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THE
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EDITED BY

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

AND

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE MATERIA MEDICA AGAIN.

By Dr. LANGHEINZ, of Darmstadt.*

THE invitations which have been published by Dr. Roth, myself, and others, with a view to the union of numerous energies in preparing a new edition of the *Materia Medica Pura*, suited to the present time, have not yet been responded to; apparently because many of our colleagues could not see the necessity of such a work. It would seem as if Hahnemann's *Organon* and his *Materia Medica Pura* were considered in the same light as the Holy Scriptures, and every criticism or animadversion on particular passages of these works rejected on principle. I cannot agree to this. Even if a similar origin to that of the Bible could be ascribed to the works of Hahnemann, namely, that both are the result of a revelation from on high (the possibility of which I deny), still I should consider myself warranted, nay, on that very account, expressly bound to subject both to my criticism, a criticism which I am far from thinking "almighty and faultless," as a certain critic-fearing Bonze lately charged me with saying. My opinion

is this: Truth is eternal and immutable, whether it be revealed to us through the son of a carpenter, a merchant, a monk, professor, proletarian, or Frederick the Great; it fears no criticism, for it becomes clearer and brighter through every critical illumination, and our critical lamps soon pale before the light of the higher and higher rising sun, which doubtless may possibly set again as regards ourselves, but it will be only the more clearly to enlighten the wiser inhabitants of other civilized countries. Consequently, whoever dreads criticism is, in my eyes, not sure of his subject, or not free from low motives; so, on the other hand, he deserves most confidence who makes the business of critical analysis easiest to his reviewer, like the great King at Sanssouci, who caused a lampoon to be hung lower in order that every one might be able to read it, whilst the grand Emperor murdered the innocent Palm!

This principle being stated *in limine*, I now maintain that:

The *Materia Medica Pura* of Hahnemann is antiquated, insufficient for the science of the present day, and is besides partly incorrect and incorrect.

There will be no difficulty in proving all this; but before doing so, a few words are necessary as to what I think are the requisites of every *Materia Medica*. Pathological and physiological pharmaco-dynamics might be separated; the first will not be considered further here, it would possibly teach that *Mercur. sublim.* is a remedy for syphilis, under such and such conditions which would of course be distinctly specified, or that *Colchic. autum.* is a remedy against certain minutely described forms of rheumatism, and so on; in short, it would so far as possible oppose one or more remedies to each disease (as China for intermittent fever), with an enumeration of all the precautions and rules necessary, or as yet known, to ensure success. Such a statement would naturally be of important value, and might be quite sufficient for the patient, to whom it is generally a matter of perfect indifference how the healing process goes on, if it can only be initiated and conducted to the end.

Now to state the reasons why China cures intermittent

fever, Mercury syphilis, and so on, would be the duty of physiological pharmaco-dynamics, and the best means of finding these reasons is just a perfect knowledge of the changes which the medicines produce in healthy bodies (in the physiological). What physiological pharmaco-dynamics has to teach, is an enumeration of the changes produced by any particular medicine on healthy men as well as animals, so that these may be fully understood: what use this or that physician will make of it; whether he will treat on the *similia similibus* or *contraria contrariis*, or some other principle; all this is a matter of indifference to physiological pharmaco-dynamics, consequently there cannot be either a homœopathic or an allopathic system of physiological pharmaco-dynamics, but only one single science which teaches how medicines operate on healthy human bodies, and what are the effects they produce.

And this is the science we need and are in search of. Are we at present possessed of it? No. At the same time there are doubtless in existence many provings, more or less complete, of different remedies, for which we are indebted to the labours of intelligent and self-denying men, so that it would be highly desirable to undertake to arrange the materials dispersed through innumerable writings, to be completed where deficient by the results of new provings. But such a task is one of the most difficult which can be set before the physician or the naturalist; it is of gigantic dimensions, and would probably surpass the ability of any one man unless he were a real genius. For even if we confine ourselves to the necessary remedies used in actual practice, disregarding altogether rare and curious medicines, and take no notice of combinations of two or more; still there remains an imposing mass for the compiler to sift and arrange, as each of my learned colleagues will see who pays attention to the following lines.

It appears most advisable to take a somewhat historical retrospect of what has hitherto been attempted towards the construction of such a *Materia Medica*, without however pre-

pertaining to the subject. Medicine, as a science, must have already made considerable progress, before the necessity could be felt of ascertaining the results of medicines on healthy subjects; and therefore we need not be astonished to hear of such experiments only in comparatively recent times.

The celebrated Dr. Haller probably had the clearest perception of the necessity of trials of medicines on healthy subjects. Hahnemann becomingly acknowledged this in his *Organon*, 4th edition, § 101, note, at the same time he incorrectly adds that not a single physician except Haller had ever thought of this only satisfactory mode of experimenting on medicines, and that not a single physician has followed up Haller's inestimable hint. But Hahnemann himself in p. 37 of the *Organon* refers to Stoerk's experiments with *Colchicum autumnale*; avails himself of the experiments of the same physician on *Aconite*; and censures in the most violent and offensive manner the experiments instituted by Coste and Willemet with *Asarum Europæum*, vide *R.A.M.L.*, vol. iii, 2nd edition, p. 225; is it possible too, that he was altogether ignorant of the experiments of Alexander of Edinburgh?

Whoever, following Hahnemann, would wish to write on real or imaginary defects in the so-called allopathic system, should carefully investigate the original sources of information in the first place, as Hahnemann is not always just towards his opponents, and suffers himself occasionally to be drawn into untruth through zeal.

Nevertheless these weaknesses of Hahnemann's in no way diminish the signal service he has rendered of having consistently, and from thorough conviction, followed out the inestimable advice of Doctor Haller: that is to say, of having himself initiated, or at least watched over and controlled, numerous and laborious provings of different remedies on healthy human subjects. I do not think that this merit can be denied to Hahnemann.

Let us now look at the result of Hahnemann's provings as recorded in the six volumes of his *Materia Medica*

Pura, and in the *Chronic Diseases*, with his mystic theory of which we have nothing to do at present.

Now I am not the first to find fault with the form of this *Materia Medica*. Others have long since done so; for instance, vide the *Austrian Journal of Homœopathy*, vol. i, first and following pages of the preface. I think, too, that I have proved that the plan which Hahnemann has selected for his *Materia Medica* does not fulfil his own requirements (vide *Homöopathische Vierteljahrschrift*, vol. xv, p. 20, and following). Hahnemann does not tell us who the persons experimented on were; but inquiries are necessary in order to know their suitability and trustworthiness; we know nothing of their age, temperament, or manner of life, nor even of any predisposition to particular complaints; and yet all these things exercise the most evident influence on many of the symptoms produced by a medicine. We know not the time of the year when, nor the meteorological circumstances under which the experiments were made; and yet it is self-evident that the same influences may produce different results in summer and in the cold of winter; for instance, damp foggy air arrests evaporation, and the diffusion of watery vapour, whilst the dry atmosphere of summer calls them forth most abundantly. Hahnemann does not always, by many exceptions, scarcely ever in the *Chronic Diseases*, give the strength of the individual doses, and says nothing regarding the repetition of them, although he knows right well how important these circumstances are in judging of the properties of the respective medicines (vide *Organon*, 1st edition, § 124 and 125). Lastly, the sequential order of the symptoms on the different subjects of experiments can be ascertained in the *Pure Materia Medica* only imperfectly, laboriously, indeed, sometimes not at all; so that it is impossible to learn clearly the characteristic, the radical, the fundamental action of the medicines.

Doubtless objections will be raised to this last position which I must not pass over. With regard to all these, the principal question is, what is understood by characteristic

Hahnemann's trials may have been instituted with equal carefulness; but his results are not related with the same exactness, clearness, and perspicuity as Jörg's, and we can only rely on accuracy of this kind. But it does not therefore appear to me desirable that Hahnemann's *Pure Materia Medica* should be thrown aside. I intend rather to show further on how a good and safe use of it may still be made.

I wish, therefore, a revision, a completion, a form suitable to the design, and an extension suited to the present time, of the *Pure Materia Medica*; and that the name of the new work, the new science should be "Physiological Pharmacodynamics," because it will teach the operation, and manner of operating, of medicines on healthy human bodies, and must bear no party name, because, as before said, the turning of this knowledge to account according to this or that principle, has nothing to do with the effects of medicines intrinsically.

Though we take no notice here of the certainly numerous, and, generally speaking, valuable provings of medicines, which have been carried on by individual provers since the appearance of Hahnemann's *Pure Materia Medica*, and his *Chronic Diseases*; for instance, Messrs. C. Hering and his American colleagues, H. Geyer, Noack, Hencke, Cl. Müller, and many others; yet we must allude to the investigations which the members of the Vienna Proving Society have contributed to the *Austrian Journal of Homœopathy*, because they furnish numerous confirmations and supplements to the statements of Hahnemann, and are free from the objections urged against Hahnemann himself. For here, as with Jörg, the age, sex, individuality, and so forth, of the persons experimented on is exactly marked, the relative doses given, and finally the symptoms are communicated chronologically by each prover. There can be no hesitation in classing these provings among the best extant.

But the proving of remedies on healthy persons took quite a new direction through the solid labours of the late Royal Prussian Counsellor of Health, Dr. F. W. Böcker, of Bonn,

formerly of Rade vorm Walde. As Lavoisier formerly introduced measure and weight into chemistry, in the same manner Böcker established their use in the examinations of medicines. He analysed urine altered by medicines, pointed out what ingredients had been increased or diminished or had temporarily entirely disappeared, as, for instance, uric acid when proving *Opium*. He fixed the quantity and quality of expired air; also the quantity and contents, liquid and solid, of the fæces (*Investigation of Beer*) followed up the changes of weight in the body of a person under trial, and noted at the same time the subjective symptoms with the utmost carefulness; thus he became the author of a perfectly new system of investigating, which ensures him abiding praise, and thankful remembrance.

The labours of Böcker placed within our reach the means of knowing and controlling the modifications of the changes in constituents of the organism: when, for instance, at and during the proving of *Opium*, the weight of the person experimented on remained the same, although much less nourishment had been taken than before, the inference followed with certainty that this remedy lessened the excretions of the body, and delayed the retrogressive metamorphosis; and, when also, during the proving, uric acid entirely disappeared from the urine, it may be assumed, at all events until further investigations have excluded or indicated other possibility (for instance, quicker oxydation of the uric acid into urea), that *Opium* diminishes, checks the metamorphosis of all those ingredients which were decomposed by this metamorphosis into uric acid. The principal and fundamental action of *Opium* therefore is a retarding of the changes of matter, a fact which may perhaps be conjectured from Hahnemann's proving, but which has only been proved by the labours of Böcker.

This paper is not written for unprofessional persons. To physicians I need not further insist on the immense importance of Böcker's enrichment of the *Materia Medica* by the introduction of measure and weight; in future this method of investigation must not be neglected in any *Materia Medica*. Compare the *Hom. Vierteljahrschrift*, vol. i,

p. 475, *et seq.* "Dr. Beil's Reference to Böcker's Contributions to the Art of Healing," Creffield, 1849. I consider as groundless the objection made in the note l. c. that Böcker has neglected the subjective symptoms in favour of the objective.

So brilliant an example could not fail to draw after it many followers, from the mass of whom, who carried out, after Böcker's plan, further attempts of the same description, with even not unimportant improvements on his method, it is difficult to say who was the best; the following data therefore are only meant to prove that the work is going on continually and with success, and not to indicate the degree of merit of the authors. Thus, amongst many other works, there are that of Mr. D. D. Münch on *Natron bicarb.*, that of Pokrowsky on the preparations of *Iron*, of Stadion, Winogradof, and Bähr on *Digitalis*, Frohnmüller on *Fol. coca*, Moleschott on *Arsenic*, and so on; to which may be added the works of Messrs. Schroff, Cl. Bernard, J. Clarus, as well as those of many teachers of Pharmacodynamics in Germany, England, France, Russia, and Italy. But we have no work to my knowledge which aims at fundamentally collecting, sifting, and completing all the materials of pharmacodynamics, so far as they relate to experiments on healthy human beings (specially, without however excluding experiments on animals), the works to be incorporated being rather scattered through journals, weekly and monthly magazines, and inaugural dissertations, so that it is almost impossible for one person to become master of everything pertaining to the science.

Another step of late years in advance is pathological anatomy, in its application to the *Materia Medica*. How are the organic structures altered by medicines applied in different modes? That is the all-important question which this science, indispensable to every medical man, endeavours to solve. Through pathological anatomy pharmacodynamics receive stability and assurance; it furnishes the objective symptoms of the effects of the medicine which afford the very necessary elucidation and fixedness to the sub-

jective, these being by no means valueless, but still often ambiguous, and consequently untrustworthy. The results of pathological anatomy, and those of organic chemistry are, in their united application, the compass which guides the inquirer through the intricacy of subjective symptoms, and preserves him from errors, which, as experience shows, without these two helps, could not be avoided.

We derive the knowledge of changes of structure of bodies, or of individual parts, partly from dissecting otherwise healthy persons, who have fallen victims to poison, administered either through malice or ignorance, and are already indebted to this source of information for much beautiful and diversified instruction; it is only to be wished that all the materials which a tragic occurrence provides us, should be made use of most carefully by good and skillful hands. Other information can be obtained from the results of poisons on animals; it is surely superfluous to remark that the transfer of the results of experiments on animals to man is not admissible in every case; still, it may be added that there would be little cause for fearing the introduction of grave mistakes, were the experiments conducted by experienced hands, and sufficiently increased in number on different kinds and classes of animals (the five higher classes of animals, mammalia, birds, amphibia, fish, and molluscs, may be especially kept in view), with the addition of experiments, not of a deadly or dangerous character, on human beings themselves.

In other cases it is not at all necessary to employ deadly doses, or a great quantity of substances not properly poisonous, in order to discover the sought for effects on organized matter.

We must be well acquainted with the stethoscope and plessimeter, by which many secrets connected with diseases of the thorax are unveiled; the laryngoscope teaches us how to survey the larynx and trachea; the ophthalmoscope reveals a new world to our observation, and distant generations will feel thankful to the illustrious German Professor Helmholtz, that his genius procured for us this inestimable

means of investigation by intelligent combinations, and not by a happy accident. It only need be hinted here to my learned readers and kind colleagues that to these means of information belong the ear speculum, and the specula for the anus and vagina, and, in fact, all those instruments which are capable of giving information regarding the position, boundaries, size, surface, and, in some instances, the contents of the organs.

These are essentially the aids which are available and should be employed to raise the science of physiological pharmaco-dynamics to the requirements of the present day. On the right use of these depends the weal of this science; superficial observations, frivolous, inexact analyses, ignorance of the microscope, of auscultation and pathological anatomy introduce false, mistaken results, which, at last, do more harm than Fickel's mendacious provings of *Osmium* and *Actæa spicata*.

It is evident, if we compare Hahnemann's *Pure Materia Medica* with these new requirements of the present day, that it can no longer be considered suited to the times we live in: it contains a multitude of subjective symptoms, along with relatively few objective; the "Observations of Others" are at least partly untrue, calculated to mislead, and incorrectly extracted, as I have already proved with regard to Opium, Musk, Dulcamara, and Cannabis; and am prepared to prove with regard to Belladonna, and almost every other medicine. The results of physical diagnosis are wanting; no use has been made of the data of pathological anatomy and organic chemistry with regard to the changes in the organic constituents, nor of all the aids above specified, such as the ear and eye specula, &c. All this is no ground for reproaching Hahnemann, because all these aids are only of recent origin; but the present times dare not disregard them, without incurring just blame.

Like a naked block of granite above the surface of the sea, so plainly lies the necessity before us of preparing a work on physiological pharmaco-dynamics, new, suited to the

times, and complete in all respects; assuming that the deficiencies of the works extant have been proved, I know not what will be thought of the sense of duty actuating medical men, if there should be found no hands endeavouring to realise the claims of humanity and honour.

A year-and-a-half have elapsed since my discourse in Mayence on this subject, without anything having been done in this all-important matter; and therefore honour forbids my remaining silent and urges me once more to do what I can.

All medical men, allopathists, homœopathists, disciples of Rademacher, and so forth, require a work of the kind, compiled diligently, carefully, scientifically, and critically: assuming its soundness, such an undertaking must result in good, just because it shall maintain the truth which unites all parties like a spiritual bond. Then let us willingly put our hands to the work, each one according to his ability; the labour is too great for any one individually. It is true that a professor of *Materia Medica*, who is not dependent on private practice for his living, who can place himself in communication with the directors of chemical laboratories, who can have the assistance of anatomists, and skilful diagnostes in difficult cases at all times, who finds amongst his pupils persons easily persuaded to submit to experiments; such an one can do much, very much, and much has been done by Professor Schroff and others; but the readers of these leaves are not professors, and the author of these lines is so hampered and harassed in more than one direction, that he must cease to think of such a lofty undertaking.

But that which is too difficult for one can easily be carried out by united efforts; and since I probably may not be able to recur to the subject, I will close with an exposition of my views as to how the work should be set about.

We will suppose that a manipulation of *Belladonna* in the manner suggested has been taken in hand.

The worker collects all the accounts of poisons which he can procure, as has just been done with remarkable diligence by Dr. K. Hencke; he must be well read in medical

literature; but as no one person can read everything, members of the society should undertake the duty of communicating to the editor those points which he is still unacquainted with, or which have been hitherto out of his reach. Non-members are invited to assist in this. On the part of the editor there now follows a circumspect, humane, but severe and just, criticism of all the cases; those which are incredible, superficially worked out, too defectively related, or may be, fabricated altogether, are rejected; the most instructive are noted down in detail; others less instructive may be noticed in foot-notes. Everywhere let there be the utmost possible completeness. Name of the observer; sex, age, manner of life, temperament, state of health of the poisoned persons, how the poison was administered, and how, and with what its effects were combated; exact necropsy, chemical verification of the poison in the secretions and organs of the body, the duration up to death or perfect recovery. As exact a description as possible of all appearances, details of their commencement, climax, and disappearance, all in chronological order.

