.]

WHEREAS it is expedient that Persons requiring Medical Aid should be enabled to distinguish qualified from unqualified Practitioners: Be it therefore enacted by the Queen’s most Excellent Majesty, by and with the Advice and Consent of the Lords Spiritual

and Temporal, and Commons, in this present Parliament assembled, and by the Authority of the same, as follows :

Short Title.

I. This Act may for all Purposes be cited as "The Medical Act."

Commencement of Act.

II. This Act shall commence and take effect from the First Day of *October* One thousand eight hundred and fifty-eight.

Medical Council.

III. A Council which shall be styled "The General Council of Medical Education and Registration of the United Kingdom," hereinafter referred to as the General Council, shall be established, and Branch Councils for *England*, *Scotland*, and *Ireland* respectively formed thereout as herein-after mentioned.

Members of Council.

IV. The General Council shall consist of One Person chosen from Time to Time by each of the following Bodies ; (that is to say),

- The Royal College of Physicians :
- The Royal College of Surgeons of *England* :
- The Apothecaries Society of *London* :
- The University of *Oxford* :
- The University of *Cambridge* :
- The University of *Durham* :
- The University of *London* :
- The College of Physicians of *Edinburgh* :
- The College of Surgeons of *Edinburgh* :
- The Faculty of Physicians and Surgeons of *Glasgow* :

One Person chosen from Time to Time by the University of *Edinburgh* and the Two Universities of *Aberdeen* collectively :

One Person chosen from Time to Time by the University of *Glasgow* and the University of *Saint Andrew's* collectively :

One Person chosen from Time to Time by each of the following Bodies :

The King and Queen's College of Physicians in *Ireland* :
The Royal College of Surgeons in *Ireland* :
The Apothecaries Hall of *Ireland* :
The University of *Dublin* :
The Queen's University in *Ireland* :

And Six Persons to be nominated by Her Majesty with the Advice of Her Privy Council, Four of whom shall be appointed for *England*, One for *Scotland*, and One for *Ireland* ; and of a President, to be elected by the General Council.

Provision in case the Universities of Glasgow, Aberdeen, and Saint Andrew's fail to appoint a Person to represent them.

V. If the said Universities of *Edinburgh* and *Aberdeen*, of *Glasgow* and *Saint Andrew's* respectively, shall not be able to agree upon some One Person to represent them in the Council, it shall be lawful for each One of the said Universities to select One Person ; and thereupon it shall be lawful for Her Majesty, with the Advice of Her Privy Council, to appoint One of the Persons so selected to be a Member of the said Council for the said Universities.

Branches of the Council for England, Scotland, and Ireland.

VI. The Members chosen by the Medical Corporations and Universities of *England*, *Scotland*, and *Ireland* respectively, and the Members nominated by Her Majesty, with the Advice of Her Privy Council, for such Parts respectively of the United Kingdom, shall be the Branch Councils for such Parts respectively of the United Kingdom, to which Branch Councils shall be delegated such of the Powers and Duties vested in the Council as the Council may see fit other than the Power to make Representations to Her Majesty in Council as herein-after mentioned : The President shall be a Member of all the Branch Councils.

Qualification.

VII. Members of the General Council representing the Medical Corporations must be qualified to be registered under this Act.

Resignation or Death of Member of General Council.

VIII. The Members of the General Council shall be chosen and nominated for a Term not exceeding Five Years, and shall be capa-

ble of Re-appointment, and any Member may at any Time resign his Appointment by Letter addressed to the President of the said Council, and upon the Death or Resignation of any Member of the said Council, some other Person shall be constituted a Member of the said Council in his Place in manner herein-before provided; but it shall be lawful for the Council during such Vacancy to exercise the Powers herein-after mentioned.

Time and Place of Meeting of the General Council.

IX. The General Council shall hold their First Meeting within Three Months from the Commencement of this Act, in such Place and at such Time as One of Her Majesty's Principal Secretaries of State shall appoint, and shall make such Rules and Regulations as to the Times and Places of the Meetings of the General Council, and the Mode of summoning the same, as to them shall seem expedient, which Rules and Regulations shall remain in force until altered at any subsequent Meeting; and in the Absence of any Rule or Regulation as to the summoning a Meeting of the General Council, it shall be lawful for the President to summon a Meeting at such Time and Place as to him shall seem expedient by Letter addressed to each Member; and at every Meeting, in the Absence of the President, some other Member to be chosen from the Members present shall act as President; and all Acts of the General Council shall be decided by the Votes of the Majority of the Members present at any Meeting, the whole Number present not being less than Eight, and at all such Meetings the President for the Time being shall, in addition to his Vote as a Member of the Council, have a Casting Vote, in case of an Equality of Votes; and the General Council shall have Power to appoint an Executive Committee out of their own Body, of which the Quorum shall not be less than Three, and to delegate to such Committee such of the Powers and Duties vested in the Council as the Council may see fit, other than the Power of making Representations to Her Majesty in Council as herein-after mentioned.

Appointment of Registrars and other Officers.

X. The General Council shall appoint a Registrar, who shall act as Secretary of the General Council, and who may also act as Treasurer, unless the Council shall appoint another Person or other Persons as Treasurer or Treasurers; and the Person or Persons so

appointed shall likewise act as Registrar for *England*, and as Secretary and Treasurer or Treasurers, as the Case may be, for the Branch Council for *England*; the General Council and Branch Council for *England* shall also appoint so many Clerks and Servants as shall be necessary for the Purposes of this Act; and every Person so appointed by any Council shall be removable at the Pleasure of that Council, and shall be paid such Salary as the Council by which he was appointed shall think fit.

Appointment of Registrars and other Officers by Branch Councils.

XI. The Branch Councils for *Scotland* and *Ireland* shall each respectively in like Manner appoint a Registrar and other Officers and Clerks, who shall be paid such Salaries as such Branch Councils respectively shall think fit, and be removable at the Pleasure of the Council by which they were appointed; and the Person appointed Registrar shall also act as Secretary to the Branch Council, and may also act as Treasurer, unless the Council shall appoint some other Person or Persons as Treasurer or Treasurers.

Fees for Attendance at Councils.

XII. There shall be paid to the Members of the Councils such Fees for Attendance and such reasonable Travelling Expenses as shall from Time to Time be allowed by the General Council and approved by the Commissioners of Her Majesty's Treasury.

Expenses of Councils.

XIII. All Monies payable to the respective Councils shall be paid to the Treasurers of such Councils respectively, and shall be applied to defray the Expenses of carrying this Act into execution in manner following; that is to say, separate Accounts shall be kept of the Expenses of the General Council, and of those of the Branch Councils; and the Expenses of the General Council including those of keeping, printing, and publishing the Register for the United Kingdom, shall be defrayed, under the Direction of the General Council, by means of an equal Per-centage Rate upon all Monies received by the several Branch Councils; Returns shall be made by the Treasurers of the respective Branch Councils, at such Times as the General Council shall direct, of all Monies received by them; and the necessary Per-centage having been computed by

the General Council, the respective Contributions shall be paid by the Treasurers of such Branch Councils to the Treasurer or Treasurers of the General Council; and the Expenses of the Branch Councils shall be defrayed, under the Direction of those Councils respectively, out of the Residue of the Monies so received as aforesaid.

Duty of Registrar to keep the Register correct.

XIV. It shall be the Duty of the Registrars to keep their respective Registers correct in accordance with the Provisions of this Act, and the Orders and Regulations of the General Council, and to erase the Names of all registered Persons who shall have died, and shall from Time to Time make the necessary Alterations in the Addresses or Qualifications of the Persons registered under this Act; and to enable the respective Registrars duly to fulfil the Duties imposed upon them it shall be lawful for the Registrar to write a Letter to any registered Person, addressed to him according to his Address on the Register, to inquire whether he has ceased to practise, or has changed his Residence, and if no Answer shall be returned to such Letter within the Period of Six Months from the sending of the Letter it shall be lawful to erase the Name of such Person from the Register; provided always, that the same may be restored by Direction of the General Council should they think fit to make an Order to that Effect.

Registration of Persons now qualified, and of Persons hereafter becoming qualified.

XV. Every Person now possessed, and (subject to the Provisions herein-after contained) every Person hereafter becoming possessed, of any One or more of the Qualifications described in the Schedule (A.) to this Act, shall, on Payment of a Fee, not exceeding Two Pounds, in respect of Qualifications obtained before the First Day of *January* One thousand eight hundred and fifty-nine, and not exceeding Five Pounds in respect of Qualifications obtained on or after that Day, be entitled to be registered on producing to the Registrar of the Branch Council for *England, Scotland, or Ireland* the Document conferring or evidencing the Qualification or each of the Qualifications in respect whereof he seeks to be so registered, or upon transmitting by Post to such Registrar Information of his Name and

Address, and Evidence of the Qualification or Qualifications in respect whereof he seeks to be registered, and of the Time or Times at which the same was or were respectively obtained: Provided always, that it shall be lawful for the several Colleges and other Bodies mentioned in the said Schedule (A.) to transmit from Time to Time to the said Registrar Lists certified under their respective Seals of the several Persons who, in respect of Qualifications granted by such Colleges and Bodies respectively, are for the Time being entitled to be registered under this Act, stating the respective Qualifications and Places of Residence of such Persons; and it shall be lawful for the Registrar thereupon, and upon Payment of such Fee as aforesaid in respect of each Person to be registered, to enter in the Register the Persons mentioned in such Lists, with their Qualifications and Places of Residence as therein dated, without other Application in relation thereto.

Council to make Orders for regulating Registers to be kept. . . .

XVI. The General Council shall, with all convenient speed after the passing of this Act, and from Time to Time as Occasion may require, make Orders for regulating the Registers to be kept under this Act as nearly as conveniently may be in accordance with the Form set forth in Schedule (D.) to this Act, or to the like Effect.

Persons practising in England before 1st of August 1815 entitled to be registered.

XVII. Any Person who was actually practising Medicine in *England* before the First Day of *August* One thousand eight hundred and fifteen shall, on Payment of a Fee to be fixed by the General Council, be entitled to be registered on producing to the Registrar of the Branch Council for *England, Scotland, or Ireland* a Declaration according to the Form in the Schedule (B.) to this Act signed by him, or upon transmitting to such Registrar Information of his Name and Address, and enclosing such Declaration as aforesaid.

Council may require Information as to Course of Study, &c. required for obtaining Qualifications.

XVIII. The several Colleges and Bodies in the United Kingdom mentioned in Schedule (A.) to this Act shall from Time to Time,

when required by the General Council, furnish such Council with such Information as they may require as to the Courses of Study and Examinations to be gone through in order to obtain the respective Qualifications mentioned in Schedule (A.) to this Act, and the Ages at which such Courses of Study and Examination are required to be gone through, and such Qualifications are conferred, and generally as to the Requisites for obtaining such Qualifications; and any Member or Members of the General Council, or any Person or Persons deputed for this Purpose by such Council or by any Branch Council, may attend and be present at any such Examinations.

Colleges may unite in conducting Examinations.

XIX. Any Two or more of the Colleges and Bodies in the United Kingdom mentioned in Schedule (A.) to this Act may, with the Sanction and under the Directions of the General Council, unite or co-operate in conducting the Examinations required for Qualifications to be registered under this Act.

Defects in the Course of Study or Examinations may be represented by General Council to Privy Council.

XX. In case it appear to the General Council that the Course of Study and Examinations to be gone through in order to obtain any such Qualification from any such College or Body are not such as to secure the Possession by Persons obtaining such Qualification of the requisite Knowledge and Skill for the efficient Practice of their Profession, it shall be lawful for such General Council to represent the same to Her Majesty's Most Honourable Privy Council.

Privy Council may suspend the Right of Registration in respect of Qualifications granted by College, &c, in default but may be revoked.

XXI. It shall be lawful for the Privy Council, upon any such Representation as aforesaid, if it see fit, to order that any Qualification granted by such College or Body, after such Time as may be mentioned in the Order, shall not confer any Right to be registered under this Act: Provided always, that it shall be lawful for Her Majesty, with the Advice of Her Privy Council, when it is made to

appear to Her, upon further Representation from the General Council or otherwise, that such College or Body has made effectual Provision, to the Satisfaction of such General Council, for the Improvement of such Course of Study or Examinations, or the Mode of conducting such Examinations, to revoke any such Order.

Persons not to be registered in respect of Qualifications granted by the College Body before Revocation.

XXII. After the Time mentioned in this Behalf in any such Order in Council no Person shall be entitled to be registered under this Act in respect of any such Qualification as in such Order mentioned, granted by the College or Body to which such Order relates, after the Time therein mentioned, and the Revocation of any such Order shall not entitle any Person to be registered in respect of any Qualification granted before such Revocation.

Privy Council may prohibit Attempts to impose Restrictions as to any Theory of Medicine or Surgery by Bodies entitled to grant Certificates.

XXIII. In case it shall appear to the General Council that an Attempt has been made by any Body, entitled under this Act to grant Qualifications, to impose upon any Candidate offering himself for Examination an Obligation to adopt or refrain from adopting the Practice of any particular Theory of Medicine or Surgery as a Test or Condition of admitting him to Examination or of granting a Certificate, it shall be lawful for the said Council to represent the same to Her Majesty's most Honourable Privy Council, and the said Privy Council may thereupon issue an Injunction to such Body so acting, directing them to desist from such Practice; and in the event of their not complying therewith, then to order that such Body shall cease to have the power of conferring any Right to be registered under this Act so long as they shall continue such Practice.

As to the making and Authentication of Orders, &c.

XXIV. All Powers vested in the Privy Council by this Act may be exercised by any Three or more of the Lords and others of the Privy Council, the Vice-President of the Committee of the said Privy Council on Education being One of them; and all Orders and Acts of the Privy Council under this Act shall be sufficiently made

and signified by a written or printed Document, signed by One of the Clerks of the Privy Council, or such Officer as may be appointed by the Privy Council in this Behalf; and all Orders and Acts made or signified by any written or printed Document purporting to be so signed shall be deemed to have been duly made, issued, and done by the Privy Council; and every such Document shall be received in Evidence in all Courts, and before all Justices and others, without Proof of the Authority or Signature of such Clerk or other Officer or other Proof whatsoever, until it be shewn that such Document was not duly signed by the Authority of the Privy Council.

As to Registration by Branch Registrars.

XXV. Where any Person entitled to be registered under this Act applies to the Registrar of any of the said Branch Councils for that Purpose, such Registrar shall forthwith enter in a Local Register in the Form set forth in Schedule (D.) to this Act, or to the like Effect, to be kept by him for that purpose, the Name and Place of Residence, and the Qualification or several Qualifications in respect of which the Person is so entitled, and the Date of the Registration, and shall, in the Case of the Registrar of the Branch Council for *Scotland* or *Ireland*, with all convenient Speed send to the Registrar of the General Council a Copy, certified under the Hand of the Registrar, of the Entry so made, and the Registrar of the General Council shall forthwith cause the same to be entered in the General Register; and such Registrar shall also forthwith cause all Entries made in the Local Register for *England* to be entered in the General Register; and the Entry on the General Register shall bear Date from the Local Register.

Evidence of Qualification to be given before Registration.

XXVI. No Qualification shall be entered on the Register, either on the First Registration or by way of Addition to a registered Name, unless the Registrar be satisfied by the proper Evidence that the Person claiming is entitled to it; and any Appeal from the Decision of the Registrar may be decided by the General Council, or by the Council for *England*, *Scotland*, or *Ireland* (as the Case may be); and any Entry which shall be proved to the Satisfaction of such General Council or Branch Council to have been fraudulently or incorrectly made may be erased from the

Register by Order in Writing of such General Council or Branch Council.

Register to be published.

XXVII. The Registrar of the General Council shall in every Year cause to be printed, published, and sold, under the Direction of such Council, a correct Register of the Names in Alphabetical Order according to the Surnames, with the respective Residences, in the Form set forth in Schedule (D.) to this Act, or to the like Effect, and Medical Titles, Diplomas, and Qualifications conferred by any Corporation or University, or by Doctorate of the Archbishop of *Canterbury*, with the Dates thereof, of all Persons appearing on the General Register as existing on the First Day of *January* in every Year; and such Register shall be called "The Medical Register;" and a Copy of the Medical Register for the Time being, purporting to be so printed and published as aforesaid, shall be Evidence in all Courts and before all Justices of the Peace and others that the Persons therein specified are registered according to the Provisions of this Act; and the Absence of the Name of any Person from such Copy shall be Evidence, until the contrary be made to appear, that such Person is not registered according to the Provisions of this Act: Provided always, that in the Case of any Person whose Name does not appear in such Copy, a Certified Copy, under the Hand of the Registrar of the General Council or of any Branch Council, of the Entry of the Name of such Person on the General or Local Register shall be Evidence that such Person is registered under the Provisions of this Act.

Names of Members struck off from List of College, &c. to be signified to General Council.

XXVIII. If any of the said Colleges or the said Bodies at any Time exercise any Power they possess by Law of striking off from the List of such College or Body the Name of any One of their Members, such College or Body shall signify to the General Council the Name of the Member so struck off; and the General Council may, if they see fit, direct the Registrar to erase forthwith from the Register the Qualification derived from such College or Body in respect of which such Member was registered, and the Registrar shall note the same therein: Provided always, that the Name of no

Person shall be erased from the Register on the Ground of his having adopted any Theory of Medicine or Surgery.

Medical Practitioners convicted of Felony may be struck off the Register.

XXIX. If any registered Medical Practitioner shall be convicted in *England* or *Ireland* of any Felony or Misdemeanor, or in *Scotland* of any Crime or Offence, or shall after due Inquiry be judged by the General Council to have been guilty of infamous Conduct in any professional Respect, the General Council may, if they see fit, direct the Registrar to erase the Name of such Medical Practitioner from the Register.

Registered Persons may have subsequent Qualifications inserted in the Register.

XXX. Every Person registered under this Act who may have obtained any higher Degree or any Qualification other than the Qualification in respect of which he may have been registered, shall be entitled to have such higher Degree or additional Qualification inserted in the Register in substitution for or in addition to the Qualification previously registered, on Payment of such Fee as the Council may appoint.

Privileges of registered Persons.

XXXI. Every Person registered under this Act shall be entitled according to his Qualification or Qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the Case may be, in any Part of Her Majesty's Dominions, and to demand and recover in any Court of Law, with full Costs of Suit, reasonable Charges for professional Aid, Advice, and Visits, and the Cost of any Medicines or other Medical or Surgical Appliances rendered or supplied by him to his Patients: Provided always, that it shall be lawful for any College of Physicians to pass a Byelaw to the effect that no one of their Fellows or Members shall be entitled to sue in manner aforesaid in any Court of Law, and thereupon such Byelaw may be pleaded in bar to any Action for the Purposes aforesaid commenced by any Fellow or Member of such College.

None but registered Persons to recover Charges.

XXXII. After the First Day of *January* One thousand eight hundred and fifty-nine, no Person shall be entitled to recover any Charge in any Court of Law for any Medical or Surgical Advice, Attendance, or for the Performance of any Operation, or for any Medicine which he shall have both prescribed and supplied, unless he shall prove upon the Trial that he is registered under this Act.

Poor Law Medical Officers not disqualified if registered within Six Months of passing of Act.

XXXIII. Provided also, That no Person who on the First of *October* One thousand eight hundred and fifty-eight shall be acting as Medical Officer under an Order of the Poor Law Commissioners or Poor Law Board shall be disqualified to hold such Office by reason of his not being registered as herein required, unless he shall have failed to be registered within Six Months from the passing of this Act.

*Meaning of Terms "legally qualified Medical Practitioner,"
§c.*

XXXIV. After the First Day of *January* One thousand eight hundred and fifty-nine, the Word "legally qualified Medical Practitioner," or "duly qualified Medical Practitioner," or any Words importing a Person recognized by Law as a Medical Practitioner or Member of the Medical Profession, when used in any Act of Parliament, shall be construed to mean a Person registered under this Act.

Registered Persons exempted from serving on Juries, §c.

XXXV. Every Person who shall be registered under the Provisions of this Act shall be exempt, if he shall so desire, from serving on all Juries and Inquests whatsoever, and from serving all corporate, parochial, Ward, Hundred, and Township Offices, and from serving in the Militia, and the Name of such Person shall not be returned in any List of Persons liable to serve in the Militia, or in any such Office as aforesaid.

Unregistered Persons not to hold certain Appointments.

XXXVI. After the First Day of *January* One thousand eight hundred and fifty-nine, no Person shall hold any Appointment as a Physician, Surgeon, or other Medical Officer either in the Military or Naval Service, or in Emigrant or other Vessels, or in any Hospital, Infirmary, Dispensary, or Lying-in Hospital, not supported wholly by voluntary Contributions, or in any Lunatic Asylum, Gaol, Penitentiary, House of Correction, House of Industry, Parochial or Union Workhouse or Poorhouse, Parish Union, or other public Establishment, Body, or Institution, or to any Friendly or other Society for affording mutual Relief in Sickness, Infirmary, or old Age, or as a Medical Officer of Health, unless he be registered under this Act: Provided always, that nothing in this Act contained shall extend to repeal or alter any of the Provisions of the Passengers Act, 1855.

No Certificate to be valid unless Person signing be registered.

XXXVII. After the First Day of *January* One thousand eight hundred and fifty-nine, no Certificate required by any Act now in force, or that may hereafter be passed from any Physician, Surgeon, Licentiate in Medicine and Surgery, or other Medical Practitioner, shall be valid unless the Person signing the same be registered under this Act.

Penalty on wilful Falsification of Register.

XXXVIII. Any Registrar who shall wilfully make or cause to be made any Falsification in any Matters relating to the Register shall be deemed guilty of a Misdemeanor in *England* or *Ireland*, and in *Scotland* of a Crime or Offence punishable by Fine or Imprisonment, and shall, on Conviction thereof, be imprisoned for any Term not exceeding Twelve Months.

Penalty for obtaining Registration by false Representations.

XXXIX. If any Person shall wilfully procure or attempt to procure himself to be registered under this Act, by making or producing or causing to be made or produced any false or fraudulent Representation or Declaration, either verbally or in Writing, every such Person so offending, and every Person aiding and assisting him

therein, shall be deemed guilty of a Misdemeanor in *England* and *Ireland*, and in *Scotland* of a Crime or Offence punishable by Fine or Imprisonment, and shall, on Conviction thereof, be sentenced to be imprisoned for any Term not exceeding Twelve Months.

Penalty for falsely pretending to be a registered Person.

XL. Any Person who shall wilfully and falsely pretend to be or take or use the Name or Title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner or Apothecary, or any Name, Title, Addition, or Description implying that he is registered under this Act, or that he is recognized by Law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary Conviction for any such Offence, pay a Sum not exceeding Twenty Pounds.

Recovery of Penalties.

XLI. Any Penalty to which under this Act any Person is liable on summary Conviction of any Offence may be recovered as follows; (that is to say,) in *England*, in manner directed by the Act of the Session holden in the Eleventh and Twelfth Years of Her Majesty, Chapter Forty-three, and in *Ireland* in manner directed by "The Petty Sessions (*Ireland*) Act, 1851," or any other Act for the Time being in force in *England* and *Ireland* respectively for the like Purposes; and any such Penalty may in *Scotland* be recovered by the Procurator Fiscal of the County, or by any other Person before the Sheriff or Two Justices, who may proceed in a summary Way and grant Warrant for bringing the Party complained against before him or them, or issue an Order requiring such Party to appear on a Day and at a Time and Place to be named in such Order, and every such Order shall be served on the Party by delivering to him in Person or by leaving at his usual Place of Abode a Copy of such Order and of the Complaint whereupon the same has proceeded, and upon the Appearance or Default to appear of the Party, it shall be lawful for the Sheriff or Justices to proceed to the hearing of the Complaint, and upon Proof on Oath or Confession of the Offence, the Sheriff or Justices shall without any written Pleadings or Record of Evidence commit the Offender and decern him to pay the Penalty named as well as such Expenses as the Sheriff or Justices shall think fit, and

failing Payment shall grant Warrant for Recovery thereof by Pounding and Imprisonment, such Imprisonment to be for such Period as the Discretion of the Sheriff or Justices may direct, not exceeding Three Calendar Months, and to cease on Payment of the Penalty and Expenses.

Application of Penalties.

XLII. Any Sum or Sums of Money arising from Conviction and Recovery of Penalties as aforesaid shall be paid to the Treasurer of the General Council.

Application of Monies received by Treasurer.

XLIII. All Monies received by any Treasurer arising from Fees to be paid on Registration, from the Sales of Registers, from Penalties, or otherwise, shall be applied for Expenses of Registration and of the Execution of this Act.

Accounts to be published.

XLIV. The Treasurers of the General and Branch Councils shall enter in Books to be kept for that Purpose a true Account of all Sums of Money by them received and paid, and such Accounts shall be submitted by them to the respective General Council and Branch Councils at such Times as the Councils shall require; and the said Accounts shall be published annually, and such Accounts shall be laid before both Houses in the Month of *March* in every Year, if Parliament be sitting, or, if Parliament be not sitting, then within One Month after the next Meeting of Parliament.

Notice of Death of Medical Practitioners to be given by Registrars.

XLV. Every Registrar of Deaths in the United Kingdom on receiving Notice of the Death of any Medical Practitioner shall forthwith transmit by Post to the Registrar of the General Council and to the Registrar of the Branch Council a Certificate under his own Hand of such Death, with the Particulars of Time and Place of Death, and may charge the Cost of such Certificate and Transmission as an Expense of his Office, and on the Receipt of such Certificate the Medical Registrar shall erase the Name of such deceased Medical Practitioner from the Register.

Provision for Persons practising in the Colonies and elsewhere, and for Students.

XLVI. It shall be lawful for the General Council by Special Orders to dispense with such Provisions of this Act or with such Part of any Regulations made by its Authority as to them shall seem fit, in favour of Persons now practising Medicine or Surgery in any Part of Her Majesty's Dominions other than *Great Britain* and *Ireland* by virtue of any of the Qualifications described in Schedule (A.); and also in favour of Persons practising Medicine or Surgery within the United Kingdom on Foreign or colonial Diplomas or Degrees before the passing of this Act; and also in favour of any Persons who have held Appointments as Surgeons or Assistant Surgeons in the Army, Navy, or Militia, or in the Service of the *East India* Company, or are acting as Surgeons in the public Service, or in the Service of any Charitable Institutions, and also, so far as to the Council shall seem expedient, in favour of Medical Students who shall have commenced their professional Studies before the passing of this Act.

New Charter may be granted to the College of Physicians of London.

XLVII. It shall be lawful for Her Majesty to grant to the Corporation of the Royal College of Physicians of *London* a new Charter, and thereby to give to such Corporation the Name of "The Royal College of Physicians of *England*," and to make such Alterations in the Constitution of the same Corporation as to Her Majesty may seem expedient; and it shall be lawful for the said Corporation to accept such Charter under their Common Seal, and such Acceptance shall operate as a Surrender of all Charters heretofore granted to the said Corporation, except the Charter granted by King *Henry* the Eighth, and shall also operate as a Surrender of such Charter and of any Rights, Powers, or Privileges conferred by or enjoyed under an Act of the Session holden in the Fourteenth and Fifteenth Years of King *Henry* the Eighth, Chapter Five, confirming the same, as far as such Charter and Act respectively may be inconsistent with such new Charter: Provided nevertheless, that within Twelve Months after the granting of such Charter to the College of Physicians of *London*, any Fellow, Member, or Licentiate

of the Royal College of Physicians of *Edinburgh*, or of the Queen's College of Physicians of *Ireland*, who may be in practice as a Physician in any Part of the United Kingdom called *England*, and who may be desirous of becoming a Member of such College of Physicians of *England*, shall be at liberty to do so, and be entitled to receive the Diploma of the said College, and to be admitted to all the Rights and Privileges thereunto appertaining, on the Payment of a Registration Fee of Two Pounds to the said College.

Her Majesty may grant Power to College of Surgeons to institute Examinations, &c. for Dentists.

XLVIII. It shall, notwithstanding anything herein contained, be lawful for Her Majesty, by Charter, to grant to the Royal College of Surgeons of *England* Power to institute and hold Examinations for the Purpose of testing the Fitness of Persons to practise as Dentists who may be desirous of being so examined, and to grant Certificates of such Fitness.

New Charter may be granted to College of Physicians of Edinburgh.

XLIX. It shall be lawful for Her Majesty to grant to the Corporation of the Royal College of Physicians of *Edinburgh* a new Charter, and thereby to give to the said College of Physicians the Name of "The Royal College of Physicians of *Scotland*," and it shall be lawful for the said Royal College of Physicians under their Common Seal, to accept such new Charter, and such Acceptance shall operate as a Surrender of all Charters heretofore granted to the said Corporation.

The Faculty at Glasgow may be amalgamated.

L. If at any future Period the Royal College of Surgeons of *Edinburgh* and Faculty of Physicians and Surgeons of *Glasgow* agree to amalgamate, so as to form One united Corporation, under the Name of "The Royal College of Surgeons of *Scotland*," it shall be lawful for Her Majesty to grant, and for such College and Faculty under their respective Common Seals to accept, such new Charter or Charters as may be necessary for effecting such Union, and such Acceptance shall operate as a Surrender of all Charters heretofore

granted to such College and Faculty; and in the event of such Union it shall be competent for the said College and Faculty to make such Arrangements as to the Time and Place of their Examinations as they may agree upon, these Arrangements being in conformity with the Provisions of this Act, and subject to the Approval of the General Council.

New Charter may be granted to the King and Queen's College of Physicians in Ireland.

L.I. It shall be lawful for Her Majesty to grant to the Corporation of the King and Queen's College of Physicians in *Ireland* a new Charter, and thereby to give to such Corporation the Name of "The Royal College of Physicians of *Ireland*," and to make such Alterations in the Constitution of the said Corporation as to Her Majesty may seem expedient; and it shall be lawful for the said Corporation to accept such Charter under their Common Seal, and such Acceptance shall operate as a Surrender of the Charter granted by King *William* and Queen *Mary*, so far as it may be inconsistent with such new Charter.

Charters not to contain new Restrictions in the Practice of Medicine or Surgery.

L.II. Provided always, That nothing herein contained shall extend to authorize Her Majesty to create any new Restriction in the Practice of Medicine or Surgery, or to grant to any of the said Corporations any Powers or Privileges contrary to the Common Law of the Land or to the Provisions of this Act, and that no such new Charter shall in anywise prejudice, affect, or annul any of the existing Statutes or Byelaws of the Corporations, to which the same shall be granted, further than shall be necessary for giving full Effect to the Alterations which shall be intended to be effected by such new Charters and by this Act in the Constitution of such Corporation.

Provisions of 17 and 18 Vict. c. 114. as to University of London to continue in force.

L.III. The Enactments and Provisions of the University of *London* Medical Graduates Act, 1854, shall be deemed and construed to

have applied and shall apply to the University of *London* for the Time being, notwithstanding the Surrender or Determination of the therein-recited Charter, and the granting or Acceptance of the now existing Charter of the University of *London*, or the future Determination of the present or any future Charter of the said University, and the granting of any new Charter to the said University; and that every Bachelor of Medicine and Doctor of Medicine of the University of *London* for the Time being shall be deemed to have been and to be entitled and shall be entitled to the Privileges conferred by the said Act, in the same manner and to the same Extent as if the Charter recited in the said Act remained in force, subject nevertheless to the Provisions of this Act.

British Pharmacopœia to be published.

LIV. The General Council shall cause to be published under their Direction a Book containing a List of Medicines and Compounds, and the Manner of preparing them, together with the true Weights and Measures by which they are to be prepared and mixed, and containing such other Matter and Things relating thereto as the General Council shall think fit, to be called "British Pharmacopœia;" and the General Council shall cause to be altered, amended, and republished such Pharmacopœia as often as they shall deem it necessary.

Chemists, &c. not to be affected.

LV. Nothing in this Act contained shall extend or be construed to extend to prejudice or in any way to affect the lawful Occupation, Trade, or Business of Chemists and Druggists and Dentists, or the Rights, Privileges, or Employment of duly licensed Apothecaries in *Ireland*, so far as the same extend to selling, compounding, or dispensing Medicines.

SCHEDULE (A.)

1. Fellow, Licentiate, or Extra Licentiate of the Royal College of Physicians of London.
2. Fellow or Licentiate of the Royal College of Physicians of Edinburgh.

3. Fellow or Licentiate of the King's and Queen's College of Physicians of Ireland.

4 Fellow or Member or Licentiate in Midwifery of the Royal College of Surgeons of England.

5. Fellow or Licentiate of the Royal College of Surgeons of Edinburgh.

6. Fellow or Licentiate of the Faculty of Physicians and Surgeons of Glasgow.

7. Fellow or Licentiate of the Royal College of Surgeons in Ireland.

8. Licentiate of the Society of Apothecaries, London.

9. Licentiate of the Apothecaries Hall, Dublin.

10. Doctor, or Bachelor, or Licentiate of Medicine, or Master in Surgery of any University of the United Kingdom; or Doctor of Medicine by Doctorate granted prior to passing of this Act by the Archbishop of Canterbury.

11. Doctor of Medicine of any Foreign or Colonial University or College, practising as a Physician in the United Kingdom before the First Day of October, 1858, who shall produce Certificates to the Satisfaction of the Council of his having taken his Degree of Doctor of Medicine after regular Examination, or who shall satisfy the Council, under Section Forty-six* of this Act, that there is sufficient Reason for admitting him to be registered.

SCHEDULE (B.)

DECLARATION required of a Person who claims to be registered as a Medical Practitioner, upon the Ground that he was in practice as a Medical Practitioner in England or Wales before the First Day of August, 1815:

To the Registrar of the Medical Council.

I, _____ residing at _____ in the County of _____ hereby declare that I was practising as a Medical Practitioner at _____ in the County of _____ before the First Day of August, 1815.

(Signed) [Name.]

Dated this _____ Day of _____ 185 .

* By mistake printed "Forty-five" in the original.

SCHEDULE (D.)

Name.	Residence.	Qualification.	Title.
A.B. -	London -	Fellow of the Royal College of Physicians of	
C.D. -	Edinburgh	Fellow and Member of the Royal College of Surgeons of	
E.F. -	Dublin -	Graduate in Medicine of University of	
G.H. -	Bristol -	Licentiate of the Society of Apothecaries.	
I.K. -	London -	Member of College of Surgeons and Licentiate of the Society of Apothecaries.	

CASES FROM PRACTICE,

BY DR. HAYWARD, Liverpool.

Scald.

MASTER C., æt. 12, of sanguine-bilious temperament, had some *boiling* water poured from a tea-kettle upon the whole of the left side of head, face, neck, ear, and shoulder, May 16th, 1858.

I was called immediately, and found the cuticle of all these parts raised into small vesicles, except of the external ear, where it was in one large blister. The pain was so excruciating that his cries and agonies were pitiful. I immediately applied Canth. ϕ , half an ounce in half a pint of lukewarm water, with pieces of old linen to the face, ear, neck, and shoulder, fitting the first piece accurately to the skin; three other layers were applied over this and kept moist with the lotion, whilst I removed the hair from the scalp and served it in the same way. Canth. l, gtt. j, in water was exhibited inter-

nally every five minutes. The relief was marked and immediate, so that the patient's entreaties for the application of the lotion were incessant. The lotion and medicine were continued for six hours. The pain had almost entirely ceased within half an hour; and within three hours almost all the vesicles were gone, the skin being left red and tender over all these parts, except the external ear where the detached cuticle lay in folds, the fluid having been absorbed without the bursting of the blister. No febrile symptoms supervened, and within two days all traces of the accident had disappeared.

Erysipelas.

Miss R., æt. 30, of nervous temperament with a little lymphatic, large head, light hair and eyes, was attacked, on the 11th of April, 1858, with a severe burning pricking pain in left external ear, which, when seen next day, was found to be very much inflamed and swollen, entirely closing the meatus. This condition was rapidly extending over the neck and cheek, with great burning pricking pain, quick pulse, thirst, and severe pulsating headache in forehead and temples. Probably the cause was exposure of left side to a current of air in a railway carriage a week before, during catamenia, which were consequently scanty, and of short continuance. Bell. 1 and Puls. 1, gtt. j, in water, were given alternately every two hours. The disease made no farther progress, but remained about the same for thirty hours, when it commenced to improve, and entirely disappeared in a few hours. No other medicine was used.

Puerperal Convulsions.

Mrs. P., æt. 24, of nervous temperament with scrofulous modification, large head, eyes and hair light, was subject to severe headache during every illness, and great excitement, sometimes followed by a slight convulsion. Had a severe attack of headache and convulsions when three months pregnant of her first child, and again a few days before confinement. About four hours after commencement of labor severe headache supervened, of a splitting bursting kind, as if the head were forcibly opened and shut longitudinally, with throbbing through-

out the whole brain, the face becoming much congested during each expulsive effort of the womb. When the head of the child was passing the *os internum*, a very frightful convulsion of the whole body, of an epileptico-apoplectic character, came on; the face became purple; the eyes very prominent, fixed, and congested, with dilated pupils; the pulse became imperceptible, and the cutaneous veins visible; and the skin of the trunk and extremities pale and cold. I administered Bell. 1, *gtt. ij*, in a teaspoonful of water every two or three minutes. The fit lasted about ten minutes, leaving great stupor and almost complete unconsciousness. With most, though not all, of the succeeding uterine efforts, slight convulsions supervened, gradually diminishing in intensity, until the head was passing the *os externum*, when another frightful attack came on, and lasted about five minutes, leaving her quite insensible, and almost comatose. The labor was not perceptibly interrupted, occupying about five hours after the full dilatation of the *os uteri*, when a female child was born alive. Slight abdominal tenderness remained for a few days. Under Bell. 3, and Nux 3 alternately every three hours, she recovered from the coma in twenty-four hours, but was quite unconscious of what had occurred, and was subject to mental delusions for thirty-six hours more, after which she soon recovered her normal state. She had, during the time, a few doses of Arnica 3.

I am inclined to think that had the headache been timely treated with Bell., the convulsions might have been warded off. But even as it was, such mild and effectual treatment contrasts strangely with the heroic, dangerous, and questionable practice pursued by our allopathic brethren. "It is now, I believe, well agreed between those who have seen much of this formidable malady, that a grand remedy is the abstraction of blood from the vascular system, as largely as the patient can safely bear. . . . Twenty, thirty, forty, fifty, sixty, or even seventy ounces of blood, have been taken from a woman of ordinary stature and moderate plethora, in the course of six or twelve hours. . . . Or if the patient be sufficiently quiet, the nape of the neck may be cupped. A strong purgative (of Calomel and Jalap, for instance) should next be administered. The head may be

shaved, and cold lotion or ice applied. . . . After the lapse of some time the head and nape of the neck may be covered with a blistering plaster. . . . Calomel given so as to effect the constitution, has been found beneficial." And even with all this, "Out of 152 cases, 42 mothers were lost, or more than one-fourth." "In these cases we have little to hope for the infant, . . . the fetus is ordinarily born dead." (See Churchill, Ramsbotham, Blundell, Denman, Collins, Burns, &c. &c.)

Chronic Enlargement of Tonsils.

Mr. B., æt. 24, of nervous temperament with a little bilious; large head, light hair and eyes; of temperate habits, with sluggish liver; never had syphilis or much mercury; after exposure to cold twelve months ago was attacked with sore throat and swollen tonsils, for which he had very little treatment at the time, but afterwards the enlarged tonsils were frequently cauterized, without, however, sensibly diminishing them. They are still both very large, hard and rough or knotty; and there still remains a burning pain in throat and fauces with dryness and tickling as if from a plug of phlegm, especially towards morning. The fauces very vascular, dark red, relaxed and œdematous: also the back of the throat, where there is as well an ash-coloured ulcer.

He was under treatment nine months; during this time he had separately and singly for two weeks at a time Sulph. 3, Mer. Sol. 3, Bell. 3, Mer. Iod. 3, Hep. Sulph. 3, and Silic. 6, a grain or drop three times a day. The Mer. Sol. and Iod., Sulph., and Silic. appeared to have very little influence on either tonsils or throat. The Bell. 3 improved the fauces and throat much and somewhat lessened the tonsils, and was repeated, without, however, the improvement progressing. The Hep. Sulph. 3 improved the tonsils especially, but only for the first fortnight, not when repeated. The parts were still far from normal. Bell. 1 much increased the improvement, but did not perfect the cure. Hep. Sulph. 1 two grains three times a day now entirely restored the natural condition of the parts within a week.

Tendency to Miscarry.

Mrs. C., æt. 30, of nervous temperament with a little fibrous and less lymphatic; large head, dark hair and eyes; married six years; consulted me January, 1857, for threatened miscarriage, being about six months pregnant.

She stated she had felt no motion of the child for a week, and during that time she had had a secretion from the breasts and depression of spirits. Had been particularly careful to avoid over-exertion, and mental emotion or excitement. She had had five previous miscarriages, and had never been able to bring a child to the full time, though regularly attended by an allopathic surgeon: the first occurred in the eighth month; the second and third about the seventh; and the fourth and fifth between the third and fourth months; all without discoverable cause. Her health had been tolerably good; but she had taken much medicine for constipation. She was nervous and tremulous, constantly troubled with *tic douloureux* of face and head, and the gums were soft and spongy.

Sulph. 3 and Bell. 3 were ordered alternately four times a day; but within a week a partially decomposed fœtus was expelled. The placenta was found to be pale, shrunk, nodular and tubercular. A severe attack of *tic* followed and remained three days, giving way then to Rhus Tox. 1 and Bell. 1.

I advised a course of homœopathic treatment to be continued, in order to ward off any future miscarriage; but this she neglected, until again pregnant two months, when she consulted me, in November, 1857, for another severe attack of *tic*. This was relieved by Rhus tox. 1; and then she was put on a course of treatment. During her pregnancy she had Sulph. 3, Bell. 3, Phos. 3, Rhus 3, Puls. 3, and Secale 3.

She was occasionally troubled with *tic*, though much less severely; and in June, 1858, I delivered her of a fine healthy boy, at the full time. Both she and the child are now in excellent health.

ATROPINUM SULPHURICUM IN DISEASES OF THE PANCREAS.

BY DR. BAHR, OF HANOVER.

(*From Zeitschrift für Hom. Klinik., b. II, p. 139.*)

I RESOLVED to publish the following case for two reasons. Firstly the diagnosis was unusually certain from the very well marked characteristic symptoms; secondly, because a remedy was used which has as yet excited but little attention, and has been seldom used homœopathically, as it has not hitherto had a sufficient physiological proving. Mr. S——, aged 24, had lived as dissipated a life as possible during the last six to eight years; the only regularity which could be attributed to him was in his venereal excesses. He was regular in nothing else, neither in eating, drinking nor sleeping. He was rather below the middle size, well proportioned, and slightly, though at the same time not weakly built; of the highest sanguine temperament—depressed or excited by trifles; the complexion very light. The only complaint which as yet troubled him was an almost periodical attack of spitting of blood, with which he was troubled at the most for three days at a time during the spring and autumn, and which was always removed by Aconite during that time. The apices of the lungs are, to a certain extent, though slightly, infiltrated, and the expiration is prolonged in those parts: the heart showed no particular abnormality.

From the beginning of this year I succeeded in making him more steady, as I had given him plainly to understand that he was threatened with consumption. By the way, I may remark that for several years this patient's treatment had been exclusively homœopathic. He had already exhibited some premonitory symptoms of the disease of which we are about to speak. The patient often complained to me that his stomach was out of order; it was also tender on pressure, without any particular loss of appetite. I did not then seek for any other cause for this than his irregular life, and declined giving him medicine for it until he could follow a stricter diet.

It was not until the beginning of this present year that the stomach complaint, as I then supposed it to be, began to shew itself plainly. The region of the pyloric portion of the stomach was painful both on pressure and in repose—yet the patient could not define these pains more distinctly: the appetite became daily less; the taste worse; but the tongue remained quite clean; the motions almost normal; headache in the forehead; flickering before the eyes, at the same time great ill temper, while there was a complete absence of any febrile state. After these symptoms had lasted for some time, on the 3rd of February an attack of diarrhoea came on, which was immediately stopped by Colchicum. On the 18th of February for the first time the patient was seized with a rather violent fit of vomiting, after that frequent daily attacks of diarrhoea and entire loss of appetite. I had until now given *Nux vom.*, *Ipec.*, and *Antim. crud.* in vain. As I had always considered the case as one of pure stomach affection, I now gave, as recommended by Kafka, one grain of the second trituration of *Atropin* in two ounces of water, a teaspoonful every two hours. The vomiting became less, but I was obliged at the end of the second day to discontinue the medicine, as the distorted face, enlarged pupils, and a slight dryness in the throat, distinctly indicated the primary action of the medicine: but for this I should have continued the dose, only rather weakened. In the following days until the 5th of March, the symptoms of the disease became more certain, and the diagnosis of disease of the pancreas unmistakable. The following were the peculiarities of this complaint, which one after another displayed themselves.

The appetite very small, although now and then hunger is felt; the tongue a little loaded; the taste bad, without any particular character. In the region immediately below the stomach, to the left, the pains were not so much violent as unendurable; the patient was unable to describe them; deep pressure on this part is very painful, but no swelling to be felt. The most peculiar symptom is the vomiting; it appears sometimes in the evening between six and seven o'clock, then in the night between eleven and one o'clock, and on more particular enquiry I ascertained that it came on regularly between five

and six hours after a full meal. The patient had on one occasion eaten no dinner, and had remained without vomiting until the evening. Again, whenever he took breakfast he was seized with vomiting in the afternoon. It was seldom attended with nausea; it came on, after a short exacerbation of pain, quite suddenly, often extremely violent, but was never followed by retching, and generally the pain became less afterwards. It consisted of a red liquid like washings of meat, in which food only appeared when a meal had been taken five hours before. Once the substance vomited was mixed with blood; besides this there was some headache and great weakness; the nights were restless, only sleep towards the morning; and great fear and anxiety. Diarrhœa alternating with confined bowels; the appearance suffering, without great paleness; during the last weeks remarkable wasting. Under these circumstances I gave repeated doses of medicine—Cuprum, Iod., Veratrum alb., Arsen., without any results; in fact, the disease gained ground day by day, and I felt at a loss to find a better remedy. The partially favourable results which had attended the use of Atropin some weeks earlier induced me again to try this remedy, only in smaller doses. I gave, on the 8th of March, six grains of the 3rd trituration, in two ounces of distilled water, every four hours a teaspoonful. As early as twenty-four hours afterwards, the vomiting ceased; the appetite returned; also the diarrhœa ceased; only a kind of nausea, as if vomiting would ensue, remained for some days longer. At last the pain in the stomach became less, and on the 22nd of March ceased altogether. I had continued the before-named medicine until then, though in smaller doses. As yet there has been no relapse.

There is no more doubt that this was a case of disease of the pancreas than that it was cured by Atropin. The first is plainly shown by the locality and kind of pain, by the time it came on, by the quality of the matter vomited, and finally the peculiar combination of the whole phenomena.

This case which I have described is not the only one in which I have found Atropin of use; but the uncertainty of the symptoms of the others have made me refrain from describing

them ; but so much I may say, that I have always found the very best results from this medicine in cases of chronic vomiting, especially in the case of a country girl, in whom I found nearly the same symptoms which I have here described. Unfortunately I saw her only once, and could only obtain information from her by fragments. When she came again, after some weeks, it was only to return thanks for her speedy cure. Two other patients, whom I am at present treating, present all the symptoms of disease of the pancreas, and I shall certainly later relate the result.

HYDROCOTYLE ASIATICA—ITS PATHOGENETIC AND THERAPEUTIC ACTION.

An abstract of a paper by Dr. Andouit from the "*Allgemeine Homöopathische Zeitung.*"

(Continued from page 471.)

SKIN, CELLULAR TISSUE, AND LYMPHATIC SYSTEM.

Slight erythema on the face, throat, chest, back, arms and thighs. (Andouit, prov. with 10 drops of the mother tincture ; 4 drops of 6th dil. and 2 drops of 30 dil.)

Erythema, with very severe itching. (Andouit, prov. on a young woman 22 years of age, with 2 drops of the 30th dil.)

Erythema, with great perspiration. (Id. id.)

140. Erysipelatous redness. (Id. id.)

Rash on the throat, back, and chest. (Id. id.)

Vesicular eruption in the abdomen. (Id. id.)

Redness of the skin. (Hunter, Clinical, rep.)

Shooting in different parts of the body. (Andouit, prov. with 10 drops of the mother tincture.)

145. Insupportable itching of several parts. (Id. id.)

Shooting and itching of the herpes. (Andouit, Clin. reports.)

Violent perspiration, especially in the leprous, insensible spots. (Houbert, Clin. reports.)

Copious perspiration. (Cazenove.)

Feeling of heat and shooting in the skin, especially of the hands and feet; in five days subsequently, universal heat of the whole skin; in some cases insupportable itching. (Hunt, Clin. reports.)

150. The skin becomes softer and thinner, and again becomes sensitive. (Boileau, Clin. reports.)

The skin becomes softer and smoother, the epidermis falls off in small scales, and in most cases in large crusts. (Hunt, Clin. reports.)

Pustular eruption on the face. (Andouit, with 10 drops of the 6th dil.)

Two small pustules on the chest. (Id. id.)

Pustular eruption like small-pox. (Boileau, Clin. reports.)

155. Several bladders of pemphigus. (Andouit, Clin. reports, in a young girl subject to erythema.)

White points on the leprous spots. (Boileau, Clin. reports.)

The leprous spots become branny. (Id. id.)

A bright lily-coloured, ear-shaped spot on the sole of the right foot.

The skin on this spot easily indents, and is very painful in walking. (Andouit, prov. with 10 drops of the mother tincture.)

A spot of the same colour and form in another prover. (Id. id.)

160. Yellowish spots on both legs. (Id. id.)

Three disk-like spots, with very friable and scaly borders. (Andouit, in a young man 19 years old, after taking daily 8 drops of the 6th dil. for six weeks. On omitting the medicine the spots became smaller, and in 14 days entirely disappeared.)

Small red dots on the eyelids, on the left side of the neck, and on both hands. (Andouit, prov. with 10 drops of the mother tincture.)

Small red dots on the left side of the neck, covered with whitish scales. (Andouit, prov. in another man with 15 drops of the 3rd dil.)

Swelling of the lymphatic vessels and cellular tissue of the groin, and around the left ankle. (Andouit, Clin. reports, in a syphilitic case.)

165. Insupportable itching in a callous ulcer. (Andouit, Clin. reports.)

Abundant discharge of pus of a varicose ulcer. (Id. id.)

Abundant discharge of pus from an old wound in a scrofulous subject. (Id. id.)

Great discharge of pus in a case of lupus. (Andouit, Clin. reports, in a person 20 years of age.)

Suppression of suppuration. (Boileau, Clin. reports.)

170, Suppression of suppuration in the nose. (Poup. Clin. reports.)

Slight inflammation of the mucous membrane of the mouth. (Andouit, prov.)

Tickling in the nose. (Id. id.)

Slight bleeding of the nose. (Id. id.)

Slight injection of the conjunctiva palpebralis. (Id. id.)

175. Slight irritation of the air passages. (Id. id.)

Easier respiration (secondary action). (Id. id.)

Slight itching at the anus. (Id. id.)

Irritation of the urethra. (Id. id.)

Irritation of the neck of the bladder. (Id. id.)

180. Redness of the vulva and vagina. (Id. id.)

N.B.—Compare here the symptoms of digestive and genital organs.

MUSCULAR SYSTEM.

General weariness. (Andouit, prov.)

Lowness of spirits, prostration, and a feeling of weight in the whole body. (Id. id.)

A shattered feeling in all the muscles. (Id. id.)

185. A feeling of lightness and light step (secondary symptom). (Boileau, Clin. reports.)

Exceeding debility. (Houbert, Clin. reports.)

A bruised feeling on awaking. (Andouit, prov.)

A bruised feeling in the loins. (Id. id.)

190. Dull pains in all the muscles of the limbs. (Id. id.)

Painful weariness in the muscles of the shoulder. (Id. id.)

Recurrence of old rheumatic pains in the left rhomboideus, increased by pressure. (Id. id.)

A feeling of moist coldness in the fore-arm, hand, leg, and foot of the left side; alleviated by rubbing, but returning again. The arm being wrapped up, it became warm within twenty-two minutes. (Id. id.)

Spasmodic stiffness in the right fore-arm, hand, and fingers. (Id. id.)

195. Spasmodic pains in the fingers of the right hand. (Id. id.)

Contractions of the fore-arms and legs. (Id. id.)

Wandering pains in the muscles of the chest and legs. (Id. id.)

Weariness in the muscles of the thigh, and a crampy feeling in the calves of the legs. (Id. id.)

Drawing in different muscles. (Id. id.)

200. Slight contraction of the stomach. (Id. id.)

Violent contraction of the bowels. (Id. id.)

A feeling of pressing together in the bladder. (Id. id.)

GLANDS.

Increased activity in the salivary glands. (Andouit, prov.)

Redness of the tonsils. (Id. id.)

Slight creeping in the kidneys. (Id. id.)

Uneasiness in the whole region of the liver. (Id. id.)

Trifling pain in the upper part of the liver. (Id. id.)

Uneasiness and weight in the region of the kidneys. (Id. id.)

Feeling of weight in the prostate gland. (Id. id.)

FIBROUS, FIBRO-CARTILAGINOUS, AND SYNOVIAL MEMBRANES.

210. Irresistible necessity to stretch out the arms. (Andouit, prov.)

Pains in several joints, particularly of the left side. (Id. id.)

Acute pain in the hip joint. (Id. id.)

Pains in all the joints. (Id. id.)

Feeling of numbness (agacements) in the finger joints. (Id. id.)

215. Pains in the finger joints. (Id. id.)

BONES.

A feeling of heat in the bones. (Andouit, prov.)

Burning in the left tibia (Id. id.)

A feeling as of hot water trickling in the marrow of the thigh bones. (Id. id.)

A feeling of heat in the bones. (Andouit, Clin. reports, in a woman 42 years of age, after 3 drops of the 3rd dil.)

SLEEP.

220. Inclination to sleep during the day. (Andouit, prov.)

Sound sleep without dreams. (Id. id.)

Quiet sleep. (Id. id.)

MIND.

Gloomy thoughts. (Andouit, prov.)

Great ill humour. (Id. id.)

225. Misanthropy. (Id. id.)

Indifference. (Id. id.)

Inclination for solitude. (Id. id.)

Cheerfulness (secondary symptom). (Id. id.)

Confidence as to the future. (Id. id.)

230. Talkativeness. (Id. id.)

Inclination to speak out (secondary symptom). (Id. id.)

Cheerfulness, joy, hope. (Boileau, Clin. reports.)

Inclination to be communicative (sentiments expansifs.)
Poup. Clin. reports.)

Hope. (Id. id.)

CLINICAL OBSERVATIONS.

Elephantiasis of the Greeks. (Lèpre tuberculeuse d'Alibert.)

—Alfred T., 16 years old, had never suffered either from syphilis nor scrofula; but having lived for a long time in a damp dwelling, has suffered for about six months from *Lepra tuberculosa*, especially in the face, abdomen, thighs, and genitals.

In the latter there is a large tubercle, secreting a reddish pus ; otherwise the patient's health is good. The first remedy which Andouit prescribed was Sulphur, which caused the papulæ to assume a branny covering. As the improvement made no further progress, Graphites, Petrol., Phosph., and Arsen. were administered without any result ; so on the 28th January, 1856, Hydrocotyle ʒ. 25 centigr. in 125 grammes of water, a tea-spoonful every morning. On the 8th February, after the tubercle in the genitals had secreted a large quantity of pus, the prescription was repeated, and by the 11th the improvement was evident : the tubercle looked better, and the discharge of pus was but little. Some crusts which had formed on several tubercles now fell off. The remedy was discontinued and a bath ordered ; the crusts were dissolved, leaving yellowish spots in their places. By the continued use of Hydrocotyle the patient was perfectly cured by the 31st of March. (Compare the symptoms of provings, No. 160, 161, and 169.)

Lupus exedens of the nose.—A delicate, weakly young woman, 20 years of age, who during her childhood suffered frequently from swelling of the glands, and whose mother is troubled with a copper-coloured eruption on the face, has had the same affection for the last eight years. Sometimes the disorder seemed to improve under the most varied treatment ; the improvement, however, was but transitory. On the 16th of February, 1851, the largest tubercle, seated on the right ala nasi, the size of a sixpence, was covered with a thick crust, under which was a yellowish matter mixed with blood. The edges of the ulcer were irregular and livid. Five other tubercles, of the size of a lentil, were seated near the root of the nose at both sides, and painless. Hydrocotyle ʒ, as before. February 14th. The ulcer secretes a great deal of matter ; the bottom is elevated and fungoid ; the rest of the tubercles are disposed to suppurate. No medicine. February 19th. The ulcer secretes less matter ; the other tubercles are larger, but have not suppurated. Hydrocotyle ʒ, 10 centigr. in 125 grammes of water, a spoonful night and morning. On the 23rd, all the tubercles were furnished with a crust. No medicine. On the

3rd of March, no change. Hydrocotyle 6, as before. On the 10th of March the crusts are very dry, and the whole of the skin of the nose is peeling off. Medicine omitted. From the 22nd of March to the 23rd of July, the patient took, consequently, Hydrocotyle 6, 18, 8, the pure tincture; then again 8 and 18. On the last named day the patient was completely cured. (Compare symptoms of proving, No. 152, 166, 169, 170.)

Eczema impetigenodes chronicum.—A lady, 45 years of age, who had suffered in her childhood from an eruption on her head and swelling of the glands, but since that time had enjoyed very good health, was in her 80th year attacked with eczema simplex, which disappeared without any treatment, but recurred at frequent intervals, becoming more important as she advanced in years. On the 10th of June, 1856, her condition was as follows:—Ichorous suppuration of nearly the whole scalp, particularly behind the ears; ulcerations in both the axillæ; yellow crusts upon the labia majora; numerous vesicles on the thighs; insupportable itching of all these parts; emaciation; coated tongue; aversion to food; great weakness; fear of death. Sulphur 30. The result of this medicine was, the suppuration became more considerable; the itching somewhat subsided; the appetite returned a little; and sleep became more refreshing. The improvement continued for the succeeding fortnight only; the suppuration returned to its former amount, and this from the action of a single dose of Sulphur. After a second dose of Sulphur 30, the suppuration returned as abundantly as after the first dose. Three weeks subsequently the eczematous spots were almost entirely dry, and the patient had not felt so well for several years. Sleep, appetite, and appearance had become so good, that notwithstanding Andouit's objections, who apprehended a relapse, she gave up any further treatment. On the 18th of October, however, she returned to Andouit. All the parts formerly attacked with eczema secreted an ichorous matter; the labia majora and behind the ears were the seat of severe suppuration; the itching was at the same time so violent that the patient tore the skin off with her nails and thought she should go mad. Hydrocotyle 6, 10, centigr. in 125 grammes of

water, a spoonful every 4 hours. Soon after the second dose the itching became more supportable, and by the continued use of the medicine it went on decreasing, so that by the next evening there only remained a slight tickling; at the same time, the suppuration of the diseased parts was as much increased as after the Sulphur. The patient remained without medicine for eight days; the suppuration once more decreased, but was associated with slight oppression of the chest. Sulphur 30. Hereupon the suppuration became so abundant, that the patient was obliged to change the linen every two hours. The difficulty of breathing, however, disappeared. After both medicines had been thrice repeated, the improvement continued daily, although there was an increase of matter after each dose, and the disease seemed to be entirely cured. (Compare symptoms of proving, No. 3, 11, 140, 145, 169, 181, 182, 183, 186, 187, 223.)

Andouit reports several other cases of eczema cured by Hydrocotyle, among which there was one remarkable circumstance—that a case of gonorrhœa, which had been suppressed for fifteen years, again reappeared by the use of the mother tincture. He also cured a case of pemphigus benignus in a very short time by means of Hydrocotyle. He remarks, that in general all cases in which the exanthem is not of an inveterate nature, nor complicated with scrofula, Hydrocotyle alone will suffice for the cure; but in old, and in scrofulous cases, other suitable remedies must be associated in the treatment. Some *rheumatic* disorders Andouit has removed by Hydrocotyle, although he does not prefer it to any of the other commonly approved remedies.

The symptoms 102, 109, of the pathogenesis, induced Andouit to employ Hydrocotyle in *ulceration of the uterus*. Its action upon this disorder was in fact surprising: not one case was unattended by improvement; many, on the other hand, perfectly cured. Andouit has reported some of these cases, from which we extract the most important.

Granular ulceration of the entire neck of the uterus, which is very red; considerable protapse of the uterus; violent leucorrhœa.—Mrs. Ch., 40 years of age, has three children, of

no psoric taint, of tolerably good constitution, and melancholic temperament. Hydrocotyle was first given on the 26th of February, 1856; after that, for eight months, Sepia, Aur., Silic., Merc., with two or three other remedies, had been tried, by which the ulceration had been lessened by a third, and the uterus had regained its normal position. The first doses of Hydrocotyle 4, 3 drops, changed the granular ulceration into that of a simple ulcer, and in the course of two months and a half the cure was complete. The disease from which this lady suffered was so serious that a physician and an accoucheuse declined to undertake the treatment.