Even with the best intentions, it will not be often practicable to give all these, or even many less important points in cases of poisoning; but they must never be omitted, *mutatis mutandis*, in intentional provings. Results of dissection, it is to be hoped, will never be available here; but exact information regarding phenomena in the chest, stomach, eyes, female genitals and so on, by the stethoscope and different specula; analyses of the expired breath, of the urine and fæces; daily weighing of the body; exact comparisons of all these data with those of the processes of life in a normal state; exact report of the doses, whether they acted or did not act, &c.

All the results thus obtained will be carefully weighed, as in the cases of poisoning, arranged on the same principle, preserved, or rejected. The symptoms caused by poisoning, and those obtained by provings, will supplement and illustrate each other. Experiments on animals will be often indispensable to elucidate doubtful points; they must be conducted and explained as exactly as those on human beings.

As regards the final working-up, I think it would be advisable to arrange it in the same way as the descriptions of separate diseases are given in modern compendia of specific pathology and therapeutics, for instance, in the excellent works of Wunderlich, Virchow, and others; namely, first to give exactly the anatomical description of the pathological state induced by the medicine in question; the reader thus obtains at the outset a general view of the where and in what manner the attack of the medicine has localized itself, which is of the greatest value in judging of the symptoms to be recorded, whether they be subjective or objective, and greatly assists in answering the question as to what are primary and what secondary phenomena. The results obtained with the help of organic chemistry, changes in the excreted matters—urine, expired air, fæces—it would be best to record, according to the example of Böcker, every twenty-four hours; the other symptoms according to the period of their appearance, continuation, increase and decrease, and so on.

I consider it indispensable to give full and separate details of each proving or poisoning as the case may be, but not to blend all into one. But in order that there may not be merely a tedious register, the author should constantly endeavour, as far as he can, to arrange the histories of provings &c. in sundry groups, according as they stand in closer or remoter connection with each other, for the purpose of mutual elucidation and completion—worthless cases should be altogether suppressed.

When the materials are, in this or some other manner, at last used up, it would be highly advantageous if the chief and fundamental actions of medicines were rendered specially prominent, the most constant subordinate actions enumerated, as far as possible with statement of their degrees of certainty; but even the most seldom recurring exceptional actions (so called idiosyncrasies) must not be overlooked.

In conclusion, shall a register of symptoms according to Hahnemann's form follow or not?

I think it should, and the courteous homœopathic reader will readily agree with me: but since my proposal shall not, and can not have any party colouring, let me be permitted to remark that the non-homœopathic physician would be able to make a right good use of it (the register). If after the ingestion of a remedy new symptoms arise, it is often of the greatest importance to know whether these should be attributed to the increase or decrease of the malady, or to the remedy which has been administered: the question not unfrequently arises, especially in the exhibition of narcotic remedies, for instance, *Belladonna* in tussis convulsiva, how far may I go on increasing the dose without danger? and it must be admitted that one means of guidance here, is a knowledge of the symptoms which *Belladonna* excites, and may have excited in the case in question. But since in the hurry of practice there is not leisure every moment to go through a whole treatise, a good register—and as such I regard the list of symptoms—can be very useful for the moment, until the physician at his leisure can make the more precise comparisons and studies, which are in no wise to be superseded by the list of symptoms. It needs no special pointing out that in the treatment of poisoned persons a like diagnostic use may be derived from it.

Here are then *in nuce* the requirements of the present day in regard to the *Materia Medica*, it being understood that the practical appreciation of the teachings of the *Materia Medica* are not discussed at present. For under this head, as I believe, time will teach, prove, or disprove many things; there must be contributions of further data to establish this or that therapeutic principle in such a manner as that there shall be no ground for further scientific objection; but it seems as if the period when this shall happen still rests in the cloudy distance.

Dismissing, *ad interim*, this latter subject, there still remains such a difficult problem to be solved, that I at least, with my resources, could not, and would not alone undertake its solution. I have declared my views in the above,

wishing that they should be considered as a preliminary starting point for more learned and more improving discussions. I do not aim at instructing my honoured readers, but rather at being instructed; and I shall be well pleased if my colleagues of every medical denomination would discuss, enlarge, improve, blame, or praise my views; let the subject, not the author, be kept in view; and I most solemnly promise to respect every honest criticism of my views and to conform to it as far as possible, whether it come from friend or foe.

So soon as such an indispensably necessary, instructive, and improving discussion shall have attained the useful result of drawing forth the views and wishes of others, I will assist, as far as I can, and publish the manipulation of some medicine, perhaps of *Opium*, which is already considerably advanced—or of *Pulsatilla nigricans*. In the mean time I commend the foregoing remarks to kind discussion, and myself to the good will of all my colleagues.

OFFICIAL REPORT OF THE RESULTS OBTAINED
BY THE HOMŒOPATHIC TREATMENT AT
THE HOSPITAL OF ROUBAIX (NORD).

By Dr. LIAGRE.*

To the Administrators of the Hospital of Roubaix.

GENTLEMEN,—By your decision of the 16th July, 1863, you authorised me to use homœopathic medicines for the treatment of the patients entrusted to my care at the hospital of Roubaix: I have the honour to submit the results which I have obtained from their employment.

In the first six months of 1863, I had already, as I informed you in my letter of 9th July, modified my manner of treating certain diseases, principally slight affections, or other mala-

* From the *Bull. de la Soc. Méd. hom. de France*, 1st October, 1865.

dies of a more serious nature, for the cure of which I know the ordinary treatment to be powerless. I trusted to the experience of a great number of medical men, who in France, Belgium, Germany, Spain, America, in short everywhere, had renounced the errors of ancient physic to adopt the method of Hahnemann.

In the second half of 1863, empowered by the authority which you had given me, moreover having at my disposal a complete homœopathic pharmacy, I did at the hospital that which I was doing among my private patients, that is to say, I treated almost all my patients by the new method, still however, having recourse to some ancient therapeutic means, as I did not wish to act at hap-hazard, and being unwilling to make any mere experiments on my patients, either in my private practice, or at the hospital.

Still I place the results obtained in 1863 to the credit of homœopathy, because, besides having had recourse to old school remedies very rarely, I had already made great modifications in their employment, in reference both to the principle of *sim. sim.*, and to the dose given.

But in 1864, emboldened by the success obtained, and strengthened by increased experience, I treated all my patients by the new method, only employing some of the old remedies very occasionally, and those of the most innocent character in incurable cases, where it was necessary to give some *placebo* to satisfy the patient's mind.

I have the honour, Gentlemen, to submit to you two tables, shewing the results obtained by me.

Table A shews the comparative mortality during my nine years of service at the hospital of Roubaix; with the old treatment during the seven years from 1856 to 1862; with the new treatment during the years 1863 and 1864. You will observe, Gentlemen, that the mortality during the first seven years varied from 25·55 per cent. (the maximum) to 14·60 per cent. (the minimum), which gives an average of 19·26 per cent.; whilst in 1863 it was only 13·70 per cent., and in 1864, 12·97 per cent. That is to say, that during 1863 and 1864, when I treated my patients according to the

method of Hahnemann, I lost six patients fewer in the hundred than when treating them by the old method, which I did for seven consecutive years.

Table B contains in alphabetical order all the patients treated during this period of nine years, with the number of admissions, dismissals, and deaths. In looking over this table, Gentlemen, you will observe that among those chronic diseases which chiefly affect the old, such as organic affections of the heart, pulmonary catarrh, asthma, softening of the brain, chronic pneumonia, and some others, the deaths during the last two years have not been less numerous than in the previous years.

Pulmonary phthisis is the disease that always gives us the highest figure of deaths. One remark, however, I have to make respecting this disease, and that is that death occurs much less quickly. A considerable number of phthisical patients left the hospital twice, or thrice, sensibly benefited before returning to die. I even hope I have cured some of them; but I shall have to wait several years before I can be sure that no relapse will occur.

It is among the acute diseases that you will notice a great difference in the results obtained by the two methods. Thus of typhoid fevers there were in 1863, two deaths and thirty-seven recoveries; in 1864, one death and nineteen recoveries. And I may just give a brief outline of the history of those three fatal cases.

The first, Henri Bucquois, was admitted the 8th January, 1863, and died on the 12th of the same month, after four days of treatment. He had been treated at home for fifteen days. He had a deep abscess of the thigh, and seemed to sink from the effects of purulent absorption, the symptoms of which he presented.

The second, François Doukers, was admitted the 24th of December, 1863, and died on the 28th of the same month, after four days of treatment. He had been ill four weeks when he was brought in a dying state to the hospital.

The third, Jean Baptiste Delcourt, was admitted the 4th August, 1864, and died the 24th of the same month (twenty

days of treatment). He had been ill at home for three weeks, and died of pulmonary phthisis, aggravated by the typhoid fever; I admitted him to the hospital at the request of some charitable people, who thought, and that rightly, as the event proved, that the poor creature would die in more comfortable circumstances in the hospital than in his own house.

Thus you see, Gentlemen, that these three cases had been treated at home by the old system; the first for a fortnight; the second for four weeks; and the third for three weeks. I would therefore be justified in saying that I did not lose any case of typhoid fever under homœopathic treatment.

Before quitting this disease I may be permitted to call attention to the young patient Eugene Desmarests, in whom several of your number took a great interest, and whom I had the happiness to cure of ataxic typhoid fever of the greatest severity. After having been in danger of death for four weeks, this child had a very short convalescence, thanks to the new system, which eschewing all kinds of debilitating evacuations, permits the vital dynamism to re-establish rapidly the action of the organs, as soon as the functional derangements have been effectually treated.

It is especially in acute pneumonia that the treatment has been successful. In 1856 I had three deaths, and seven recoveries; in 1857, one death and one recovery; in 1858, two deaths and five recoveries; in 1859, two deaths and fourteen recoveries; in 1860, five deaths and seven recoveries; in 1861, three deaths and three recoveries; that is to say, in all nineteen deaths, and forty recoveries, or nineteen deaths out of fifty-nine cases treated, which gives an average of 32 per cent. Whereas in 1863, I had only one death and eleven recoveries; and, in 1864, one death and eighteen recoveries; consequently two deaths and twenty-nine recoveries, or two deaths out of thirty-one cases treated, which is only an average of 6 per cent. I shall not attempt to explain these two deaths for twenty-nine recoveries. The mortality, which had been 32 per cent., was reduced to 6 per cent. I leave these figures to tell their own tale.

I may, however, be allowed to say that in 1863 the first two cases of pneumonia I treated with homœopathic medicines displayed aggravations the following day which so frightened me that I hastened to order a venesection, and thereafter continued the homœopathic treatment. Those patients recovered; but after that, emboldened by experience, I was no longer alarmed when no amelioration ensued during the first hours of treatment, I stuck to the homœopathic treatment, and I obtained much more rapid cures.

You will also observe in this table 11 pleurisies in 1863, and 14 in 1864, all cured; 15 acute articular rheumatisms in 1863, and 41 in 1864 all cured.

Of 15 cases of variola I treated in December 1864, I lost one. You know, Gentlemen, the serious character of the epidemic that raged five months ago in Roubaix; you also know that there were a great many deaths in the town. Patients were brought to the hospital in the coldest weather, with the eruption fully out. They came with the pustules swollen, sometimes black and in a state of raging delirium. Of these 15 cases, 5 entered the hospital in this state, and thanks to the homœopathic treatment, I had but 1 death.

I should observe that the case of angina tonsillaris entered among the deaths in 1864, was not treated by me. I only discovered the disease at the post-mortem examination, the patient having died suffocated by an abscess in the throat before I could get to him.

It further appears from table B that my patients remain a shorter time in hospital, and consequently they recover more rapidly. For the last three years the number of my beds has not been increased, there were 40 at the end of 1861, and there has been a like number during 1862, 1863, and 1864; and you are aware, Gentlemen, that the beds in my two wards were always full. Well, in 1862, I had only 348 admissions, whilst in 1863, I had 416, and in 1864, 479. On comparing these three figures it will be seen that in 1863, 68 patients, and in 1864, 130 patients could be received into the hospital, in consequence of the homœopathic treatment, who would

have been excluded for want of room had the old system of treatment been continued.

Finally, Gentlemen, there is another question which, though not medical, is nevertheless important, and that is the question of economy. A primary expenditure was required for a homœopathic pharmacy, and yet, notwithstanding that, the accounts of the steward show a much less expense for medicine. The difference in this respect will be greater each year, as the first expense of the purchase of medicines will not recur.

Thus, to resume: fewer deaths, more cures.

Shorter convalescence, consequently shorter stay in the hospital, and more patients treated in the same number of beds.

Saving of expense in the medicines, consequently the patient's keep cheaper, and the possibility of the town supporting a larger number of patients with the same outlay in money.

Such are the threefold results obtained during my service in the hospital.

You will perceive, Gentlemen, that it is not without weighty reasons, that I have decided, after thirty years of study and medical practice, to change my mode of treating my patients. The results I now submit to you, will prove to you that I was not wrong to beg for the permission which you were so good as to grant me.

If in this rapid account I have left some points obscure, I am ready to give you any explanations you may wish. It is my intention to send you every year an accurate statement of the results of my treatment during the previous year.

I am, Gentlemen,

Your obedient servant,

Dr. LIAGRE.

ROUBAIX; May 1st, 1865.

A.—Comparative Mortality in the service of Dr. Liagre, at the Hospital of Roubaix, during Nine Years.

MONTHS.	ALLOPATHY.														HOMŒOPATHY.			
	1856.		1857.		1858.		1859.		1860.		1861.		1862.		1863.		1864.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
January	21	5	20	9	15	5	29	3	34	8	26	0	38	8	40	9	43	7
February	17	3	22	6	19	4	19	2	19	8	17	4	33	10	27	6	43	5
March	13	4	13	2	16	1	15	1	24	5	17	5	32	4	39	4	34	2
April	18	5	9	5	21	3	20	2	28	8	28	6	32	9	34	5	41	3
May	12	7	22	5	29	5	29	3	26	3	26	4	27	6	44	3	35	3
June	13	2	9	3	12	1	19	3	29	5	23	5	31	3	32	1	44	4
July	17	1	11	5	17	3	17	2	16	6	26	4	34	3	30	8	36	6
August	18	2	9	0	14	2	20	3	27	5	21	2	18	4	23	6	41	8
September	16	3	15	4	22	4	26	3	26	2	19	7	25	1	41	3	37	4
October	12	2	22	3	24	2	19	5	27	3	27	9	26	4	41	3	32	5
November	18	4	14	3	18	3	21	4	21	3	27	6	26	1	37	2	42	7
December	18	6	14	1	23	6	33	8	25	10	29	5	26	4	34	8	50	8
Total ...	193	44	180	46	230	39	267	39	302	66	286	57	348	57	416	57	478	62
Per centage of deaths }	22.79		25.55		16.95		14.60		21.82		19.93		16.37		13.70		12.97	
	Average for the 7 years, 1856—1862, 19.26 per cent.																	
	Average for 1863 and 1864, 13.31 per cent.																	

B.—Diseases treated in the Hospital of Roubaix, under

DISEASES.	ALLOPATHICALLY.																			
	1856.					1857.					1858.					1859.				
	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.
Abscess, congestive...
Abscess, deep, of thigh
Abscess of cheek
Abscess of lung	...	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Adenitis cervicalis
Abdominal tumour	1	1	...	...	...
Albuminuria	...	1	1	...	...	...	2	...	2	...	...	1	...	1	...	3	1	2	...	...
Alopecia
Amaurosis
Amygdalitis	3	3	...	...	...
Anasarca	1	1	...	...	...
Anæmia	1	1	...	...	...
Angina erythematosa	...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...
Angina pharyngea
Angina pectoris
Angina pultacea
Angina syphilitica	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Angina tonsillar	1	1	...	...	...	1	1	...	...	...	...	...	...	...
Apoplexia cerebri	1	4	1	2	2	2	5	3	3	1	1	4	1	4	...	5	...	5	...	...
Apoplexia pulmonaris	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Arthritis genu
Asphyxia from sub- mersion
Asthma	1	1	...	...	...
Atrophy, muscular	3	3	...	...	...
Bronchitis, acute	...	4	4	...	...	...	2	2	...	...	...	3	3	...	...	5	4	...	...	1
Bronchitis capillaris	2	2	...	...	...
Bronchitis chronica	8	8	...	...	...
Bronchitis tuberculosa
Cachexia psorica
Cachexia strumosa
Caducitas
Calculi, urinary
Cancer of stomach	...	3	1	2	...	...	1	...	1	...	...	1	1	...	...	5	3	2	...	...
Cancer of intestines
Cancer of bladder
Caries of pars petrosa	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carreau [?]
Catarrh, pulmonary	2	9	8	2	1	1	13	8	4	2	2	14	11	3	2	2	7	7	1	...
Catarrh of bladder	1	1	...	...	...	1	1	...	...
Cephalalgia	3	3	...	...	...	...	...	...	...	...	...	...	...	...
Cephalæa	3	3	...	...	...
Cephalæa from quinine

Dr. Liagre, during the Nine Years from 1856 to 1864.

																				HOMŒOPATHICALLY.							
1860.					1861.					1862.					1863.				1864.								
In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.			
...			
...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1	1	...
...	1	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	1	1	...	...	...	...	...	...	...	...	5	3	2	...	...	7	7	...	...	...	...	6	5	1
...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	1	1	...
...	1	1	...	...	...	...	...	...	...	...	5	4	1	...	...	...	...	...	...	...	...	1	1	...
...	1	1	...	...	...	...	...	...	...	...	2	2	...	...	...	3	3	...	...	...	...	2	2	...
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1	1	...
...	3	1	2	...	...	1	1	...	...	...	2	1	...	1	1	2	3	...	...	...	...	4	3	1
...	...	...	...	...	...	...	...	...	...	...	3	1	2	...	...	6	1	5	...	...	...	4	1	3
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...
...	1	1	...	...	...	4	3	1	...	...	1	...	...	1	1	7	4	3	1	1	11	8	4	...
1	5	5	...	1	1	8	9	...	...	...	32	31	...	1	1	23	22	...	2	2	17	18	1	
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...	...	4	4	...	
...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	5	4	...	1	1	6	7	...	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	3	3	...	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	
...	2	1	1	...	...	1	1	...	...	...	3	...	3	...	3	1	2	...	...	...	2	1	1	
...	...	...	...	...	...	3	1	2	...	...	2	1	2	...	1	...	1	...	...	...	8	5	2	
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1	
...	1	13	3	4	4	21	16	1	8	8	24	26	5	1	1	18	16	2	1	1	32	22	6				
...	1	1	...	...	...	2	2	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...

DISEASES.	ALLOPATHICALLY																				
	1856.					1857.					1858.					1859.					
	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	

Cerebral commotion	
Cerebral congestion...	...	3	2	1	...	...	4	4	...	...	...	2	2	...	...	...	1	1	...	...
Chlorosis	...	1	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Chloro-anæmia	1	...	...	1	1	1	2	...	...	...	...	...	...	...
Cholera	1	...	1	...
Cholérine	...	2	2	...	...	...	1	1	...	...	...	...	...	...	...	...	4	4	...	...
Chorea	1	...	...	1	1	1	2	...	...
Colic, lead	
Colic, hepatic	
Congestion, sanguineous	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Constipation	
Contracted fingers	
Contracted muscles	
Contusions	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
Contusion of shoulder	
Contusion of epigastrium	
Contusion of lung	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Contusion of thorax	1	1	...	...	...	1	1	...	...	...	...	...	...	...
Convalescence	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coryza	
Croup	
Curvature	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	1
Cystitis acuta	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cystitis chronica	1	...	1	...	
Diarrhœa	3	3	...	...	...	...	...	...	...	...	1	1	...	...
Diastasis	
Diphtheria	1	1	...	...
Dysentery	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1
Eczema	1	1	...	...	...	1	1	...	...
Emphysema of lungs	
Encephalitis	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Endocarditis, rheumatic	...	2	1	1	...	...	...	...	...	...	...	3	...	3	...	...	3	2	1	...
Endo-pericarditis	
Enteralgia	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis acuta	1	4	4	1	...	...	1	1	...	...	...	2	1	1	...	...	2	2	...	...
Enteritis chronica	...	1	1	...	...	...	1	...	...	1	1	1	2	...	...	...	...	...	...	...
Enterocolitis	...	4	2	2	...	...	2	1	1	...	...	...	...	...	...	...	...	...	...	...
Epilepsy	1	1	...	...	...	...	...	...	...	...	4	4	...	...
Eruption on face	
Eruption on leg	
Erysipelas of face	...	1	1	...	...	...	2	2	...	...	...	5	3	...	2	2	3	4	...	1
Erysipelas of leg	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erythema	
Fatigue	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	2	2	...	...
Fever, ephemeratous	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Fever, exanthematous	

1860.					1861.				1862.					HOMŒOPATHICALLY.					
In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.
1	1	1	...	...	...	1	1	...	...	...	4	3	1	...	...	2	2	...	...
1	1	2	...	...	...	4	4	...	...	...	3	3	...	...	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...
...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	2	1	...	...
...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	1	...	...
...
...	...	...	...	...	...	1	...	...	1	1	...	1	...	...	...	1	1	...	...
...
...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	...
...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
...	1	2	3	...	...	1	1	...	...	...	1	1	...	...	...	1	1	...	...
...	1	...	1	...	...	2	1	...	1	1	...	1	...	...	...	...	...	...	...
...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...
...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	1	1	...	...
...	...	...	...	...	...	2	2	...	...	...	12	10	1	1	1	1	1	1	...
...
...	3	3	...	...	...	1	1	...	...	...	...	...	...	...	...	7	7	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
...	3	3	...	...	...	3	3	...	...	...	6	5	...	1	1	...	1	...	...
...	...	...	...	...	...	3	...	3	...	...	...	...	...	...	...	2	2	...	...
...	3	3	...	...	...	...	...	...	...	...	1	1	...	...	...	3	3	...	...
...	3	3	...	...	...	...	...	...	...	...	1	...	...	1	1	...	2	...	...
...	1	2	3	...	...	...	...	...	...	...	1	1	...	...	...	5	4	...	1
...
...	2	2	...	...	...	3	3	...	...	...	2	2	...	...	...	1	1	...	...
...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	9	9	...	...
...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...

DISEASES.	ALLOPATHICALLY																			
	1856.					1857.					1858.					1859.				
	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.
Fever, inflammatory
Fever, intermittent	...	1	1	...	...	...	5	5	...	...	...	...	9	8	...	1	1	6	6	...
Fever, masked	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Fever, mucous
Fever, petechial	1	1	...	...
Fever, remittent	1	1	...	...
Fever, typhoid	2	32	26	3	5	5	45	40	7	3	3	15	18	...	...	11	9	1	1	
Furunculi
Gangrene	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gangræna pulmonum	1	...	1	...	...	2	...	1	1
Gastralgia	...	4	4	...	...	...	...	...	...	...	6	5	...	1	1	6	7	...	...
Gastric derangement	2	2	...	...	...	1	1	...	...	...	5	5	...	...
Gastro-intestinal do.	1	1	...	...	...	...	...	...	...
Gastritis	1	1	...	...	...	...	1	...	1	...
Gastro-enteritis acuta	1	...	1	...	...
Gastro-intestinal irri- tation	...	5	5	...	...	1	1	...	...	...	4	4	...	...	...	...	...	...	...	...
Glucosuria	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Hæmatemesis	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hæmoptysis	...	1	1	...	...	1	1	...	...	...	1	1	...	...	...	2	2	...	...	...
Hæmorrhage from bowels
Hæmorrhoids
Heart, organic disease of	...	15	10	4	1	1	9	4	4	2	2	7	6	3	...	5	1	3	1	...
Hemiplegia
Hemiplegia, facial	1	1	...	...	...	...	...	...	...	...
Hepatitis, acute	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatitis, chronic
Hernia, double in- guinal
Hiccough, spasmodic
Hypertrophy of heart
Icterus	2	1	1	...	...	1	1	...	...	...	...	...	...	...	...
Ileus	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Incontinence of urine
Incon. of urine (noc- turnal)
Inflamm. of urinary passages
Intoxication	1	1	...	...	...
Influenza	1	...	...	1	1	4	5	...	...	...	...	...	...	...	...
Laceration of lung
Laryngitis, acute	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
Laryngitis, chronic
Lead-poisoning	1	1	...	...	...	...	...	...	...	...
Lumbago	1	5	6	...	...	1	1	...	...	...	6	6	...	...	...	7	7	...	...	...
Luxation of spine	1	1	...	...	...
Lymphangitis

																				HOMŒOPATHICALLY.									
1860.					1861.					1862.					1863.					1864.									
In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.					
...					
1	11	12	...	...	...	7	7	...	...	...	5	5	...	...	...	9	8	...	1	1	10	9	...	2
...	6	6	...	...	...	1	1	...	...	...	...	...	...	...	...	4	4	...	...	...	3	3	...	...			
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
1	31	26	4	2	2	21	18	1	4	4	24	23	4	1	1	40	37	2	2	2	23	19	1	5					
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...			
1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	5	5	...	...	...	1	1	...	...	...	...	...	...	...	...	7	7	...	...	...	9	9	...	...			
...	1	...	...	...	...	1	9	10	...	...	5	5	...	...	...	3	3	...	1	1	4	4	...	1
...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...			
...	8	6	1	1	1	9	10	...	...	...	8	7	...	1	1	8	8	...	1	1	10	11	...	...			
...	3	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...			
...	1	1	...	...	...	4	3	...	1	1	1	2	...	...	...	3	3	...	...	...	4	4	...	...			
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	2	...	...	...	1	1	...	...			
...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
1	17	10	7	1	1	13	4	7	3	3	14	10	6	1	1	10	7	2	2	2	14	8	7	1					
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...			
...	...	...	...	...	...	1	1	...	...	...	3	2	1	...	...	1	1	...	...	...	...	...	...	...
...	...	...	...	...	...	1	1	...	...	...	1	...	...	1	1	3	3	1	...	...	3	1	2	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...			
...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...
...	2	1	...	1	1	5	4	2	...	...	4	4	...	...	...	2	2	...	...	...	3	3	...	...			
...	2	2	...	...	...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	2	...	...	...	...	...	...	...
...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...	...	1	1	...	...			
...	2	2	...	...	...	2	2	...	...	...	8	8	...	...	...	11	11	...	...	...	9	9	...	...			

DISEASES.	ALLOPATHICAL																				
	1856.					1857.					1858.					1859.					
	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	
Meningitis, cerebral	...	2	...	2	...	...	3	...	2	1	1	1	1	1	...	...	...	...	...	...
Meningitis, tubercular	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis, cerebro-spinal	1	...	1	...	...	...	...	...	...	...
Mentagra
Measles	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Migraine	1	1	...	...	...	...	...	...	...	...
Monomania, religious
Myelitis	...	1	1	...	...	...	2	...	2	...	...	2	...	1	1	1	...	1	...	...	...
Nephritis, acute
Nephritis, calculous
Nephritis, chronic
Neuralgia	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...
Neuralgia, brachial
Neuralgia, cervico-brachial	1	1	...	...	...	...	...	...	...	...
Neuralgia, crural	1	1	...	...	...
Neuralgia, facial	1	1	...	...	...	...	...	...	...	...
Neuralgia, intercostal	1	1	...	...	...	...	...	...	...	...
Neuralgia, lumbo-abdominal
Neuropathy	1	1	...	...	...	...	...	...	...	...
Neuropathy, lead
Œdema of legs	1	1	...	...	...
Ophthalmia
Ophthalmia, strumous
Orchitis	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Osteitis	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Otitis	1	1	...	...	...	...	...	...	...	...
Pain in the leg
Paralysis	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...
Paralysis of right arm
Paralysis of left arm
Paralysis, general	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Paralysis of right hand
Paralysis from lead
Paralysis of bladder
Paraplegia	1	...	1	...	...	...	...	...	...	...	...	1	...	...	1	1	...	1	...	...	...
Pericarditis	...	1	1	...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...
Peritonitis	2	1	1	...	...	1	...	1	...	...
Phlegmon of right iliac fossa
Phlegmon of knee
Phlegmon of hand
Phtthisis, laryngeal
Phtthisis, pulmonary	3	24	12	11	4	4	30	17	13	4	4	33	20	14	3	3	53	35	13	...	...
Pleurisy, acute	...	4	4	...	...	...	...	5	5	...	...	6	6	...	...	17	17	...	...	...	...
Pleurisy, chronic	2	...	2	...	...	1	1	...	...	1	1	...	...	...	...
Pleurodynia

					HOMŒOPATHICALLY.																			
1860.					1861.					1862.					1863.					1864.				
In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.
...	3	1	2	...	...	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	3	1	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	...
...	3	1	2	...	...	1	...	...	1	1	4	4	...	1	1	1	2	...	...	...	1	1	1	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...
...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	2	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	1	...	1
...
...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	1	1	...	...
...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...
...	1	...	1	...	...	2	...	2	...	...	3	2	...	1	1	1	1	1	...	...	1	...	...	1
8	64	46	20	6	6	80	57	24	5	5	57	25	23	14	14	42	37	18	1	1	56	37	15	5
...	11	11	...	...	...	7	6	1	...	...	24	23	...	1	10	11	...	...	...	...	14	14	...	...
...	3	1	1	1	1	1	2	...	...	...	2	1	1	...	2	2	...	...	...	...	5	5	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	2	...	...

DISEASES.	ALLOPATHICALLY																			
	1856.					1857.					1858.					1859.				
	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.
Pneumonia, acute ...	3	7	7	3	...	...	2	1	1	...	...	10	5	2	3	3	16	14	2	2
Pneumonia, chronic...	1	2	1	1	1	1	...	1	...	...	...	1	1	...	...	...	2	...	...	2
Prurigo
Psoric affection, chronic
Psoric diathesis
Purpura hæmorrhagica	2	2	...	...
Pustula maligna
Rachitis
Retention of urine
Rheumatism, acute articular	13	12	...	1	1	6	7	...	...	...	39	34	...	5	5	11	16	...	...
Rheumatism, chronic	1	1	...	...	...	1	...	...	1	1	4	5	...	...	...	10	7	...	...
Rheumatic gout
Rheumatism, muscular	2	2	...	...	...	1	1	...	...
Roseola	1	1	...	...
Scabies.....	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Scarlatina	3	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sciatica	2	2	...	...	...	...	...	...	...	...	2	1	...	1	1	3	4	...	...
Scorbutus.....	1	1	...	...	...	...	...	...	...
Scrofulous diathesis	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Softening of brain	3	...	1	2	2	1	2	1	...	...	1	1	...	...
Spasm of glottis
Splenitis
Sprain of foot	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sprain of wrist
Stomatitis	1	1	...	...	...	...	...	...	...
Stomatitis, mercurial	1	1	...	...	...	...	...	...	...
Strict. of œsophagus	2	...	1	1	1	1	1	1	...	...	...	...	...	...	...	...	...	...	...
Stricture of urethra...
Strumous tumour
Syphilis, constitutional
Tinea capitis
Tubercle of brain.....
Ulcer of stomach.....
Ulcer of leg.....
Ulcers, scrofulous
Urticaria
Variola	6	6	...	...	...	...	...	...	...
Vertigo	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Vesania
Volvulus
White swelling of knee	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
Wound of head
TOTAL	17	193	149	44	17	17	180	132	46	19	19	230	189	39	21	21	267	225	39	24

					HOMŒOPATHICALLY.																			
1860.					1861.					1862.					1863.					1864.				
In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.	In hospital.	Admitted.	Discharged.	Died.	Remaining.
3	11	7	5	2	2	5	3	3	1	1	6	3	3	1	1	12	11	1	1	1	21	18	1	3
...	8	...	8	...	...	6	3	3	...	...	6	3	2	...	...	8	4	5	...	...	11	4	6	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	1	...	...	...	1	1	...	...
...	2	2	...	...	...	...	...	...	...	...	1	1	...	...	...	3	3	...	...	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	1	...	1	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...
...	16	15	...	1	1	15	11	...	5	5	20	24	...	1	1	51	45	...	7	7	35	41	...	1
3	3	6	...	...	6	3	...	...	3	3	9	11	...	1	1	9	10	...	...	...	7	7	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...
...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	2	2	...	...	...	...	...	...	...
...	3	2	...	1	1	2	3	...	...	...	1	1	...	...	...	2	2	...	...	...	4	4	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
...	...	...	...	...	...	7	4	2	1	1	3	4	...	...	...	1	...	1	...	...	6	1	3	2
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...
...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...	...	1	1	...	...
...	1	1	...	...	...	1	1	...	...	...	1	1	...	...	...	1	1	...	1	...	1	1	...	...
...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...
...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	15	9	1	5
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
...
24	302	237	66	23	23	286	218	57	34	34	348	290	57	85	35	416	367	57	27	27	478	478	...	...

CHELIDONIUM MAJUS, L.

By Dr. O. BUCHMANN, of Alvensleben.*

(Continued from Vol. XXIII, p. 581.)

February 9th, in the morning.—Bright red spots of the size of a lentil, confluent, with a papule in the centre of each, all over the face except the forehead; rough to the touch; burning. Three times in half an hour thin pappy stools preceded by nipping pains in the intestines; pain like a wound in all the vertebræ, aggravated by movement; and pressure on the spinous processes.

About 2 p.m. chill, as if drenched with cold water, intermittent with dry heat, especially in the face, with the feet constantly cold; great weariness and paralytic sensation in the limbs. During the hot fit she falls asleep in a sitting posture, and the cold fit awakes her (two hours long).

In the evening in bed she cannot go to sleep for a feeling of numbness of the lower extremities from cold, though the bed had been warmed. In the night dreams of corpses. Towards evening she lost the eruption on the face.

10th, Morning.—Feeling of constriction across the navel; sensation of twisting and movement in the abdomen above the navel as if an animal were wriggling all through the intestines. Stool thin, pappy, bright yellow, three times in one hour.

2 p.m.—Violent stitches in the lower part of the thorax on the right on inspiring, aggravated by movement and coughing; drawing pains from the lower side of the sternum on the right as far as the spine; pain like a wound in the lower ribs on the right; frequent fits of short dry cough; difficulty of breathing, cannot take a deep breath for stitches; wound-like pain in the lower right half of the thorax, so that the very contact of her clothes increases it; collection of

* From *Allg. Hom. Zeitung*, vol. lxx.

water in the mouth. Towards evening cold feet; cold feeling in the lower extremities. The skin all over the body feels cool to the touch, though the room is very warm.

11th.—All the forenoon, urging to stool every half hour with griping in the intestines and constriction in the rectum without evacuation. In the evening evacuation normal.

Towards evening collection of water in the mouth; menstruation commenced the following night in excess, but without any suffering.