Granular ulceration of both lips of the uterine neck; very severe leucorrhœa.—Mrs. K., 34 years of age, childless, of a tolerably robust constitution, melancholic, skin of a yellow tinge, has never suffered from psora, but from much grief. The treatment was begun on the 17th July, 1856, and the cure was effected on the 4th of September of the same year, by no other remedy than Hydrocotyle.

Partly fungous, partly granular ulcer on the upper lip of the neck of the uterus; profuse fluor albus.—Mrs. G., 46 years of age, delicate, no psoric disorder, has had nine children, and much anxiety. She took the first dose of Hydrocotyle 3, 10 centigr., on the 2nd of June, 1856, which was followed by so much additional disorder, that Andouit for the next ten days discontinued the remedy. At the end of this time, remarkable improvement took place. Hydrocotyle 6, 5 centigr. in 120 grammes of water. After the fifth repetition of this mixture, the ulcer was perfectly cured within two months, and the leucorrhœa was but slight.

Andouit had at the same period nine women under treatment, who were either improving, or the cure was nearly effected. In some cases he gave Hydrocotyle in alternation with Aurum or Sepia.

Pruritus vaginae.—A lady 30 years of age, had suffered for two months from an insupportable itching of the vagina, which,

from a feeling of delicacy, she had refrained from speaking of to any one. A single dose of Hydrocotyle 12, completely freed this patient from her suffering in half a day. (Compare symptoms 104, 145.)

Gangrene of a newly formed flap.—Twelve days after Andouit had performed a neo-plastic operation on the little finger of a man 22 years of age, the newly formed flap became gangrenous. China, internally and externally employed, as well as Silicea, had little result. On the third day Andouit prescribed Hydrocotyle 3. In nine hours all trace of gangrene had disappeared, and the wound had regained its normal appearance. (Compare symptoms, 166, 167, 169.)

Relying on the symptoms 57, 59, 60, 62, and 63, Andouit tried Hydrocotyle in stenosis of the aorta, with considerable alleviation of the sufferings. He has still another case under treatment, and promises that if further progress should be made in the improvement, that he will communicate the details to the public.

Moreover, Andouit has employed this remedy in many other affections with very great benefit;—for example, in *neuralgic affections of the supra and infra-orbital nerves*; in *insupportable itching of the soles of the feet*; in three cases of *acute*, and two cases of *secondary gonorrhœa*; stomatitis aphthosa; swelling of the lymphatic vessels of the neck; *flatulent colic*; and *constipation*.

Andouit is of opinion, that in reference to the rich pathogenesis of this remedy, its value in practice has not by any means been fully developed. For instance, he has not had any opportunity of using it in small-pox, for which it seems indicated by the symptoms 153 and 154. It may also prove of service in *erysipelas*.

In conclusion, the reporter cannot omit to express his warmest thanks to Dr. Andouit for his laborious, as well as concise essay, by which not only is our materia medica enriched by an important polychrest, but it may contribute, by its quiet and convincing language, to the conversion of many of our opponents. With this view we have not hesitated to bring forward the most

prominent instances of cure, inasmuch as we are unhappily aware that a dry scheme of symptoms is by most of our readers either laid aside or only rapidly looked through. The report of the favourable and decisive results obtained by Andouit in *practice* will certainly incite many of our colleagues to further research, as well as bring honour to homœopathy.

We will only further remark that the *Hydrocotyle Asiatica* may be obtained of Messrs. Catellan, Frères, in Paris, and that we hope to obtain some of the remedy in a few days with which to institute experiments in our public and private practice.

THE INDICATIO MORBI AND OUR MATERIA MEDICA,

BY DR. GERSON, of Dresden.

(*From the Allg. Hom. Zeitung, bd. 56, p. 114.*)

It is undoubtedly a fact, that there exist among homœopathic practitioners some so enslaved by devotion to a formula, that, shutting their eyes to the consideration of the processes of healthy and diseased life, they make it their whole endeavour to construct two figures as like as possible out of the symptoms obtained by questioning the patient and those printed in the repertories: and upon this their treatment rests. They care nothing for a life-like and harmonious arrangement of the morbid picture. They do not know that caricature is the easiest way to obtain the best likeness. Physiology and pathology appear to those homœopaths in the light of idle and useless crotchets of so-called scientific practice, which are incapable of helping the cure. These are the most blessed among the homœopaths, the believers from the washing of the Jordan, who see and honour, in each individual symptom indicated and written down in the repertory, a sacred anchor of the patient as well as of the doctor, even when there is nothing but the twitching of a hair or some equally trivial observation. Nay, they even often measure the acuteness of their *aperçu* by the triviality of the symptom. But when those gentlemen now and then attempt to

tread the domain of science, they betray themselves by the trash they talk ; naming pent-up flatus ileus, or a morbidly contracted muscle a tumour.

The number of these homœopaths is becoming (Heaven be praised) gradually smaller in Europe, particularly in our Germany, while on the other hand the species seems to thrive vigorously in the Trans-Atlantic El-Dorado. Our ill-disposed and ignorant opponents are, however, accustomed to consider and describe this aboriginal type (thank God, now only a degeneration) as the real type of all homœopathic practitioners. They profess the opinion that the aristocratic old maids and village schoolmasters, and other amateur practitioners, a glance at whose doings is all the knowledge of homœopathy they care to seek, are in reality on the same level as qualified homœopathic practitioners. That is a fact to be deplored, but happily the disgrace of it attaches to our opponents alone, and does not touch us.

The writer must decidedly protest against the supposition that the foregoing satirical remarks bear indirectly against homœopathy itself. Because, even a satire directed against that species of homœopaths loses much of its point through the fact that has been proved by reiterated experience, that homœopathy, even in the hands of practitioners totally destitute of scientific aims, has cured cases of disease that had resisted all the efforts of the most skilful and learned allopaths. Ought, however, this admission to discourage the efforts of those among us who wish to work out homœopathy thoroughly in the spirit of true science ? Most certainly not. The above-mentioned fact merely shows the mighty truth and vitality that reside in the doctrine and practice of homœopathy. But the reflecting practitioner can never consent to practise a mere mechanical covering of symptoms ; his reason presses him always on to find the connecting link between the individual symptoms, both of the medicinal and the natural disease, and the correspondence of the two with each other. And yet it is most properly forbidden to give to mere speculation a preponderating influence in a domain where nothing but the positive has any real worth, and where, according to rule, nothing can be added to

or withdrawn from the ascertained facts. Truly the solution of this problem is a *res ardua et spinosa*, viz., to hold firm to the canon of homœopathy, and at the same time to satisfy the demands of pure reason and science. The difficulties are so many. Some shrink back terrified; others turn aside and lose themselves in false paths; and only the few have the high gifts to carry out and advance, through courage and perseverance, the difficult work of the incorporation of homœopathy into science. In using this expression let me not be misunderstood. Homœopathy, in as far as it represents a systematic doctrine, is self-evidently a science, but it cannot represent the science of medicine in its totality; and can, in fact, only attain the rank of a true science when it is placed in harmony with the circle of the accessory sciences. Farther, and this is the most important postulate, order must be established in the *Materia Medica*, *i. e.*, in the detailed medicinal symptoms, before any scientific comprehension of it is possible. And who will assert that this order is to be found therein?

As matters now stand, it may be said that the practitioner who wishes to hold strictly to Hahnemann's teaching is obliged, in the choice of each medicine in each individual case, to sift and arrange the whole therapeutic materials, only to let them, immediately after, fall back into their original chaos. The scientifically educated practitioner, when he approaches a patient with inflammation of the lungs, will be completely unable to banish from his mind the recognition of it as a distinct form of disease, and look on it as an empirically comprehended individual case of illness. But what impels him so irresistibly to this recognition? The harmonious agreement of the phenomena of the disease in accordance with the doctrines of physiology and pathology. Does this physician then, immediately after gaining this knowledge, throw it aside, and, in its place, substitute a mere mechanical protocol of the symptoms of the case obtained by questioning, to which he fits as similar a list of symptoms as he can cobble up from the repertory? He does nothing of the kind. He has already become acquainted with a number of medicines, which have the power of producing in the healthy organism affections which correspond to the scientific definition

of inflammation, and even of some of those medicines which may be rightly termed antiphlogistic, the internal similarity, *i. e.*, the material change of the tissues is demonstrated. From the list of recognized antiphlogistics, he had learnt, by close study, further to separate a number which more particularly excite inflammatory action in the lungs in the healthy organism. It is this circle of medicines, marked out by scientific investigation, that is directly pointed out by the diagnosis in choosing the specific remedy for the given individual case of pneumonia. Having got this length by scientific procedure, will the mere symptom covering be sufficient for the final choice of the specific medicine among those of that circle? Apparently, yes; but in fact, not yet. For even here, when individualizing to the extreme point, the value of the physiological appreciation of the action of medicines displays itself. Shooting pains in the chest are produced by *rhus*, as well as *phosphorus*, *bryonia*, *nux vomica*, and many other medicines. The same may be said of short breathing, and also cough, and likewise bloody sputa. Where are now the criteria for single medicines among these four? The scientific physician again finds them in the recognition, won by hard study, of certain general characteristics of the individual medicines, which in their turn, correspond to certain physiological and pathological states and processes of the organism. When then the highest and ultimate aim of a true therapeutic indication is attainable, *viz.*, the demonstration of the correspondence of the natural and the medicinal disease in the metamorphosis of tissue, then is the homœopathic physician justified in asserting of his method, that it is the only true, because the truly rational method of cure.

It may be objected that the advantage of this so-called rational mode over that of the purely mechanical symptom covering is only imaginary; inasmuch that the categorical characteristics of the medicinal action are also only those of practical value when they rest strictly on experience, and therefore still are grounded on the symptoms in the codex. Without, it may be said, correspondence of the phenomena in the greatest degree of similarity, no homœopathic cure is practicable, nor indeed conceivable. This style of reasoning would be admis-

sible if all the contents of the codex were the pure results of physiological provings. But is it so? Far from it. As yet no one has undertaken to throw the whole mass of so-called pure medicinal symptoms on the sieve and sift it vigorously. It is certain that the result of this would be neither small nor unimportant. Many medicines are not completely proved, and of others far too much is written down. Why is it that from the symptoms of *bryonia*, from first to last, without any straining, life-like morbid pictures can be constructed, while from those of many other medicines nothing can be made but caricatures? Let any one name to us indeed the medicine out of whose list of symptoms the well-known (subjective) symptoms of pneumonia may *not* be put together. There are certainly only very few such; and yet speculative reasoning does not bring us any new specifics for that disease, in addition to those already in clinical use. At any rate, the symptoms in the codex of, for example, *lachesis* and *natrum carbonicum*, bearing on that disease, are far more numerous than those of *aconite*, and yet this last is clinically sovereign, and the other two are not even mentioned. What Hahnemann has done with such success in the introductory remarks to each medicine in *Materia Medica*, viz., the giving, in an abstract form, the categorical peculiarities, whether etiological or pathological, of the action of the medicine: that must be the aim and endeavour of all investigators, if the study of homœopathy, which is almost synonymous with that of the *Materia Medica*, is to be rendered attractive, and to be spread abroad as is desirable. In the majority of instances, those finger-posts of Hahnemann's direct us with great certainty to the goal, and are often directly and exclusively made use of by practitioners, with the omission of comparison of the symptoms which is at the same time enjoined. The writer wishes that it should be frankly admitted by homœopaths, that, for successful practice at the bedside, the knowledge of medicines, *ex usu in morbis*, is not only indispensable, but that positively homœopathy cannot be practised at all without it. With such an admission, the confession as to the principles of homœopathy is by no means altered. It is sufficient that we are justified by our clinical experience, in

asserting that the cures always took place in accordance with the homœopathic law. But we are by no means in a condition to demonstrate in all cases the physiological similarity from the symptoms, owing to the present imperfect state of our *Materia Medica*. In particular it is the almost complete want of objective symptoms in the provings that hinders satisfactory physiological exegesis. Thus, to keep to our example, pneumonia is a disease which only too often runs its course with very scanty subjective symptoms, as the lobular and hypostatic pneumonia, and nevertheless, in choosing the remedy, the repertories afford us almost exclusively subjective symptoms. Therefore, if the knowledge, *ex usu in morbis*, did not come to the rescue, the practitioner would often search long and in vain for the specific medicine in the above-named forms of pneumonia. We have not, in the whole *Materia Medica*, one symptom indicating the flattening of the intercostal spaces, and yet what an important rôle this symptom plays in the diagnosis of chest diseases !

The hollow nosological nomenclature of diseases is now-a-days rejected by cultivated physicians, but the scientifically based appellations of pathological states and processes must be accepted also by the homœopaths, otherwise no academic lectures on homœopathy would be practicable. The phtysical patient has paroxysms of cough very like the whooping cough, and yet the suitable specifics are often quite different ; and this difference rests, in fact, altogether on the fundamental character of the morbid processes, which is, of course, different in those diseases. Some homœopaths may dissent from this, and maintain that a medicine which corresponded homœopathically to the paroxysm of a whooping cough would also suit a paroxysm of cough in a phtysical patient, if those two coughs were exactly like each other. Those who speak so, must be of that class who consider attention to the inward similarity, *i. e.*, that of the proximate cause, superfluous. Strictly speaking, we can only act against any paroxysm of cough, from whatever cause, in a palliative manner, for the cough is not the disease. The complete cessation of the cough can only be brought about by

extinguishing the morbid process from which it arises ; and that can only be done through knowledge of the action of medicines on independent morbid states and processes, which, as above said, is only to be attained by reasoning and *usus in morbis*, and not by mechanical fitting of symptoms.

What is therefore now of crying necessity for the spread of homœopathy among cultivated physicians, is the formation of a good special system of therapeutics, based on physiology. The supposition that every physician who becomes a homœopath can construct such for himself, by reasoning from the *Materia Medica*, is as a general rule false, and at any rate very discouraging. The homœopathic periodic literature contains abundance of valuable preliminary matter for such a special therapeia, though more might have been done in that way by this time. A special therapeia, as it must be constructed and used, can only be brought about by the combined labours of many persons, though the final editing should be committed to one single person. Nothing should be admitted but what has passed the test of clinical experience—all mere made up treatment must be rigidly excluded. We have, indeed, splendid materials from which to make a magnificent work ; and in addition to the positive benefits derived from it during the progress of this work, we should get a clearer view of defects still existing in our *Materia Medica* and our practice. What is the use of all those general and local meetings and congresses, unless they eventuate in some useful common undertaking ? The good which is done by the intercommunication of experience is frittered away among individuals, and seldom becomes the common property of the profession.

We might begin the thing somewhat in this way. Let us fix a period of three years, within which all competent practitioners should be expected to collect their clinical experience on the homœopathic treatment of the diseases of the mucous membranes, or catarrhal diseases, and make an abstract in short paragraphs, which may be sent to the person chosen as editor. He again should work up these materials into a homogeneous monograph, which should be laid before a committee

for approval. Yet for the exact form, doubtless ways and means will easily be found, if only we had workers who were willing to work.

[No one who has read and appreciated Hahnemann's admirable essay on the "Sources of the Ordinary Materia Medica," can surely at this time of day seek to fall back on the *usus in morbis* as the groundwork of a specific system, or to place it in comparison with the pure experience on the healthy body, or to maintain that the latter requires to be supplemented by it, owing to any inherent defect in the homœopathic principle. If such were in any degree the meaning of the author of the foregoing paper, we should be the last to agree with or afford any countenance to him; but this is not his meaning, and practically, as to the necessity of a systematic attention being paid to the *usus in morbis* in the practice of homœopathy, we quite agree, and have long been anxious that the subject should receive the notice of our body that its importance demands.

The writer of the foregoing paper has rendered his meaning somewhat ambiguous, by bringing in the *usus in morbis* always when contrasting the superiority of the cultivated physician over the mere routinist, who only knows the Materia Medica by rote, as a mass of disconnected symptoms. Now, we apprehend, it should first be made plain that the same amount of physiological and pathological knowledge is necessary to understand the Materia Medica itself, and find out the inward *nexus* of its apparently unconnected elements, as to apply it in disease with the proper appreciation of the correspondence of the medicinal and natural phenomena of disease. The real use of the *usus in morbis* is not to supplement the homœopathic principle, but solely to supply the deficiencies of our ordinary, and indeed only, way of proving medicines, which, as a matter of necessity, supplies to us the symptoms too disjointed and imperfect for us to enable us to form such distinct ideas of their proximate cause as can be done with natural diseases, which present more marked symptoms in life, and frequently the pathological changes after death. The *usus in morbis* is necessary, not as a test of the truth of the homœopathic principle, but actually to afford, in many instances, the key to the knowledge of the real action of the medicine on the healthy body, which was only imperfectly known through the apparently disconnected mass of symptoms which constitute our provings.

Could we by any means obtain a proving of a new medicine, so complete and circumscribed that we could understand it as thoroughly as the best known natural diseases, we should prescribe it from the first in its minutest homœopathic indications, without waiting for any help from clinical experiment. But this is seldom the case, and doubtless those admirable guiding hints in the introduction to Hahnemann's earlier provings, were to a great extent inspired by clinical experience. And in his later provings, though still protesting against nosological classifications of disease, as leading us away from the individualizing of each case, which is, to a certain extent, essential to the very existence of a homœopathic specific system of medicine, he practically acknowledges the utility of clinical experience by giving those lists of cured symptoms.

When, therefore, we all practically agree that clinical experience must either be used or abused by practitioners of homœopathy, and if a good system of special therapeutics is not given, its place will be occupied by more or less imperfect handbooks, guides, repertories, domestic works, &c.—it becomes incumbent on us as a body, to take some steps to gather together the now large and valuable materials extant in our periodicals into some compendious work, that may be offered with confidence to practical men who are turning their attention to our method. That this necessity is felt in Germany is shown by the above paper of Dr. Gerson's, and some time before Dr. Hirschel expressed similar opinions. Dr. Trinks's interesting letter, which we give further on, speaks forcibly on the same topic. In this country, the Committee of the Hahnemann Publishing Society have for the last two years had the subject under consideration, and have elaborated, and partially acted upon a plan, very similar to that proposed by Dr. Gerson, and in which they would be glad if a larger number of the practical men in our body would co-operate. In addition to searching and sifting the clinical experience recorded in our periodicals down to the present time, each member is requested to abstract what is well marked and instructive in his own experience, and ultimately these materials are to be distributed, and each department worked up by a single hand, under the approval of the General Committee.—EDS.]

ON ANIMAL PARASITES.

IN a former number we gave an account of the modern opinions respecting the entozoa, chiefly derived from the elaborate work of Küchenmeister, the last work of the extinct Sydenham Society. In the present article we intend to give a short history of the other animal parasites of man, from the second volume of Küchenmeister's masterly manual. We take this opportunity of calling our readers' attention to the projected resuscitation of the Sydenham Society, by a number of the members of the late Society, who were unwilling that an institution, which had done much to raise the character of our medical literature, and was susceptible of a prolonged course of usefulness, should be utterly extinguished in what seemed the very zenith of its career. The works announced by the new Society for publication seem to be well selected, and we would advise all those who desire to possess some of the most valuable treasures of foreign medical literature, at a very moderate price, to have themselves enrolled as members of this Society.

An acquaintance with the parasites that infest the human body, and with the symptoms they produce, is of importance to every practitioner. Ignorance on these points would often betray us into a fruitless treatment of affections supposed to be of internal origin with internal remedies, when a better knowledge would have taught us that they were caused by the presence of a parasitical animal, which was only removable by external means. Had Hahnemann and many of his followers known the purely parasitical character of true itch, and the mode of detecting and removing the animal, we had been saved much of the crude notions respecting *psora*, which were originally promulgated by the Founder of Homœopathy, and which have been re-echoed by so many of his disciples.

As our readers well know, we fully admit that a great truth underlies the so-called *psora*-doctrine, but this doctrine would have assumed a much more unexceptionable and accurate form, and would have escaped much of the ridicule and obloquy it has incurred, had Hahnemann known what we now know regarding the true nature of scabies.

A knowledge of the vegetable parasites of man is equally important to the practitioner, and we propose, in a future paper, to consider these. At present, however, we must content ourselves with the animal parasites.

In contradistinction to the parasites or entozoa we formerly treated of, those we have now to describe are all animals with distinctly striated muscular fibres, and they all belong to the great division of the animal kingdom, the *articulata*, a much more highly organized race of animals than the entozoa we formerly described.

We may pass over the two *linguatula* with a very cursory notice. Although Küchenmeister considers them closely allied to the *acarus folliculorum*, we cannot say that this opinion is borne out either by the figures he gives, or their ascertained habitat. To us they appear, with their mouth hooks and vermicular shape, rather to belong to the entozoa than to the articulated class of animals, and the parts of the body they affect would seem to bear out this view. However, no doubt seems to be entertained that they have distinctly transversely striated muscles. The *l. constricta* is found in the liver of negroes, and the *l. ferox* in the peritoneal coat of other races of men. They are both so rare, and the symptoms they give rise to (if any) are so unknown, that they are of no practical importance.

The next family, that of the *simonida*, contains the *acarus folliculorum*, or pimple-mite. In Dr. Russell's paper on "Skin Diseases," in Vol. X of this Journal, at p. 239, is a rude figure of this animal, taken from Mr. Erasmus Wilson's work. They are found in the sebaceous follicles of the skin, several usually in one follicle. They are very minute, from 0.085 to 0.125" in length, and 0.020" in breadth. In general they are quite innocent, and give rise to no symptoms, but cases of very severe acne have been found to depend on their excessive multiplication. A case of this sort was treated by Remak with an application of spirits of camphor and oil of turpentine in equal proportions; but though the eruption improved, when the application was discontinued the mites increased rapidly, and the patient soon became as bad as ever. The essential oil

of cinnamon is a popular remedy for the supposed presence of worms in the skin. Probably a diligent squeezing out of the sebaceous matter would be the best cure. The patient can best do this for himself. Most people would object to the attempts of another to *tirer les vers du nez*.

The family of 'the *acarida* is, beyond doubt, the most interesting and important to the medical practitioner, containing as it does the *acarus scabiei*, or itch-mite, respecting which so much has been written, and, until late years, so little known.

In a former number (vol. VI, p. 289) in an article entitled, "What is Psora?" written, be it incidentally acknowledged, by our late esteemed co-editor, Dr. Russell, a very full account was given of the controversy respecting the nature of itch, and the final discovery of its parasitical origin. We have little to add to the information there given, but it may not be useless to repeat some of the facts formerly stated, as there is still a lingering tendency on the part of many homœopathic practitioners to confound the parasitical disease called scabies with eruptions due to internal causes. The influence of Hahnemann's error still clings to many of his disciples, and taints much of the homœopathic literature, even at the present day.

Although Avenzoar, in the twelfth century, described with sufficient accuracy the itch-mite, and though, throughout the whole of the middle ages it was generally recognized as the exciting cause of itch, its existence in the last century and the beginning of the present seems to have been doubted, and much ridicule was thrown upon those who still believed in its reality.

The history of its rediscovery in modern times is connected with so many dramatic incidents, and is altogether such a satire upon the boasted habits of accurate observation of our modern medical philosophers, that our readers will, we are sure, pardon us for giving it in considerable detail, more especially as in the former article in this Journal, above alluded to, a very meagre and partially inaccurate account has been adopted, and even in this work of Küchenmeister, little is said about it, and all the comic incidents of the drama are omitted.

We are enabled to present the reader with a fuller history of

the subject, taken from Raspail's *Histoire Naturelle de la Santé et de la Maladie*, where that medical Ishmael dwells with peculiar gusto on every point that tells to the disadvantage of his enemies, the Professors of the French Academy of Medicine.

In 1812, it appears that a student of Paris, of the name of Galès, was greatly at a loss for a subject for his inaugural thesis. Alibert, the renowned dermatologist, to whom he mentioned his difficulty, said in a jocular manner, "Write about itch, your name warrants you to do so" (*gale*, our readers need scarcely be reminded, is the French for itch). Galès took the jest *au sérieux*, and wrote his thesis with the title of *Essai sur le diagnostic de la Gale*. In this essay he revived and defended the doctrine of the itch-insect, which he described and figured with the utmost minuteness of detail. He states so circumstantially all the precautions he used, and the laborious researches he instituted in order to discover the insect; he leads us so gradually and so naturally on from his repeated failures and disappointments, to his ultimate success, that we can scarcely believe at this day that all did not take place as he recounts. No wonder that he succeeded in convincing almost the whole Parisian Faculty of the correctness of his views. The most distinguished men gave in their adhesion, and for eighteen years the essay of Galès was undisputed authority on the subject of itch, its cause, and its treatment. The happy author became a celebrity; he founded an institution for the treatment of skin diseases, and particularly of itch, and obtained a wide-spread reputation as a skin-doctor. In the course of years, however, some sceptics, after carefully repeating the processes detailed by Galès for obtaining the itch-mite, and failing to secure it, expressed their doubts as to the accuracy of his views. These doubts gradually increased, and successive authors, becoming bolder, denied successively all Galès' facts, and at last accused him of deliberate fraud in his whole account of the itch-mite. Alibert still stoutly upheld the views of his pupil, and exhibited at his lectures a magnified representation of the wonderful insect. M. Lugol went so far as to offer a prize of one hundred crowns to any one who should detect and exhibit

it. M. Raspail, having carefully repeated the processes enjoined by Galès, convinced himself that no itch-insect had been discovered by him, and he further ascertained that the animal figured by Galès was nothing but the common cheese or flour mite. Before publishing this conviction, however, he resolved to play his old enemies, the Faculty of Medicine, a trick. He instructed M. Meynier, an old pupil, as to the mode in which he believed Galès had mystified the Faculty. On the 3rd September, 1829, M. Meynier went to the lecture-room of M. Lugol, and after the lecture offered to demonstrate the itch-insect to the class. Great interest was excited. A patient affected with itch was procured, a pustule opened, the contents placed under the microscope, and lo! there appeared to the admiring eyes of the bystanders, a beautiful itch-insect, which was none other than a cheese-mite the demonstrator had concealed beneath his nail. M. Jules Cloquet exclaimed, "That's the insect; I've seen him before; that's the very creature!" M. Lugol confessed that his prize was won. The demonstrator however modestly refused to touch the prize, until the appearance of an essay which was about to be published by M. Raspail. This essay appeared a few days afterwards, and in it M. Raspail turned the laugh against the Faculty by shewing that Galès had humbugged them and passed off a cheese-mite as the itch-insect, and that his pupil, M. Meynier, had only repeated the trick of Galès. M. Raspail, however, asserted his belief that there was an itch-insect, but confessed that he had not hitherto succeeded in finding it.

All this time Galès had remained quite silent. To some of the accusations had he never offered to reply, and he had steadily abstained from offering to substantiate his former statements. One of his friends, M. Patrix, however, undertook his defence, and invited the *savants* of Paris to witness a demonstration of the itch insect. M. Patrix went to work in good faith; but although he tried for two successive days, he could find nothing.

The political events that occurred after 1829, M. Raspail naively remarks, gave him other things to think about than itch-insects. In 1831, however, he detected the itch-insect of

the horse, of which he published an account, and reiterated his former conviction that there was an itch-insect of man too, if we only knew how to find it.

In 1834, M. Renucci, a Corsican medical student, being at Paris, shewed the medical officers of the Hôpital St. Louis the mode in which his countrywomen extracted the insect from itchy subjects. But the Parisian medical men were very shy of meddling with a matter which had hitherto brought only ridicule and disgrace on those who had taken it up; so although M. Renucci shewed them the animal on the point of a pin, it appeared to them to smell strongly of cheese, and they would have nothing to say to it.

Raspail fortunately made Renucci's acquaintance, and learned from him the mode of extracting the acarus, on which he soon after published a memoir, entitled "*Mémoire comparatif sur l'histoire naturelle de l'insecte de la gale.* 1834."

"Our renewed knowledge of the mite," Küchenmeister correctly observes, "dates from Raspail." Since his essay, however, other observers have greatly extended our knowledge, especially Eichstädt, Hebra, Gudden, Kramer, and Bourguignon; and we have now as perfect a natural history of this creature as could be desired.

It is certain, then, from the researches of these observers, that true itch is of insect origin; that the eruption is caused by the irritation produced by the burrowing of these creatures in the skin; and that it cannot be communicated by inoculation of the fluid contained in the pustules and vesicles, but only by the transference of one or more itch mites from the body of one affected with itch. Such being the nature of itch, it follows that its cure must be impossible without the destruction of the insects which occasion it. In order to destroy them, it is necessary to be able to detect their habitations, and it will be useful to recapitulate here the signs by which we recognise their burrows, as well as the best methods for breaking them up, killing the inhabitants, and scotching their eggs.

Itch mites and their eggs, Gudden asserts, are met with on almost all parts of the body, and not only on the hands, the male organs of generation, and the nipples of women, as some

have alleged. The hands, however, are their most frequent seat; next to them the male organs of generation, and the breasts of women. In some cases, however, the whole body may be covered with itch tracks, while the hands remain free, as, for example, in the case of painters and lacquerers, whose hands are constantly covered with fats and oils of many kinds. Potters, also, whose hands are always cold, and washerwomen, whose hands are always wet, escape having them on those parts. The mites do not attack the face, as it is generally exposed to the air, and is therefore colder than the covered parts of the body, and the animals require warm parts of the body for their propagation.

They penetrate the epidermis in a perpendicular position, requiring from ten to thirty minutes in order to bore through it. They prefer those parts of the skin where the epidermis is thinnest, and thus it is that we find them chiefly between the fingers, on the outside of the hand, the inner surfaces of the wrist and limbs, the entrance to the axillæ, the abdomen, the anal cleft, the scrotum, the penis, the nipples.

As soon as they have penetrated the epidermis the boring goes on more rapidly. They penetrate towards the cutis in an obliquely-pierced passage. They may be extracted with a common needle, a lancet, or a cataract needle, from the galleries they form beneath the cuticle, at the end of which, the farthest removed from the vesicle or pustule, they will always be found.

It appears that the young mites, which, by-the-by, are only six-legged, whereas the older ones are blessed with eight, cause most irritation. The mature males, too, are nearly as restless, for they rarely remain longer than three days in one place, consequently their galleries are seldom above a line in length. The mature females are the quietest and least irritating, especially when they are in that happy state in which lady-mites who love their lords like to be. They then remain quietly in one spot, and slowly bore their way beneath the epidermis, so as to form long galleries. Wherever a mite, however, be it male, female, or infant, penetrates, after a short time—usually about the second day—a vesicle is formed. It seems that this vesicle is more

owing to an irritating fluid emitted by the insect, than to any mere mechanical injury it effects.