12th.—The ribs on the right side still painful to the touch as if raw; vertigo, especially on closing the eyes as if every thing whirled in a circle.

13th.—Confusion of the head, with a sensation of a cord about the forehead; pains in the lumbar vertebræ like a wound; spasmodic pain in the right kidney and the liver all day, worse from 4 p.m. till about 9, with perspiration on the forehead and hands; wound-like pain in the lower ribs and right side; collection of water in the mouth; increased thirst; burning in the eyes; 4 p.m. chill for quarter of an hour, the heat, especially in the head, with cold in the legs for two hours.

Great languor overcome by slight exertion; diminished appetite.

14th, 15th.—As the 13th.

16th.—The same till 4 p.m.; at 4 p.m. chill for a few minutes only, with heat which lasted only half an hour, then got quite well.

17th.—About 9 a.m. sensation in the forehead and temples as of cord till noon; same sensation about 7 p.m.; trembling, as if she would fall forwards, without vertigo. Muddled head; trembling in the upper extremities; sensation of icy cold in the calves and soles; the legs feel cool.

18th.—An hour after rising, a feeling of a hoop about the forehead and temples; inclination to close the eyes; difficulty of opening the lids, as if the upper lids were drawn down again, till noon. Towards evening return of the sufferings in a higher degree; feet cold.

19th, as before.—Menstruation has passed unnoticed into

leucorrhœa ; the secretion is viscid, mucous, and stains the linen yellow. (Thirteen years previously, when unmarried, she suffered in the same way.) No appetite in the evening for six days. Frequent urging to pass urine, which goes off without actual discharge.

20th.—Headache in the forehead as if from a cord, from getting up till midday ; leucorrhœa abundant all day. Towards evening, pain like a wound in the lumbar vertebræ and the five lower dorsal, aggravated by pressure with the hand, and by every movement ; also in the five lower ribs on the right ; pain in the right region of the kidneys, as previously.

21st.—(South wind ; after noon a thick fog ; barometer low.) In the morning on rising, head aches over the forehead as if from a cord ; relieved by closing the eyes. About 2 flying heats in the face ; anguish obliging her to loosen her dress on the chest for half an hour ; pains in both kidneys as before ; violent pains in the same vertebræ and ribs as yesterday ; ribs as if ulcerated ; abundant leucorrhœa. She cannot take a deep breath because it increases the pain ; heaviness and stiffness in the legs ; drawing spasmodic pain from above downwards, and in the iliac and inguinal region towards the region of the pubes. No appetite all day.

22nd.—In the morning no more leucorrhœa ; urine reddish, turbid in quarter of an hour. In two hours a reddish flocculent loose sediment ; after standing till evening, not yet quite clear.

Morning.—The same drawing spasmodic pains as yesterday, preventing walking. From increase of these pains, the right leg can with difficulty be raised ; ankles painful, especially after walking, as if sprained. Evening, good appetite ; pains as before in the vertebræ all day.

23rd.—From 9 to 11 wound-like pain in the same vertebra ; pain in the right kidney. Towards 5 p.m. pain in the forehead as before, till bed-time ; wound-like pain as before in the right ribs ; pain like dislocation in the ankles all day, more violent in the night.

Directly after supper, sudden cessation of the pains in the ribs; increased thirst.

24th.—From 9 to 11 pain in the forehead as before; tormenting pain in the right ankle, less in the left till 5; from 5 and afterwards, paralytic feeling, stiffness and coldness in the right thigh and leg; vertebræ only painful on pressure and movement. For a week past, temper much excited; daily outbreak of anger without provocation. She could beat the children, and trembles with rage at having no occasion to do so.

25th, a.m.—Urine clear, dark yellow.

2 p.m.—Urine, when passed, turbid, dark brownish red, like porter, forming bubbles round the edge. (It was thrown away through carelessness, so that no examination could be made.) At the next discharge, towards evening, it was normal.

Shortly before the turbid urine passed, a feeling of constriction in the hypogastrium; no other suffering all day.

March 14th.—Since the 25th of February till to-day, daily itching in the anus and rectum.

10 a.m.—She chewed a leaflet of *Chelid.* and swallowed the juice. In ten minutes fluent coryza, and sense of swelling in the larynx till noon. In the afternoon violent itching in the rectum as usual.

15th.—In the morning sensation as if the rectum were forced out, with spasmodic constriction of the anus and rectum all day. Stool causes pains in the anus.

16th, Morning.—Hard stool with great pain; burning and cutting in the rectum, and constriction of the anus, with alternate itching in the anus; vertigo with faintness; no appetite. She cannot lie on her back, nor sit up, from wound-like pain in the anus. An external tubercle on the rectum of four millimetres diameter; alleviation of the pains by standing in a bent posture.

17th.—The tubercle is become larger; mucous secretion from the anus, not followed by evacuation. Other sufferings as yesterday.

18th.—The same sufferings, except continual painful urging to stool without result.

Evening at 10, took a dose of *Nux vomica* 6.

19th.—In the morning, hard stool; later in the day, soft; pains in the anus and rectum have ceased. The tubercle has diminished in the course of the day.

20th, Morning.—Normal stool; pains in the rectum trifling. The tubercle has shrunk; appetite recommencing.

April 20th.—Since March 14th the skin, especially of the face, gradually darkened as if sunburnt. The stools have continued of the usual colour.

May 1st.—The colour of the skin gradually disappearing up to this day.

N.B. The prover has never suffered from hæmorrhoidal symptoms, and has never had her face tanned except during pregnancy.

3. EXPERIMENT ON MY SON ADOLPH.

Adolph, 7 years old, the strongest built of six children; easily hurt and tearful; good appetite. Nine months ago suffered from pleurisy of the right side with considerable fibrinous adhesion of the lung to the rib, which, however, is perfectly absorbed. Quite healthy now.

November 4th.—At 11 a.m. took a tablespoonful of a dilution of ten drops of *Mother tincture* to a common tumbler of water. His sister two years older, and brother one year younger, had manifested no symptoms after a similar dose.

In five minutes pain close to the navel on the left side; pressure first in the right then in the left eye; nausea; dryness at the back of the pharynx and palate; pain behind the right ear; tearing pain in the right temple, aggravated by touch. No suffering after dinner.

At 2 p.m. took two drops at once in water. In five minutes nausea; pains over the navel somewhat to the left; pinching in the throat; dizziness in the head; pain in the head over each ear, worse on the right side; tearing in the

right temple and eye, afterwards in the left eye, reaching to the temple; pain in the right side of the thorax, then in the left; respiration became difficult; short fit of coughing.

5th.—At 11 two drops at once in water. In a quarter of an hour heat in the head with pains; dryness of the mouth; vertigo as if he had been spinning round several times rapidly; stitch in the right side. The symptoms soon pass off. At 7 p.m. four drops at once in water; vertigo soon after, with heat in the head; tearing in the nostrils, especially the left; tearing in the left eye; pressure in the throat under the chin as if it was compressed; tearing in the temples; nausea as if he must vomit; relieved by eructation; yawning; pain in the forehead; pressure in the right shoulder on moving the arm; pain under the knee on walking; pricking in the left ear, rendering it difficult to hear; tearing behind the right ear.

4. EXPERIMENT ON MY SON REINHARD.

Reinhard, 9 months old, golden hair, appetite good, bowels regular and natural, in good flesh. His two upper, and two lower middle incisors are through his gums; previous to which he had suffered from diarrhoea and hooping-cough. Towards evening, occasional attacks of the latter complaints still, otherwise quite healthy.

On the 6th December, at 10 a.m., administered 10 globules of *chelid.* 6. At 2 in the afternoon there appeared on his right cheek a burning dark red, round spot, which gradually increased till 5 o'clock. Redness, heat, and swelling of the scrotum. He screamed the whole night, especially on being touched; heat and perspiration on his forehead.

7th, Morning.—Both eyes were glued together with dry mucus, the left, especially. Redness and heat of the scrotum. Here and there, on both sides, the epidermis of the scrotum was raised with flat vesicles, filled with a yellow fluid from the size of a pin's head to that of a lentil—these were painful to the touch; thin watery stool of a dark yellow colour as

before; he cries if his left leg is moved, or his left side touched. In the afternoon, from 2 till 6, a burning, dark-red, gradually increasing, round spot on his left cheek: towards evening the vesicles on the scrotum burst, and the red and slightly tumid cuticle, denuded of the epidermis, discharges a little moisture. In the evening another dark-yellow watery stool; sleepless the whole day; he will neither sit, nor lie, and must be carried about continually; he made water five times throughout the day, attended with much effort, groaning, and holding of the breath, this till evening.

8th.—Slept better through the night; the left eye is closed with dry mucus; the scrotum is covered with dry, red, cracked, thin scabs; a pimple similar to cow-pox, with red margin, on the right buttock; near the corner of the mouth, on the right cheek, a small pustule with red margin; napkin stained with reddish-brown urine, which became darker when dry; slept from 1 till 6, and from 7.30 till 5 o'clock in the morning; he slept only a quarter of an hour in the afternoon, then from 8 till 10 in the evening; took some milk at 10, and then slept till 5 the next morning; stool as usual.

9th.—In the morning a little dry mucus in the left eye; cuticle of scrotum natural; a yellow scab with red margin on the pustules.

10th.—10 globules *Chelid.* 6, at 11 o'clock. At the end of a quarter of an hour a redness on the left cheek, changing by degrees from bright to dark red; accelerated breathing, with five eructations; after which the breathing became easier. A small pimple with red margin in the same place (near the mouth) as on the 8th December; the margin round the small scabs on the buttock is again apparent, and becomes dark red; urine three times in a quarter of an hour. After an hour the redness on the cheek disappeared; frequent yawning; eructations frequent till evening; after coughing, curdled milk was vomited, which had not occurred before; sleep as usual.

11th.—Cried frequently in the night without awakening; increased warmth over the whole body; perspiration on the

forehead; first motion of the bowels, after taking the last dose, occurred this morning; generally his bowels are moved at night; consistency of stool natural; colour lighter; the urine coloured the napkin a reddish yellow; dry lumps of mucus on the right eyelid; a red round spot on the left cheek.

12th.—Quiet sleep; napkin coloured reddish by the urine; stool lighter coloured than usual; both eyes closed with dry mucus; on awaking, fretful; red spots alternately on both cheeks; red pimples here and there on the cheeks; much thick mucus discharged from the nose; urine of a darker yellow than usual.

13th.—Frequent screaming in the night, increased on being taken up; eyelids glued together in the morning.

14th.—All over the right cheek numerous red round spots, with a pointed pimple in the centre. The eyelids glued together in the morning by dry mucus.

5. EXPERIMENT ON MISS MINNA KRANKE.

Minna Kranke, 20 years of age, was scrofulous in childhood; muscular system weak; has pains in her limbs after bodily exertion; light hair; pale countenance; phlegmatic temperament; she has suffered at times from pains in her left side; also from palpitations of the heart after exerting herself; menstruation natural; healthy at the time of experiment.

5th November, 1861.—60 drops of the *mother tincture* at 10 o'clock in the morning; after a quarter of an hour, a feeling of heat throughout the body; oppression and anguish in the left side; difficulty of breathing; palpitations of the heart; twitchings in the right arm; a feeling as if something solid were rising in the throat, necessitating an effort to swallow, after which it seemed to descend; twitches in the knees; a dragging pain in the left shoulder-blade and neck; a squeezing pain in the *regio iliaca sinistra*; twitches in the calves of the legs; ringings and tinglings in the ears. Dry-

ness and heat in the mouth; thirst; towards evening the pains disappeared.

26th.—90 drops at 9 o'clock in the morning; at the expiration of a quarter-of-an-hour, an oppressive pain and burning between the cardiac region and navel, as well as in the sternum; pain in the nape of the neck and back of the head; tearing pain in the forehead over the left eye, in the eye, and eyelid, extending towards the upper part of the nose; drawing pains between the shoulder-blades, extending to the loins; shortness of breathing, and oppression as if the breast were tied together, and the breath could not force a way out; shivering, and a feeling of coldness over the whole body till midday; towards evening a pressing pain in the forehead and back of the head; alterations of heat and cold with a thirst for Breihan (a kind of light effervescing beer made without hops); burning urine, with frequent urging to pass it; palpitations of the heart; she is unable to go to sleep at once, on account of drawing sensation in the loins, and headache.

27th.—She awoke shortly after 4 o'clock with achings in her loins, and headache; arms as if paralysed, a thrilling in them; shortness of breath, short cough, anxiety, nausea; pricking and ringing in the left ear; in something less than an hour she fell asleep again till past 6 o'clock. After getting up, weakness in her limbs; great weariness; depressed spirits; pains in the knees and drawing pains in the calves; in the evening, anxiety; acute pain in the head, over the right ear; face hot; throat, tongue, and lips dry; dreamt much in the night, but has no recollection of the subjects of her dreams.

28th.—Awoke after 4 o'clock with anxiety; stitch in the left side; oppression of the chest; cannot draw a long breath on account of the stitch; oppressive headache in the forehead and occiput; face hot; gentle perspiration; no thirst; she soon fell asleep again till past 6 o'clock; after rising, headache, anxiety; a paralysed feeling in her arms and legs.

6. EXPERIMENT ON L., A DOCTOR'S ASSISTANT.

L., 45 years old, sanguine temperament, pale countenance, light hair. Suffers occasionally at changes of weather from debility; eats sparingly, drinks no fermented liquors; bowels regular; perfectly well at the time of experiment; colds are attended with catarrh.

Nov. 14th.—90 drops at 9 o'clock in the morning; after a quarter of an hour, dizziness, a feeling of heat running over the whole body, pain in the nape of the neck. At the end of an hour pains in the temples particularly, much dragging pain, so that my whole head is affected; nausea, as if I would vomit, but relieved by eructations; uneasiness in the chest; the dizziness again becomes stronger; much anxiety; oppression of the stomach; much eructation; after which a rigor makes its appearance. At 10.30, a hollow rumbling in the abdomen; gripings towards the rectum; my mouth is quite dry, so that my tongue almost cleaves to my palate. renewed pains in front of my stomach; renewed feeling of heat over the whole body; pains in front of neck which extend towards the temples; from 11 till 1 o'clock, shudders through the loins; renewed drawing in the temples; renewed nausea, which is again relieved by repeated eructations; lassitude and paralysed feeling of the limbs; renewed nausea, eructations, shiverings in the loins, and much heat in the head; twitchings in the legs and loins; pains in the temples; much anxiety and oppression of the chest; pain in the stomach, and nausea, which is again relieved by numerous eructations. At 7 o'clock in the evening, gripings of the bowels, so severe that my whole body seemed drawn together; urgent desire to stool; three watery motions in quick succession, after which the griping abated in about half an hour; the whole evening a great discharge of wind.

7.—EXPERIMENT ON PASTOR G.

Pastor G—. of this place, 52 years old, of sanguineo-

phlegmatic temperament; suffered in his youth from *ischias nervosa* for which he was treated with mercury in many forms. From the effects of this medicine he lost his hair from the forehead and crown of the head, and never recovered it. Subsequently he suffered from bloody piles; is sensible of changes of the weather, and suffers, on taking cold, from cough and slight rheumatic pains. Appetite and digestion good. At the time free from all complaints.

On the 6th January, at 9 a.m., took 20 drops of *Mother tincture*. Soon after, strong discharges of wind, both upwards and downwards; urging sensations in the rectum; uncomfortable feeling in the bowels, as when one has had an evacuation after taking a purgative; metallic acetose taste on the tongue; unpleasant smell in the nose like that of black soft soap; eructations till bed time.

7th, 9 a.m.—Took 30 drops. Immediately afterwards strong discharges of wind upwards and downwards; secretion of thin mucus in the throat; increased appetite; motion of the bowels delayed and confined. In the afternoon oppression and coldness in the abdomen, which was not removed by a warm blanket; coldness over the whole body, especially close under the umbilical region; drawing pain in the right side, from above downwards.

8th, 8 a.m.—Took 40 drops. Eructations and discharges of wind; greater appetite; increased secretion of mucus from the throat. Natural motion of the bowels, but a feeling accompanied the operation as if the anus were constricted, and only permitted the fæces to pass with difficulty; later, another stool, soft and lighter coloured; taste of a fine acid on the tongue. Towards evening a drawing and pressure between the shoulders, especially in the right scapula, and towards the right side; a feeling as if the larynx were swollen, especially on the right side.

9th, 8 a.m.—Took 50 drops. Increased expectoration of mucus, and now and then a running at the nose; eructations; much mucus in the mouth; in the afternoon drawing between the shoulders; stronger stream of urine; in the afternoon and evening shuddering thrill from the nape of the

neck to the loins downwards ; unusual feeling of chill in the bowels after drinking some water ; cramps in the right calf ; no motion of the bowels throughout the day.

10th.—No dose taken for fear of constipation. Evacuation of the bowels ; signs of blood on wiping the anus ; appetite was not so good in the morning as on the day before.

11th, about 9 a.m.—Took 10 drops. Immediately eructations ; increased expectoration of mucus ; fluent coryza ; feeling of chill in the body on drinking water, not usually the case ; great discharge of wind ; watery eyes ; affection of the head ; motion of the bowels lighter coloured than usual ; cold shudders between the shoulders ; uncomfortable feeling throughout the body ; vertigo ; an evacuation of a light colour and pappy consistency, followed by improvement in the state of things.

12th, 9 a.m.—Took 5 drops. Repetition of yesterday's symptoms, but less severe, at mid-day 5 drops more ; great feeling of discomfort in the body with pains, relieved by a glass of wine ; confusion of the head again supervened ; pressure on the eyelids ; cold feet ; distension and uneasiness of the body, notwithstanding frequent eructations ; lassitude, without the ability to sleep ; later, hot, burning feet ; next morning a scanty stool with itching of anus.