The galleries, as before stated, vary very much in size. There are the larger ones, which are burrowed by fecundated females, easily seen, and even felt by the finger. Sometimes these are half an inch long. The burrows of the young mites are shorter, about one line long, and scarcely visible. The shortest galleries—mere holes—are those of the males, who seem to lie in wait there in order, on the first favourable opportunity, to make an amorous expedition to the cell of some virgin mite. The galleries are not all straight, but have every variety of curve, angle, and twist. On the body these galleries are whitish, owing to dried epidermis scales; on the hands they are blackish, owing to dirt. The larger galleries (except those of the fecundated females), have an aperture at the further extremity for egress. The shorter galleries have only one aperture for ingress and egress.

The character of the eruption produced by the itch-insect varies. Sometimes it is vesicular, sometimes pustular, sometimes as in the Norwegian itch, it assumes the form of dingy-white scaly scabs, from a line to an inch in thickness; and other kinds of eruptions unnecessary to enumerate.

The mode of infection with itch is as follows:—The males are always restless and fond of changing their place, so that they might easily get from one person to another; but then, they could not propagate their species alone. The young ones also are very restless, and if a couple got on the skin of a healthy person, they might easily found a colony. The recently impregnated females invariably quit their old gallery in order to burrow a fresh one, so that they, too, might easily be transferred. Some have supposed the mites to be nocturnal predaceous animals, and that, in their nocturnal wanderings, they get from one person to another; but the great authorities, Hebra and Gudden, deny this, and assert that their wanderings are solely dependent on warmth. They change their hosts, say they, during dancing, when the heated hands of the dancers are long in contact. This of course must refer to those unfashion-

able balls where gloves are dispensed with;—the upper crust, who always wear white kids at their private parties, their Almacks, or even their exclusive nights at Cremorne, need fear no infection, were it possible even for an instant to suppose that any one affected with such a low-life malady were admitted. The disease may be communicated by nurses to children whom they carry, when they have not perambulators, by resting the infantile nates on their itchy hands. We may get the disease by having an itchy companion in bed, which we may avoid as long as adversity does not bring us in contact with such a strange bedfellow; or we may get it by sleeping in the sheets that have just been abandoned by an itchy gentleman—an accident that is not impossible if we travel in the highlands of Scotland in August or September. Itch may be propagated by wearing the clothes of a scabious individual, so that if we have the itch we should not imitate the charity of St. Martin, and divide our clothes with our neighbour, otherwise we might be giving him more than he desired. However, we might safely accept the cast-off clothes of a soap-boiler, as, according to Schinzinger, those who boil soap are never troubled with itch. The following trades are enumerated in the order of the frequency with which itch occurs among them:—tailors, shoemakers, joiners, male and female servants, day labourers, factory labourers, girls of easy virtue, bricklayers, bookbinders, paper-hangers, bakers, hatters, tanners, and potters.

The geographical distribution of itch is universal: it is to be met with from Greenland to the tropics.

In the treatment of itch the grand indication is to kill the mites. No one who knows the nature of the disease would attempt to effect this by internal remedies. These little vermin treat with equal contempt the nauseous allopathic draft and the sweet homœopathic globule. We may tear the bowels to pieces with cholagogue and hydragogue cathartics, or attack the mythic psora with antipsorics for half a lustrum, the little parasites would continue to burrow their tortuous galleries beneath the epidermis, would gambol about as six-legged youths, pursue their amorous occupations as eight-legged adults, or rear their horrid progeny as staid and steady matrons. While a shred of

their host's skin remained they would stick to it, rendering his days abhorred and his nights intolerable.

There are two chief methods of removing the itch-mites ;—one where the remedies act mechanically, the other where they have a chemico-physiological action ; and there is a combination of these two methods constituting a third.

The first method comprises—1. *Picking off the mites.* Too tedious a process to be adopted in any except very recent cases, when the animals are very few in number. 2. *Rubbing them off with charcoal, chalk, brick-dust, fine sand, pumice stone, &c.* Also a tedious and uncertain method. 3. *Removal of the passages and their inhabitants by the cutaneous inflammation produced by soft soap.* This, besides being a very dirty and troublesome process, is attended with the additional drawback that it is followed by a very disagreeable eczema. 4. *Removal of the mites by the application of sulphur remedies.* The result seems to be attained, as in the last case, by the cutaneous inflammation of the passages caused by the sulphur. The best of the varieties of this method seems to be that of Hebra, which is, in brief, as follows :—The patient is first well washed, and then, every morning and evening, for two successive days, the parts where the mites are situated (chiefly the hands, feet, penis, breasts, navel, and buttocks) are rubbed with an ointment composed of sulphur, pitch, lard, and pounded chalk. A sheet is drawn close up under the arms, and the hands rolled up in it, so as to prevent the ointment touching other parts of the body. The third day the patient is washed with tepid water and soap ; he then takes a bath, is watched for a day or two, and discharged if no further eruption appears. This process is cheap and expeditious, and has only this disadvantage—that it is sometimes followed by an eczema.

Of the second class of remedies, the best are the essential oils, such as turpentine, anise, and rosemary. A few drops of either of these in olive or almond oil, will suffice. The patient is put into a bath and well rubbed over with coarse pumice-stone soap, in order to tear open the galleries and vesicles ; he is then dried and rubbed with the oil. This process should be repeated every five or eight days for a week or a fortnight.

Hardy's rapid method, which, with certain modifications, is very extensively adopted on the Continent, is as follows:—The patient is rubbed with soft soap for half an hour; he then takes a bath, when he is again rubbed for an hour with soft soap, and after the bath he is rubbed with an ointment composed of 8 parts of lard, 2 of sulphur, and 4 of carbonate of potash. This method has the drawback of being often followed by eczema, and eruptions of vesicles and pustules. Caustic potash and Hepar sulphuris are employed by some to kill the mites.

The combinations of the two methods are numerous. The most approved seem to be the use of pounded chalk to tear open the galleries, and the subsequent rubbing in of oil of anise, turpentine, or rosemary.

The practitioner may himself choose the method he will adopt for each case. It appears to us that in any method he adopts he should attend to three circumstances: the first is to use some of the means above recommended for tearing open the galleries of the insect; the second, to avoid extending his rubbing-in operations over parts of the skin untenanted by the mites; and the third is, remembering that some mites, or their eggs, may remain undestroyed after an operation, either to repeat the process at an interval of a week or less, or direct the patient to apply twice or thrice, at intervals of four or five days, one of the mite poisons, as oil of anise or turpentine. The clothes worn by the patient also should either be destroyed, fumigated, or baked in an oven, so as to kill any of the brood that may be harbouring in them.

We need not dwell on the *acari* of other animals, such as dogs, sheep and horses, that may accidentally be transferred to the human subject, as these are rarities the practitioner will seldom, if ever, be called on to treat. There is also one *acarus*, if not more, occasionally found in the crusts of *favus*, and another peculiar to *plica polonica*. These are, however, of small practical importance.

The next animals that annoy and prey upon us we have to consider are of the family of the *ixodida* or ticks.

The *ixodes ricinus*, the *dog-tick* or *wood-tick*, is as far as we know the only species that attacks man in this country. It

may sometimes be transferred to man from the body of his canine favourites, but we believe it chiefly attacks him when lurking among plants on the look-out for some stray animal passing near. Kirby, in his *Entomology*, relates that one day when collecting insects in Norwood his hands became covered with numbers of small hungry ticks, which were probably of this species. They are but a line long when empty, but their powers of suction are so great, that a short time after attaching themselves to the skin they will dilate by the blood they imbibe to the size of a hazel nut.

Other ticks are mentioned by Küchenmeister, the *ixodes marginatus*, and two American species, the *i. humanus* and the *i. crenatus*—these two latter being a real plague in some parts of America.

Violence will not induce the ticks to relax their hold; we may pull their body entirely away, the head remains sticking in as firmly as ever. We do not know if it will then continue to suck all the more vigorously, and drain the body of its vital fluid, as Baron Münchhausen's horse is said to have drunk the well dry when deprived of the incumbrance of its hind quarters; but this we know from experience, that the head left sticking in the skin will produce inflammation and suppuration. We must have recourse to gentle means to get rid of them. Rubbing them with oil, or still better with oil in which turpentine, oil of anise, oil of rosemary, or camphor is mixed, will kill the vermin and cause them to relax their hold.

The *argas persicus*, or poison-bug of Miana, belongs to the family of ticks.

The mites of birds (*dermanyssis avium*) frequently attack those who are much in dove-cotes, fowl houses, and aviaries. It is supposed by Küchenmeister that these are the animals that have occasionally been found in large numbers in the human subject, burrowing beneath the skin and forming little tumours from which thousands escape when they are scratched. Two or three such cases are on record. The best treatment, according to Raspail, who relates a singular case of the sort, is rags dipped in spirits of camphor and laid upon the skin where the mites are.

A six legged mite, living habitually on plants, occasionally attacks human beings in autumn with great virulence. It is called the *harvest-bug* (*leptus autumnalis*). It bores in immense numbers into the skin of reapers and others employed in the fields, producing troublesome itching, inflammation, swelling, and even fever. We have known a person who lay for a short time on the grass in August to be terribly bothered with these little red pests. The *bête rouge* of Martinique, which has often produced serious effects on those exposed to it, and the "doctor" of the Mosquito shore, are probably mere varieties of this animal.

They are removeable by the use of essential oils, as in the preceding case; Jahn says mere washing with soap and water will destroy them.

We come now to a higher order of animal parasites, in the class of the *insecta* or insects proper. Here we find the lice or *pediculida*, in the sub-class of insects without a metamorphosis or *ametabola*, and in the order *aptera* or wingless insects.

There are two species of *pediculus*, the *p. capitis*, or head-lice, and *p. vestimenti*, or body-lice. Both are sufficiently well known, and to both the apostrophe of Burns will apply :

"Ye ugly, creepin', blastit wonner,
Detested, shunned by saunt an' sinner."

That may be so now-a-days, but formerly it was not so; for the Emperor Julian is said to have been proud of the populous state of his beard, and we are told that Montezuma, King of Mexico, levied a *poll-tax* of lice, and that bags full of them were found in his palace. Moreover, in some countries the carriers cherish them in order to put one under the prepuce of their horses when they are unable to make water. Schultz regards lice as beneficial to the animal economy, and Dr. Mure, of eccentric memory, actually proved lice on himself, by swallowing them! No doubt he thought

"There's nought so vile that on the earth doth live,
But to the earth some special good may give."

The *p. capitis* is too well known to require description.

What we chiefly desire to know is how to "dress its droddum," *anglice*, "cook its goose." Burns's "rank mercurial rozet," or other mercurial preparations, it is not advisable to apply. When the lice are not very numerous, cleanliness of person and clothes, frequent combing of the hair with a fine comb, and the use of some strong smelling pomade, will soon get rid of the vermin. But when they are very numerous, Küchenmeister advises us to sprinkle in the hair the Persian insect powder (*pyrethrum caucaseum*), which kills them in a few hours.

The *p. vestimenti*, or body louse, is somewhat larger than the preceding. It lurks in those parts of the body where the folds and seams of the clothing are. We have found it in enormous quantities beneath bandages that have been allowed to remain unmoved for several weeks, as in fractures. The treatment is still easier than for the head-lice. The patient should take a bath and put on clean clothes, or his former clothes after they have been baked in an oven. Country people disinfect clothes by burying them in hay for several weeks. These lice do not, it is said, live in tropical regions, so that a person infested with them might get rid of them by a journey to India.

The *phthirius pubis*, or *crab louse*, is a much smaller and flatter animal. It does not run about like the *pediculi*, but bites into the skin, and there sticks, causing a considerable amount of itching. It inhabits all the hairy parts of the body except the hairy scalp. It is most frequently found, as its name implies, on the hair of the pubes; but it is also occasionally met with among the eyebrows and eyelashes.

They are easily got rid of by rubbing the parts with common oil; still better if we add a few drops of some essential oil, or turpentine. The insect powder kills them readily; and mercurial ointment will effectually destroy them.

The *bugs* belong to the class of insects with an incomplete metamorphosis—*hemimetabola*. The only one we are concerned with is the bed-bug—the *cimex lectularius*, or as it is now called, *acanthia lectularia*; and the only concern we have respecting it is how to extirpate it. There are, it is said, some favoured spots in the world where this disgusting creature is not met with. These happy regions are South America, Australia,

and Polynesia; but possibly these places have some counterbalancing disadvantages in the form of scorpions, centipedes, and snakes, to share the traveller's bed. In this country no district is free from it, and almost every large town has its flourishing bug destroyer, who may or may not announce that he has "no connexion with the"—well, the vermin extirpator—"opposite." Some of our fashionable sea-bathing localities are so infested with "B-flats," that, as they say, we may at night almost "entendre aboyer les punaises." It might have been at a lodging-house at Ramsgate or Margate that the persecuted traveller said, "If the vermin had all been of one mind, they might easily have dragged me out of bed." As a doctor is expected by his patients to know everything, he will naturally be asked occasionally how to destroy bugs, and other vermin, and no doctor would readily consent to plead ignorance of that or any other subject, thereby disappointing the reasonable expectation of his clients. We remember being dreadfully put out by an anxious mother and careful housewife once saying to us immediately after we had prescribed for her child's measles, "There is another subject I wish to ask your advice about, doctor—what is the best thing to destroy black beetles?" We felt ourselves humiliated by being obliged to say we did not know, and we took care to read ourselves up on the subject, to avoid another such exposure of defective education. By the way, our reading has taught us that these same black beetles, or cockroaches, as they should be called, for they are not beetles at all,* are the natural enemies of bugs, which they seek with ardour and devour with avidity. Thus any one plagued with bugs may get rid of them by introducing a few cockroaches into his bed room. The only objection to this is, that most people have a still greater horror of cockroaches than they have of bugs, so that with them the cure would be worse than the disease. Perhaps the best mode of getting rid of bugs is to take to pieces all the furniture in the room, wash well the various

* In the posters stuck up all over the country, advertising some poison for destroying cockroaches and black beetles in a single night, a gigantic figure of the stag beetle, *Lucanus cervus*, which never enters our houses at all, is made to do duty for these vermin."

joints, and rub them with spirits of turpentine. The crevices in the walls and floor should also be rubbed with turpentine. Küchenmeister recommends the Persian insect powder. If there be any truth in the name, the plant called *actea cimicifuga* ought to drive away bugs, for which purpose it is stated to be employed in Siberia. We have most faith in great cleanliness, frequent washing of the bedsteads, chairs, and curtains, and scrubbing of the floors and walls, and

Wenn das nicht gut für die Wanzen ist,
Dann weiss ich nicht was besser ist.

It is said that bugs cannot abide the smell of camphor, so if one were forced to pass the night in some room infested by them, a small quantity of camphor might be put between the sheets, and then, as it is said in Matthews' old translation of the Psalms, "Thou shalt not need to be afraid of any bugs by night."

Bugs are not, however, everywhere held in such disesteem as with us. In the Banian Hospital at Surat, as Forbes tells us in his *Oriental Memoirs*, there is a ward devoted to different sorts of vermin; and beggars are hired to pass the night in this delectable ward in order to give a treat to the fleas, lice, and bugs there confined.

Bugs have been used in medicine from the time of Dioscorides downwards. Half a dozen live bugs introduced into a raw egg and swallowed before the expected attack of ague, are believed in Italy to have the effect of warding it off. One of our colleagues settled in Rome—the late Dr. Wahle—made an elaborate proving of the animal, which figures in our pharmacopœia as *cimex*, and has been recommended by Dr. Hering in the 30th dilution as a remedy for their bites. Those who are partial to this vermin as a medicine, or as a pet, like the Suratians, mentioned above, may say with Hermione, though in a different sense,—

"The bug, which you would fright me with, I seek."

Sometimes, as we have seen, bugs by their bite will cause a very disagreeable swelling of the skin. We have seen a gentle-

man make his appearance in the morning after sleeping, or attempting to sleep, in a bug-infested bed, with both eyes almost completely closed by the swelling caused by the bites of these insects. A weak solution of Arnica is the best application for such accidents.

The common flea, *pulex irritans*, belongs to the sub-order, *aphaniptera*, or hopping diptera. Others besides the Suratians have made pets of these vermin. Willoughby, the naturalist, had a favourite flea which he allowed to feed on his hand at stated intervals;—to his great grief it died of cold one day, after enjoying this privilege for three months. In our times we have seen individuals going about the country with a theatrical troupe of tame fleas. But most persons feel more inclined to destroy than to cherish these animals, as they sometimes prove very annoying by their numbers. We have found old Tusser's remedy perfectly successful. Here is the original receipt:—

“ While wormwood hath seed, get a handful or twaine,
To save against March, to make flea to refraine :
Where chamber is sweeped, and wormwood is strown,
No flea for his life dare abide to be known.”

A much more seriously annoying animal is another species of flea—the *pulex penetrans*, or *chigo* of the West Indies and South America. It has not yet been naturalised in this country, although, according to Walton, in his *History of St. Domingo*, an enthusiastic friar endeavoured to transport it to Europe by allowing a colony to establish themselves in his foot. Unfortunately, on the voyage homewards, his foot mortified, and had to be amputated, and with all its inhabitants, thrown into the sea, and thus his benevolent scheme was frustrated.

This little pest attacks Europeans only, according to Alexander von Humboldt. The impregnated female penetrates the skin, generally of the foot, and this causes a swelling, which may turn into a painful sore, and even cause gangrene and death. The only remedy is the extraction of the animal—an operation which is skilfully performed by native children. Perhaps, as Küchenmister suggests, Europeans might be preserved from the attacks of these fleas were they occasionally to put a few drops of an essential oil in their shoes or stockings.

Among the flies—*brachycera*,—there are a few that occasionally annoy man. Thus a kind of *æstrus* larva has been found beneath the skin occasionally in Europeans, more frequently in South Americans. Humboldt supposed it to be a peculiar species of the *æstrus*, or bot-fly, which he named *æ. humanus*. It is, however, thought by some that it is only the *æstrus* of some animal which has accidentally made man its habitation. The bot-flies of the horse and the sheep do not burrow beneath the skin, but those of the ox and the stag do. The indication is simple: cut open the small tumour in which the larva resides, and remove the animal.

The larvæ of some species of the *anthomycida* or flower-flies have been found in the human intestines. It is however probable that they were only accidental importations, ingested with raw vegetable food, or stale cold pudding. It is not likely that they would live in the bowels of man, and probably they are as anxious to leave their unsought place of imprisonment as their involuntary gaoler is to get rid of them.

The larvæ of the blue-bottle, *musca vomitoria*, the common flesh-fly, *m. carnaria*, and the house-fly, *m. domestica*, are sometimes met with in sores, and in the vagina of girls and women. They are attracted by fetid discharges and dirt, and are to be got rid of by washing them away or picking them off with a forceps.

The maggots of the *tyrophaga casei*, known to cheese-eaters as *jumpers*, are often introduced into the intestines of man with the perfect consciousness and consent of the introducer. It does not appear that they do any harm there.

Gnats and mosquitos cannot be considered as human parasites, though they occasionally prey upon and annoy us.

We will not include under the head of parasites, either true or false, those animals which are dangerous or annoying to man by their sting or bite, such as scorpions, spiders, caterpillars, bees, wasps, ants, &c. We might as well reckon among parasites, lions, tigers, crocodiles, boa-constrictors, rattlesnakes, and sharks. We shall therefore here conclude the subject of animal parasites, and in a future number lay before our readers the results of modern research in reference to the *vegetable parasites* of man.

CONTRIBUTIONS TO VETERINARY HOMCEOPATHY.

BY JAMES MOORE, V.S., M.R.C.V.S.

*(Continued from page 371.)*CASE XX.—*Pleuro-Pneumonitis.*

ON May 29th, 1858, R. Eastwood, Esq., of Swinshawe, near Burnley, sent a telegraphic message desiring my immediate attendance on one of his horses, which was reported to be dangerously ill.

On my arrival, the patient, which has been used to travel with an entire horse, presented the following condition: pulse full and 60 per minute; respiration 36, and evidently attended with pain; the animal grunts when moved, and is unwilling to stir; there is a frequent, painful, suppressed cough (has had a troublesome cough for the last two months), attended with copious muco-purulent discharge from the nostrils; the muscles of the chest behind the leg are in a state of constant quiver; and the intercostal spaces are painful when pressed against with the finger's point; the conjunctiva is intensely injected, and lachrymation abundant; the pituitary membrane is also preternaturally vascular; there is no appetite; the dung is hard, largely mixed with undigested oats, of a dirty brown colour, and coated with a thick, yellowish, glairy fluid, clotted here and there; the urine is scanty and high coloured.

The physical signs are: copious crepitation in middle and lower part of right lung: increased vesicular murmur in superior portion; no friction sounds detectable.

Treatment.—Before my arrival, a dose of Aconite had been administered, and three hours later one of Ammonium causticum, which I am told produced much good.

To have 10 drops of Acon. and of Bry. 1st dil., every three hours alternately.

On the 31st the pulse is 44; respiration 20; a few bronchial râles here and there; digestive functions right; in all other respects well.

Continue same medicines every four hours.

On June 4th I received a message,—“ Mare quite

CASE XXI.—*Pneumonitis.*

On July 7th, 1858, I was requested, at 5:30 A.M., to see a horse of Mr. Carter's, which presented the following symptoms: Pulse 72, very full, strong and throbbing; respiration heaving, laborious, and 36; deep hollow along ribs; nasal and ocular membranes intensely injected; the interior of the nose is devoid of secretion; the eyes are heavy-looking and the countenance dejected: the face, ears and legs are extremely cold; the mouth hot; tongue clammy; the appetite wholly gone, and no stool nor urine.

Before my arrival this horse had 16 drops of Ammonium causticum. At 6 o'clock, at 9, and at 12, he had a dose (10 drops) of Acon. 1st dil. At 1 o'clock—seven hours and a half after my visit—the pulse was 48; the respiration 20; the nose and eyes had assumed their natural hue; urine and dung of a natural colour had been voided; the surface had regained its normal temperature; a bran wash has been eaten, and I find him eating some hay and endeavouring to defraud his hungry stable-mates of their richer fare. At 6 o'clock he had another dose of Aconite, and when I visited him at 8:30 I found that all the above formidable symptoms had entirely vanished. On the following morning he went to his work as usual.

CASE XXII.—*Pneumonitis.*

On May 28th, 1858, a chestnut cart-horse, belonging to Messrs. Jackson & Sons, carriers, of this city, was placed on the sick list. He has been amiss for the last three days, but did his usual work this morning. He, however, refused his food, and the horsekeeper concluded from this fact that he required my attendance. Being from home, I could not pay my visit until 10 o'clock at night, when the following symptoms were present: pulse full and 70; breathing 36, attended with dilatation of the nostrils and heaving of the flanks; there is a deep hollow in the abdominal muscles along the ribs; a copious rusty coloured discharge issues from the nostrils; the skin round the nasal orifices is wrinkled and thrown into folds; the

cough is hard and frequent; the conjunctiva red and turgid—so is the nasal membrane; the dung is hard and the urine scanty, &c.

The physical signs are: absence of vesicular breathing in left lung, except in its middle portion, where there is copious small crepitation; compensatory breathing in right lung.

To have 10 drops of Acon. 1st dil., every 8 hours.

On the 29th, the pulse is 50 and intermittent; the respiration 28 and less laborious; the nose and eyes are less vascular; the rusty discharge continues; signs same.

Continue medicine as before.

On the 30th, pulse 64, full and regular; respiration 32: appetite rather better; not so well in other respects; nasal discharge same; crepitation in upper portion of left lung.

To have Acon. and Bry. 1st dil., 10 drops of each, every three hours alternately.

On the 31st, much the same, but the pulse is 90 and the breathing 36 per minute.

Continue same medicines.

On June 1st, improved; pulse 64; respiration 32; appetite returning; respiratory murmur more distinct in upper portion of lung; returning crepitation in lower.

Continue as before.

On the 2nd, pulse 56; breathing 32; rusty discharge less; appetite fair; excretions normal; healthy sounds returning in lung.

Continue same medicines.

On the 3rd, still improving, though slowly; has been resting. Continue medicines.

On the 4th, I find my patient stretched out full length on the ground. He has just got up. There are loud bronchial mucous râles along the middle of the affected lung. He has just now coughed up a considerable quantity of tenacious mucus. On continuing my auscultatory examination, the râles have given place to bronchial respiration, which is heard also in the lower portion of the lung, mingled with faint respiratory murmur; the latter is re-established in superior portion; pulse 40; breathing 32; otherwise doing well.

Continue medicines.

On the 5th, I gave Sulphur 3, 10 drops thrice daily.

On the 8th, I ceased attendance, my patient being quite well, the cough and nasal discharge having ceased, and the appetite returned.

CASE XXIII.—*Pneumonitis.*

On Sept. 10th, 1858, a cart horse, belonging to Mr. Carter, carrier of this city, had the following symptoms: pulse 64; breathing 48, attended with heaving of the flanks and dilated nostrils; turgidity of the conjunctiva and pituitary membrane; cold legs; no appetite, &c.

To have Ammon. caust. ϕ , 2 drops in a wine-glassful of water every three hours.

Twelve hours afterwards, namely at 8 P.M., the pulse had fallen to 48 and the respiration to 24; the cough, &c., is less frequent; a mash has been eaten.

Go on with same medicines.

Sept. 11th, all right, and gone to laborious work, which consists in conveying merchandize during the night from this city to Broadheath station, eight miles distant.

CASE XXIV.—*Pneumonitis.*

On Sept. 11th another horse, belonging also to Mr. Carter, had exactly the same symptoms as those narrated in the last case, except that the pulse was more accelerated. The same treatment was adopted and with the same result, the horse being sent to his usual hard work on the following morning.

CASE XXV.—*Pneumonitis.*

On Sept. 9th, 1858, at 8 o'clock P.M., an aged van horse, and a "roarer" to boot, belonging to Messrs. Charlton & Sons, of this city, had the following symptoms: pulse full, strong and 60; respiration laboured, 24 per minute, and attended by sniffing through the nostrils; the skin round the nasal orifices is thrown into folds; the membranes of the nose and eyes are

intensely turgid; the cough is hard and frequent; no appetite, &c.

To have Ammon. caust. Φ , two drops in a wine-glassful of water, every two hours.

On Sept. 10th, at 8 o'clock A.M., (twelve hours after the attack began,) my patient went to his usual work.

CASE XXVI.—*Pneumonitis.*

On May 20th, 1858, Mr. Thompson, horse dealer of this city, had a four years old thorough bred mare ill. She was purchased from an Irish dealer, who had brought her from the sister isle. With the exception of a slight cough, she was quite well at the time of purchase, and Mr. T. accordingly exercised her gently for two hours. She was then put into stable, and was seized with violent rigors. Until my arrival, Aconite had been given.

I found these symptoms: pulse strong, full, and 48; respiration 36 and blowing; nostrils dilated; frequent painful cough, occurring in paroxysms; attempts to suppress the cough; membranes of nose and eyes highly vascular; tongue dry and parched; thirst and no appetite; urine high coloured; bowels natural; body hot, legs cold; uneasiness and frequent change of position, &c.

Continue Acon. 1st dil., 10 drop doses, every two hours.

On 21st, much the same, except that a few carrots and a little hay are eaten.

Continue medicine.

On the 22nd, still little improvement.

To have Ammon. caust. and Bry., each 1st. dil., 10 drop doses, every three hours alternately.

On the 23rd, I find considerable amendment; pulse 40, and stronger; appetite good, &c.

Continue medicines.

On the 24th, my patient may be pronounced well, with the exception of a slight cough.

CASE XXVII.—*Milk Fever.*

On May 22nd, 1858, Mr. Barlow, farmer, Blackley, near this city, had a cow ill. Three years ago this beast had milk fever, and last year retention of the placenta, from both of which she speedily recovered under my treatment. Three days ago the parturient process was protracted, and so difficult that manual assistance had to be rendered. She was doing well till yesterday, when she was observed to be very restless. Suspecting, from former experience, that milk fever was setting in, the owner gave Acon. and Bell. This morning she was down, unable to rise, and my attendance was requested.

I find these symptoms: pulse soft and 72; breathing difficult to count accurately, and attended with a gurgling sound at each expiration; she lies on the ground, quite unable to get up; her head turned round towards her side, and the chin resting on the ground; sometimes throws her head from one side to the other; the eyelids are half closed, and the eyes dull, but still sensible to the stimulus of light; she dozes; at long intervals moves her legs and body as if in pain; external orifice of vagina flabby and open; rumination and lactation suspended; rumen distended; no dung, nor urine, &c.

To have Ammon. caust. and Arsen., 1st dil., 16 drop doses, every 2 hours alternately.

On the 23rd, the improvement is really surprising: she is lying like a healthy cow resting, has drunk freely of gruel, eaten a little mash, dunged and urinated freely, and, best of all, has made bold efforts to regain her feet.

Continue same medicines every three hours; by all means keep her short of food. Note: that many animals have a fatal relapse at this stage in consequence of giving too much provender.

On the 24th, I received a message, informing me that the cow had risen, and was to all appearance (and in fact,) quite well.

CASE XXVIII.—*Hydrops Pericardii*.

On April 25th, 1858, I was requested to visit a cart horse belonging to Messrs. Marsland, coal proprietors of this city, which had been under allopathic treatment for a week without any improvement resulting.

The most important symptoms are: pulse 120 per minute; violent jerking action of the heart, which can be felt at the right side; there is a peculiar ringing sound at every beat of the heart; the respiration is 36 per minute; no breathing can be heard in the lung in consequence of the predominant action of the heart; the urine is voided frequently and in small quantities, &c.

To have 10 drops of Digitalis, 1st dil., every three hours.

On April 26th, pulse 104 and intermittent; respiration 20; the violent jerk of the heart is almost gone; the respiratory murmur is now audible in the lower portion of lungs, and some mucous rattles in upper part; the urine flows freely; the bowels are moved; the appetite is better, and the animal's appearance livelier.

To have 10 drops of Helleborus and of Arsen., 1st dil., every three hours alternately.

On April 27th, pulse 95, still intermittent, but more distinct at jaw; respiration 10 per minute; the carter says the horse begins to eat soon after he has had a dose of Arsen., but not after Helleb.; the urine is profuse in quantity, and has a peculiar smell—the same as that which proceeds from the chest when opened after death from hydrothorax; in all other respects better.

Continue same medicines.

On the 28th, pulse 80; from 16 to 20 of the beats in a minute are slower, the rest quicker than in health; the ringing sound and jerking action of the heart are gone; respiration normal; appetite still improving and better otherwise.

Continue as before.

On the 29th, same, except that the pulse is fuller and softer. Substitute Spig. for Helleb.

On May 1st, pulse 60, full and strong; better otherwise. Continue same medicines.

bræ were made of one piece ; difficulty in moving forward both legs, especially the right one ; evident pain attending motion ; soreness of the muscles ; lies down much ; when crouching, preparatory to lying on the ground, considerable hesitation is manifested, arising no doubt, in consequence of the pain and difficulty attending the necessary muscular movements ; instead of lying down slowly and gently, he *drops* to the ground ; he rises with great difficulty ; the appetite is tolerably good ; the pulse 44, and the breathing 20 per minute, &c.

Treatment.—To have 10 drops of *Merc. v. 5*, and the same dose of *Rhus l*, every six hours ; rub *Rhus* lotion on loins and shoulders.

On June 4th, pulse and breathing normal ; back in natural position ; much improved in all other respects.

On June 5th, the groom called to say that my patient was prancing about at his exercise this morning—a modification of the terpsichorian art which not even a pony would indulge in, were he rheumatic.

CASE XXXIII.—*Dysuria.*

In July 1851, Mr. Inisley of Warrington consulted me respecting a valuable carriage horse. The following symptoms were furnished to me. In external appearance the animal is well, and eats and works as usual. He has, however, the greatest difficulty in urinating ; places himself in the necessary attitude, and strains frequently and with considerable force, for upwards of an hour—when the urine comes freely and he is at ease ; sometimes a few drops are spirted out. Allopathic drugs have been given wholesale for a long time, without doing the slightest good.

I prescribed 10 drops of *Acon.*, 1st dil., in the morning, and the same of *Arsen.*, at night.

At the end of a week I received information that my patient was very much improved, and I was asked for more of the same medicines.

Six weeks later I was informed that owing to the owner's absence, the medicines had not been continued, and the horse

was occasionally affected with slight symptoms of the old complaint.

The medicines were again given, and a cure effected in another week.

A few days ago—I now write on September 14th, 1858—Mr. I. told me that his horse had been perfectly well ever since.

CASE XXXIV.—*Bursal enlargement of the Fetlock Joint.*

January 10th, 1858. About six months ago, a horse, belonging to Mr. Threlfall, brewer of Salford, was observed to have a slight swelling in front of his fetlock. It kept gradually enlarging, and at this date is six inches long by four broad, and soft and hot to the touch; no lameness.

To have 10 drops of Merc. corr., 6th dil., every night, and a solution of 1 dram of the same medicine to 16 fluid ounces of water, to be well rubbed into the swelling every night and morning. Under this treatment, and without ceasing to work the tumour was wholly dispersed in one month.

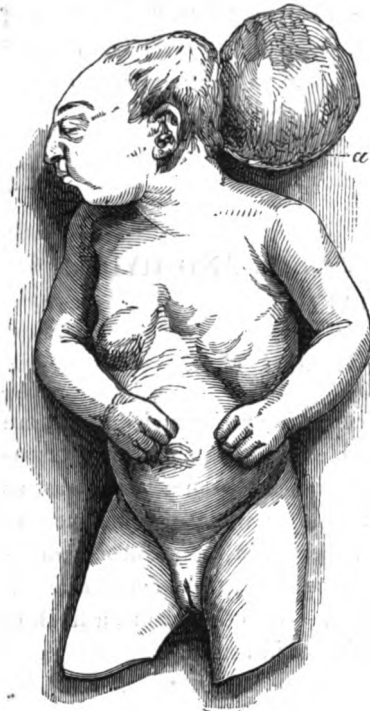
CASES OF ENCEPHALOCELE AND HYDRO-
CEPHALUS.

BY JAMES P. HARPER, M.D.

THE following cases, from their extreme rarity and interest, are worthy of being placed on record, and, though differing essentially in their nature, may, nevertheless, form a fit contrast as pathological curiosities. From time to time such instances of malformation and disease have appeared in the medical periodicals and works of the day, and those about to be detailed are in no respect less deserving of notice,—the one case as a freak of nature, the other as a product of morbid action.

CASE I.—*Congenital Encephalocele*.

Mrs. F—, æt. 40, a strong and robust woman, the mother of eight healthy children, engaged me (1853), to attend her during her ninth confinement. On the morning of the 8th November I was called, and, on visiting about 8 A.M., found that labour was advancing, and that since 2 A.M. the pains had gradually increased in severity and strength. On examination, the os uteri was dilating rapidly, and allowed what appeared to be the bag of membranes to descend considerably into the vagina during each pain. The nurse in attendance informed me, that some time before my arrival "the waters had broken," but, feeling convinced that the descending bag was really that of the membranes, I discredited her statement, and waited patiently for its rupture. As labour proceeded, I found that there was something unusual in the case, and the birth, at 10 A.M., of a female child, presenting the malformation shown



in Fig. 1, relieved me of the perplexity. The following notes were taken at the time. "The child is a plump, fully formed female, the trunk and limbs are completely developed, but a large, bag-like, non-pulsating tumour, hangs from the occiput, and forms a mass equal in size to the head and face. The external covering of the tumour consists of thin, soft skin, of a natural colour, and evidently a prolongation of the scalp. At its junction with the head it is covered with hair, which extends one half over its surface. An irregular but well defined cicatrix, $3\frac{1}{2}$ inches in length, occupies the most dependent portion of the tu-

mour (a). The apex is soft and fluctuating, but the body and base are firm and elastic. The forehead is flattened, the anterior fontanelle is totally wanting, and the place of the posterior is occupied by a soft tumour, about the size of a hazel-nut, in close proximity to the bag. At the root of the large tumour the cranial bones form a ring which is sharp and prominent. The following are the measurements:—

Circumference of neck of tumour at occiput, $6\frac{3}{4}$ inches.

„ of tumour in centre, $9\frac{1}{4}$ inches.

Length of tumour from base to apex, $3\frac{1}{2}$ inches.

Total length of cranium and tumour from external angle of eye to apex, $7\frac{3}{8}$ inches.

Length from ear to ear over vertex, $4\frac{3}{4}$ inches.

The child is lively, and can move its limbs freely, the breathing is natural, but the cry is of a peculiar, feeble, whining character.”

The child, lively enough at its birth, began to droop about the second or third day. It was unable to take the breast or even to swallow when food was placed in its mouth. During the fifteen days of its existence it did not receive a tablespoonful of nourishment altogether. It generally lay asleep, breathing very feebly, but every now and then it became affected with nervous starting of the arms and legs, spasmodic action of the neck, and jerking back of the head. Bird-claw contractions of the fingers and toes followed, the eyelids were generally apart, and the eyes turned up. The fæces and urine were voided naturally. During the last five days of its life the spasms nearly disappeared, but were followed by paralysis of the right side of the face, frequent twitching of the mouth, occasional deep sighing, and low, scarcely perceptible breathing. Death occurred on the fifteenth day.*

On dissection the walls of the large tumour were found to

* The mother of this child has since given birth to a well-formed and healthy infant.

consist of thin, soft skin and the cerebral membranes. The *small tumour* consisted of a portion of the membranes of the brain, filled with serous fluid, and without cerebral matter. The anterior fontanelle was wanting, the frontal and parietal bones being firmly united.

The *large tumour* was made up of the entire posterior lobes of the cerebrum, the cerebellum, which was quite rudimentary, and the medulla oblongata reduced to a mere tape. There was no trace of the pons varolii. The whole of this portion of cerebral substance was deeply congested.

The *cranium* contained the anterior lobes of the brain, which were flattened and opened out, pale and almost anæmic. The middle lobes were exceedingly small and occupied the base of the cranium. The cerebral nerves were all present.

The occiput was almost entirely deficient, the only portions present being two narrow lateral wings united to the parietal bones and forming one portion of the foramen. The spinous processes of the two upper cervical vertebræ were wanting.

CASE II.—*Chronic Hydrocephalus.*

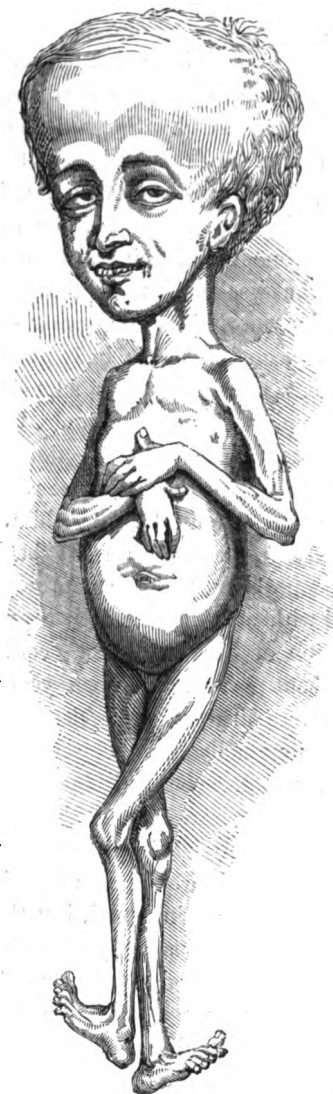
William M——, æt. 16, was born in Shetland on the 23rd September, 1842. His parents were of the humbler class, but healthy, industrious, and sober people. About three months after William's birth he had a series of convulsive fits, which at the time could not be attributed to any known exciting cause. From that period his health became impaired, and the head began to enlarge. From the completion of his third month until he attained the age of five years the fits recurred at irregular intervals, and the enlargement of the cranium gradually progressed. During the first two years the fits occurred almost daily, after which the average number did not exceed three in the week, and occasionally a week passed without any. On the cessation of the convulsive seizures his general health, previously much enfeebled, improved, and, in spite of the combined influence of an originally debilitated constitution, and the super-added effects of the orthodox drugging to which the poor boy was subjected, he managed to struggle into comparative health.

After the disappearance of the more acute and threatening symptoms, it was observed by his friends that the enlargement of the head still proceeded. The fontanelles and sutures remained large and open, and up to his ninth year no union of the cranial bones had taken place.

When I first saw him, his mother informed me that between his ninth and tenth years the head ceased to increase in volume and the open sutures and fontanelles closed. She affirmed, that since that time no apparent change had taken place in the *dimensions* of the head, but that its *weight* was very much greater. In other respects he had enjoyed an amount of general good health quite surprising for one in his circumstances. His mental faculties, though somewhat weakened, were otherwise unimpaired. With such extensive morbid action going on within the head, it was not to be expected that his body generally could receive the nourishment necessary to its support. Accordingly he remained thin and emaciated in the extreme, but able to relish food, and, better still, to appreciate the affectionate solicitude of his kind parents, and the sympathy of those who, feeling interested in his case, were in the habit of visiting him.

I first saw him in September, 1854. He lay on his back unable to turn to either side in consequence of the enormous weight of his head. When raised with both hands it felt heavy as a mass of metal, and no exertion of his wasted body could move it. He had kept the recumbent posture for fifteen years. The sutures of the cranial bones were distinct, and felt under the fingers like deep furrows; the fontanelles were closed, the scalp was nearly destitute of hair, and felt generally increased in temperature. The eyes were rolled upwards under the eyelids, but with an effort could be brought into their proper axis. The upper jaw was prominent, and the teeth projected in double rows. The lower jaw was broad, and the chin round, but the face generally was small, and contrasted unpleasantly with the enormous pyramidal-shaped head. The thorax was small, narrow, and contracted; the abdomen round and prominent; the arms long and thin; the wrist joints tumid and constantly flexed; the fingers curved and the thumbs retracted. The legs

were emaciated and twisted around each other, the feet flexed, and the whole general appearance such as is represented in Fig. 2.



Measurements.

	ft.	in.
Circumference of head over frontal and occipital protuberances	2	3
Length from meatus auditorius externus of one side to corresponding point on the opposite	0	19
Length from root of nose to occipital protuberance	0	18½
Total length of body from vertex to soles of feet	3	4½

His appearance six months ago differed in no respect from the above description, but he had gained in total length 4½ inches—the other measurements remaining the same. He makes no complaint with the exception of occasional uneasiness in the head, and, as before stated, his faculties are entire. His vision and hearing are acute, his disposition is cheerful and happy, and he overflows with gratitude for any kindness shown him. His memory is most retentive. He understands what is read to him, and is able to enter into conversation, though his speech is slow and hesitating. He often repeats a hymn or a passage from the Bible, complete chapters of which he has com-

mitted to memory ; and, if questioned on the meaning of certain words, his answers are full of intelligence. The woodcut presents but a feeble picture of this extraordinary boy, but will serve in some measure to pourtray his general appearance. His voice and aspect are those of a child, but he has now entered on his seventeenth year, and there is nothing in his general condition to prevent him living for years to come. Oppressed with poverty, and placed in circumstances the most unfavourable to the growth of either bodily or mental health, this little sufferer never utters one word of complaint. His resignation to the lot it has pleased Providence to assign him is one of the most striking features of his case ; but it is not difficult to see that he is but little attached to life, and looks forward to the happier state in another life his religious feeling leads him to anticipate.

REMARKS ON DIPHTHERIA.

BY FRANCIS BLACK, M.D.

My last notice on affections of the respiratory organs referred to chronic changes in the pharyngo-laryngeal mucous membrane. I am now desirous of drawing attention to a disease attacking the same tissues, but of a more acute and serious character.

Inflammation of the throat, with plastic exudation, has for two years shown itself as an epidemic in various parts of England, and from the supposition that it is a new and unknown disease has excited much vague conversation and alarm in the minds of the public. In the profession also there are differences of opinion as to its nature and symptoms ; no doubt arising from an undue acquaintance with the forms diphtheria has assumed in various epidemics *

I cannot speak from experience of diphtheria, having only seen two cases of this epidemic ; but it appears to me that

* *e. g.*—A writer in the *Monthly Hom. Review*, Sept. 1858, denies "that a false membrane is engendered."

confusion may be removed, and a suitable treatment determined on if the symptoms and course of the disease, as it has been observed in various epidemics, be fully described.

The remarks of the Registrar General in his Spring Quarterly Return form a fitting introduction.

“ A disease which is not new, but has been described afresh in France, has been fatal in several districts. It has been called ‘throat disease’ in some of the returns, and from its having attacked English visitors in Boulogne the name of that town has been occasionally employed to qualify the affection. Diphtheria, its name in the statistical nosology, is adopted from the French writer who described the disease under the name diphtherite, in reference to the characteristic membranous exudation in the throat. The termination ‘*itis*,’ as in gastritis, is used in medical language to designate pure inflammation of the organ, which the root of the word expresses; hence *ia* has been substituted for *ite*, the French form of ‘*itis*,’ as this cannot with any propriety be placed after diphthera, designating a product of disease, and not an organ of the body. No notice of it has been taken by the Registrars either in the country north of Staffordshire or in Wales; and it has probably not prevailed there to any great extent. It is, however, allied to one of the forms of scarlatina, and is still confounded with that disease, with croup, or with quinsy, by some practitioners.

“ Diphtheria, like Asiatic cholera, is probably only a more intense form of an old disease; but new intense spreading forms of disease deserve close attention, for with the increasing density of population, the intimate connexions between England and every unhealthy climate of the world, and the slow progress of sanitary improvement, we cannot consider ourselves absolutely safe from an eruption of some epidemics, which, like their predecessors, may open a new chapter not only of medical but of national history; for Niebuhr acutely remarks, that the great epochs of history are marked out by pestilences.

“ Epidemics, like new varieties of animals, spring up under favourable circumstances. Each epidemic form has its congenial climates. The cholera epidemic is bred on the delta of the Ganges; yellow fever on the banks of the Mississippi; plague around the Nile in Lower Egypt; typhus in our towns; ague in our marshes; diphtheria, according to the popular theory, in France, where the

conditions are more favourable, on the whole, than they are in England, to the diffusion of putrid effluvia over the fauces.

“Every Englishman admires the works of art, the picture galleries, the houses, the furniture, the cultivated personal tastes which surround him on every side in Paris, or on a small scale in Boulogne. He admires some of these objects every day, others every week; but has every day to give up his admiration at the doors of that inscrutable *cabinet* where the light of French refinement never comes; where his throat is assailed by the poisonous distillations that engender disease; and explode, if you count well the victims, with much more fatal consequence than gunpowder or even fulminating quicksilver. That men should lock up jewels in cabinets, keep their larders full of delicacies, or stock their cellars with wine, is natural; but it is a singular absurdity in civilized men to attempt to hoard for years this volatile essence, which bursts its chains, and, like an unclean spirit, enters not only every apartment in the house, but every channel of access to the living chambers of the body, leaving at times such traces of its passage as diphtheria in the throat. The disease once generated, wanders abroad, and destroys life under circumstances quite different from those in which it was born, but impurity is always its natural ally.”

It is right to regard the present affection as the reappearance of an old disease; but history records epidemics more fatal than the present; and as far as their sources can be investigated, there is no evidence that emanations from decomposing fecal matter were the direct cause, whatever indirect influence such effluvia may have as predisposing agents.

The first mention of this disease is by Aretæus, who described it under the names of *ulcus Syriacum*, *ulcus Egyptianum*, and recognized the two forms in which diphtheria now occur. In 1557 an epidemic of the same kind appeared in various parts of Europe, for a knowledge of which we are indebted to Forest, who observed it at Alkmaar in Holland, and was himself a sufferer. In the beginning of the 17th century it reappeared in Spain, and from the mode in which it caused death was styled the *Garotillo*. It continued for some years to commit its ravages in Spain and the South of Europe; and in 1618, from its deadly influence in Naples, Broncholi describes it under the

ominous name *De Populari horribili ac pestilenti Gutturis, et annexarum partium Affectione.*

The kingdoms of Naples and Sicily seem to have been sadly scourged, for in later years (1641) it is described by Severinus as carrying off "many thousands of children." With such opportunities for post-mortem examination, Morgagni blames Severinus for the remark that he was not "willing to take upon him the tedious labour of delineating the seat of the disorder, or the disorder itself." Severinus published only one observation, which appeared in a separate work (*Sepulchretum*), but even this is in an incorrect form, for Morgagni states that the important part is omitted, and negligently copied, "The larynx being strictly examined, was found to be covered with a kind of pituitous crust on the external [?] surface, without the appearance of an ulcer." *

In 1635 it appeared at Kingston, in North America, affecting principally children, and showing a tendency to the formation of plastic exudations on any part of the body that had been deprived of its epidermis. In 1745 to 1748 it spread throughout Europe, and about the same time showed itself in England, when it was ably described by Dr. Fothergill; as seen by him, the disease was attendant on scarlatina. But the account published nearly at the same time (*Philosophical Trans.* 1750), by Starr, refers evidently to a primary diphtheria; and the cases related by Ghisi, as occurring at Cremona during 1747 and 1748, are also independent of scarlet fever.

It would thus appear that then, as now, there were two classes of cases; the one primary, the other secondary, where the angina of scarlatina assumes the diphtheria character.

In 1771 it broke out in America, and was very carefully described by Dr. Bard, of New York, and in a manner much more complete than by any previous author. He defined the various kinds, and shewed the analogy between this affection and true croup, and also pointed out that the exudation was not gangrene, but the result of a peculiar inflammation. To M. Bretonneau, of Tours, is the credit due of having further

* De Sedibus, &c., translated by Alexander, Vol. III., p. 496.

investigated this disease in various French epidemics, and of writing the ablest and fullest treatise on the subject. Since 1818,—the date of M. Bretonneau's work,—to 1829, diphtheria has annually appeared as an epidemic in France, and sometimes in Switzerland, generally in the form described by Bretonneau, but sometimes shewing a low type with ulceration and gangrene.* In 1856 and 1857 it prevailed in Boulogne in a very fatal form. From Boulogne it crossed to England, and in the autumn of 1856 attacked various places, especially on the Channel coast. Since this date it has continued in England, appearing to diminish during the winter, and to increase in summer and autumn. Like most epidemics, the first cases in a locality are the most severe, though as weeks pass, the disease gradually diminishes in virulence.

Mr. Brown, of Haverfordwest, describes an epidemic which prevailed there in 1849 and 1850. He treated 200 cases, 40 of which proved fatal. The pharynx, tonsils, larynx, trachea, and bronchial tubes were found to be more or less coated with false membrane, and the stomach shewed signs of irritation.

The distinctive character of diphtheria is a pseudo-membranous exudation, which assumes various forms, and is attended by different symptoms, according to the peculiar epidemic type. It is distinguishable into two kinds, *the primary* occurring as an idiopathic affection generally epidemic, more rarely sporadic; and *the secondary* arising in the course of scarlatina, and less frequently of measles, and typhoid fevers.

The former is the true diphtheria—the *diphtheritis*, as described by Bretonneau; the *angina couenneuse*, the *pseudo-membranous inflammation of the throat* of other writers. The latter is the *ulcerative*, or *putrid*, or *malignant sore throat*, such as has been so well described by Dr. Fothergill,† and corresponds with the *pharyngite pultacée* of French authors.

If these two divisions are borne in mind, it is easier to reconcile the discrepancies which exist regarding the present epidemic. Many of the cases correspond with the description given by Bretonneau, where there was little sinking of the vital

* Vide Barthez et Rilliet, *Maladies des Enfants*, tom. i. 258.

† An Account of the Sore Throat, attended with Ulcers. Lond.

powers, and where, when death occurred, it was due to asphyxia, owing to the extension of the membrane to the larynx and bronchi. Others again, resemble the form of an epidemic described by M. Becquerel, where ulceration and gangrene follow or attend the exudation, and where death arises from vital depression. A third variety, and in some localities the most numerous, is where the throat affection is complicated with scarlatina.

Symptoms and course.—Diphtheria may commence as a common cold, or the first complaint may be of a slight pain in the throat, generally unaccompanied by any febrile action. On examining the throat, the tonsils appear a little swollen, and dotted with small whitish shining spots, like vesicles. These soon assume a yellowish appearance, and the exudation spreads to the velum palati, the uvula, and pharynx. Sometimes the membrane is at first semi-transparent and thin, but it soon loses this character. At this stage of the disease there may be no fever, and no disturbance of the general health. Generally, there is very little pain on swallowing—very much less than is experienced in ordinary cynanche. There is often profuse salivation, and the exudation exhales a very foetid smell. Soon after the exudations appear, the submaxillary glands and surrounding cellular tissue swell. The membranes continue to form, to be thrown off, and again re-formed, until at last, after a period of from three to ten days, the exudations cease;—they are detached, they melt away, and convalescence is established.

But even such simple cases may terminate fatally, or at least present dangerous symptoms, from extension of the membrane to the larynx and bronchi. There is also danger when the exudation invades the nostrils.

In the present epidemic the generality of cases shew much more of an adynamic type, attended with a prostration which is often disproportionate to the extent of throat disease. The exudation, instead of being firm, with a comparatively healthy under-lying mucous membrane, is friable, in shreds, as if hanging from the throat, dark and sanious looking, with a most offensive smell. Blood oozing, often freely, from the gums and

throat; the mucous membrane of a dirty red, presenting, here and there, ulcerations attended with profuse purulent sanious and often irritating discharge, which sometimes flows from the nostrils; pellicle after pellicle forms, the general strength begins to give way, and if the disease be not now arrested, the patient sinks from rapid prostration. Sometimes the fatal issue may be due to hæmorrhage, sometimes and as rarely to apnoea. In the great majority of cases, death arises from gradual prostration, or sudden collapse. "Death is due," as M. Bouchut observes, "to a diphtheritic intoxication, of the true nature of which we are ignorant. Contrasting the disastrous effects produced by diphtheritis in certain small localities, with its almost constant curability when existing in the sporadic form, we naturally enquire how a lesion, apparently so slight, could be followed by such different terminations, unless there existed, at the same time as this, another general influence capable of impressing on it so fearful a gravity. The epidemic influence is, in fact, the unknown cause from which all danger of the disease is derived."*

The course and symptoms of secondary diphtheria, as occurring in the course of scarlatina, are so well known that it is unnecessary to enter on details. It is characteristic of primary diphtheria that exudation in some stage is observed from the first day; but in the secondary variety as many as two, three, or even eight days may elapse before it appears. In a case attendant on scarlatina which I have reported, the exudation appeared before the eruption, and was one of the first symptoms to excite notice. In the secondary there is much more fever, more painful deglutition, with redness and swelling of the mucous membrane and tonsils, and a greater tendency to softening, ulceration, and gangrene. This variety has been observed to have sometimes a sort of intermittence. The exudation increases for three or four days; the symptoms then diminish, almost disappear, but only soon to return with their original intensity. This point is worthy of remembrance in

* Clin. lecture of M. Bouchut.—*Medical Times and Gazette*, May 8, 1858, p. 485.

forming a prognosis. In a case of a child, aged 4, who was suffering from scarlatina, with diphtherial sore throat, I regarded the patient on the eighth day as so much better, that I did not consider a visit necessary for the next thirty-six hours. Twelve hours after, a sudden relapse in the throat symptoms took place, and the child died before I received notice of its danger.

Pathological anatomy of primary diphtheria.—The uvula, the tonsils, and the pharynx are lined by false membranes, generally dense, varying in thickness, the colour yellowish, or yellowish white, sometimes grey. After death they exhale no foetid smell; they adhere closely to the underlying mucous membrane. The tonsils are rarely covered with a continuous layer, but with patches, more or less close, and penetrating into the depression of these glands. Over the pharynx the exudation is generally a continuous coat, but sometimes broken up here and there. The false membranes have sometimes a grey appearance, which was long regarded as gangrene, until the mistake was pointed out by Bretonneau, who shewed that the gangrenous appearance of the pharynx was due to the putrid source of the pellicular concretions. The membrane is sometimes composed of various layers placed one on the other; sometimes they are so thin as to be hardly recognised. These membranes are sometimes entirely fibrinous, whitish and tough, exhibiting, under the microscope, filaments of well-marked fibrine, amidst which a small quantity of epithelial and granular bodies are observed. Some are not so tough from their containing less fibrine; others are but slightly resisting, pultaceous, formed of a soft exudation, filled with muco-pus and granular bodies, in the midst of numerous epithelial cells, and are almost destitute of fibrine. M. Bouchut has found glycerine to be an efficient solvent of these false membranes, especially when they are muco-fibrinous rather than fibrinous. The false membrane extends sometimes to the nasal cavities, and in other cases spreads to the larynx and trachea. At a late meeting of the Harveian Society, Dr. Headlam Greenhow related a case of

* *Medical Times and Gazette*, March 13, 1858, p. 280.

diphtheritis, which he believed to be identical to the malignant sore throat which has recently prevailed in Essex and other parts of the country. The pharynx and tonsils were found covered with a loose, friable, granular exudation; the membrane below the exudation was unhealthy and apthous, especially on and near the tonsils. This form of exudation extended only to the rima glottidis, but the larynx and first inch and a half of the trachea were lined with a tube of croupy false membrane, which adhered to the subjacent tissue by a few points.*

In some epidemics, the false membranes are seen on such parts of the body as have been deprived of the epidermis, as also on the vulva, in the rectum, &c. Dr. Heslop, describing cases of the present epidemic occurring at Birmingham, says, "A plastic matter is here poured out over a vast extent of the gastro-respiratory mucous membrane; the lips are covered by it, and if a blister takes off the epidermis, a membranous pellicle is apt to be formed on the vesicated surface."

The causes of diphtherial epidermis are very obscure, and do not always admit of the solution given by the Registrar General. Is it contagious? On this point there has been a diversity of opinion. According to such writers as Guersent, Trousseau, Barthez and Rilliet, &c., the disease is contagious, and such is the general opinion in England.

Children are more liable to be attacked than adults; and again, boys are affected in a larger proportion than girls.

Like most epidemics, it preys more on the poor and badly lodged than on the richer classes.

Dr. Laycock, in a late clinical lecture on a case of cancer of the suprarenal capsules, suggests a new cause of diphtheria. † In this patient, twenty-five days before death, the pharynx was covered with a thick yellowish pellicle, and the surface beneath, when it was detached, was raw and bleeding. The pellicle, when a fragment was placed under the microscope, was found to consist of the mycelium and sporules of *oidium albicans*, with epithelium and pus cells. These appearances were more marked after the death of the patient.

* *Medical Times and Gazette*, May 29, 1858, p. 554.

† *Ibid*, 547.

Dr. Laycock regards this fact as very interesting; and throwing new light on the cause of diphtheria. Hence in the indications for treatment he recommends, while the constitutional condition is attended to, that parasitocides, such as Borax and Chlorate of potash, be employed to destroy the fungus. But his conclusions are founded on a fallacy; he regards the *muguet*, the *epidemic aphthæ*, as the same disease as the *diphtheria of infants*. They are totally different in their nature and in their anatomical characters. The diphtheria is a muco-fibrinous exudation, and no observers (for example Bouchut, who had abundant opportunities of examination) have found these fungi in connexion with these false membranes. The cream-coloured pellicles of muguet are not fibrinous, but composed principally of these vegetable substances, which generally grow on an enfeebled mucous membrane. Barthez and Rilliet make a very marked distinction between the diseases. “La diphthérite peut, à elle seule, faire périr la malade, tandis que le muguet comme le dit M. Bouchut n’a jamais fait mourir personne.”— (p. 210.)

Dr. Laycock quotes M. Robin, but this very author (p. 38), observes that these concretions or pellicles in muguet “are not false membranes.” Now in the case forming the subject of the lecture there were no false membranes, but merely the cream-like pellicles of muguet. M. Robin says, “These fungi are found whenever the mucous membrane undergoes such a change as is favourable to their growth; and observations show that if this state be generally the sequence of inflammation of the mucous membrane, it also arises under other circumstances, such as bad nourishment, and also from unknown causes. . . . According to Berg, this vegetation by itself is neither a disease nor the constant symptom of any affection.”*

Treatment.—The study of the indicated remedies may be facilitated by a short sketch of the analogous acute diseases of the mouth, throat, and larynx.

Passing over the simple catarrhal affections of these parts, we may consider the ordinary acute inflammations of the throat so

* Des végétaux qui croissent sur les animaux vivants.

readily met by *bell.*; then the more painful and severer form, combined with tonsillitis, requiring *bell.*, *merc.*, and *hep.*; and pass on to the variety where the inflammation is diffuse, more of an erysipelatous character, and generally of an asthenic type; hence dangerous, and often tedious. Here at first are given *bell.*, *merc.*, *rhus.*, *lach.*, *caps.*; when ulceration threatens, *merc.*, *nit. ac.*, *sul. ac.*, *kal. bich.*; and when the throat assumes a dark colour, with a sanious discharge and fœtid breath,—signs, not of gangrene, but of the low type of inflammation, and infiltration of the tissues,—the principal resources are *merc. cor.*, *merc. iod.*, *ars.*, *am. carb.*, or *nit. ac.* Next come the aphthous affections which bear a closer affinity to diphtheria. It is unnecessary to allude to simple aphthae, vesicles situated on the follicles of the buccal, and bucco-pharyngeal walls, or to the particular variety, called muguet, so rare in this country, and already adverted to, but proceed at once to the stomatitis, attended with ulceration,—the membranous ulcerous stomatitis. This bears a close analogy to diphtheria, and has by some been considered to differ more in degree than in kind, and from its prevalence at present in some districts, it has been regarded as a mild result of the same general morbid cause. In this disease there are minute yellowish-white points, which are soon covered with a plastic exudation on the gum, spreading to the cheek, and under this pellicle there is seen a thickened, red, raw mucous membrane running into ulceration.