13th.—Took no dose. Stool lighter coloured than usual.

14th, 1 p.m.—Took 2 drops. Immediately after, eructations of wind ; pains in the nape of the neck ; expectoration of mucus ; pressure in the fore and back parts of the head ; horripilation in the back ; stiffness of the neck on the left side ; pain in the right shoulder, in the muscles of the right side of the neck, and in the region of the right clavicle ; fluent coryza ; coldness of body ; shivering ; the next morning a soft, light yellow stool.

8.—EXPERIMENT ON PASTOR H.

Pastor H—, in D—, 52 years old, choleric, sallow, pale complexion, black hair ; inclined to rheum and catarrh of the

stomach on catching cold; well developed muscular system; good appetite; regular alvine discharges; liver freckles on the skin.

November 25th, 10 a.m.,—Took 90 drops. In ten minutes the head was stupefied; dull; oppression in the nape of the neck; secretion of thin mucus from the throat and nose; water in the mouth; oppression in the stomach, relieved by eructations. A feeling of heat throughout the whole body, especially in the face and hands. Towards evening, dull pain in the head, with shivering; a roughness in the throat, with water in the mouth; stitches in the region of the stomach; drawings in the loins.

26th.—Vertigo; roughness in the throat and watery discharges from the nose; increased appetite in the morning and mid-day (which continued for several weeks); several thin liquid stools daily (for eight days); small vesicles on the lips and *alæ nasi* (subsequently forming scabs); dull oppression in the ears; itching of the anus (continuing for some days, occasionally felt before); pressure on the bladder, and frequent discharges of urine; frequent erections, even in the day; good spirits; more inclination to speak much in company.

The following day all these symptoms gradually became weaker, and the appetite stronger. Irritability of the bladder, and greater cheerfulness continued for three weeks after taking the dose.

9.—EXPERIMENT ON MISS AUGUSTA H.

Miss Augusta H—, of D—, 50 years old; sanguine temperament, light hair; suffered two years previously from scarlatina, and this year from measles; bowels regular; pale complexion; weak muscles; inclined to thinness; perspires easily; skin moist every morning on awaking; great liability to take cold, on such occasions catarrh and cough; appetite good.

November 25th, 8 a.m.—Took 90 drops of the *Mother tincture*. After a few minutes it was evident by the excitement of manner, that a condition resembling intoxication had set in. She felt her head giddy and confused; pressure

in the nape of the neck ; pain in the ears ; dryness in the throat and mouth. In the course of an hour she felt as if sand were in her eyes ; this feeling was not so perceptible when she shut her eyes. Pressure and nausea in the stomach, relieved by eructations ; drawing pains from the nape of the neck down to the loins ; paralysis of the arms ; head hot ; towards evening the symptoms disappeared. Two thin pappy stools.

28th, 8 a.m.—Took 10 drops of the *Mother tincture* in a glass of water, a dessert spoonful every two hours ; after a few minutes the head became stupefied ; pressure in the crown of the head ; scintillations before the eyes. She feels as if sand were in her eyes ; pressure in the nape of the neck ; shooting pains in the throat, in the region of the larynx ; a little hoarseness, with pain in the breast behind the sternum, especially perceptible on holding in the breath ; nausea, relieved by eructations ; dryness in the throat and tongue ; oppression in the front part of the stomach ; three thin pappy stools. On the second day the *Chelidonium* was administered as before, followed by similar symptoms. The oppression of the stomach is stronger, for which reason she took nothing on the following day for fear it might do her harm. On the third day no symptoms remained ; sleep and appetite both good.

December 3rd.—Took 5 drops in water, exhibited by degrees in the course of the day ; towards evening oppressive headache.

4th.—Took 10 drops of the *Mother tincture*, given in the same manner. Severe headache on rising from bed, which was alleviated after breakfast. An hour and a half afterwards the cerebral oppression returned ; heat in the head ; shootings in the ears ; unpleasant burning in the throat ; vertigo ; nausea. Towards evening, oppressive headache ; scintillations before the eyes.

5th.—Took 15 drops in the same manner. She had no leisure to watch the symptoms thoroughly, but the following were strongly felt ; pain in the right knee ; cold feet ; drawings in the loins ; shootings in the ears ; pains in the teeth.

6th.—Took 20 drops in the same manner. After the first dose, early in the morning, stupid feeling; heaviness in the nape of the neck; frequent diarrhoea; burning in the throat; great thirst; good sleep at night. On awakening, general and increased warmth, with profuse perspiration; dryness in the nose; weight over the eyelids; red pimples on the chin; head stupefied; drawing in the loins; pain in the stomach, with eructations; noises in the ears, and scintillations in the eyes.

7th.—Took 25 drops in the same manner. Drawing pains in the teeth; pain in the os sacrum and abdomen, with frequent urgent desire to make water; smell of urine pungent and acid; shootings in the ears; burning pain in the larynx; cough, with some expectoration of mucus; nose stuffed; contractions in the calves of the legs; pain in the right knee; headache; pressure and scintillations of the eyes; loose motions three times; pressure in the nape of the neck. On awaking in the morning, rigor, with cold feet; point of the nose swollen and red; painful pressure on the bladder.

8th.—The medicine is discontinued; the symptoms are as on the preceding day, but weaker.

9th.—Few symptoms observable; constantly increasing appetite.

10.—EXPERIMENT ON INNKEEPER K.

Innkeeper K—, 40 years old, never ill before; drinks no fermented liquor, as it disagrees with him; light hair, slender figure, sanguine temperament.

His daily notes are stated to have been lost; consequently no reliance can be placed on the report of symptoms which he has drawn up. I will, therefore, merely relate the symptoms which he specified at certain visits I paid him during the proving, and which I myself observed. (From the 4th May the daily record is continued.)

December 7th.—Took 5 drops. Five minutes after taking the dose his bowels were moved, which operation has habitually taken place at 9 o'clock or later. Three or four hours afterwards, pricking and burning in the left side of

the breast, extending upwards to the back, and awakening him from sleep on the following night. Some days later, after he had increased the dose to 12 drops, he felt great weariness in all his limbs, sleeplessness, ill-humour at every trifle, irritability, and peevishness. Having made a journey, he recommenced the experiments with a daily dose of 12 drops, consequent on which an eruption broke out on the *alæ nasi*, with red pimples here and there, yellowness of the complexion, of the face, and of the neck and breast, which symptoms continued for upwards of eight days. The white of the eyes also became of a dirty yellow, and the edges of the eyes were much inflamed (I myself observed these external symptoms when paying him a visit for the purpose of directing the experiment). These symptoms continued more than eight days.

Subsequently he increased the dose to 20 drops, and observed that this was followed by bright specks before the eyes, a transient dimness of vision, so that in reading every thing was dark before him; pains in making water, and afterwards pain in the urethra, and a drawing in the left testicle. This last symptom induced him to suspend the experiment, as he had formerly suffered from hydrocele on the left side, brought on by contusion, and then experienced the same sensations as now, which made him apprehensive of a return of the complaint should he continue the doses. After leaving off the drug, all the symptoms speedily disappeared.

May 4th, 7 p.m.—Took 15 drops. Since the last experiment I have not observed any symptoms about me. Three minutes after taking the dose, a thin stool; gripings in my abdomen; up to 11 p.m., four thin, yellow, slimy stools, with some discharge of blood at last.

5th, 7 a.m.—Took 15 drops. Fifteen minutes afterwards pains in the loins, and a drawing in all my body, which continued for three hours, and gradually became easier towards mid-day. In the forenoon three thick, pappy stools. At half-past 11 a drawing in the left testicle, accompanied with pain. Temper peevish and morose.

12 a.m.—Took 15 drops. At dinner I ate lentils with sour sauce, and felt no symptoms in the afternoon, except a remarkably quarrelsome temper.

8 p.m.—Took 20 drops. At 9 a pappy stool; afterwards griping pain in the abdomen, which extended to the loins and chest, but subsequently disappeared after the discharge of fetid flatus; quiet sleep.

6th.—Nothing taken; no symptom.

7th, 8 a.m.—Took 15 drops. After an hour the usual stool, mixed with a little blood. After two hours nausea, with inclination to vomit.

12 a.m.—Took 20 drops. Immediately after the dose, heat in the face and burning in the loins, continuing for two hours. Motion of the bowels natural; nausea.

8 p.m.—Took 20 drops. Severe nausea immediately after the dose. After the space of an hour a little vomiting of tenacious mucus.

From the 8th to the 15th I took no dose, as I was much out of sorts, and constantly trying to quarrel with my neighbours.

15th, 6 a.m.—Took 20 drops. Heat in the face followed immediately after the dose, and continued for five hours.

1 p.m.—Took 25 drops.—Stool followed immediately; repeated three times within an hour; watery. In the afternoon large pustules on the forehead; at the same time I observed a yellowness about my face, the whites of my eyes, and my hands. Scintillations before my eyes, which rendered my vision uncertain. I took no dose in the evening, as I was afraid of an attack of weak eyes.

(To be continued.)

HYGIENIC RECREATION FOR THE MIDDLE-AGED.

“THE physician’s high and *only* mission is to restore the sick to health—to ‘cure,’ as it is termed.”

Thus Hahnemann, with the “only” emphasised in italics. But here we respectfully join issue with our great master, and, mindful of the popular saying, “prevention is better than cure,” we suggest that the physician should be a disease-preventer as well as a disease-curer.

To be sure, Hahnemann, in § 4 of the *Organon*, admits that the physician is a health-preserver also, but only in as far as he removes from his fellow-creatures things that might derange health and cause disease. Such a definition of his duties, however, is too meager to constitute him a preventer of disease in the widest sense of the word. His functions as a health-preserver would thereby seem to be merely of a negative character. He would keep his clients from doing things that might harm them and so in a measure ward off disease. He would make the possible patient change his wet clothes for dry ones, instruct him not to sit in a draught, beg him to see that his drains were in good order, his mutton neither over- nor under-done, and a hundred other things of the sort. But he should be able also to give such advice as will not only preserve those under his care from immediate disease, but keep their health up to the highest point circumstances will admit of.

There are various degrees of health. Without having any actual disease, any pain, ache, or disorder, a man may still be very far from that high health when he feels life a pleasure and the mere fact of living an enjoyment. In this condition his muscles are firm and his nerves calm, his blood flows cheerily through its channels; his spirits are exuberant, and his mind clear and fresh. And yet a man may be the opposite of all this without being positively ill. He is languid, listless, and flabby, dull of mind and irritable of nerve; everything is a trouble to him, and he is oppressed with *ennui*. Still he has no disease, he needs no medicine, physic would only make

him worse. What is it he requires? He requires to get well rid of the effete and useless atoms of his organism, which by their accumulation in his system cause his languor and listlessness. They muddle his brain, congest his liver, and pot his belly. He grows stouter and weaker, for the accumulation is of useless particles. His muscles shrink, while his cellular tissue swells with fat-globules. He becomes lethargic, plethoric, obese, and is a facile prey to all the circumambient morbid influences which are as sure to settle on such an appropriate soil as mould is to light on decaying cheese.

How is this state of things to be remedied? Clearly the indication is to eliminate the effete and useless particles, and to promote the formation of sound and useful atoms. And this is to be effected by that judicious combination of exercise and amusement which is rightly termed *recreation*, for by its means the body is, as it were, created afresh, the old and useless particles being expelled, and new and more vigorous ones substituted.

It is not often necessary to insist on the utility of recreation to the young. Most young men make to themselves opportunities enough of combining exercise and amusement. They are cricketers, boaters, racket-players, or members of the Alpine club, and the physician's business it is more often to restrain them from carrying their exercises to excess than to encourage them to further exertion. We have seen sad instances of heart disease brought on by excessive rowing, and in one case a premature death from following the beagles a-foot too eagerly.

But when we have passed the period of youth and have reached, say the other side of forty, few of us keep up the sports that formed the delight and the invigorators of our youth. We have our businesses and our professions to attend to, and we have too little time and too much dignity to carry on our cricket, our rowing matches, our foot races, our leaping, or other violent exercises. Moreover, these *tours de force* are not so suitable for the last as they are for the first half of our allotted fourscore years. We need recreation of a milder character, but we *must* have recreation if we would preserve our

health at the highest standard. Too many of us, when we give up the sports of our youth, pass at once into mere professional or business men, and seek no more exercise than is afforded by the daily walk to our place of business or, less than that even, a drive of so many miles contenting us. Thus we prematurely lapse into general flabbiness and old fogydom.

In this condition we are sensitive to all disease-producing agencies. A trivial error of diet gives us a month-long dyspepsia, a bilious attack, or a tedious diarrhœa; exposure to a draught or to damp lays us up with catarrh, bronchitis, pneumonia, or rheumatism; a little extra mental worry gives us a nervous or sick headache, the molehills of life become mountains, and we feel bored and fatigued by any unusual exertion of mind or body. To do away with this state of things we require recreation.

What is the kind of recreation suitable for a middle-aged man? We must have our exercise combined with amusement in the open air. In a gymnasium we may strengthen our muscles, make our joints lissom, and our sinews like whipcord, but we must begin young. A middle-aged gentleman would not derive much benefit from frequenting a confined gymnasium and endeavouring to go through the performances commonly practised in such a place. Moreover, if he is at all disposed to *embonpoint*, it would be hazardous for him to suspend himself head downwards or attempt the flying trapèze.

However engaged in business or professionally we may be, we can always manage to give ourselves a holiday of some weeks' duration during a certain portion of the year. This holiday we spend in a trip to some country quarter. This should be our great recreation of the year.

For a middle-aged man the finest place abroad—if go abroad we must—for recreation is Switzerland. There the hotels are comfortable exceedingly, the scenery is unequalled, and so is its accessibility. We can climb high hills by easy paths, and find excellent hotels on the top of them. We can inhale new life on lofty ridges without risk of losing our way. We can traverse snow-fields in midsummer, cool ourselves in icy grottos, see snow-peaks, glaciers, avalanches, and the

ruggedest of mountain-passes without too much fatigue, and be certain of a good dinner and a clean bed at the end of our day's exertion. Switzerland is the paradise of the middle-aged tourist. A pleasant railway journey brings him into the heart of the country, and with the aid of his Murray or Bædiker he can cut out his work for himself by easy stages. Every mountain-summit, pass, glacier, waterfall, and echo, has been turned by that industrious Swiss folk to the best account. Paths are excellent, guides, mules, horses, and even carrying chairs are everywhere to be had, and the never-failing inn affords the needful rest and refreshment after a stiff day's work. For the middle-aged there are the easy ascents of Righi, Pilatus, Montavert, Scheinige Platte, Murren, and a hundred more, just a good day's work for not unexercised limbs of forty years and upwards, while for more enterprising and vigorous juveniles there are the higher peaks and snow-clad summits of all degrees of accessibility and inaccessibility. Climbing hills is one of the first of recreations, and nowhere can be found better hills to climb, or greater facilities for climbing them, than in Switzerland.

Scotland, Wales, and the Cumberland Lake district* are also magnificent grounds for the climber, and these countries have no difficulties too great for the middle-aged pedestrian.

A month passed in this recreation will raise to its highest standard the health of the flabbiest denizen of a busy town, and in no way can the short holiday of a professional or mercantile man be better spent than in scaling the peaks and passes of a mountain district.

The pure air of the mountains acts as a powerful stimulant on our town-wearied nerves. We feel the unwonted healthful glow coming into our cheek as we start off to scale our Snowdon, Skiddaw, Ben Lomond, or Pilatus. The excitement of the task before us sends a thrill of health through our arteries, and we walk with an elasticity of tread that proves to us that our muscles are not so flaccid and feckless as we feared they were. As we ascend, our pulses beat in a livelier manner, at every breath we feel our lungs expanding to their minutest air-cell, we feel decidedly, yes, uncomfort-

ably hot, until the perspiration bursts from us in copious and cooling streams. The towny pallor of our face gives place to a red, a purple hue; panting and perspiring and exhausted, we throw ourselves on a grassy bank or among the purple heather, and for a few seconds we can attend to nothing but the unusual beating of our heart, which seems to pulsate through all our body to the remotest extremities of our limbs. This soon subsides, and we look around us; the wonderful and unaccustomed sight of a vast tract of country, spread out like a map beneath us, the delicious breeze that fans our heated cheek, the close propinquity of the fleecy clouds, the delicate perfumes of the mountain wild flowers, the hum of the bees, the cheerful chirrup of the grasshopper and cricket, the trill of the lark below us, and the scream of the eagle circling above us, by turns or all together appeal to our different senses. Sight, hearing, smell, and feeling, are all acted on by new and powerful stimuli and quickened into new activity, while we feel that our hurried circulation and copious transudation are eliminating the effete particles from our organism by ounces. One mouthful of water from the cold crystal spring by our side, and we spring up again fresher and lighter than when we set out. In a few spurts of vigorous climbing, and as many pauses for rest, we reach the summit of the hill. We are tired, there is no denying it; but it is no disagreeable tiredness that we feel; not so tired but that we can enjoy heartily the mighty panorama around us; not too tired to feel delighted at having accomplished our task; not too tired to relish the simple meal we have brought with us, or, if in Switzerland, the more elaborate repast provided by the hotel. In a few minutes we feel no sense of fatigue, we experience nothing but pleasurable sensations from the fresh, perhaps strong, breeze that blows upon us, rapidly cools our heated bodies, and suddenly checks our profuse perspiration, yet without danger. A cloud may envelope us in its damp embrace—we rather like it; the sun may strike down on our unsheltered bodies—we care not. The excitement of the climb, the exhilaration of the novel scene, render cold winds, damp clouds, or hot sunbeams, mere wholesome stimuli to our

renovated nervous system. We feel almost sorry we have no higher peak to climb, and almost regretfully we turn to descend the hill, which, middle-aged as we are, yet innocent of any trace of gout or rheumatism in our joints and tendons, we accomplish in a hop, a skip, and a jump, with scarce a need for a pause on the way.