Of late years, *chlorate of potash* has been regarded, in ordinary practice, as almost a specific in this affection, and in its success the homœopathic law is well illustrated. The rather scanty proving of the salt in the homœopathic materia medica, does not elicit this point, but in various allopathic journals this peculiar action has been well shewn.*

Next in order comes *cancrem oris*, an ulceration of the mouth occurring in children, and often ending in mortification. The black wash is here considered an excellent remedy by the

* Stomatitis produced by chlorate of Potash.—*Medical Times and Gazette*, May 22, p. 527.

ordinary school, and as this ulceration has a marked place in mercurial pathogenesis, the various preparations of this metal are used in homœopathic practice.

Passing to the larynx, we have the simple inflammatory croup, as generally met with in this country, and yielding readily to *acon.*, *spon.*, *hep.*, *brom.*, or *kal. bich.* Then there is the true exudative croup, which stands in very close alliance to the epidemic under examination. Fortunately, great aid is here derived from the recent clinical experience so ably recorded by Drs. Belcher and Ozanne.

Several of their cases accord with the epidemic diphtheria as described by Bretonneau; and Dr. Belcher's cases in New York resemble the epidemic in the same city as reported by Dr. Bard in 1771. In the cases of both Drs. Belcher and Ozanne, the danger arose from apnœa, whereas in the present epidemic, as generally seen, it is depression of the vital powers, with disintegration of the throat tissues, which is to be dreaded. Both forms of the disease are very dangerous, but the first is no doubt the most fatal. The results of Dr. Belcher are most encouraging;—out of 41 cases treated 10 died, giving a mortality of about one fourth, whereas the most favourable allopathic statistics shew a mortality of one half.* Dr. Homolle, who has used inhalations of muriatic acid gas in membranous croup, published, in proof of its efficacy, nine cases with two deaths. Barthez and Rilliet on this observe,—“C'est là certainement un des plus beaux succès que puisse enregistrer la thérapeutique de cette terrible maladie.”†

The cases described by Dr. Ozanne occurred in a limited locality, where croup is not endemic. They amounted to thirteen cases;—of these, eight were severe, or confirmed cases, and five very slight, or merely incipient. Of the former, six died and two recovered. The recoveries were obtained by homœopathic medicines. Among the deaths, one only occurred

* Dr. Belcher's pamphlet, “*Observations on Membranous Croup*,” first appeared in the *North American Journal of Homœopathy*, February, 1857. It is now published apart, and is also reprinted, with Notes by Dr. Ozanne, in the May and June numbers of the *Monthly Homœopathic Journal*, 1857.

† Loc. cit., tom. i., p. 313.

under homœopathic treatment, and in that case Dr. Ozanne is of opinion, that had tracheotomy been performed in a proper manner, and at a suitable time, death might have been averted, but the patient was at that stage removed from under his care.*

The reader is referred for full details to the articles by Drs. Ozanne and Belcher. I shall merely extract such matter as bears on the present epidemic.

In Dr. Ozanne's four cases there was little febrile action; the tonsils were swollen and covered with firm whitish exudations, which spread from the fauces into the larynx.

In the treatment of these cases the Bromine and the Bromide of potassium were, he thinks, of much service;—he gives the preference to the Bromine, using it in the 2nd centesimal dilution. He advises it to be administered with caution, but given carefully, and in alternation with Aconite, it is a powerful agent for good. The Bromide he gave in grain doses of the 1st decimal trituration.

He recommends the use of Tartar emetic when the air passages are full of thick exudation; the 1st trituration may be sufficient, but if not so, he does not hesitate to give at once the 1st decimal, though it is not necessary that it should be given in emetic, or even nauseating doses. Dr. Belcher does not state if the membranous croup was epidemic at the various times he treated his cases; it could hardly have been so in all, as the dates extend from 1848 to 1856. In 35 of his patients there were, in addition to the laryngeal symptoms, exudations in the mouth, throat, and pharynx. The remedies he gave were *sul. ac. 1, merc. dul., canth., ars., kal. bich. 1, merc. iod. 1, brom., kal. brom., tar.*

The two medicines in which he placed the greatest reliance are the Bichromate of potash and the Bromide of potassium. The latter he gave by dissolving two grains of the pure salt in half a tumbler of water, a teaspoonful as a dose, from every fifteen to thirty minutes.

The bromine succeeded in one case after *acon. hep., kal. bich.,*

* Cases of Epidemical Pseudo-membranous Croup.—*Monthly Hom. Review*, February, 1857, 364.

merc. iod. had failed. The dose was from one-sixth to one-tenth of a drop of the aqueous solution. He gives no details as to the strength of this, so it is to be supposed that this aqueous solution is a saturated one, and if so, it is a little stronger than the first decimal made with ether.

“For the past three years I have used *potass. brom.* in pneumonia or croup, when I considered bromine indicated, and have not regretted my choice. I do not doubt that while *potass. bichrom.* will be found one of the most valuable remedies when the exudations are yellowish and of loose texture, the *potass. brom.* will be as valuable when the exudation is whitish, and of a firmer texture, and affects more especially the trachea and bronchi, as is usual in insidious cases.” (Page 29.)

“I used the *merc. protoiod.* in this and several other cases, but I have doubts of its homœopathic relation to croupal exudations upon the fauces, unless they are accompanied with the peculiar mercurial odour of the breath. In the exudatory inflammations of the throat, I have found them not subdued by it satisfactorily, when unaccompanied with that peculiar odour.” (Page 12.)

I shall now add two cases I have seen.

S. L., aged 16, a spare, delicate girl, living in a densely-inhabited and low-lying part of Bristol, commenced to complain of sore-throat on the 24th of August. She applied to me on the 27th. The tonsils are slightly swollen, and covered with a speckled mucous like coating; the back part of the throat red; slight pain is experienced in swallowing, but the greatest complaint is of extreme exhaustion. To take a grain of *Iod. Merc.* 1 every three hours.

August 31. The tonsils, the uvula, and back part of throat are covered with a coating as if they had been smeared with a layer of starch, which had dried; less pain in swallowing; weakness much increased; the patient can hardly stand, and she looks extremely ill; pulse nearly normal. The throat was once dusted with about 2 grains of *Iod. Merc. A.*, and 2 grains of 1st trit., ordered to be taken every two hours. As much nourishment as she can swallow.

Sept. 1st. Patient seen at her own house. The exudation is decidedly less marked. Repeat as on 31st.

Sept. 3rd. Hardly a trace of exudation. Two or three doses of Iod. Merc., and then China A, for the extreme weakness. By the 7th the patient reported herself quite well.

I saw on the 25th August, in consultation with Dr. Cochrane, at Weston-super-Mare, a little girl, aged 7, suffering from sore-throat. Tonsils slightly swollen, and covered with a thick whitish-yellow exudation, extending to the uvula. She would not allow the pharynx to be examined. Pulse 90; skin hot; eyes looking dull; breath very offensive. She had for a fortnight had slight hoarseness; on the 23rd she first complained of being ill; and on the morning of the 25th the exudation was first observed. Bell. 3, and Iod. Merc. 1, had been given alternately, and were continued. On the 26th the exudation was as before, and scarlatina eruption had shewn itself. This was of a good colour, abundant, and papular. I did not see her after this.

On the 27th. Bell. and Brom. 1, were given, and the case proceeded well.

28th. The exudation coming away, and not extending; but in the afternoon the child was attacked with vomiting, which so alarmed a member of the family hostile to homœopathy, that the case was that evening placed in allopathic hands.

On the 30th, the child died, but it appears not from throat symptoms.

The vomiting continued up to the hour she died. This patient had for long suffered from necrosis of tibia, and was of a very strumous habit. She might have died under homœopathic treatment, but as far as the throat was concerned, the remedies seemed efficient.

Case treated by Dr. Dudgeon, abridged from his notes :

A young lady, aged 14, had for two days complained of sore-throat, to which the parents paid no heed, though they had at this time had a child dying from diphtheria, under allopathic care.

April 2nd, 1858. The left tonsil is swollen, of a dark red

colour, and covered with yellow patches. Bell. 1, and Merc. 1, were given alternately every two hours.

April 3rd. The left side of fauces enormously swollen, with external swelling of neck; the yellow patches have increased, and whitish streaks are observable on the throat and palate. Deglutition most painful; pulse quick, sleepless, and much agitated.

April 4th. Increase of all the symptoms; the left tonsil enormously enlarged, and extreme swelling of the neck from the jaw to the clavicle.

During the 3rd, Merc. iod. 1, about a grain in a wineglassful of water, a teaspoonful to be taken every two hours, alternated with Caps. Φ . On the 4th, it was alternated with Arg. nit. The throat was also gargled with a weak solution of nitrate of silver; the solid nitrate was also applied. Beef-tea, arrow-root, with port wine, eggs, jelly, were freely given, notwithstanding the painful deglutition. Under this treatment the patient progressed. She was soon able to lie down and to sleep, the pulse retaining a good strength. By the 6th the tonsils had subsided, and large membranous patches came away, along with a copious ichorous, and offensive discharge. During next day she (through carelessness) received little or no food, and required to be well supported during the night. Next morning she was cheerful and lively, and spoke of going to a party on the following week. On the 8th she was up and dressed, and extremely cheerful; the throat nearly free of shreds.

April 9th. Surprised to find that the parents, from some unaccountable whim, had sent for an allopathic medical man who professed to have had great experience of the disease in Boulogne. The parents could judge little, personally, of the case, for they only ventured to look in at the door of the sick room once or twice a day, with a handkerchief saturated in eau-de-Cologne applied to their nose, so great was their dread of infection.

In the *Times*, to my surprise, I read that the patient died on the 13th.

The patient continued to progress well on the 9th and 10th; on the 11th her medical attendant pronounced her nearly well,

and allowed her to sit at an open window with a keen north-east wind blowing. Soon laryngeal symptoms set in, and she died next morning.

“Of course I cannot give this as a case of the successful homœopathic treatment of diphtheria, as I had not an opportunity of treating the case to the end, and it is just possible it might have died under my hands; but still, to me, the case was very instructive, and the propriety of the treatment pursued was evident enough to myself, who watched the case with the utmost solicitude (I saw the patient three or four times daily), though it was not so to the parents, who did not watch it at all.

“The subsidence of the enormous swelling, the detachment of the slough, and the evident arrest of the disease, were proof sufficient to me that the case was going on favourably under the remedies used, and the dietetic measures resorted to.

“The evident ill effects that ensued when the food was omitted, shewed me the importance of keeping up the supplies both of nutriment and stimulus, in spite of the objections of the patient.

“I think the nitrate of silver gargle did good, as the patient felt her throat cleaner after its use; but perhaps any other gargle would have done as well.

“I am disposed to ascribe to the *merc. biniod.* the merit of the amelioration. To it I accredit the rapid subsidence of the swelling, both outside and in, and the speedy detachment of the sloughs; and I would, from my experience in this case, earnestly advise those who have to do with this painful disease to give it a fair trial.”

The next three cases are kindly furnished by Dr. Madden.

“The first cases I saw were two brothers, aged six and seven. I visited them first on October 3rd, 1857. The elder of the two had then been suffering from sore-throat for a week, with some fever of a night, but not sufficiently severe to alarm even an anxious parent. The tonsils were enlarged, and of a pale red colour, and there were a few slight abrasions of the epithelium, but nothing more. His younger brother had been attacked in the same way the day before. Two days after, the elder did not complain more, but the tonsils were red and sore.

On the following day, however, the inflammation was considerably less, but he did not feel better; was disinclined to get up, preferred lying quiet, and slept a good deal. On the 8th (the day following) a large patch of false membrane was visible upon the left tonsil, having very much the appearance of an ulcer made by nitric acid. October 9th, the report is, 'the throat looks better; has had a restless night, but his sleep was calm and quiet when he did sleep. 10th. Throat rather better; edges of the slough loose; appetite very bad; bowels rather confined; still disinclined to move about. 11th. Very weak and low; frequent retching, and disinclined for all food. 12th. A restless night; is very weak; breath fœtid, tongue red-edged; throat much cleaner, and the slough has entirely separated. 5 P.M. of the same day, much weaker; voice hoarse; respiration much oppressed, and loud mucous râles chiefly in larynx and large bronchi. 9 P.M. Seems to be a trifle better, but the râles in the larynx are very loud.' He died at eight the following morning.

"The progress of his younger brother's case was as follows. I have already stated that he first complained of his throat on October 2nd. The reports in my note-book are—Oct. 5th. Decidedly better. 7th. Throat still better, but he has a severe coryza. 8th. Again better in every way. 9th. Some ulceration of one tonsil, which, however, does not appear to give him much uneasiness; he eats and sleeps well. 10th. Appears decidedly better; ulcers clean and healthy. 11th. Still better. 12th. Doing well; appetite good; sleeps well; bowels confined. 13th. Complains more of his throat, and the velum palati is red and rather swollen. 5 P.M., is certainly worse, and refuses his food. 10 P.M., is easier, and sleeping quietly; respiration quiet and easy. 14th. A very quiet night, and the throat looks better, but he seems to have a great disgust at food, and vomits frequently. 15th. A quiet night; but there is considerable ulceration of the velum and tonsils, with patches of false membrane, and his breath is becoming fœtid; his bowels continue confined, and the loathing and vomiting of food are unabated. 16th. A quiet night, but the throat is unchanged, and the vomiting continues; the tongue, also, has

become foul ; for the last three days he has begun to lie about as his brother did ; disinclined to move, but making no complaints. In the afternoon the report was—worse ; breath very foetid, and throat worse. 10 P.M. The larynx evidently affected. 17th. The larynx relieved, but the boy's condition is quite typhoid. At 2 P.M. he appeared much the same, but suddenly, after swallowing a spoonful of liquid, he became convulsed, and died.

“ On the 15th of October the mother of these boys (aged 30) was also attacked with sore-throat. When I first saw her the tonsils and velum were swollen, and presented a deep purple-red appearance, as if bathed in port wine. This was between 10 and 11 A.M., and before 2 P.M. of the same day small sloughs, about the size of a threepenny-piece, had appeared upon each tonsil. Meanwhile the suffering was by no means great, and the general malaise bore much more of the character of grief for the loss of her son than any deep seated constitutional disturbance. My notes of the progress of this case are as follows : Oct. 16th. Worse ; a large and deep slough upon the left tonsil. 10 P.M. Still worse ; the ulceration and sloughing are extending ; pulse weak and low ; stimulants were ordered to be given freely. 17th, 7 A.M. Better since midnight, and the throat looks better, but there is much mucus secreted by the posterior fauces. 10 P.M., weaker, and oppressed by the quantity of mucus in the throat. 18th, 8 A.M. Was again very weak and exhausted about midnight, but a favourable re-action has occurred since ; the throat is unchanged. 10 P.M. Has been improving all day, and she feels much better ; the throat, also, looks cleaner ; there is some swelling of the submaxillary glands. 19th, 7 A.M. A good night, and feels much better ; the slough is separating ; submaxillary glands larger, but not painful. 4½ P.M. The throat is less red, but a fresh spot of ulceration has appeared. 20th, 8 A.M. A bad night, with great debility, but has again revived. 10 P.M., better all day ; part of the slough has come away, and there is much burning pain in the throat. 21st, 7.30 A.M. A good night ; pulse good ; the parts of the throat firm ; also the slough has separated ; look flaccid. 10 P.M. Has continued better all day. 22nd, 7.30 A.M.

The slough has entirely separated, and the throat looks raw, red, and cedematous. 23rd, 8 A.M. A good night, and the throat looks much more healthy; for the last two days deglutition has been performed with extreme suffering, owing to the raw condition of the throat. It required the greatest courage on the part of the patient to take her allotted nourishment, as she described the pain as nothing short of torture.

“From this time the patient steadily improved, the throat gradually healed, and when cicatrization was complete the pain on swallowing left her. After this she was for a time much troubled with a feeling of powerlessness of the muscles of deglutition, which however gradually subsided, and considering the fact of her losing both her sons, and having other causes for much mental anxiety, her recovery may be considered rapid.

“Shortly after the above I attended another boy whose case precisely resembled that of the two boys already detailed. After ten days of homœopathic treatment, with the same alternations of hope and fear, his parents placed him under allopathic treatment, but with no effect: he showed the same changes of better and worse, but died about the 21st day from the commencement of the sore throat. I have said nothing about treatment, but the fact is that in scarcely any case could I trace distinct evidence of the medicines influencing the progress of the disease. The remedies used were, *acon.*, *bell.*, *merc.*, *ars.*, *lach.*, *brom.*, *iodine*, *kali. b.*, *rhus radicans*, *kali chloric.*, *kreos.*, *glanderine*, *muritic acid*, *chin. s.*, *am.-carb.*, and locally, *capsicum*, *nitr. argent.* and *sol. chloride of zinc*. In the mother's case the *capsicum* appeared to produce a healthy reaction in the throat, and the gargles of *nitr. arg.* and *chlo. zinc*, both proved apparently useful: also the *am. carb.* was decidedly beneficial during the fits of exhaustion which occurred for several nights. But these were merely palliatives, and the impression left upon my mind both by the above cases and by others that I saw in consultation, was that no remedy which we tried exerted any specifically beneficial effect upon the disease. One thing I think I may safely say, viz., that in every case of true Diphtheria which I have witnessed, mercury in every form, and I tried *merc. sol.*, *merc. cor.*, and *merc. oxyd. rub.* did decided

harm, But on the contrary I observed that this remedy did great good to the milder kinds of ulcerated sore throat which were very prevalent at the time.

“In the three fatal cases I observed as strongly marked characteristics, a total absence of all true rallying power, the most complete adynamia that I ever witnessed. There was comparatively very little suffering, but still no amount of stimulant, and no nutriment appeared to produce the least effect as regards rousing the patient. In the case which recovered, on the contrary, although several fits of exhaustion occurred, the patient responded to stimulants liberally administered, and to this she owed her recovery.”

RESUMÉ OF TREATMENT.

- A. When the gums are red, and are covered with an exudation extending to the cheek, give *kal. chlor.*, Λ or 1, every 3 to 6 hours: the remedy being also used topically.
- B. When the tonsils are slightly swollen, and dotted or coated with yellowish white spots, the submaxillary glands swollen, and the breath offensive, give *iod. merc.* 1, every 2 to 6 hours: *Iod. merc. A.* may also be applied locally. If after 36 to 48 hours the exudation extend to the uvula and pharynx, and it appear that the *iod. merc.* is of no use, the choice lies between *kal. bich.* and *bromine*, or its combination with *potash*. It is said an indication is afforded in the character of the exudations; when they are friable select the former; when they are firm and threaten to invade the larynx give the latter. To this it may be added when the exudation extends to the nostrils, or when there are offensive and ichorous discharges from the nostrils, a preference may be given to *kal. bich.*, as also where there are signs of ulceration, and low inflammation of the mucous membrane: *kal. bich.* 3d to 1st dil., *kal. brom. A.*, or *bromine* 2d to Λ .
- C—The patient shews signs of sinking, skin cold, pulse weak, increase of offensive smell, and of discharges from the nose, and the mouth, and presuming *kal. brom.* has been given, then change to *kal. bich.*; or if that has been tried, prescribe *iod. merc.*, the last especially if there be much fetor,

salivation, and swelling of submaxillary glands, and neck : perhaps *Merc. cor.* 2nd and 3rd, might be tried. *Moschus* 1, 2 or 3 drops given occasionally as an intercurrent, or *caps. A.* if required.

D—These failing, the choice lies between *ars.* 2nd to 6th, and *am. carb. A.* to 1st, : a tendency to hæmorrhage may perhaps be an additional indication for the latter. Failing these, *nitric* or *muriatic acid*, 1st or A., and applied locally in a diluted form may be tried.

E—When the voice becomes hoarse, with stridulous laboured breathing, resort at once to *brom.* or *kal. brom.*, giving where needs be *tart. e.* especially when the lungs are oppressed with mucus, or when it seems of consequence to expectorate the exudations. There is often a sort of faucial or guttural gurgling due to the state of the throat, and not to be mistaken for a laryngeal symptom.

Hepar s., 2nd to 3rd, also to be remembered.

F—If apncea be imminent the question of tracheotomy to be considered. In cases where apncea was threatening, the cold affusion has been the means of exciting healthy reaction, and expectoration of the exudation.

G—Scarlatina is present, and the throat shews signs of Diphtheria, administer *iod. merc.*, or if *belladonna* has not previously been much given, it may be now tried in alternation : if these fail follow C. and D. *Aconite* is more indicated here than in the primary variety.

TOPICAL TREATMENT.

H—The Nitrate of silver in solution or solid, and the various acids, have been much used as applications to the throat and larynx : but in the present epidemic their action has not been very satisfactory. The Muriatic acid, pure or slightly diluted with honey, appears to be most in repute.

In Dr. Belcher's practice, the Nitrate of silver was applied to the larynx in three cases, but with no good results. M. Bouchut in his wards of St. Eugenie at Paris abandons all such applications, condemning the actual cautery as a barbarism, and simply uses Glycerine, which as already stated he has found a very efficient solvent of these false mem-

branes, especially when they are more muco-fibrinous than fibrinous. He has also been surprised at the rapidity with which the ulcerous form yields to the glycerine. It can be applied or used as a gargle.

There is thus presented to us in glycerine an admirable topical agent, compatible with the homœopathic remedy, and one which forms an excellent medium for any homœopathic medicine we desire to apply locally.

I would strongly recommend the local use of the Salts of Chrome and Bromine, as also the Mercurial.

When the larynx is involved, inhalations of *bromine* may be used, care being taken that the vapour is so diluted as to have lost its acridity, and to be barely recognized by smell: they may be still more useful if combined with the vapour from hot water.

The *kal. bich.* may be safely used in the strength of $\frac{1}{6}$ th to $\frac{1}{4}$ th of a grain of the pure salt to an ounce of water, or glycerine. If stronger than this solution pain may be excited.

The Bromide of Potassium and the Chlorate of Potash may be applied much stronger.

DIET.

It is of the utmost consequence that the strength be from the first well supported by food in the most nourishing and concentrated forms, and the taking of it rigorously insisted on. When there are signs of failing strength, stimulants are at once to be resorted to.

IS THE ACTION OF A REMEDY INCREASED IN DIRECT PROPORTION TO THE LARGENESS OF THE DOSE ?

BY DR. BOECKER, of Bonn.*

WE must divest ourselves of the idea that a drug is possessed of a certain number of properties which become apparent, ac-

* From the *Journal für Pharmacodynamik, Toxicologie und Therapie*, von Dr. W. Reil.

ording to the size of the dose, as soon as it has been introduced into the body. *It is an opinion hitherto unproved, that the action of a drug is either increased or diminished in accordance with the dose.* To determine this point I made the following experiments.

In my former experiments, both positive and negative results were obtained. I found that on taking 100 drops of Phosphoric acid (one gramme free from water), that rather more phosphoric acid and potass were excreted, without any influence on the excretion of other substances. In the experiments made with phosphate of soda there appeared to be a remarkable affinity between phosphoric acid and potass, it is therefore desirable to ascertain whether the same exists in the present series of experiments.

A.—The negative results were fully verified. We do not find that phosphoric acid changes the ordinary constituents of the urine. I cannot however refrain from passing some remarks on sulphuric acid. In Beneke's *Archiv* bd. 2, s. 222, I have shewn that the quantity of sulphuric acid contained in the urine under various conditions, such as when large quantities of water have been drunk, or when white of egg, phosphoric acid, phosphate of soda, have been taken, or during sleep, &c., and even when from other causes the secretion of urine and its constituents may have been very much changed, remains almost the same; hence we may conclude *that the quantity of sulphuric acid contained in the urine is always very nearly the same.* All the other constituents of the urine are subject to great variation, in comparison with which that of sulphuric acid is very trifling. Great increase or decrease of sulphuric acid excreted, if not dependent upon the internal exhibition of sulphur, sulphuric acid, or some of its salts, indicates, apparently, a deeply seated organic affection. My researches in regard of the amount of sulphur combinations excreted differ from those of others, by the strictness with which I regulated the introduction of substances into the body. I agree generally with Vogel, in his introduction to the *Analysis of the Urine*, by Neubauer, 2nd August, 1856, s. 265, in which he draws the following conclusions:—

1. A considerable decrease in the amount of sulphur indicates that the patient has lived on vegetable diet, without animal food.

2. A great increase in the excretion of sulphuric acid, with a large amount of uræa, indicates too great an abundance of animal food. A casual increase shews that either sulphur, sulphuric acid, or its salts, in large quantities of meat, have been taken.

3. Only in those cases of violent fever, during which little or nothing is taken, and the excretion of sulphur is greatly increased, can the conclusion be drawn, that the increased excretion is owing to a greater decomposition of the elementary tissues.

I may here remark, that in respect to the little or nothing taken in cases of fever, we must strictly determine the amount of sulphuric acid that may thus be taken, before arriving at any just conclusion. The analytic method referred to by Vogel, p. 261, is productive of very uncertain results; I also consider the usual methods as very inexact, and can only place dependence on that I made use of, that of weighing, to obtain absolute exactness. While I remark that the excretion of sulphuric acid remains pretty constantly the same, I have no doubt that it will be objected that I obtained on the 30th September 0·356, and on the 20th October 0·236 grammes sulphuric acid, consequently the difference is not so unimportant. This objection may be easily set aside on referring to the other materials, viz., the urea, chlorine and soda in which such great variations as to quantity may be observed, as to render the variation of sulphuric acid quite insignificant.

Strictly speaking, however, an average should not be taken of those experiments in which the variations are considerable, at least, the figures should not be held as conclusive.

B.—The *positive result* obtained from my early experiments, in autumn 1853, Easter 1854, and following autumn, was, that on taking 100 drops of phosphoric acid, the excretion of the latter, as well as of potass, appeared to be increased; the amount was uninfluenced either by the experiment lasting six or eighteen hours, by abstinence from food, or by taking 100

grammes of white of egg ; hence potass and phosphoric acid seem to have an especial affinity for each other. The question may now be asked : 1st. Is a greater bulk of phosphoric acid excreted than what enters the body ? 2ndly. Is there always an especial affinity between phosphoric acid and potass, and of what nature ?

A glance at table 2 will give us a satisfactory answer.

1st. *The excretion of phosphoric acid is not increased in strict proportion to the amount introduced into the system,* When 0·1 grm. of anhydrous phosphoric acid was taken, more acid was excreted than when 0·2 grm. were taken ; more than when 0·3 grm. By table the 2nd, it seems that on taking 0·1 grm. phosphoric acid, as much of the latter is excreted as when 0·4 is taken (3 millegrammes of the whole quantity of urine voided in six hours may be allowed for, from unavoidable errors, without being held as an essential difference). We shall find, in general, that when 0·1 to 0·6 grm. of anhydrous phosphoric acid is taken internally, that a smaller quantity of acid will be excreted with the urine ; it is only when 0·7 grm. is taken that any decided increase is observed. If the experiment of the 24th October shews an extremely low figure, it is without doubt owing to some unknown action or derangement of my constitution. On comparing the experiments made in the autumn, 1853, under precisely similar conditions, when I took 100 drops of phosphoric acid (= 1 grm. anhydrous acid) higher figures were obtained, viz., 0·829, 0·923 grm. ; and with 110 drops even 0·979 grm. Accidentally, the experiment of the 5th October, 1855, gave a very small amount of phosphoric acid, viz., 0·221 ; in former experiments I obtained 0·3 to 0·4 grm., so that in the experiments with 0·1 to 0·3 grm. I cannot venture to speak of an increase in the excretion. If I regard the amount obtained in autumn 1855, 0·221, only as proportional, it is certain that the apparent increase of phosphoric acid in the first experiment cannot be derived from the acid taken, for otherwise I should have obtained the amount 0·321. But this amount I should have had great difficulty in procuring, for I have found from many of my earlier researches that in six hours a third, or at the utmost one-half of the phosphoric acid taken was again excreted.

We may hence assume that *in general, after large doses exceeding 60 drops, more phosphoric acid is excreted, and less after smaller doses*, but still with great variation. From 80 to 90 drops, according to my experiments, appeared to act most favourably. These facts are not dependent upon any accidental increase or decrease in the quantity of the urine.

It appears *that in proportion to the quantity of phosphoric acid taken, the system excretes more of the acid when the dose is small than when it is large*, as may be seen by table 4. This property of phosphoric acid does not seem to be peculiar to it. W. Kaupp, in the *Archives of Medical Science*, by K. Vierordt, for 1855, 3 heft., p. 385, has given a remarkable essay on the amount of muriate of soda in the urine, as dependent on the quantity of the same salt contained in the food. The essay is a very excellent one, but I only quote it to observe that the author lays great stress on the difference of 0·480 grm. urea obtained in twenty-four hours; for we know that the variations of any single course of experiments are frequent, and there are sources of error in Liebig's method for determining the amount of urea. Kaupp arrived at the general result, that in proportion to the amount introduced into the system so is the quantity of muriate of soda excreted by the urine. We have noticed, however, the excretion of muriate of soda is not by any means in proportion to the amount taken; moreover, at page 400, table 2, it is shewn that in 19 grm. of muriate of soda taken daily, just as much was excreted as when 23·9 grm. were administered. And Kaupp confirms, with many proofs, Barral's proposition—that the smaller the dose, so much the greater relatively is the excretion of the muriate of soda by the urine.

I found by my early researches that the most abundant excretion of phosphoric acid took place in the first three hours after its administration, then gradually lessened, so that in eighteen hours, of 1 grm. of phosphoric acid taken into the system 0·743, in six hours 0·568 were eliminated; food increased the excretion of the acid. It must therefore be understood, in the present experiments, that at the conclusion of each I took food at noon, and lived as usual the evening and

following day, when the whole of the phosphoric acid taken must have been excreted.

In my first essay on phosphoric acid and phosphate of soda (*Prager Vierteljahrsschrift*, bd. 44, s. 146), I remarked:—

“1. When 1 grm. of anhydrous phosphoric acid, dissolved in 250 grm. of water, was taken internally, there was an increase of the excretion of potash, in proportion of 100 : 178.

“2. Fifteen grm. of phosphate of soda, dissolved in 250 grm. of water caused an increase of potash in proportion of 100 : 170.

“3. On taking phosphoric acid, dissolved in 500 grm. of water, the excretion of potash shewed either a very slight increase, or was even slightly diminished.

“4. Phosphate of soda, dissolved in 500 grm. of water, increased the excretion of potash in the proportion of 100 : 106.”