A brief consideration of the mechanism of climbing will show us that it must be one of the best exercises for bringing into play the muscles of the lower limbs and back. In steep ascents we have to lift by the action of the extensor muscles of one leg the whole weight of our body—twelve stone, more or less, as the case may be—a height varying from six to eighteen inches and upwards, at every step. It is the enormous effort required for the frequent repetition of this feat that produces that immense commotion in our circulation we observe after going but a short distance. When the ascent is very steep we use our arms as well as our legs. Seizing with both hands the projecting rock, and with one foot planted on a higher vantage-point while the other touches a lower level, we bring almost every muscle of our body and limbs into play at each step. The lower foot is smartly extended, and at the same moment the upper leg is vigorously brought to extension, whilst the arms are being powerfully flexed. The muscles of the trunk, back and front, are all tightened, the chest inflated, and the breath held whilst the spring is made. A few score feet of such climbing will take all the stiffness, the result of months of sedentary life, out of our ligaments and sinews, and, unless we overdo it, we only feel refreshed and invigorated by our exertion.

But the accessories of mountain climbing assist the renovation of our frame as much as the mere muscular exertion. The healthful stimuli it affords to all our senses go a great way towards assisting in the renewal of life. The mere exercise of climbing may be had as well in the treadmill, but we never heard of any one being refreshed by that exercise. The air, the scenery, the sounds, and the odours of mountains, are mighty adjuvants to health. And yet these

will not suffice without the vigorous exercise. The exercise eliminates the effete particles, melts down the superfluous fat, purges the congested glands, clears out the 1000 miles of skin drainage, makes the joints lissom and the ligaments elastic, whilst the accessories brace the nerves, dissipate the mental *ennui*, and give tone and health to the new deposits that are to replace the used-up atoms. If it be true that the materials of our frames are renewed once in seven years, that must apply to those engaged in sedentary occupations, for we feel convinced that with a month of hard mountain climbing we have renewed and renovated our organism from top to toe. Therefore first and foremost of all holiday recreations we would advise mountain climbing. If mountains subserve no other purpose in the economy of nature, they are invaluable as everlasting sources whence the used-up denizens of towns may draw repeated supplies of life and health. So to our busy clients of the middle age, whose spirits are depressed and bodies flabby with town life, we say, go to Switzerland, Tyrol, Scotland, Wales, where you will, and climb about among the hills for a month at least, and you will come back to work fresh as giants and brisk as larks. But mind you walk. To mount a hill on horseback or muleback is to deserve a prosecution by the Cruelty to Animals Society, and to forego one of the best of God's gifts to used-up man.

But we cannot pass our holidays for ever in climbing. To scale the same peaks year after year would be monotonous, and the great charm, the variety of it, will be gone by frequent repetition. In our own country the hills are limited in number, and it is not always convenient to go to Switzerland or Tyrol, where the hills are practically unlimited, at least it will take most men a lifetime to scale all the accessible ones. Variety must be found in recreation.

What more delightful or healthful recreation than shooting grouse over a well-stocked moor? If you can afford to take a moor in the Highlands, or if you have a friend who can afford to take a moor and is obliging enough to give you a week's shooting over it in August, before the birds have become too wild, what more invigorating exercise could you

desire? On the 12th of August you rise with the sun, your breech- or muzzle-loader is in excellent order, your equipment perfect. The gamekeeper is in waiting with his brace of eager pointers and his bag; and after a moderate drive in a light dog-cart—if your moor is not within easy walking distance—you reach the purple heather-clad hills where you expect to find your game. You have some stiff hills to climb, and you must lift your foot high at each step among the heather, you must keep your eyes well skinned as you go; and yet, after marching over hill and dale from early morn till dewy eve, with perhaps a half hour's rest for your mid-day meal of sandwiches and a drop of usquebhae, you are conscious of no fatigue. The excitement keeps you up to the last. The fresh air, the interest attending the evolutions of the dogs, the delightful start you experience from the sudden whirr of a covey of six or eight birds rising at once, the triumph you feel when they drop to your well-aimed right and left, the pleasant episode of a hare or a rabbit cleanly knocked over, the satisfaction you feel with your light and handy breech-loader, the novelty of the whole affair, the unusual sights, sounds, and perfumes that appeal to your senses—all these keep off fatigue; and it is only when you return home and, stripping off your sporting habiliments, indulge in the luxury of a bath, that you begin to wonder how you could have done so much in one day, and to imagine you must be tired—which you are not, only hungry. The next day and the next, and for many days afterwards, you find you can go through the same amount of exertion, and the wildness and scarceness of the birds alone puts a stop to your indefatigable pursuit of the feathered game.

On moors where grouse is scarce, black game is often plentiful. Climbing up a heathery knoll, your good dog makes a point—up rises a fine old hen—bang! and she drops with a thud on the ground. You load, your dog advances a few steps and again points; you walk up, and up goes a fine young cock; you repeat the same process over and over again; the birds rise singly, or at most two at once, which you bring down with your right and left; you count

your spoil, and find you have bagged an old hen and six fine pulps within the space of a few yards.

Grouse-shooting is the finest of all shooting, to our mind. We are unable to speak from personal experience of deer-stalking, which is, perhaps, a nobler sport. The professional or mercantile cockney, the main part of whose life has been spent in a smoky city, takes quite naturally to grouse-shooting, thereby betraying his derivation from a race whose chief occupation was the pursuit of game.

Partridge-shooting is a recreation little inferior to grouse-shooting. It is no mean exercise to stamp through many fields of stubble and turnips on a fine September day; and the excitement afforded by the feathered game whirring up at a short distance, and requiring a quick eye and a steady hand to overtake their rapid flight with our small leaden messengers, is by no means to be despised. Partridge-shooting has, moreover, this advantage—that it is to be had within easy reach of the town we live in. Every one has a friend or two in the country ready to give him a day's shooting over a few hundred acres, and the good done to the sedentary citizen by a few outings of this sort is incalculable. Nor are the delights and benefits to be derived from a good day's cover shooting inconsiderable. When the leaves are mostly fallen, when even the ground is crisp with frost, what can be more agreeable than to form one of a select party at a grand battue? Forming line, with skirmishers and flanking parties of beaters, we march steadily through the plantation, crushing the small fallen branches and rustling the dead leaves on the ground. We start as the first cock pheasant rises with a loud cackle. We are almost too much surprised to take an accurate aim, and perhaps we miss the easy shot, to our own disgust and amid the good humoured banter of our friends. However, we soon get used to the sensation, and as we march along pheasants, hares, rabbits, and perhaps a woodcock or two, go to swell the number of the slaughtered, which we triumphantly count over at the end of the day's work.

All descriptions of shooting are healthy recreations. Each requires the sportsman to be in the open air and to take a great

deal of exercise. The sense of fatigue the same amount of exertion would otherwise induce is kept off by the excitement of the chase and the tonic stimuli of the fresh air, the scenery, the vivifying scents and pleasing sounds of the country. Nothing can contribute more to bring the health up and keep it at the highest possible standard than the pursuit of game, be it grouse, partridges, ducks, snipe, or any other kind. Each has its peculiar charm, and all are healthful and strengthening recreations. As hygienic agents, they assuredly occupy the first rank.

Scarcely if at all inferior to shooting, as a valuable hygienic agent, is the gentle craft of fishing. By this we do not mean the cockney amusement of sitting on a chair in a punt at Richmond and catching, or trying to catch, useless and tasteless roach or dace, poisonous barbel or contemptible gudgeon, with a pitcher of porter at one side, a basket of sandwiches at the other, and a pipe in your mouth. It must have been the contemplation of such a booby that caused the great lexicographer to give his celebrated definition of angling. The only boat-fishing that is tolerable is catching mackerel in a stiff breeze, trolling for pike or trout in a fine lake, and once in a way fishing for whittings or haddocks half a mile from the shore on a pleasant summer evening. But these modes of fishing have little of the hygienic character about them. Far different, however, is fly-fishing for trout or salmon in a fine Highland stream. There everything combines to make a healthful recreation. With a light pannier slung at our back, a supple sixteen-foot rod in our hand, and a selection of the best flies in our fishing-book, we sally forth on a fine summer morning to decoy the wary fish. It requires no small exertion of legs and arms to fish half a dozen miles of stream up and down between breakfast and dinner, but the excitement of the sport prevents fatigue, and obviates all ill-effects from wet feet—aye, or wet clothes up to the middle, which often occurs when we hook a twenty-pounder, and he gives us good play. A thorough drenching in a mountain shower is a harmless episode in our day's work. When the mind is pleasurably excited such catastrophes

make no injurious impression on the body. We seem to inhale a new and vigorous vitality at every breath. The excitement of hooking a couple of lively sea-trout, say of a pound or two in weight, at the same time on our line, must be experienced to be understood, and we feel the triumph of a conqueror when we succeed in landing them both. Two or three dozen of such beautiful fish in our pannier is a very good day's work, and has required an amount of vigorous exercise combined with amusement that represents so much new health.

Here is a change for the smoke-dried Londoner! We leave town by the night train, breakfast in Glasgow, then by steam and rail to Loch Lomond, and again by steamer up to the head of that island-studded lake. Now, on foot, we merrily climb the steep pass of Glencoe. At the watershed of Rest-and-be-Thankful we begin to get out our rod. Down the opposite slope we leisurely wander, whipping the brawling stream that gets ever larger as it descends. Our basket well filled with fat trout furnishes a succulent first course for our well-relished dinner in the comfortable little inn of Ardinglass, and we can hardly believe that less than four and twenty hours ago we were still inhaling the smoky atmosphere of the great metropolis.

Or, after a hearty breakfast at the tidy little inn at Cladick, we secure the services of old John Mackintosh, and are rowed straight across Loch Awe. The mighty Ben Cruachan rises steep and rugged in our front, the insulated ruin of Kilchurn frowns darkly on the placid water on our right, and the lake stretches far away on our left, surrounded by its hilly banks, clad with alders, birks, broom and heather. Arrived at the point where the River Awe connects the lake with the sea, we leisurely fish down the stream, and John, who carries our basket, begins to groan beneath its ever-increasing weight, and requires sundry reinforcements of Glenlivet ere we reach our evening halt at Taynuilt, on the shores of Loch Etive. Days passed in this exciting sport, amidst such grand scenery and pure air, raise the health up to its highest attainable standard; they brace us up to go through

the routine of our business with energy and without lassitude ; their very memory years afterwards serves to inspire us with fresh vitality.

The Londoner may occasionally have an opportunity of indulging in the amusement of trout-fishing if he has interest enough to obtain leave to fish some of the well-preserved streams in the neighbourhood. A short trip on a summer's afternoon will bring us to the side of a clear sluggish stream running through a series of meadows and flat corn-fields, and abounding with fat yellow-fleshed trout, that require much skill on the angler's part to inveigle into his basket. Such angling is, of course, not to be compared to that in a brawling, foaming mountain stream, with its accessories of splendid scenery and bracing air, yet it has charms for those who cannot obtain the latter.

A recreation of a different sort, in fact, rather a pleasant exercise than a recreation, is swimming. Swimming should always be learned in early youth, but it may be easily picked up at any time of life. Bathing without swimming may be refreshing and conducive to health, but it has no charms at all comparable with those afforded by swimming. In the sea, whether smooth as glass or upheaved in mighty waves, in a brown Highland lake or a blue Swiss one, swimming is at once one of the most delightful and one of the most vigour-giving of exercises. In the early morning before breakfast, in the heat of the day, or after a hard day's work, a good swim of half an hour or an hour gives us life and strength to enable us to go through our work or to revive us after that work is finished. The good swimmer feels no fatigue with even an hour's stay in the water, provided it be not too cold. Voluptuous sensations are experienced as we cleave the crystal waters with a long slow stroke, or roll over on our back and gently urge ourselves along with our legs, our faces upturned towards the flying clouds. The excitement of a "tremendous header," from boat, or pier, or jutting rook, when we bury ourselves beneath the cool transparent waters, and go down, down, in the gloom until we think it time to return once more to light and air ; the ecstasy of emerging from the unrespirable

element and drawing a deep breath of pure air; the energy with which we strike out with arms and legs unencumbered by garments and unrestrained by straps and buttons—these and many other things conspire to make swimming one of the best restorers of languid vitality. A week or a fortnight of such daily exercise will dissipate all the languor caused by a year of town life, and accumulate in us such a stock of fresh vitality as will enable us to go on energetically with our town work for many weeks or even months.

A good swimmer, we have said, feels no fatigue, but only refreshment, from an hour spent in the water. But a bad swimmer is knocked up in five minutes. Whilst the experienced swimmer feels no sense of fear, and takes his strokes leisurely and his breath regularly, the inexperienced swimmer cannot overcome a certain feeling of dread when he knows he is out of his depth; his strokes are rapid and short, he gasps at breath, and is constantly choking himself with water. After an hour in the water the experienced swimmer feels a healthy glow over his whole frame, while ten minutes are enough to make the inexperienced swimmer's teeth chatter, his extremities die away, and even give him a fit of cramp. A healthy man may plunge unharmed into the cool water when bathed in perspiration from exercise, and it is a mistake to say that he should sit or stand and cool himself before venturing in. We have bathed in all kinds of water under all kinds of circumstances. In rivers of slow or rapid course; in seas smooth and rough; transparent and unruffled, as in many a Highland sea-loch; opaque and tumultuous, as in the south coast in a sou'-wester; in fresh-water lakes, green as Lucerne, blue as Lemane, brown as Loch Lomond and Loch Tay, warm as Como and Maggiore in autumn, gelid as the deep unfathomable hyperborean Wetter in midsummer. We have plunged into the water and swum half a mile newly risen from our bed in the early morning; we have done the same soon after breakfast, in the heat of the day, and late in the evening. We have run a mile on a bright frosty morning, and jumped into a cold river while sweating from the exercise; we have worked ourselves into a red heat by rowing on a hot

summer's day, and then tumbled over the side of the boat into the river or lake or sea, as the case might be, and swum about till thoroughly cooled; in short, we have purposely tested the popular superstition regarding the danger of cold bathing while the body was heated and perspiring from exercise, in every possible way, and we have arrived at the conclusion that no harm results from so doing. But beware of bathing immediately after a full meal. If you do so, the chances are that you give yourself a horrible attack of colic or spasm of the stomach, and lose at once the benefit of your bath and your dinner, if nothing worse happens to you. Swimming in a tepid swimming bath is all very well for delicate youths learning the art of natation, but to the accomplished swimmer it is simply contemptible.

But too often a bathe in the open air is an impossible luxury to the busy professional. He is [many miles from the sea, from a lake, or a river fit for bathing in, so he must content himself with his morning tub, in which, by-the-bye, soap should be plentifully used, and look forward to a summer or autumn holiday, when he can indulge to his heart's content in this invigorating exercise.

A great prejudice exists in this country in favour of sea-water as a bathing medium. For some constitutions, doubtless, sea-water is best, while for others it is decidedly injurious. We believe that, as a general rule, a fresh-water lake is a swimming bath suited to all varieties of constitution. Though the specific gravity of fresh water is much less than that of salt, and the body is consequently more deeply immersed while swimming or floating, still it is so much cleaner than salt water (after bathing in which one always feels sticky) that in our opinion it is much to be preferred.

The duration of one's stay in the water is limited by the temperature of the water itself, not by that of the atmosphere. The colder the water, the shorter will be the time we can remain in it without being chilled. Small or shallow lakes are generally warmer than the sea in summer, but some deep fresh-water lakes are so cold, even in midsummer, that in five or ten minutes we are painfully chilled to the very bones. The

temperature of rivers in hilly countries varies very much, at very short intervals of time. The sea, even in winter, is never very cold in this country, and one may bathe in it all the year round. A short plunge, even in ice-cold water, is not only not injurious to a healthy man, but, on the contrary, eminently invigorating. The temperature of the sea in summer is so little influenced by atmospheric causes that on a cold day the water seems absolutely warm to us, and when our shoulders have been chilled by a swim on our face through the bleak air, we shall feel them instantly warmed by submerging them. Lakes, on the other hand—even large ones, are speedily affected by the atmospheric temperature. We have found the lake of Geneva one day so deliciously warm that after an hour's swim in it we felt no sense of chill, and the very next day so intensely cold that we could not remain five minutes in the water and emerged blue and shivering.

Rowing is another out-door exercise that is eminently healthful when not carried to excess. Boat-racing can only be successfully pursued by the rower going into training like a prize fighter, and even then it sometimes causes injury, especially in the form of heart disease, and consequently is not suitable for the middle-aged, nor indeed practicable for the busy professional. But if he lives near a river, we can imagine no exercise more suitable for him, than on a genial afternoon or summer evening to get into a light skiff and row a mile or two with a pair of sculls. The Londoner has the most charming river in the world for this recreation. A short journey in a railway brings him to many parts of the noble river where he can take a boat and row himself gently up river amid the most enchanting scenery, which, more than fatigue, will cause him to rest on his oars, drink in the surrounding beauty with his eyes, and inhale the fresh balmy air with his lungs. The movements of rowing bring into vigorous exercise every muscle of the body. Arms, trunk, and legs are all engaged, the circulation and respiration are quickened, and the wholesome sweat-drops on our brow are indications of the rapid and vivifying changes going on in our organism.