When I obtained these results they seemed to me very doubtful, and I hesitated to draw from them any general conclusion. I found indeed that 250 grm. of water, taken at the same time as phosphoric acid, increased considerably the amount of potash; the mean of five experiments with 500 grm., and equal quantities of phosphoric acid, gave an increase of 1·395 and 1·475; but only in one experiment, when the excretion of phosphoric acid was considerable, viz., 0·779 grm., was the amount of potash much below the mean, viz., 0·986 grm. In another instance, the difference was unimportant, viz., 1·2 grm. potash to 0·808 phosphoric acid. These experiments lead to the inference that my system was affected by some unascertained influence. This subject should not, however, be thoughtlessly laid aside as if there were an end to further enquiry, but it should be our next task to make any difference arising from a single experiment subordinate to a general law. My later experiments seem to give some prospect of the latter being effected.

I found, in my experiments made in autumn, 1853, that in equal quantities of phosphoric acid (and phosphate of soda) with an increase of the quantity of water, the amount of kali decreased; and now I find, that with the same quantity of water and a decreasing amount of phosphoric acid, there is likewise a decrease in the quantity of kali. But not only so;

I find, in addition, that in the three first experiments with phosphoric acid, the quantity of kali excreted is only one-half of that in the normal condition; that in the three following, with 0.40, 0.5, and 0.6 grm. of anhydrous phosphoric acid, the amount of kali excreted was certainly on the increase, but irregularly, without however reaching the normal quantity, which, in all my former experiments, I had obtained without the use of phosphoric acid. When 0.7 grm. of phosphoric acid was taken, there seemed to be a turning point in the quantity of kali excreted, and this continued, with but one considerable exception, far beyond the average, until 1.1 grm. of phosphoric acid was taken.

It is therefore a fact, according to the preceding researches, that phosphoric acid, taken internally, has a decided affinity for kali; that in large doses, exceeding 0.6 grm., it causes an increase in the quantity of kali excreted, but in small doses a considerable decrease.

I must be allowed to remark, in order to excite a little interest in favour of this fact, that it may prove very valuable in practice. My earlier experiments lead me to think it highly probable that the medicinal action of phosphoric acid is dependent upon its affinity for kali. I have before remarked, that this acid, in large doses, deprives the blood of kali. The blood corpuscles contain by far the largest quantity of kali. The blood will part with kali to phosphoric acid, and, in fact, in a few experiments made at Easter, 1854, the acid began to abstract the iron of the corpuscles, so that the latter would have been gradually deprived of the necessary conditions of existence, if the administration of the acid had been continued. I have long since suspected that phosphoric acid tended to arrest the development of the blood corpuscles, still, until now it has not been proved to be more than hypothetical. However it may be, it is so far certain that if the action of phosphoric acid is owing to its remarkable affinity for kali, and if a similar affinity should exist under a diseased as in the healthy condition of the system, it must be a point of extreme importance, according to the object in view, whether a retention of kali

is occasioned by a small dose, or a larger one gives rise to a more abundant excretion.

We are accustomed to expect but feeble action from small doses, and greater activity from large doses of medicine; we must, however, consider that circumstances may exist, in which small doses of drugs may educe the opposite to large doses. If the homœopathists should wish to make use of this fact in support of their principle of cure, they must, first of all, prove that their extremely minute doses really effect an important decrease of kali, as well as that all other remedies act similarly to phosphoric acid, before they can render their principle universally true.

There are not wanting instances in which an action similar to that of phosphoric acid is found to exist. Small doses of rhubarb, as I have found in my own person, cause constipation, while larger doses act as an aperient. It is well known that several kinds of obstinate diarrhœa are cured with small doses of rhubarb, which are nevertheless very far from being homœopathic, while large doses always cause diarrhœa; thus with the latter the secretions are promoted, with the former they are arrested. A fact observed by me, though not belonging here, because it is not strictly analogous, I may be allowed to mention, viz., that phosphate of soda in small doses (15 grm.) confines the bowels, and large ones cause relaxation. I have also found that small doses of phosphate of soda constantly lessen the quantity of urine. Will small or large doses lessen or increase the amount of urea? It is not necessary to mention here because not belonging to the point in discussion, the common experience that certain remedies, under certain conditions, will induce at one time vomiting, diarrhœa, at another perspiration, according to the dose (always an increase of the excretions) such as tartar emetic, &c. If experiments, made upon a large number of persons, should establish the fact as a universal law, that small doses of phosphoric acid lessen the quantity of kali excreted, and that large ones cause an increase, still we should not hence deduce the law that small doses are capable of producing the opposite to large ones.

When we meet with a fact opposed to generally received opinions, we at once feel the necessity of an elucidation, and endeavour to make it subordinate to well known laws.

Medical men have prudently long since been careful of considering the law as without exception, that a medicine becomes more powerful as the dose is increased; it is only a factious opposition to homœopathy that upholds such a bold assumption. Schultz Schultzenstein has expressed himself very justly in his work : *Die Heilwirkungen der Arzneien nach den Gesetzen der organischen Verjüngung*, Berlin, 1846, s. 279, § 522. In general it must be assumed as a law, that the degree of action in the system is increased by the largeness of the dose, without any change in the quality of that action, so that action and dose increase or decrease in direct proportion. *This rule admits of an exception in many, perhaps in all medicines, when the difference of dose has reached a certain extent, so that powerful doses often give rise to entirely different effects to those produced by small doses, instead of a simple increase in degree.*

It may be assumed as an axiom, that *according to the strength of the dose of chemical substances, so is the force of their affinity increased.* I have already proved that there is a surprising affinity between kali and phosphoric acid; if therefore the latter in large doses abstracts kali, why does it not do the same in small doses; and why do the latter cause a less secretion than in the normal state? What is it that sets aside this law of affinity?

I cannot answer this question at present, for there is an absence of sufficient material. I can only make some remarks which may, perhaps, lead the way to a solution.

In cases of tetanus it has been observed, that large doses of opium, from 20 to 30 grains, have been borne without any material effect. Abernethy, moreover, found that the larger portion of the opium remained in the stomach undissolved, thus very little had been absorbed, thus an enfeebled power of absorption might have been the cause of this phenomenon; this is the more probable, because Beguin has made the

observation, that opium injected in the veins produces its usual effects.

Perhaps, in my experiments with small doses of phosphoric acid, the absorption into the blood has been hindered, and thus a decrease in the quantity of kali excreted has been occasioned? *This has certainly not been the case.* For, from half an hour to an hour after taking the acid dissolved in water, I have, on percussion, found my stomach empty. By direct experiment on a dog, after the administration of 54 drops of acid, dissolved in 100 grm. of water, I found the stomach entirely free from acid and water; there was no free phosphoric acid in the small intestines, and only a trace of phosphate of soda. In my experiments with the small doses, I have obtained the same quantity of urine as when large doses were given, allowing for natural variations; in four cases the urine exceeded the normal quantity. If impeded absorption of phosphoric acid were the cause of the smaller quantity of kali, much less kali indeed would be excreted than when larger doses were given, but not much less than in the normal state.

Hence it appears that small quantities of phosphoric acid taken internally are soon absorbed into the blood, and decidedly lessen the excretion of kali; on the other hand, large doses, from 0.7 to 1.1 grm., considerably increase the excretion. This increase is occasioned either by a more abundant excretion of the phosphoric acid taken, or the latter causes a greater separation of chlorine in combination with kali.

We have not, however, made any nearer advance to the explanation of the above-mentioned fact, it remains for us to enquire how it occurs *that phosphoric acid, taken in large doses, should likewise cause the separation of chlorine combined with kali, while it (chlorine) is nearly always excreted in combination with soda, and phosphoric acid itself may be largely excreted without an equal amount of kali.* That this is no accidental circumstance is visible from tables 2 and 3, and from my earlier experiments, made with 90, 100, and 110 drops of phosphoric acid, as well as in those I made in autumn 1853, Easter 1854, and in the autumn 1855. There was only

one exception, of the 25th August, 1853, otherwise it could make no difference whether I chose six or eighteen hours for the time of experiment, or took the phosphoric acid fasting, or at the same time took 100 grm. of white of egg. In short, the fact is no longer uncertain, and waits for an explanation.

If the diminution in the quantity of kali in the administration of small doses of phosphoric acid should be attributed to an impediment to the excretion, and therefore the corresponding amount of kali was retained, such a view would at once be set aside on referring to table 2nd, where it will be seen that with the small doses much more phosphoric acid is excreted in proportion, than with large ones. Assuming that from 0.1 to 0.4 grm. phosphoric acid is retained in the blood, and that a neutral phosphate results, still it would not be able, in accordance with the laws of affinity, by simply retaining the kali, to diminish its excretion; for 1000 parts of phosphoric acid combine with 1321 parts of kali to form a neutral salt.

Neither can it be said, that in small doses of phosphoric acid, the kali is discharged by some other outlet of the body. *For with the small doses my evacuations did not differ either in quality or quantity from what they were when the large doses were taken; besides, phosphate of potash is not parted with either from the skin or lungs.*

On referring once more to the remarkable affinity of phosphoric acid for kali, I have to remark, that the experiment of the 5th October shows very nearly an equal amount of kali with the average of the former experiments; this led me to be satisfied with this single experiment, inasmuch as it was useful when compared with the former eight experiments, which, on other points, shewed no essential difference.

In forming a general idea of the results of the present researches, we should state: *That medicinal substances, even when they do not undergo decomposition in the body, but are again discharged, are not again excreted in the same form as that in which they are taken; that their action is not always increased with the largeness of the dose; moreover, that there is room to suppose, that under certain conditions small doses may give rise to the most opposite effects.*

Abstract of some of the Constituents of the Urine before and after the administration of Phosphoric acid.

TABLE 2.

In the experiments of the 5th, 10th, 12th, and 16th October, the urine was scarcely acid, almost neutral.

Day of Experiment.	Quantity of phosphoric acid.	Chlorine.	Phosphoric acid.	Sulphuric acid.	Kali.	Soda.
1855.						
5th October ..	0·00	6·162	0·756	0·817	4·890	3·620
30th September.	0·10	5·334	1·993	1·646	3·440	5·177
2nd October ..	0·20	5·931	1·942	1·372	3·796	5·295
8th " ..	0·30	5·945	1·172	1·119	2·760	4·578
10th " ..	0·40	5·823	1·418	0·851	2·398	5·617
12th " ..	0·50	4·979	1·307	0·609	2·449	5·113
14th " ..	0·60	5·127	0·876	0·563	1·558	4·318
16th " ..	0·70	7·128	2·348	1·235	6·924	5·170
18th " ..	0·80	4·620	1·595	0·586	4·363	2·731
20th " ..	0·90	6·012	4·146	1·234	9·342	3·580
22nd " ..	1·00	6·335	2·416	1·023	4·597	4·397
24th " ..	1·00	6·644	1·665	0·890	5·921	3·276

During the morning experiments, were excreted in grammes.

5th October ..	0·00	1·799	0·221	0·239	1·428	1·057
30th September.	0·10	1·152	0·430	0·356	0·743	1·118
2nd October ..	0·20	1·124	0·368	0·260	0·719	1·003
8th " ..	0·30	1·581	0·312	0·298	0·734	1·218
10th " ..	0·40	2·032	0·495	0·297	0·837	1·930
12th " ..	0·50	1·937	0·506	0·237	0·953	1·989
14th " ..	0·60	2·687	0·459	0·295	0·816	2·263
16th " ..	0·70	1·582	0·521	0·274	1·537	1·148
18th " ..	0·80	2·061	0·711	0·261	1·946	1·218
20th " ..	0·90	1·148	0·792	0·236	1·784	0·684
22nd " ..	1·00	1·723	0·657	0·278	1·250	1·166
24th " ..	1·00	1·987	0·498	0·266	1·770	0·980

TABLE 3.

In autumn, 1853, were excreted on the average of five experiments, during six hours of the morning, with equal quantities of water—

0·00	2·071	0·464	0·445	1·395	1·663
1·00	1·855	0·829	0·417	1·475	1·314

TABLE 4.

In autumn, 1853, were excreted, during six hours of the morning, with 250 grammes of water—

0·00	1·732	0·378	0·409	1·077	1·423
0·90	1·485	0·799	0·515	1·639	1·313
1·00	1·817	0·923	0·423	1·918	1·479
1·10	2·373	0·979	0·336	1·794	2·036

PRACTICAL OBSERVATIONS.

BY DR. ADRIAN STOKES.

Pleuritis.—Effusion.—Cure.

IN May last a patient consulted me for what he called liver complaint. While he was detailing his symptoms, I observed that he was a small spare man of very sallow complexion. He said that he had suffered from rheumatism in March, and had gone into Cheshire in April for the benefit of his health, and that while there he had suffered from hepatic obstruction and pain in the right hypochondrium, followed by a slight degree of jaundice. He had a slight cough, which he had attributed to a deranged state of stomach. The surgeon who treated him in Cheshire had applied a blister to his side, and given him purgatives. I observed his breath to be very short and his respiration laboured, and that speaking was rather difficult, and this roused my suspicions that something else was wrong besides his digestive organs. Accordingly I made him strip, and examined his chest, when a very cursory examination showed the right side of the thorax to be almost immoveable, the ribs being raised and the intercostal spaces pushed out by the fluid within the sac of the pleura. Percussion showed dulness up to the fourth rib, and auscultation gave an increased respiratory murmur in the left chest, and in the upper third of right lung, all the rest being greatly compressed, and only some faint creaking and tubular sounds heard at the base of the lung. The patient was very thin and weak, and in addition to his pleurisy had a congested liver, with some pain on pressure, and distinct feeling of that organ below the floating ribs. I directed him to go home and go to bed, which he did. He got Sulphur ϕ every four hours, and this was continued for a week. During this time I was anxiously looking for some change, but it was not before the expiration of that time that any appeared. The pulse remained at 100, and the tongue resembled a rough-cast wall. However, after a week in bed, there was a very slight improvement visible, and as some rheumatic symptoms appeared

in the back, I changed the medicine for Mercurius and Bryonia, under which the rheumatic symptoms gave way. During the second week subcrepitous râles were heard in the right lung, and there was free mucous expectoration. As this increased and embarrassed the patient a good deal, I determined on giving up the Bryonia, and substituting Tart. 1, in sol., alternating the medicine every three hours. This was continued for ten days with the happiest effect. The absorption of the fluid in the pleura was measured by the restoration of the respiratory sounds in the lower part of the lung; the pulse, which had kept up to 96 during the first fortnight of his treatment, began to fall rapidly under the Tart., and after three weeks in bed and ten days of Tart., had fallen to 80. Convalescence having been so favourably established, I allowed him to rise and dress, and take better food. As the weather was now getting finer, and the month of May nearly over, he went out after being up only three days, and was able to enjoy the fresh open air. I now put him on a course of Iodide of Sulphur for a month, examining his chest from time to time, and finding the improvement continue. He began to improve after a week's treatment; at the end of three weeks the fluid was absorbed from the pleura, and in another fortnight the respiratory sounds were clear to the bottom of the right lung. Three weeks from the time of his rising from his bed the patient was quite well, and very soon returned to his business—that of a carver and gilder.

The action of the medicines in this case was sufficiently marked. I believe the Sulphur at first given caused absorption to take place; and that the Tartar emetic facilitated the expectoration there can be no doubt; for I never saw anything more striking than the relief he experienced from it. The Iodide of Sulphur did him great good; it regulated his bowels and the action of the liver. The congested state of this organ gave way *pari passu* with the absorption of the fluid from the pleura, the patient gained flesh and strength, and since the middle of July has been as well and strong as he ever was in his life.

The Wet Sheet in Fever.

ON the 23rd August, 1857, I was called to visit a young gentleman, æt. 19, who had been suffering since the previous day from feelings of depression and restlessness. He was languid and spiritless; his eyes hollow and brilliant; and he complained of aching in his head and limbs: the pulse was quick and small. The attack had been ushered in by a rigor on the 22nd. The case was one of continued fever, and he was put on Aco. and Bel. and sent to bed. I found symptoms of congestion of the brain threatening to set in after three days, and gave Bel. and Bry. in frequent alternation. Every night the sleep was becoming more broken by delirium of a mild character, and the patient had twice rolled out of bed in the night. Cof. was given without effect, and the symptoms appeared to be getting gradually more confirmed, without any likelihood of a resolution taking place. I then informed the parents that I considered his case to be one the duration of which might be uncertain, and stated my wish to use hydro-pathic treatment. My request was complied with, and on the sixth day of the disease the patient was put into a full pack for a quarter of an hour, and this was repeated with a fresh wet sheet, the head being sponged with cold water during the packing. This was done at 5 P.M. on the sixth day, and next morning the patient had passed a somewhat more comfortable night, the pulse had fallen from 96 to 84, and the tongue was moist at the edges. The packing was repeated, and again the patient passed a quieter night. The pulse remained at 84, and the tongue became moist on its surface. Still there was great headache complained of, and tenderness of the vertebral column, which the packing always relieved. A wet cloth was kept round the head, and afforded considerable relief to the pain. After three days packing the febrile symptoms all gradually faded away, and the patient became convalescent, without any critical evacuation of sweat or urine. After the second day's pack he was rubbed with a wet towel, and afterwards had a wash down. This plan of treatment was continued for a week, and after that convalescence was established. The medical treatment was

continued with Bell. and Bryonia, which no doubt acted favourably upon the disease ; but it is clear that the early subsidence of the fever must be ascribed to the wet sheet. So great appeared to me to be the control over fever given us by this powerful means, that I resolved to employ it again on a suitable opportunity presenting itself. The patient was so well at the end of a fortnight that my further attendance was no longer necessary. To re-establish his health completely I recommended travel, but it was not possible to go abroad at the time. He made a voyage up the Mediterranean, and travelled in Italy and Switzerland in the spring of the present year, and is now as robust as any of his family.

Another case illustrative of the efficacy of the water treatment, is that of a young lady of 15 years of age. This patient has been treated by me during five years past for inflammation of the upper dorsal vertebræ, and has used with great advantage the prone couch. During the past two years she has been able to take lessons in dancing, and to enjoy walking exercise. On Friday, the 3rd of September, she felt very poorly, languid, and chilly, with restless and disturbed sleep. This state continued until Sunday, when severe rigor set in, followed by intense fever. I was sent for on Monday, and found her lying on the sofa, with flushed face and injected eyes, rapid wiry labouring pulse, 100 ; langour, thirst, confusion of head. I gave Aconite, and saw her next morning in bed, whither I had sent her the day before. The tongue now was dry and hard, of a light brown colour, the eyes suffused, the head mazy, skin pungently hot, dry, and harsh. Fever was plain enough ; so I ordered a pack of twenty minutes at 5 P.M., which gave great relief ; but as the skin was still hot and dry, the pack was repeated at nine. Next morning the tongue was partially free from its dry brown coating ; the skin less hot, but still too much so. The night had been refreshing. On Thursday morning (the 9th) the tongue was moist at edges, and the patient in a gentle sweat ; the pulse soft, and 90 in a minute. The head being rather oppressed, and the urinary secretion very scanty and red, I gave Bell. and Bry. alternately every two hours. On visiting my patient the next day, I found the fever greatly abated and the

pulse reduced. The packing did not abridge the fever as in the first case, but effected a marked change in its character, relieving the depression, and reducing the temperature and the pulse very satisfactorily. My object in mentioning the application of the water to these cases, is to remind my colleagues of a very powerful remedy which lies close to every man's hand, and which I think we do not sufficiently employ. In various modes of application, water has in my hands done much good service in the treatment of constipation, dyspepsias, headache, and a variety of ailments; and as an adjuvant to treatment by medicines, I think it must be acknowledged to be one of the most powerful we have; and, what is a great recommendation, one of the most manageable.

FRAGMENTARY PROVING OF EUPHRASIA OFFICINALIS.*

[The symptomatology of Euphrasia, as given by Hahnemann, is very incomplete, and though the following proving cannot be considered more than fragmentary, yet it adds a little to our knowledge of this valuable eye medicine, and corroborates many of the symptoms recorded by Hahnemann.]

A.

Dr. Adler, of Eibenschütz in Moravia, made several provings with the tincture. He writes:—

After having made several fruitless trials of higher dilutions (30, 24, 15) of Euphrasia, six months afterwards I commenced a new series, at first with the 3rd, 2nd, and 1st dilutions, afterwards with the strong tincture, at two different periods, with only a few days' interval.

First Period.

On the 15th November, 1852, at 6 A.M., I took, on an empty stomach, 10 drops of the 3rd decimal dilution, in a table-spoonful of water.

* From the Austrian Hom. Journal, Dec. 1857.

10 A.M. Itching in both eyes for some minutes. 2 P.M. Sensation as if someone were pressing on my eyes; I lay down in bed, slept a little, and woke up half an hour afterwards without further pain.

16th. I again took this morning 10 drops of the 3rd dil. I must frequently wink my eyes during the day; and occasionally I felt a straining in them, which, after lasting for a few minutes, went off for three or four hours.

17th. I took 10 drops in the morning at 6, and again at 10 A.M. A quarter of an hour after the second dose I had a transient sensation of nausea. I had just begun to smoke a cigar, which I put aside immediately on feeling unwell. At a subsequent period of the day I smoked without any discomfort. I became very sleepy in the evening, went to bed earlier than usual, and slept well.

18th. I took 20 drops as yesterday. Frequent winking, like straining in the eyes. In the afternoon irresistible sleepiness.

19th. Took 10 drops of the 2nd dilution. About 9 A.M., dull frontal headache, relieved in the open air. In the afternoon sleepiness and necessity to wink frequently. No relish for the cigar.

20th. Ten drops of the 2nd dilution at 6 A.M., and the same quantity an hour afterwards. Soon after the second dose nausea, and aching frontal pain extending into the eyes, which goes off in the open air. During the day frequent winking, like straining in the eyes. After dinner my head is heavy and confused; I can with difficulty conquer my sleepiness. The cigar is not relished as usual.

21st and 22nd. Took no medicine.

21st. In the afternoon, until the evening, burning in the piles (perhaps in consequence of having taken some wine and water); relieved by a cold sitz bath.

22nd. In the morning, on waking, confusion of the head; going off when driving about.

23rd. In the morning, 15 drops of the 2nd dil., and the same dose two hours later. About 10 A.M., nausea, lasting about a quarter of an hour, followed by aching in both eyes, compelling frequent winking. Very little appetite for dinner. The cigar

not relished after a few puffs, and must lay it aside. (I am a great smoker in general.) At 8 P.M. irresistible sleepiness.

As I did not observe any very noteworthy symptoms, I discontinued the proving.

Second Period.

December 8th, 1852. At 6 A.M. I took 9 drops of the 1st dil. in a tablespoonful of water, and an hour afterwards the same dose. Two hours after the 2nd dose (at 9 A.M.) I yawned much, which was followed by nausea, that lasted some minutes, but soon went off after taking a glass of cold water. At 11 A.M., aching in the forehead and eyes, with photophobia and lachrymation. I had to darken the room. These troublesome symptoms went off about noon; little appetite for dinner. At 2 P.M., eructation with the taste of the food; cigar not relished. In the evening, weariness of the limbs. I went early to bed, but could not sleep before midnight; slept well till 5 A.M., and felt invigorated.

9th. In the morning, 18 drops of the 1st dil. About 10 A.M. (four hours after taking the medicine), pinching about the navel, with nausea and inclination to vomit, lasting but a short time, followed by rumbling in the bowels. At 4 P.M., when walking in the open air, shooting in a hollow tooth, lasting some minutes, and going off on coming into a warm room. At 6 P.M., aching pain in both supraorbital regions, and straining of the eyes; these are relieved by a flow of tears. Sleepiness sends me soon to bed, and on lying down the sleepy feeling goes off. I did not fall asleep until about 11 o'clock, and slept quietly till morning.

10th. In the morning, confused empty feeling in the head. At 10 A.M., 22 drops of the 1st dil. In half an hour, nausea and pinching in the belly. At noon, clammy taste in the mouth; anorexia. In the afternoon, frequent eructation of food. On going out, itching in the eyes, making me frequently wink and wipe them, which causes lachrymation. I had to lay aside my cigar several times, it did not relish. I felt weak, as if I had had no food.

11th. After a disturbed night's rest, my head is confused,

and the eyes heavy, as if I had not finished my sleep. This state of things disappears after a cold bath, which I have been in the habit of taking every morning for some years. 10 A.M. 27 drops of 1st dil. half an hour later; heartburn and repeated eructations of wind only. 10.30 A.M. Burning in the eyes, with lachrymation, lasting till noon. 12.30 P.M. Dinner is not relished as usual, although I have a good appetite. 2 P.M. Eructation of food. 3 P.M. During a walk, shooting in a hollow tooth, and in the lower jaw on the right side; relieved on returning to a warm room. 6 P.M. Itching and burning of the piles. Two days have passed without an evacuation, which is unusual.

12th. On awaking at 5 A.M., some coryza, with aching in the forehead over the root of the nose; disappearing after the cold bath. (6 A.M.) At 10 A.M., up to which time I have been free from all complaint, I took 10 drops of the mother tincture in a tablespoonful of water. Half an hour later, stomach ache, as from distension, followed by eructation, which afforded relief. 1 P.M. Eructation of food. 1.30 P.M. Pinching about the navel; severe burning of the piles (the first coming and going, the latter lasting the whole afternoon, and then gradually passing off). 3 P.M. Aching in the eyes, with frequent winking as from straining; better in the dark. 4 P.M. Weariness, lasting till night.

13th, 6 A.M. Twenty drops of mother tincture in two tablespoonfuls of water. At 9 A.M. During a walk, itching in the nose, and aching pain in the forehead and eyes, lasting five minutes. The latter symptom returned in about half an hour, but disappeared finally a few minutes later. At 10.30 A.M. Rumbling in the belly, with a desire for food; relieved by a piece of bread. Repeated burning in the eyes, causing winking, lasting till noon, and relieved by increased flow of tears. Noon. Appetite unaltered; depraved taste of food. 1.30 P.M. Stomach distended with wind, terminating in repeated eructation of food. 3 P.M. Pinching in the belly; shooting pain in the right shoulder; dull pain in the upper and fore-arm of the same side, extending to the fingers. All the symptoms pass off in half an hour. In the evening, lassitude, repeated yawning, and sleepiness.

I fall asleep about eleven o'clock. Next morning (14th) on waking, a confused feeling in the head, and aching pain in the forehead; disappearing after a cold bath.

Frequent professional journeys, and the concomitant unavoidable causes of disturbance to the action of remedies, compel me to cease my experiments to avoid uncertainty in observation.

B.

Emil Koller, surgeon in Ottensheim, Austria, whose peculiarities are known from former experiments, made a series of observations with euphrasia on himself and another gentleman.

a. Koller himself commenced on the 25th July, 1850, by taking, on an empty stomach, 100 drops (10 to 90) of the 25th dil.

From the 26th to 30th July, he took 100 drops daily, without any effect.

31st. One hundred drops of the 20th dil. 6 P.M. Whilst sitting still, frequent shooting pains in the left os calcis for four or five minutes; frequent yawning.

August 2nd. One hundred drops of 20th dil. at 11 A.M. Abstraction and confused feelings in the head; dryness of eyes. and a feeling of tension at the outer corners; slight swelling of the ciliary margins. (2 P.M.) 8 P.M. Candlelight is irritating; a feeling of weakness in the right wrist, reaching to the elbow; burning in the margin of the eyelids.

3rd. One hundred drops of the 20th dil. at 6 A.M. Burning and tension of the margins of the lids, especially at the corners on awaking in the morning; the cornea feels as if thickly covered with mucus, which obscures it, and renders frequent closure and compression of the eyelids necessary (lasting till 8 A.M.) A quarter of an hour after the dose, nausea, and a feeling of emptiness; abstraction. At 10 A.M., whilst in church, and on rising from his seat, he experiences a shooting pain along the left spermatic cord, reaching to the testicle, and lasting two or three minutes. The margins of the eyelids are somewhat red; the feeling of dryness increases. At 1 P.M., a heavy pain over the right supra-orbital region, reaching to the centre

of forehead, and becoming, after a time, aching. 7 P.M. Sight somewhat dim, as if veiled.

4th. One hundred drops, 20th dil. Burning and swelling of the eyelids, especially on awaking, and lasting till 11 A.M. He seems to see through a veil.

5th, 7 o'clock. One hundred drops of 20th dil. Burning of the margins of the eyelids, with swelling and redness.

On the 6th and 7th. Similar doses and results.

8th. One hundred drops, 15th dil. Burning of the eyelids and feeling of swelling, especially in the forenoon; great dryness of the eyes and nose (has not required a pocket kerchief for four or five days).

10th and 12th. One hundred drops of 15th dil., with the same results. Scanty evacuations.

14th. One hundred drops of the 12th dil. No new symptoms; but the sight is dim as from a veil, especially in the morning.

15th, 16th, and 17th. One hundred drops of the 12th dil. The dryness of the eyes and nose increases, and becomes very troublesome; the evacuations during the last three days have also been very dry and sluggish. No other new symptom.

18th. One hundred drops of the 10th dil. The symptoms above described, of burning in the eyes, swelling of the ciliary margins, and the troublesome feeling of dryness increase. He also observes in the morning (when the symptoms are at their height), a swelling of the mucous membrane in the left nostril; the dejecta became daily more dry, and their passage more difficult, contrary to what he has been accustomed to for years, during which he has had a copious and moist evacuation daily after coffee. He also feels great irritability of system; frequent itchings and bitings over the whole body, as if from fleas.

20th. One hundred drops of the 10th dil. The same symptoms; the biting and itching increase.

22nd. One hundred drops of the 10th dil. The same symptoms; the dryness of eyes and nose becoming greater.

23rd and 24th. The same dose. No new results.

25th. One hundred drops of 8th dil., taken at one o'clock at night. Troublesome burning of the margin of the eyelids; dryness of the nose. The inflammation of the latter disappears.

1 P.M. Whilst writing, the eyes become so painful that he is compelled to stop. If he fixes the eye for any time on one object it disappears entirely, and the eye begins to water copiously. At 3 P.M., whilst sitting, there is a darting pain in the right instep, lasting three or four minutes, recurring several times, and finally subsiding into a slight burning; aching pain in the forehead; fretful in temper; darting pain in the right cheek; and the same, during walking, in the left great toe.

27th. Same dose. No new symptoms. The costiveness continues, so that he has had no evacuation for two days.

29th and 30th. Similar doses, but no new results.

September 1st. One hundred drops of the 6th dil. No symptoms beyond a great dryness of the nose and photophobia. Headache on waking in the morning, especially in the forehead; he has also observed for several days that his tongue is much coated of a morning, accompanied by a clayey taste; dejecta scanty and dry, in spite of the quantity of fruit eaten. The troublesome dryness has also taken possession of the skin, for he can with great difficulty get into a perspiration, even by considerable exercise.