Of the recreations suitable for the middle-aged, hunting is one of the best. The exercise is not too violent, the excitement sufficient, and the delicious fresh air inhaled in rapid flight over ploughed field and meadow land, over hedge and ditch, is highly invigorating. Scarcely any sport so readily becomes a passion, and many a sedentary cit whose life was a dull round of languid inaction, has been vivified into new life by it. It is an exercise that can be begun at almost any period of life, and carried on to the most advanced age. There are, however, these great objections to it; it is expensive, it consumes the best part of a short winter's day, and it is a recreation scarcely compatible with a busy professional life. It is, therefore, most adapted to country gentlemen and the idle men about town. Still, we have known several eminent surgeons who hunted regularly twice a week without apparent detriment to their practice, and with great advantage to their health; but most of us must be content with an occasional mount given us by a country friend, when, perhaps, we enjoy the burst across country as keenly as any one in the field, but next morning feel rather stiff about the thighs and back from the unaccustomed exercise.

The recreations we have just been describing—mountain climbing, shooting, fishing, hunting, swimming—are evidently not attainable by the busy inhabitants of towns, except during their annual holiday. But in order to attain to and retain the exalted state of health so desirable, the busy man must have the means of recreating himself with tolerable frequency. A movement is at present going on in many of the large towns for establishing gymnasia, where an opportunity is afforded to all who desire it to strengthen their muscles in feats of strength and skill. But such exercises are more suitable to young men than to the middle-aged, with whom we are at present concerned, and besides, as these gymnasia are covered rooms, the great revivers fresh air and pleasant scenery are wanting to them. We have to consider then what exercises are suitable and accessible to those we are writing for.

Cricket is a game everywhere to be had. No town is

without its cricket clubs and fields. But, alas! unless the game has been commenced young and steadily kept up, it is too violent and fatiguing an exercise for the latter half of life. It is a game that requires a regular education to it to be properly appreciated, and few men can keep it up beyond the middle term of life. The large number of players it requires is also a serious objection to it, and another objection is that nearly one half of these must sit inactive for a whole innings; and even in the fielding, spurts of violent running are followed by long periods of standing still, perhaps to get chilled by a north or east wind when heated by previous exertion. The game has much to recommend it among schoolboys and young men who can assemble together when they please. It keeps alive the attention, makes a quick eye, and brings all the muscles into vigorous exercise, but it is more a game for young athletes, than for sober steady-going middle-aged gentlemen. The same may be said of football, running, leaping, and such-like exercises.

To Scotland belongs the credit of having invented a game that can be played at all seasons and in almost all weathers, that is exactly adapted to the middle-aged man of business, and that can be played anywhere where a considerable expanse of common land well covered with turf is to be found. That game is *golf*, which, though little known in England, deserves to be introduced everywhere as the suitable recreation for men who are no longer boys. The game is simple and easily learned. Of course skill in it is only attainable after long practice, but every one can soon obtain sufficient proficiency in it to enable him to thoroughly relish it and engage in it with zest. The game requires almost constant movement over a breezy common, and the striking of the ball requires not so much force as skill and judgment. A piece of common land suitable to the game is to be had in the neighbourhood of almost every town, and two are sufficient to play at it, though it may be played with a greater number. Half a dozen parties may play at the same time on the same ground. The busiest of men can often have an hour or two in the afternoon, and with a congenial friend he may take

this healthful exercise whenever he feels so inclined. No preparation is required for it, the ground should be as much in a state of nature as possible; in short, the game of golf is unequalled for the facility with which it is got up, the simplicity of its character, the interest it excites, the amount of continuous and not over-violent health-giving exertion it demands. Near London, at Blackheath and Wimbledon, the game is played under the combined advantages of fine fresh air and charming scenery, especially on the latter common, where the views—ever changing to the peripatetic golfer—are unequalled for extent and beauty. A great advantage of the game is that it can be played all the year round and in every weather. The summer is not too hot for it, nor the winter too cold; the turf may be dry or damp, parched with the summer's sun or hardened with the winter's frost, it is never unfit for golf, unless when flooded or covered with snow. Golf possesses none of that characteristic of some national customs that it cannot be appreciated except by the natives of the country whence it came; on the contrary, all Englishmen who have tried it have entered into it with as much zest as their trans-Tweedian countrymen. We know of no exercise that can equal golf as fulfilling all the requirements of a recreation for the middle-aged, and that is at once so accessible and so easily learned. We should like to see golf clubs established in the vicinity of every large town for the benefit of much-occupied and sedentary gentlemen, for whose revivification there is no more suitable game, from cricket down to croquet.

Other open-air games there are which are excellent as occasional recreations when they can be had; such as lawn-billiards, bowls, quoits, skittles,—which, barring its vulgarity, is a fine exercise—and that rather too lady-like game croquet.

When frost hardens our lakes and canals, the busy middle-aged citizen will not neglect to put on his skates and indulge in the glorious exercise of *skating*. What a delight it is, even when we are considerably on the wrong side of forty, to go *skimming* about without an effort on the glassy surface of the water, to describe with the ease of a bird on the wing our

circles and our figures of eight, poised on the narrow rim of steel at the bottom of our feet, now going forwards, anon gliding gracefully backwards with that sense of security that skill and practice alone can produce. What a fine glow comes into our crow-footed cheeks; how we sail along without great-coat or comforter in the keen frosty air without a sensation of cold. How warm and comfortable we feel after an hour's exercise of this sort. What an appetite for dinner we get. How sound we sleep, or dreaming imagine ourselves some swift-winged swallow rapidly skidding over the earth without touching it. He who can skate, and, however busy he may be, neglects to make to himself an hour or two of leisure to indulge in this fascinating exercise during every day the frost lasts, deserves—well, what he assuredly will get—a cold in the head, which he never could have got had he buckled on his skates like a man.

But skating is not the only recreation the ice can furnish. Scotland again has invented the magnificent game of *curling* on the ice, a game that combines all the excellences of quoits and bowls at a time when neither of these capital games is available. A strong arm and a sure eye are required by him who would attain perfection in driving the "channel stane." The nipping frost causes no chill to him who is engaged in hurling the heavy granite stone some fifty yards along the ice towards the mark, or running along by its side sweeping away the loose ice that might check its progress towards the goal. The well-aimed drive that scatters our adversaries' finely-placed stones and lays our own beside the mark sends a thrill of triumph through our frame, and the short winter's day closes all too soon for us, vigorous and incessant though our exertions have been. Wherever there is a frozen pond fifty yards long, there the game of curling can be played. In the midst of sedentary professional life an occasional turn in mid-winter at this invigorating recreation will keep our muscles braced and our nerves in high tone.

The volunteer movement has afforded an opportunity to men of all ages to get a certain amount of not unamusing

exercise. In its earlier years, when drills were more frequent, the amount of exercise gone through by a member who would render himself effective was not inconsiderable; but latterly the number of drills has been so curtailed, that volunteering can now-a-days no longer supply the whole amount of exercise needed by the busy citizen. Moreover, to most men the drills are no recreation, but rather an irksome duty which their *esprit de corps* enables them to get through. Great days, such as battalion drills, reviews, and sham-fights belong to the nature of recreation, but they are rare events in the course of a year. The rifle shooting in connexion with volunteering is an exciting amusement; it gives us a good outing in the fresh air, steadies our nerves, and demands judgment and accuracy of aim, but there is not much exercise connected with it, unless it so happen that our range demands a good walk to get at it, which however is no advantage to our shooting, as after a long walk the arm is seldom so steady as is desirable. The lack of exercise is supplied in many volunteer corps by opportunities for playing various games, such as quoits, single-stick, boxing, &c., on the ground where the shooting range is.

But we must now bring this paper to a close. Indeed, many of our readers may wonder what such an article has to do in our Journal. They may think there is nothing relating to medicine in it. But they are mistaken. Our object should be not only to bring our patients into health, but to instruct and advise them how to bring that health up to the highest pitch of perfection. Beyond the administration of drugs there is hygiene which teaches the removal of agencies and habits inimical to health, and beyond hygiene there is the art of renewing life and intensifying health. A man may be well, that is to say, he may have nothing about him that could be called morbid, but still his health may not be so perfect as is desirable. In exalted states of perfect health there is a feeling of *bien-être* that makes mere existence a delight. In that condition we feel as if at any moment we could do "all that man can dare," and we are insensible to the thousand and one petty influences that will act injuriously

on less vigorous frames. Wet feet, nay soaking clothes hurt us not, we can sit for hours in a thorough draught, sleep in damp sheets, eat anything at any hour, and feel none the worse for these things which we dare not do when in a less exalted state of salubrity.

Of course we remember the ominous epitaph, "I was well, I would be better, and here I am"; but the subject of that dismal inscription must have meant that he took physic to make him better than well, which would fully account for his fate. Had he gone in for a course of recreation, the result we warrant would have been different.

To some it may appear extraordinary that we write to extol and recommend recreation, for most people they think are only too willing to play and too glad to eschew work. No doubt this is true with regard to some classes of our fellow-creatures, and pretty generally true with regard to young men. Our remarks are not addressed to those classes nor to the young generally, though in these days of competitive examinations demanding great study we have occasionally to insist on recreation for the young. But there is a very large class of business and professional men no longer young, who work all day and deem all recreation as so much time lost to money-making, fame or study. And so from neglect of recreation, they become corpulent, flabby, lazy, languid, low-spirited, irritable; and all the time they declare themselves to be in the best of health and would scorn to consult a doctor. But they are on the fair way to become dyspeptic, corpulent, gouty, asthmatic, apopleptic, or soft brained. They have no power to resist the influence of morbid agencies. They cannot shake off a slight cold, a sprained wrist or ankle lays them up for months, a cut or a scratch festers into a sore, a scraped shin turns into an unhealing ulcer; in short, though in health, they are at the zero of the health scale, and the merest push sends them into the morbid region. It is for such we write at present, and we do not think it an unworthy thing for the physician to show to those still in health how they may keep themselves off the doctor's list.

THE FEBRIGENIC POWER OF ARSENIC, AND ITS
EMPLOYMENT IN TYPHOID FEVER.

By Dr. IMBERT-GOURBEYRE.*

THERE is a fever produced by quinine; it has been rightly called the quinine fever. If quinine be pathogenetically febrigenic, is arsenic, its congener in the therapeutics of intermittent fevers, also febrigenic? An examination of the facts will compel us to give an affirmative answer; but it is desirable to exhibit these facts, and such is the object of the following paper. I shall, moreover, discuss the question of the treatment of typhoid fever by this medicine.

I.

Hahnemann in his work on arsenical poisoning published in 1780 frequently alludes to irregular fits of fever occurring in the course of arsenical poisoning, both rapid and slow, and he proves this by numerous facts, the sources of which he gives.

Ten years later this great investigator of the physiological properties of medicines observed the power of arsenic to produce rigor. "I have myself ascertained that it has a great tendency to excite that spasm in the blood-vessels and the shock in the nervous system called febrile rigor. If it be given in a pretty large dose (one sixth or one fifth of a grain) to an adult, this rigor becomes very evident. This tendency makes it a very powerful remedy as a similarly-acting medicine in intermittent fever, and this all the more, as it possesses the power, observed by me, of exciting a daily recurring, though always weaker paroxysm, even although its use be discontinued."†

* *L'Art Médical*, August and September, 1865.

† 'Essay on a New Principle,' *Hufeland's Journal*, 1796 (see *Lesser Writings*, p. 336).

In the two editions of his *Pure Materia Medica*, Hahnemann gives numerous symptoms proving the febrigenic power of arsenic, citing from the works of his predecessors, which he has ransacked for facts, various observations of Quelmalz, Morgagni,* Buchholz, Kaiser, &c.

Hahnemann also cites an instance of periodical headache related by Rau;† but he has omitted a very fine observation of Wepfer‡ of an infant poisoned by a servant girl by repeated doses of arsenic during nearly a month, in whom there occurred a tertiary intermittent fever, at first regular, then irregular, that ended fatally.

Stapf in the experiments he communicated to Hahnemann, experienced in the evening, about 10 o'clock, a general heat with redness of the whole body followed by sweat.

Harles in his essay *De Usu Arsenici* (1811) admitted the occurrence of irregular fits of fever, but, contrary to Hahnemann, he denied the regular periodicity. From irregular fits to a fixed type there is but a step, and as we shall presently see there are two instances in point. It is curious to observe Harles in this matter giving in his adhesion, though in a very obscure manner, to the law of similars.

Now we shall see the observations of Hahnemann confirmed by medical men not belonging to his school. The facts we are about to cite relate to the administration of arsenic either in poisonous doses, as in cases of rapid poisonings, and certain forms of slow poisoning, or in the ordinary therapeutic doses. We shall commence with observations relating to acute poisoning.

Obs. 1.—On the 9th May, 1831, Caillette and his wife were poisoned by arsenic mixed with their food. Two hours after dinner they were affected with nausea that ceased in

* Quelmalz, *Commercium litt. Norimbergicum* 1737.—Morgagni, *de Sed. et Causis morborum*, lix.

† Rau, *Acta naturæ curiosorum*, ix.

‡ Wepfer, *Cicutæ aquaticæ historia*, Basilea, 1679, p. 274. Before giving the white oxide of arsenic, the servant girl had given the child repeated doses of cobalt water used for killing flies. It is probable that the intermittent fever that preceded the serious symptoms caused by the arsenic, was caused by the cobalt; at all events this fact can only be regarded as probable.

the evening and returned the following day with diarrhœic stools. On the 12th considerable illness and weakness, vomiting, stools with colic, irregular pulse especially in the woman; dilatation of the pupils, heaviness of the head, rare and difficult emission of urine. The man died at the end of thirteen days, the woman on the twenty-ninth day, both with similar symptoms. The vomiting and purging stopped the fourth or fifth day, then there occurred heat in the gullet, dysphagia, numerous aphthous spots in the mouth, great insensibility of the hands and feet, especially in the woman, and every evening a febrile fit, a state that continued until it resulted in gastro-enteritis. (DEVERGIE.)

OBS. 2.—In a manufactory in Lower Austria, five persons hitherto in good health, were seized some days previously, without known cause, with symptoms nearly alike: at the commencement distress and cardialgia; only one of them had vomiting. The symptoms increasing, Dr. Flechner was called in on the fifth or sixth day. The patients complained, though in different degrees, of nausea, sometimes accompanied by ejection of food, of mucus and of a sour and bitter fluid; pain in the stomach and in the intestines, with sensation of slight burning in the œsophagus; the epigastrium and umbilical regions sensitive; motions serous, not frequent; thirst. Slight fits of fever the previous days, gradually increasing in severity; drawing and fatigue in the limbs. The water of a neighbouring well was analysed and found to contain arsenic. On the ground surrounding the well there had been placed a large quantity of cobalt. This had passed through the winter exposed to the air and covered with snow. The melting of the snow must have carried into the well a certain quantity of arsenic, and this caused the poisoning of the persons in the manufactory. (FLECHNER, *Verhandl. der K.K. Gesell. zu Wien*, 1843.)

OBS. 3.—One of the victims of Ursinus, a famous German female poisoner, swallowed the poison mingled with her food on the 25th and 28th February. The after-effects of the arsenic lasted a long time. On the 21st of May following, the patient in addition to other symptoms had frequent fits

of fever. (METZGER, *Med. ger. Abhandlungen*, Königsberg, 1804.)

Obs. 4.—A person poisoned in July complained long afterwards of acidity of the stomach; he vomited readily, even after the lightest meals. In November, he complained of rigors, heat, thirst and headache at irregular times, especially at night. (KELLERMANN, *Æsterreich. Jahrb.*, 1840.)

Schaper* has published an interesting monograph on arsenic in reference to paralytic phenomena observed in a person poisoned by his wife on several occasions within a month. The last poisoning took place on the 18th October, 1839; paralysis had already commenced in the extremities, and in the following May, on the patient's removal to a bathing establishment, he was attacked by intermittent fever. The physician who attended him as well as Schaper attributed this intercurrent disease to the influence of the season, but knowing as we do the facts, may we not justly ascribe the fever to the febrigenic action of arsenic in a poisoned person still suffering from the paralysis caused by the drug?

Moreover, De Haen cites a case similar to this one of Schaper. A woman poisoned herself involuntarily in July. Relieved after vomiting, but some days afterwards there commenced paralysis of the extremities, for which the patient was sent to some mineral waters. On coming into hospital in November in the same paralysed state, she was seized with fever with cardialgia and headache. “Cogebamur tunc cortice poruviano eamdem fugare.”

It may be asked, how it happens that arsenic swallowed several months previously and probably long since eliminated, can produce its characteristic effects at such a great distance of time? This belongs to the subject of the duration of the action of arsenic and medicines in general. I shall not here attempt an explanation of the facts; it suffices to mention them. The after-effects in cases of poisoning by arsenic, and after a long time, have been too often observed to admit a doubt of the relation of cause and effect in such cases.

* *Beiträge zur Lehre von der Arsenikvergiftung.* Berlin, 1846.

Besides these febrile fits recurring at more or less regular intervals, many observers have been struck by periodical symptoms of diverse kinds occurring after poisoning.

In an observation published in 1834 in the *Annales de médecine physiologique*, M. Guyot mentions pains in the stomach, the abdomen and the joints recurring periodically during the day. In another case of poisoning, periodical pains and colics (BUZORINI, *Würtemb. med. Corresp. Blatt*, 1835); periodical hiccough on the fifth day of poisoning (SCHINDLER, *Journal von Graefe und Walther*, 1838); colics with a periodical character (CHOULANT, *Henke's Zeitsch.*, 1841); in a case of poisoning ending in death at the end of seven days, Kersten observed remarkable periodical remissions (*Deutsche Klinik*, 1861).