3rd. A like dose, with the same results. Dryness of the mouth; pain in the chest; the inflammation of the left nostril has re-appeared.

4th. The same dose and results. The tongue much furred in the morning.

5th. A similar dose. Nothing new.

6th, 7th, 8th, 9th, and 10th. One hundred drops of the 5th dil. No new symptoms.

11th. One hundred drops of the 4th dil. Dryness of the nose and eyes, which compels him, especially when reading, to close the lids.

12th, 13th, and 14th. One hundred drops of the 4th dil., and on 15th, 100 drops of 3rd dil. No new symptoms.

16th. One hundred drops of the 3rd dil. An hour after rising the eyes become so dim that for nearly half an hour he is unable to see any object distinctly; everything appears enshrouded in a veil, and moving. This disappeared in three quarters of an hour, and gave place to the usual burning.

17th, 19th, and 20th. The same doses, and the same symptoms in the morning.

21st. One hundred drops of the 2nd dil. The margins of the lids become more and more sensitive and swollen, and the eyes appear less open than usual.

22nd, 23rd, and 24th. The same doses. No new symptoms.

25th. The same dose. The dimness in the eyes does not come on this morning, but instead, at 9 A.M., whilst quietly seated, excruciating pain in the fingers of left hand for three or four minutes.

26th. The same dose. The same symptoms, but the headache is more severe and lasting.

27th, 28th, 29th, and 30th. Nothing new.

October 1st. One hundred drops of the 1st dil. No new symptoms. The prover terminates his experiments; but on the 14th he still feels strong burning in the margin of the eyelids, with the oft-mentioned dryness. The eyes, also, are still sensitive to light, and the margin of the lids swollen, and somewhat red.

♁ J. Hirbner also commenced his experiments with euphrasia, under the direction of Surgeon Koller, on the 25th of July, with the 30th dil. From this he passed to the 25th, 20th, 18th, 15th, and 12th, successively. He gave to each dilution a five days' trial, without obtaining any result whatever.

He took, therefore, on the 30th August, 100 drops of the 10th dil., whereupon followed pain in the lower part of abdomen, repeated griping, with three motions, and rumbling in the intestines.

September 1st. The same dose. Three motions, with repeated gripings.

2nd. Four motions, with gripings.

3rd and 4th. The same doses and symptoms.

5th. The same dose, without any resulting symptoms.

6th. One hundred drops of the 8th dil. No results.

7th and 8th. The same.

9th. One hundred and fifty drops of the 7th dil. No result.

10th. After a similar dose, on awaking in the morning, sharp lancinating pain along the spine, which gradually passes off

after exercise. The symptoms appeared every morning until the 4th or 5th of October, although he ended his experiments on the 3rd of October. They were carried on with each dilution up to 200 drops, without any other symptom being observed. There was not the slightest effect upon the eyes.

c The experiments upon Koller's child gave similarly small results. He took successively all dilutions, commencing with 50 drops of 30th dil. After taking the 3rd dil., the first symptoms appeared of a scarcely perceptible swelling of the margins of the eyelids, with a feeling of dryness, which lasted till the 6th of October (the experiments ceased on the 28th of September). The renal secretion was increased in quantity during the investigation.

C.

Dr. Franz Puffer writes as follows in his diary, on the results of certain experiments made by him with euphrasia.

I was desirous of studying the physiological action of euphrasia on my own person, having been convinced of its therapeutic value in the following incontestable manner:—Suffering some years ago from an inflammation of the eyes, it was administered to me by my medical attendant, in a high dilution, with a truly startling result. The inflammation shewed itself in both eyes by a bright redness of conjunctiva, photophobia, sharp lancinating pain, exacerbated on each motion of the eyeball, and a very copious overflow of clear fluid from both eyes. Sympathetic headache and nausea supervened.

After a few globules moistened with euphrasia (the dilution of which I do not know, but it was certainly a high one) had been given me, I fell into a slumber, from which I awoke, I may say, recovered. This personal experience spurred me on to further investigation; and with similar symptoms, if not always with so magical rapidity, I have often found, by the use of this agent, that relief which its ancient name expresses.*

My provings commenced on the 2nd December, 1847, without any change in my habits. Mornings, café au lait; a frugal dinner, without spices, and a pint of weak wine and water: soup and bread in the evening.

* *Augentrost* in German, literally *Eye-comfort*.

December 2nd, 6.30 A.M. I took 3 drops of the mother tincture in half a tablespoonful of water. With the exception of the peculiar taste, I could detect no indications whatever, during the whole day, which I could ascribe to the action of the tincture, as I ascribed a slight burning of the edges of the eyelids, varied with itching, more to the unusual amount of attention paid to the part than to the medicine. Towards mid-day I experienced an evanescent stomach ache, following upon a sluggish and insufficient evacuation. In the evening I had repeated irritation in the larynx, causing cough, followed by a tensive aching beneath the sternum.

I took 4 drops in the evening, before going to sleep, soon after which I experienced increased tension, especially in the left half of the chest. I could not get to sleep before midnight, and felt cold over the whole surface of my body under the usual coverings. I had confused dreams on the 3rd. I took 4 drops of tincture three hours later. I had an evacuation, at first firm, but afterwards pappy. During the day slight burning of the edges of the eyelids, as from insufficient sleep. No other perceptible effects. During the night I only woke once (a very unusual thing with me), and had no dreams whatever.

4th. Six drops of tincture, taken before 6.30 A.M. The usual evacuation does not come off till evening, after flatulence and considerable distension, tolerably firm, and followed by a feeling of warmth and burning in the anus. With the exception of unusual weariness, I have observed no uncommon sensations all day. Slept very well during the night, and only woke once. The renal secretion is diminished.

6th. Took no medicine. Palpitation on walking fast; evacuation later than usual, but normal.

7th, 6.30 A.M. Six drops of tincture. Evacuation at the usual time, normal. Three hours after taking the medicine, a slight itching and tension, first in one eye then in the other, generally in the upper lid, which terminates, after scratching, in a slight burning. Slept through the night—twice I just opened my eyes; even fell asleep again after 6 A.M.

8th, at 7 A.M. Six drops. With the exception of tension in the margin of the lids, as from want of sleep, and a slight

burning, which I first perceived about two hours and a half after taking the medicine, and dimness of vision by candlelight, I have observed nothing worthy of notice in my feelings. Passed more urine during the night than after any of the previous doses, although I did not drink more.

9th Dec., 6.30 A.M. Six drops. Half an hour later felt a tendency to vomit, which soon passed off. During the morning a gumboil appears by the side of a molar tooth, which has been hollow and painful for some weeks; this entirely disappears again by the afternoon; the tooth continues as heretofore useless on account of the pain. During the night particularly frightful and disturbing dreams. Considerable secretion of urine.

10th, 6.30 A.M. Six to eight drops. Five hours later, pricking and burning in the outer corner of the eye, which diminishes in a few minutes, and is followed by an increased watery secretion from both eyes; looking at myself soon after in the glass, I observed the conjunctiva of the bulb uninjected, but the bulb itself swimming in fluid, and the palpebral conjunctiva much reddened and swollen. Itching burning in the left corner of the eye, and tension over both eyes (with passing megrim about noon) shewed itself repeatedly during the day, and reminded me of the Euphrasia. Aching pain under the sternum, which I often experience, was particularly perceptible this morning, with fleeting prickings over various parts of the chest. Through the afternoon, itching and burning in the anus, on the margin of which appear two hæmorrhoids as large as beans. Increased thirst and slight fever in the evening. Repeated calls during the night to micturate.

11th. No medicine. The piles are smaller, but are more painful in any position and on motion. The margin of the eyelids, especially in the left eye, are somewhat reddened and swollen; I occasionally experience slight burning in them, and there is increased lachrymal secretion. The voice is rather hoarse in the morning. The piles are very painful till evening, yet diminished in size. During the day all the symptoms in the eyes disappear. The night was passed in feverish dreams, frequent waking with chilliness, frequent calls to micturate, and the secretion of a good deal of urine.

12th December. No medicine. The piles, which were troublesome in the morning, are much reduced after a free motion of the bowels, and towards evening are but little painful.

13th, 6.30 A.M. Seven drops. The small piles are still somewhat painful, otherwise no complaints. Once during evening there came on a severe, but quickly disappearing, pain in the left great toe. After complete disappearance of the piles I continued my experiments by taking, on the 17th December, 7 drops of tincture in a tablespoonful of water. Six hours later, going up stairs, suddenly I had a bad fit of coughing, caused by a tickling in the larynx, and ceasing after a few seconds. In the evening, later than usual, I had a hard knotty and insufficient evacuation; two hours later a severe itching at the anus, lasting a quarter of an hour. Did not wake during the night, or pass any water.

18th, 6 A.M. Took 5 drops and a draught of water after. A passing desire to vomit. The day passed without any symptoms, except that the piles again began to enlarge and ache. At 2 A.M. was awakened by pinching and rumbling in the belly, which passed off after repeated eructations.

19th, 6.30 A.M. Ten drops. I had not the usual appetite for breakfast or dinner, and had a slimy taste in the mouth, which passed off in the evening. Slept well at night.

20th, 6.30 A.M. Ten drops. No symptoms, except a severe itching towards evening in the piles, which have not yet entirely disappeared.

21st, 6.30 A.M. Ten drops. In the forenoon, I felt a burning and tension, aching, fulness, and heat in the right eyeball, without increased lachrymation; eyelids somewhat reddened and swollen. A scanty evacuation at noon. The *isthmus faucium* is rather painful. At noon tensive pain about the stomach; less appetite than usual; thirsty in the evening; fell asleep late.

22nd Dec., 6.30 A.M. Ten drops. No evacuation to-day. No effects observed from the medicine.

On the 5th January I again continued my proving, which had been left off for fourteen days, during which time no medicinal symptoms appeared.

On 5th January, 1848, I took, at 7.30 A.M., 5 drops of tincture. I felt, during the whole day, particularly well. Occasionally severe pain in the grinder which has troubled me for some months past. Morning and evening a firm and copious evacuation (to me unusual).

7th and 8th Jan. Also 5 drops, without observing any trace of action, except daily two (morning and evening) firm and copious evacuations.

On the 9th of January I experienced itching in the left eye towards evening.

10th Jan. No medicine. Free from evidence of medicinal action the whole day; but in the evening (*i. e.*, thirty-six hours after taking the last dose) I felt a burning, first in the right and then in the left eye. Straining of the eyes when reading, and the letters ran together; the burning lasted from 8.30 to 9.30 in the right eye, but had ceased in the left. In the evening an evacuation was obtained, partly pappy. after a passage in the morning of knotty fæces. Cheek and head particularly free. Comparatively little weariness after considerable physical exertion. No symptoms since.

REVIEWS.

The Homœopathic Domestic Physician, by CONSTANTINE HERING, M.D. The only authorized English Edition. London: Headland, 1858.

THE *Domestic Physician* of Dr. Hering has always been recommended by us as one of the best domestic works. When, in 1856, Mr. Walker published an edition of it, which had been carefully revised by a homœopathic practitioner, we stated that we considered the alterations and additions therein made to be great improvements to the work. The chief alterations of Mr. Walker's edition were the expunging of some rather absurd directions for the treatment of certain cases, the substitution of

improved modes of treatment for some affections, and the addition of the dilutions of the remedies advised, their doses and periods of repetition for each disease treated of, or array of symptoms given.

In this "authorized" edition, Dr. Hering expresses his thorough disapprobation of what we simply imagined were improvements that added greatly to the practical value of the work, and its capability of being used by the class of people for whom it was intended.

Notwithstanding his indignation, however, he has in this "authorized" edition restored very few of the directions of doubtful utility expunged by his English editor. We only notice two such restorations. The original edition directed that the wounds caused by bites of non-venomous snakes should be treated by having salt or gunpowder rubbed into them. The English editor said such wounds would soon heal of themselves, and required no particular treatment. Dr. Hering restores the direction to rub in salt or gunpowder, and in his preliminary address "to the public," he mentions this alteration of the English editor as one of the additions (they are only four in all) of which he "totally disapproves." It would have been, perhaps, as well if he had mentioned on what principle he recommends the salt or gunpowder rubbing-in for these more than for other punctured wounds. We confess we never have had non-venomous snake bites to treat, but in the event of such a case presenting itself, we should like to know, from one of Dr. Hering's experience, why we should use such a painful remedy for such a trivial wound? Dr. Hering must have some very good reason for advising it, otherwise he would hardly have put the English editor's omission of it forward as one of his reasons for publishing this edition. Another of these restorations is relative to the treatment of "apparent death by lightning." He advises us in the "authorized"—as he did in the original edition—to bury the apparently dead in the ground, "all except the face," in the original edition—face and all, apparently, in the "authorized;" at least he tells us to cover him "all over with fresh ground," and says nothing about excluding the face from the burial ceremony. Perhaps this is

Dr. Hering's sly way of hinting that there is no chance of such a person's recovery, and that we need not waste time, but proceed at once to inter the corpse. Certainly, we think that if the patient were to recover under such treatment, he would be little less thunderstruck at finding himself thus buried alive, than he was when he received the electric shock.

The improved modes of treatment introduced by the English editor have also been very generally adopted by Dr. Hering in the "authorized" edition, and generally in the very words of the English edition. We may point out a few of these. The observations on the injurious effects of salt at p. 51 and p. 138; the directions for the vapour bath at p. 75; the concluding observations respecting rheumatic ophthalmia, at p. 117 (by the way, the "authorized" always *improves* this word into *ophthalmia*); the directions for extracting wax from the ear, at p. 131; some of the recommendations for the treatment of croup, at p. 153; (the recommendation to apply leeches to the larynx, expunged by the English editor, is not restored); the advice as to cotton dressing in erysipelas, at p. 329; all the observations respecting clergymen's sore throat, at p. 140, &c. The very rational directions given in the English edition for the treatment of the itch, are partially adopted by the "authorized," and the itch-mite is recognised as a cause of the disease; whereas in the original edition no mention was made of the mite, and the treatment recommended was such as would have allowed the unfortunate patient to retain his itch during the whole course of his natural life. The "authorized" is therefore better in this respect than the original edition, but we would have gladly seen it adopting more entirely the views of the English edition. In the treatment of "apparent death from drowning," the English edition described and recommended the "ready method of Dr. Marshall Hall," which has already proved the salvation of many. The "authorized" restores the directions of the original edition, viz., the warm blanket system, which has, as Dr. M. Hall clearly shewed, prevented many a recovery that might have been easily effected under the other system.

There are several omissions in the "authorized" we are at a loss to account for, and there are some additions we are

equally at a loss to see the advantage of. Thus, why are *kali bich.*, *bromine* and *iodine* omitted in the treatment of croup? and what is the sense of this new direction, p. 209: "if *children* will not learn to talk, give *natrum muriaticum*, one dose, and let it act for many weeks"? A very safe prescription truly, but we strongly suspect the "many weeks" would suffice without the dose of *natrum muriaticum*.

Several pages are occupied with "instructions for patients how to communicate their cases to a physician by letter," which it strikes us we have seen before; but they seem rather out of place in a book which is itself the "Domestic Physician."

In the list of medicines given in the "authorized" we miss many valuable ones that appeared in the original edition, such as *aurum*, *k.-bich.*, *camph.*, *colch.*, *dig.*, *graph.*, *iodine*, *merc. corr.*, *sepia*, *zincum*, &c., but in their stead we have *apium virus*, *cepa* (the onion), *glonoine*, *nux mosch.*, *variolinum*, and *hydrophobium*, the two last being respectively "the chemical extract of small-pox virus," and "the chemical extract of hydrophobia virus," whatever that may be.

But after all the most serious defect of this "authorized" edition, is the absence of any directions as to the dilutions it is advisable for those who use it to provide themselves with, and as to the dose and its repetition in the several cases described in the book. The first is a serious omission for the non-medical reader, for he cannot tell by instinct or intuition what dilutions are of most general use. The second deprives the book of much of its practical value; for though it is quite true what Dr. Hering says in the preface, "*that the strength and repetition depend altogether and exclusively on the peculiarity of the single case,*" still if no directions at all are given, the non-medical practitioner is generally completely thrown out, and does not know what to do. The general directions given in the Introduction do not suffice, and any directions for the special cases, even though they should be only approximatively right, are better than leaving the patient entirely at a loss how to act. Dr. Hering will find that he has marred the utility of his work and spoil its sale among the non-medical public by omitting to give the strength and repetition of the medicines for

the special cases, even were it only in an à-peu-près manner, as has been done by the English editor for Mr. Walker's edition.

We wonder if it is in order to recommend his work to the free-trading English public that Dr. Hering introduces at p. 38 the following specimen of his political economy.

“ Notwithstanding that it is a most important rule in political economy to protect what is produced by hand, and that this protection is the only preventive and cure of the distress in trade and business called ‘ a crisis,’ and although a steadily increasing tariff on all the results of work by hand (including coal and iron as brought to use by hands only), is the main condition of a healthy national life”—

and so forth. So we all thought in England at the beginning of this century, and so, as it would seem, they think in America and France to this day, but we venture to say that out of the old Tory rump not half a dozen persons could be found in England who would subscribe to such “ protection to native industry ” doctrine at the present day.

It is the highest compliment to Mr. Walker's edition that Dr. Hering after searching through the whole book in order to get up a grievance, can only discover five typographical errors—four of which were in the original edition, and therefore not chargeable to the English editor—and four alterations or additions, of which he “ totally disapproves.” The first of these is the omission by the English editor of the salt and gunpowder frictions in non-venomous snake-bites previously alluded to. The next is the English editor's recommendation to tie a handkerchief round the upper part of the arm in a case of hæmoptysis “ on the side whence the bleeding proceeds.” Dr. Hering indignantly asks, “ how do you know that side ?” We must say we have never had any difficulty in discovering it, and the patient is generally able to tell accurately himself from which side the bleeding comes. Dr. Hering's third grievance against the English edition is thus stated : “ The English edition recommends for the sore eyes of infants, a solution of nitrate of silver externally, a proceeding most emphatically opposed by the author all his life.” Now the disease described in the

English edition—which Dr. Hering chooses to call “sore eyes” —is the *purulent ophthalmia of infants*, a disease not alluded to or described in either the original or the “authorized” edition. We must confess that our own experience agrees with that of the English editor respecting the efficacy of a weak solution of nitrate of silver in ophthalmia neonatorum. Dr. Hering’s fourth and last grievance is that the English edition recommends for some cases of constipation in infants, a small piece of soap to be introduced within the anus. In the corresponding place in the “authorized” edition, Dr. Hering is very facetious on the subject. He says: “every nurse who uses soap for an infant, ought to have a little Castile soap put into one of her eyes for about two minutes; and every physician who recommends it, into both of his eyes for five minutes, without permission to touch the eyes.” Dr. Hering seems famous at inventing tortures, we do not know which would be the most severe, the soap in the eyes or the salt and gunpowder in the punctured wounds; at all events the punishment proposed is disproportioned to the offence. Nay—we have often found the soap remedy of the English edition very useful in the constipation of infants, nor did it seem to give them much annoyance.

In conclusion, we may say, that estimating Dr. Hering so highly as a practitioner as we do, we have been thoroughly disappointed with this “authorized edition of his *Domestic Physician*,” and in every respect we should infinitely prefer putting the English edition into the hands of our patients, for by it at least they will be able to treat themselves and their friends—not perhaps with that perfection of skill that is desirable, but at all events tolerably well—whereas, by this “authorized” edition, they will not be able to treat at all, unless they should be possessed of some intuitive faculty for determining the dose of the medicine, and the frequency of its repetition, which we have never yet found any of them to possess.

Dr. Hering is perfectly right in calling Mr. Walker’s the “English edition,” for it is the only edition of his work adapted to the English non-medical public. The “authorized” edition before us appeals to a much more instructed and wide-awake

class than patients generally are in this country. In the credit it gives its readers for a knowledge of how to act, without the most particular directions in every case, it is American, no less than in its smudgy printing, its bibulous paper, and its political economy.

Dr. Hering has lost a splendid opportunity of enriching his *Domestic Physician* by the fruits of his great experience, since he last revised it. Instead of this, he has merely made a few captious objections to the work of the English editor, and has deprived his volume of all that the latter did to render it useful to non-medical readers. We should have preferred that he had altered and amended the doses and repetitions indicated by the English editor, as he might have easily done. To deprive the book of all such directions is to render it almost useless to the class of readers for whom it is intended.

The Child's Homœopathic Physician. By Dr. C. G. C. Hartlaub ; translated by Neville Wood, M.D. London : Headland, 1858.

How does it happen that we have such a disproportionate number of guides for the homœopathic treatment of children? We have before us four works in English, and we have seen three or four in German, and as many in French, all about children's diseases. Are the babies—bless their little souls!—considered so peculiarly subjects of homœopathic treatment that so many books are written about them? or is there an inordinate proportion of *patres familias* among homœopathic practitioners, who think babies the most important part of the community, and who are desirous of imparting to the world their experience of the treatment of their diseases? or is it a sort of homœopathic idea that sends practitioners to write so much about babies—small doses for small bodies? or is this excess of baby books published because homœopathy, as we everywhere read, is still in its infancy?

We really wish some one who desires to write upon a specialty would select some other period of life for his theme. Why should we not have a "Young Gentleman's Homœopathic Guide," with introductory observations on the use and abuse of tobacco, the vanities of Cremorne and the Casino, and the dangers of excess in gin-and-

water and pale ale? or a "Young Lady's Homœopathic Monitor," with reflections on the prejudicial effects of oyster-shell bonnets and steel traps, the unwholesomeness of dancing all night, and directions for their behaviour on receiving a proposal of marriage, with an appendix containing a full list of the articles required for a fashionable *trousseau*. Books in this style for these classes would be fitting pendants to the "Children's Guides" we have seen, some of which, after discussing everything relating to their physical treatment, proceed to give rules and directions for their education—moral, intellectual, and religious.

For ourselves, we confess we never could tell the difference between one baby and another; and so with the babies' books—we perceive a wonderful family likeness among them. Possibly, both babies and books may be very like their dear papas; but really, to us they appear to have all such a great resemblance to one another, that we should be unable to detect the paternity unless we were sometimes guided by some remarkable mole, or other peculiarity. We should say that Dr. Hartlaub's peculiarity in this book is represented by most of the medicines being prescribed in the 30th dilution. Dr. Wood's peculiarity in the additions he has made seems to be the extraordinary dietary he allows his juvenile patients. Here are some of the articles from the "aliments allowed," according to his "admirable dietetic rules," as he calls them:—Roast or boiled beef or mutton, hares, rabbits, pheasants, grouse, snipes, plovers, wild ducks, venison, guinea fowls, turkeys, oysters, gooseberries, apricots, melons, peaches, apples, pears, roasted chesnuts, weak wine and water, home-brewed beer, &c. &c. We think the children must have "passed the stage of infancy" by a very "long chalk," to whom the above very liberal bill of fare could be allowed.

In other respects this book seems about as good as the rest. We regret that Dr. Wood, when altering and adding, had not improved and modernized some of Hartlaub's pathological notions, and some of his directions for treatment. His own additions, too, are not always of first-rate quality. Witness his directions for treating still-born infants. Dr. Wood has added some cases of his own at the end of the work. The cases are well selected, and some of them good illustrations of the power of homœopathic treatment. We have no objection in the world to being told the occupation or profession of the fathers of the children treated, but when Dr. Wood tells us that one of his patients was the "nephew of a general," and another the

“niece of a baronet,” he rather demonstrates the gentility of his practice than gives us information respecting the social position of his patients. We ourselves know one “nephew of a general” who is in a state of abject poverty, and a “niece of a baronet” who occupies a highly respectable position.

Homœopathic Guide in the Treatment of Accidents, and the Use of External Remedies. By W. V. Drury, M.D. London: Walker, 1858.

THIS is a well written little work, and contains a fair amount of information respecting the subjects it professes to treat of. If anything, we think the author has selected too wide a field for a small work, for actually the subjects included in the title should embrace almost the whole domain of surgery. It was evidently not Dr. Drury's intention to write a treatise on surgery; and his selection of some subjects, and exclusion of others, appears rather arbitrary. The fulness with which different matters are treated varies also very much. Thus fractures and wounds are treated in great detail; but small-pox, though it figures in capital letters in the index, is only brought in in order to tell us that Mr. Startin recommends cantharis tincture to be applied to the pustules in order to prevent pitting.

Trost Elegie am Grabe der Verzweiflung sämtlicher medizinischer Jünglinge. 1858.

We give up the attempt to translate the title of this little poem. It passes our powers to make English sense out of it. Literally it means “a consolatory elegy at the grave of despair,” but one would think that to bury one's despair were rather a matter for congratulation than for a comforting elegy. Well we give up the title and come to the contents.

The exciting cause—to speak medically—of this very clever satirical poem is stated in a sort of preface.

“At the thirty-third Assembly of German Naturalists and Physicians at Bonn in 1857, the section for practical medicine held its last meeting on the 24th September.

“Professor Strempel rose and spoke about the despair of the younger medical men in respect of therapeutics, for which there was

not the slightest reason; cures were effected by nature often enough—and not less certain was it that cures were brought about by medicines, even in large doses. The younger generation of medical men should trust to experience and not resort to provings of medicines on the healthy, which could never be of the slightest use in enabling them to cure by means of medicines.

“The whole assembly rose and loudly cheered these observations.”

A fair and tempting subject for a satire truly, and cleverly has the author performed his task. The 600 hexameter and pentameter lines however are not all devoted to lashing the allopaths. The homœopaths come in for a goodly share of the castigation. Rau, Griesselich, the Vienna homœopaths, Stens and other well-known homœopathists more or less recognizable through the descriptions and references given, come in for as severe handling as the allopaths Strempel, Bock, Froriep, &c. The author regularly “runs a muck” against every one. He seems to say with the hero of the young lady’s tragedy,

“I fight, I slaughter, murder friends and foes,
Nor dare the immortal gods my rage oppose!”

Though the author affects to preserve a strict incognito and gives Bern in Switzerland as the place of publication, it is not difficult to discover who he is, snugly as he may think he has concealed himself. There is only one German homœopath who can write with that racy wit, who can bring such a mass of learning of all descriptions to bear on every point he attacks, who can pitch into the so-called specificists with such hearty good-will, and who can command such an inexhaustible flow of quaint ideas and startling analogies. Were these internal evidences of the authorship insufficient, there are others which betray Dr. Hering of Philadelphia as the author of the poem. On the same principle as guided Captain Dalgerty to suspect the Duke of Argyll under his disguise we can discern Dr. Hering beneath his incognito, by the favourable manner in which he invariably talks of Dr. Hering, and the intimacy he displays with that gentleman’s works. Thus he triumphantly refers to the ten editions of Hering’s *Domestic Physician*; he accuses Stens of having copied whole passages from an article in *Stapf’s Archiv*, which we find on referring to the volume was written by Dr. Hering; and in the notes at the end of the poem we read as follows: “Now that every-one sprinkles sulphur in his stockings, as soon as cholera appears in the neighbourhood, the disease ceases entirely.” We

were at a loss to understand this passage until we referred to the recently published "authorized" edition of Hering's *Domestic Physician*, and there at page 248, we found it written: "*The surest preventative [of cholera] is Sulphur; put half a tea-spoonful of flowers of sulphur into each of your stockings and go about your business not one of the many thousands who have followed this, my advice, has been attacked by cholera.*"*

We cannot of course attempt to convey to our readers a specimen of the poetry; but some of the remarks and stories in the notes we may give. Here is an anecdote given on Boerhaave's authority, which we do not remember to have met with before.

"A shoemaker had the ague and with it a great longing for sour-kraut, which he ate in spite of all warnings and got well. His doctor took note of this new remedy, and having another aguish patient, a tailor, whom he could not cure, he administered sour-kraut, but the tailor died. The doctor thereupon made a memorandum in his note-book: 'Sour-kraut cures the ague of shoemakers only, but not of tailors, it kills them.'" On this the author remarks: "So it ever has been and is still. The remedies of the *materia medica* are always such as cure the shoemaker but kill the tailor; or cure the tailor, but kill the shoemaker; or kill both the one and the other," &c.

An anecdote of Jörg, the well-known allopathic medicine prover, is new to us.

"Gutmann, who helped Hahnemann to prove a considerable number of medicines, was a dentist. He wished to become a surgeon-accoucheur, and attended Jörg's lectures in order to qualify himself. He of course readily became one of Jörg's provers. When sulphur was proved by Jörg and his society, Gutmann handed in his list of symptoms, which Jörg found too long. He was very much put out at finding recorded therein an eruption and soreness between the thighs extending up to the sacrum. He expressed doubts as to the reality of the symptoms. Gutmann was highly offended at this reflection on his truthfulness. He rose up, placed himself before the assembled society, and said: 'Professor, you may judge for yourself by ocular inspection.' He unbuttoned, turned round, down

* Perhaps we may be permitted to observe—*sotto voce*—in reference to this prophylactic, that it has a strong family likeness to the numerous other cholera-prophylactics that have invariably preserved their thousands, or their hundreds of thousands, if we may believe the statements of their discoverers. We do not say that sulphur is not a preventative, we only reserve our judgment on the subject.

fell the inexpressibles, up went the shirt. He bent down his head, and wishing like a good observer to see the effect of his display on the professor, he looked at him between his legs. Not a very æsthetic position certainly, but one occasionally assumed when looking at a beautiful view. His hot Hungarian blood naturally went to his head, and though he said nothing, still he could not altogether restrain his tongue, which slipped out of his mouth further than politeness allowed. Great was the horror of those who witnessed this breach of good manners. No chance of passing as surgeon-accoucheur for friend Gutmann—Jörg was the examiner—Gutmann had burned his ships behind him like Cortez. In due course Jörg published the sulphur provings of all the members of his society, but he omitted Gutmann's. He stated that Gutmann had sent in a long list of symptoms, said to be produced by sulphur, which agreed essentially with the symptoms observed by the other provers, among which symptoms *there was no cutaneous eruption!* This in spite of the ocular-inspection afforded by Gutmann—perhaps because of the accompanying incidents."

Since the cessation of the *Archiv* of Stapf, we have seen but little of Dr. Hering's caustic wit and brilliant satire. We are glad to find by this little poem with its frontispiece of a wicked-looking rattle-snake, that our worthy colleague's wit has lost none of its raciness and pungency.

OUR JOURNAL.

We are happy to inform our readers that Dr. ATKIN of Hull has consented to join us in editing the Journal. He is well known to them by his practical contributions to our pages, and we are sure the Journal will gain greatly in value by his talents, judgment and experience. He will enter on his labours with the commencement of Vol. XVII.

NOTE.—We regret that want of space prevents us inserting in this No. Dr. Trinks' interesting letter referred to at page 598. It shall appear in our next.

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