Bramer, a German physician, who studied the diseases of workmen who had to handle arsenic in various manufactures, asserts that they are subject to periodical looseness of bowels. The author regards this symptom as well as the cutaneous eruptions as essentially an eliminative act. (*Casper's Wochenschrift*, 1840.)

The repeated occurrence of such symptoms observed in many cases of poisoning have attracted the attention of medical legists, and this leads me to discuss incidentally an important medico-legal question.

M. Devergie insists particularly on the phenomena of arsenical intermittence. "This," he says, "is a very important point of the history of the morbid phenomena in poisoning by arsenic; there are cases where we observe, in the course of the disease, periods of aggravation more or less marked. Thus, for instance, after a dose of poison, there will occur nausea, vomiting, colic, &c.; then for two, three, four, or five days the patient will seem to get better, he can take a little food; in a word, he seems to be getting convalescent, when the same symptoms recur with the same intensity, and often a second time with more intensity, and again a third time. For our part we consider *this a proof* that a fresh poisoning has been effected. We are convinced that one dose of poison cannot produce this series of similar

symptoms of direct action on the digestive tube at intervals of time." (*Médecine légale*, Paris, 1852.)

In this assertion of M. Devergie, there is a fundamental error. No doubt in some cases, repeated doses of arsenic may be the cause of these intermittent symptoms; but the rule and the exception are here confounded. It is a matter of observation, and this fact has been noticed by English medical jurists, that arsenic often proceeds in its evolution of symptoms by remarkable remissions or intermissions. In the face of all the facts proving the typhogenic action of arsenic there is an error in M. Devergie's general assertion, and this error is all the more serious since it might in a court of justice greatly mislead the judges in a given case, if the question was about the repeated attempts at poisoning.

The opinion of Christison and Taylor is directly contrary to that of M. Devergie. The former authority has dwelt upon the remarkable paroxysmal course of the symptoms of arsenical poisoning.

In rapid poisoning, says Dr. Taylor,* the symptoms are generally continuous. Sometimes, however, there are remissions, and even intermissions, which may excite deceptive hopes, or which, by the recurrence of the symptoms, may lead us to believe *wrongly*, that fresh doses of poison have been administered. It was this remission of the symptoms that for several days deceived the skilful physicians called in to treat the Duke of Praslin. Sometimes the vomiting, sometimes the pains cease, while the smallness and irregularity of the pulse, together with the coldness of the extremities, continues. Dr. Maclagan mentions two cases where the vomiting disappeared for from one to three days and again returned, where it was perfectly certain that no fresh ingestion of poison had occurred.

Thus these remissions or intermissions observed in cases of poisoning, are in general the effects of the typhogenic action of arsenic, and the opinion of the English medical jurists on

* *On Poisons*, London, 1859.

this point, is another proof to be adduced in favour of the production of intermittent phenomena by arsenic.

All these facts refer to rapid poisoning; certain forms of slow poisoning also furnish additional proof in favour of the febrigenic power of arsenic.

For nearly twenty years science has been made familiar with instances of slow poisoning caused by living in apartments painted with arsenical green, or hung with papers stained with arsenical colours. Numerous articles on this subject have appeared both in Germany and England. Among the observations published, we find two where the intermittent phenomena produced by slow and obscure arsenical poisoning were so marked, as to call for the administration of quinine. These observations were made by two German physicians, Oppenheim and Lorinser.

Obs. 5.—A lady, aged 44, was affected during the summer of 1857, with blepharodentitis ciliaris, and blepharitis ulcerosa, which did not yield to various remedies, and only ceased when the patient left off living in a small room painted with arsenical green. The symptoms reappeared in the summer of 1858, after again living in the room in question, and soon there occurred a chronic catarrh of the stomach, which was cured by nitrate of silver. In November following, she had anorexia, nausea, headache, violent diarrhœa, slight hypertrophy of the spleen, and spasms of the glottis. At the end of the third week the fever and the intestinal symptoms were relieved, but the appetite did not return, the tongue remained furred, and the blepharitis reappeared. A fortnight afterwards the patient *was seized every evening with rigors followed by heat*, which disappeared under the influence of quinine; afterwards there came in succession various symptoms such as globus hystericus, swelling of the tonsils, with false membranes which spread even to the pharynx; great irregularity of the heart and breathing, sense of oppression, all symptoms analogous to those of the workers among arsenic, and which precede the period of phthisis. The dust in the room was found to contain a large quantity of arsenical particles. The disease

did not last long in this state, and it was completely cured at the end of five weeks. (OPPENHEIM, *Verhandl. des naturhist. Vereins zu Heidelberg*, 1859.)

Obs. 6.—A woman had in previous years repeated attacks of fever with pains in the shoulders and the nape. These symptoms were especially troublesome in the winter of 1856-7, accompanied by great emaciation, debility, and complete loss of appetite, which lasted until the patient went into the country, where she was completely restored. In November, 1858, violent fever, accompanied by pains in the head and shoulders; the patient was obliged to keep her bed. At the lapse of some days the fever was no longer followed by perspiration, and at length it went away altogether. The pains became relieved, but there occurred every other night a disagreeable formication in the head which lasted till morning. This attack was accompanied by drawing pains in the shoulders, and throbbing pains in the epigaster preventing sleep. At night and the following days she slept and had a great remission of the pain, but the following attack was all the more violent. Having given quinine without effect, a chemical examination was made of the green colour with which the patient's room had been painted for a good many years, and her urine was also examined. Arsenic was found in both. (LORINSER, *Wien. med. Wochensch.* 1859.*)

If from poisonous doses which have sufficiently displayed the intermittent symptoms caused by arsenic, we pass to the ordinary medicinal doses of this drug, we shall find some conclusive facts in favour of its febrigenic property.

Graves, in his *Clinical Lectures*, long ago mentioned among other symptoms, the occurrence of febrile disturbances during the treatment of psoriasis by arsenic.

To this testimony of the Irish physician we may add that of a French physician well known in connexion with the history of arsenic.

* In connexion with this subject we would remind our readers of a well-marked case of ague apparently produced by living in a room hung with arsenical paper, recorded by Dr. Dudgeon in Vol. XX, p. 204. [EDS.]

“M. Biett,” says M. Boudin, “observed a kind of periodicity in the variations of the pulse under the influence of arsenic. For my own part, I have noticed the occurrence of quotidian ague which I was obliged to treat with quinine, in one of my patients who had taken 24-100ths [of a grain?] of arsenious acid in twelve days for ichthyosis. Was this a simple coincidence? I know not; all I know is, that with the exception of the cutaneous affection, this patient enjoyed the best of health, and that his intermittent fever showed itself at a time when there was no such malady prevalent in the town. At the same time, I acknowledge that this fact is too isolated to be at all conclusive.” (*Traité des fièvres intermittentes*, 1842.)

In 1851, Dr. Delaharpe published in a Swiss journal the observation of a young girl treated for obstinate psoriasis, with arseniate of soda in the dose of an eighth of a grain night and morning. The patient was seized, during the treatment, with a severe fit of tertian ague; at that time she had been for six months living in Lausanne, which is not an aguish country. The author, supported by Professor Clarus, who reports the cases in *Schmidt's Magazin*, infers from it the powerlessness of arsenic in intermittent fevers, because when the tertian fever was developed, the organism of the girl was under the influence of arsenic which was unable to extinguish the typical malady at its birth. And what if the arsenic was in this case the cause of this fever? Are there not facts enough in favour of this view, and do not the observations of the Swiss doctor go to corroborate powerfully the febrigenic action of arsenic? It will be observed that this case has the greatest analogy to that of M. Boudin related above.

M. Germain, in an essay published in 1860 (*Gazette Hebdomadaire*), on the treatment of dyspepsia by arsenious acid, observed that one of his patients complained of alternations of cold and heat when she lay down in bed.

Dr. Barella relates a case of eczema of the scalp of three years' standing, cured after ten months' treatment by arsenic, in the dose of about a gramme of Fowler's solution per diem, with

occasional interruption of the treatment for several days. During the treatment, the author observed, as a physiological effect of arsenic, that there sometimes occurred rigors in the back during the night which lasted five or six minutes. "It is curious," says Dr. Barella, "to see arsenic manifesting its action by very different symptoms according to the organism acted on, one patient having rigors, another headache, &c." (*Annales de la Soc. méd. d'Anvers*, August, 1864). I have often observed this in my own person, during my numerous experiments with arsenic in all doses; but I never had seen a real intermittent fever produced until some weeks ago. I prescribed for a little girl of nine years, for a kind of ichthyosis, a draught with four drops of Fowler's solution, 2 teaspoonfuls in the twenty-four hours. The remedy was continued for a fortnight, and at the end of a week there occurred several fits of regular quotidian ague, which I checked with nux vomica. I believe that in this case I had to do with a real arsenical fever.

The febrigenic property of arsenic reminds us of a controversy carried on by Orfila, in reference to the antiphlogistic treatment he recommended in cases of arsenical poisoning. In order to justify his method, the celebrated chemist relied chiefly on the sthenic form of the symptoms of poisoning; and in order to corroborate his statements by symptoms produced not only by poisonous but also by moderate doses, he induced Drs. Cazenave and Schedel to give him a report of the physiological effects of arsenic observed in the Hôpital St. Louis; which is to be found in his *Treatise on Toxicology*, and which furnishes an additional argument in support of my thesis.

From all these facts it results that the febrigenic property of arsenic is indisputable; and the same may be said with regard to various symptoms of a periodical character it is capable of producing. If sufficient attention were bestowed on the effects of medicines, a greater number of facts might easily be collected. They ought to be abundant enough, but observers are rare.*

* At this moment the medical men of Lyons are very favorably situated
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I have endeavoured to demonstrate the febrigenic property of arsenic. This property has been denied by M. Trousseau, in his *Traité de Thérapeutique*. But the illustrious Professor has committed so many mistakes in reference to arsenic, and to the physiological properties of many other drugs, that his denial is of no value. Besides, in regard to arsenic, he has unfortunately contented himself with copying the work of Harles without verifying his statements, which, however does not prevent him designating the works by homœopathists as "hypochondriacal reveries." The Professor of Therapeutics of the Faculty of Medicine in Paris has never been more egregiously mistaken than on this very point.

II.

Arsenic is not only febrigenic with an intermittent character, but it can also produce states of continued fever, and these morbid processes bear the greatest resemblance to typhoid fever. Hence, in this twofold pathogenetic respect, arsenic will be at once *typigenic* and *typhogenic*.

Observers have long ago noticed the resemblance between many cases of poisoning by arsenic and certain severe fevers, variously named in former times, but now-a-days all united under the common name of typhoid fever. The old humoral pathology often made this comparison with regard to malignant fevers, and in our own day we have seen the theory of poisoning held with regard to typhoid fever. We need not go beyond the present century* in order to meet with such statements.

for studying on a grand scale the symptomatology of arsenic, thanks to the manufactories of fuchsine and aniline, where arsenic is employed as a reducer in considerable quantities. Already an excellent essay by a distinguished pupil of the medical school of Lyons has appeared on this subject (Dr. Charvet: *Étude sur une épidémie qui a sévi parmi les ouvriers employés à la fabrication de la fuchsine*, Paris, 1863), and the Imperial Society of the same town by proposing lately for a competitive prize, the question of the accidents caused by aniline, will of necessity call into existence works which will throw greater light on the numerous symptoms caused by arsenic.

* Several centuries ago Lusitanus observed that under the influence of arsenical inunctions, many persons had been seized with severe fevers: *in febres inciderunt lethales* (Cent. 2, Cur, 34).

Hardegg in a thesis defended at Tübingen under the presidency of Autenrieth, established all the connections of arsenical poisoning with slow nervous fever and contagious typhus, from the symptoms and their course. These various morbid processes resolve themselves in similar crises, as the red exanthema, the desquamation of the epidermis, and the falling off of the hair.*

In an excellent little monograph published the same year as Hardegg's thesis, Schaffner asserts that in many cases it is difficult to decide if there has been poisoning by arsenic, seeing that it may be confounded with various diseases, among which he says the chief are cholera and pernicious fevers. He even bases the treatment of arsenical poisoning on the symptoms it presents, according as they resemble synochal fever, or have a typhoid character.†

The school of Hahnemann, accustomed to make deductions from the pathogenetic effects of medicine to their therapeutic application, has not neglected to study arsenic in its resemblance to typhoid fever. In 1845, Dr Hausmann published in the *Österreichische Zeitschrift für Homöopathie* an essay on the resemblance between ileo-typhus arsenicalis and typhus abdominalis: he proves this resemblance by many facts, pathological and symptomatic. He even shows that in ileo-typhus arsenicalis intestinal lesions similar to those in typhus abdominalis are produced at the points of éléction—marks similar to the typhoid patches, which are sometimes injected, sometimes thickened, sometimes gangrenous and ulcerated. The author adduces observations bearing on this subject from the works of Murray, Horn, and Pyl.‡ In the case published by the last named, there were found in the small intestine at about sixty centimetres from the ileo-cæcal valve, an oval patch gangrenous and ulcerated, and on the

* Hardegg, *Diss. inaug. sistens observationes quasdam de vario arsenio in animalia effectu*. Tübingæ, 1817.

† Schaffner, *Versuch einer diagnost. und therap. Darstellung der Arsenikvergiftung*. Berlin, 1817.

‡ Murray, *Edin. Med. Journ.*, vol. vii.—Horn's *Archiv*, 1823.—Pyl, *Sammlung*, B. iii.

remainder of the intestine other points affected with sphaecelus.

Many other similar facts might be added to those mentioned by the German physician. In a large number of dissections of cases of arsenical poisoning, the observers mention in a general manner having met with obvious traces of inflammation in the duodenum and throughout the small intestines. In some cases we find symptoms more closely resembling the usual lesions of typhoid fever.—Gangrenous points on the duodenum (KAISER, *Henke's Zeitschrift*, 1827).—In the case of M. Devergie, already mentioned, there was a very considerable development of Peyer's patches at the end of the small intestine with tendency to ulceration. In a person who died in twenty-four hours, the small intestine was highly injected in several places to the length of three to four inches; Brunner's glands were very numerous in the duodenum and about the ileo-cæcal valve (*Journ. universel et hebdomadaire*, 1832).—Ulcerations of the mucous membrane at the upper part of the ileum (KORTUM, *Henke's Zeitschrift*, 1833). In a child of twelve years, who died in fifty-four hours, ulceration of the mucous membrane of the small intestine; many of the mesenteric glands were swelled and as large as a bean (*id.*).—In a little girl of five years, who died in eighty-five hours, there was found at about six centimetres above the ileo-cæcal valve, an ulceration embracing the half of the horizontal section of the intestine; and in the cæcum towards the mesocolon, several prominent ulcerations, circular, the size of a lentil, bounded by a narrow border, very much injected, *similar* to those found in typhoid fever, a morbid process which *so much resembles* poisoning. (HAFFTER, *Schweiz. Zeitschrift*, 1839.)

Two spaniel bitches were poisoned by arsenic; they died at the end of thirty-six and forty-eight hours. Ulcerations and gangrenous patches were found in the small and large intestines, particularly in the neighbourhood of the appendix vermiformis (SCHNEIDER, *Wiener Wochenschrift*, 1853).

To the history of lesions must be added that of symptoms. In Orfila's *Toxicologie* may be read a beautiful and long

observation of arsenical poisoning published by Dr. Coqueret : it is a type of poisoning of the typhoid form ; of itself it is a complete demonstration. Other facts equally convincing have been observed, and I would refer the reader to the following observations :—HORST, *Med. Zeitung vom Verein in Preussen*, 1840.—SPENGLER, *Henke's Zeitschrift*, 1848.—KERSTEN, *Deutsche Klinik*, 1857.

It has happened repeatedly that medical men called in to cases of arsenical poisoning, and not knowing anything about poison having been given, have imagined they had to do with cases of continued fever. In an observation of Stachow the disease was taken for severe bilious fever ; in other cases for violent gastritis, gastric or mucous fever, or even gastro-rheumatic fever.*

It is thus proved by numerous facts that arsenic can excite morbid states similar to typhoid fever, and that in this respect it derives the epithet *typhogenic*.

There are few remedies that more brilliantly and convincingly illustrate the law of similars. I am glad to be able to quote on this subject one of the few physicians of our time who have thoroughly studied arsenic, I refer to M. Boudin, and his testimony is above suspicion : "Is the medicinal specificity of arsenic," he says, "really subordinated to the law of homœopathy as Hahnemann supposes? In other words, when this medicine is given to a healthy person, is it capable of producing all the pathological phenomena which it can cure on the diseased person? This is a highly important question no doubt, but which the facts observed by myself do not yet permit me to answer ; at the same time I confess that in reflecting on the phenomena observed in a large number of persons poisoned by arsenic, the details of which have been recorded by medical writers, *it is difficult not to acknowledge a certain analogy* between these pathogenetic phenomena and those which the drug is often successfully used to combat in the sick. In this point of view

* Stachow, *Henke's Zeitschrift*, 1833.—Klose, *id.* 1842.—Scheulen, *Casper's Wochenschrift*, 1844.—Schaper, *Beiträge zur Lehre von der Arsenikvergiftung*, Berlin, 1846.

arsenic seems to me to resemble mercury, the balsamic medicines, and several other medicaments which have also the remarkable property of producing in certain doses on the healthy, symptoms similar to those they are capable of curing in the pathological state." (BOUDIN, *Traité des fièvres intermittentes*, Paris, 1862.)*

III.

From the physiological action of the medicine we must now deduce its therapeutic application. If arsenic is *typhogenic*, it ought, according to the law of similars, to be employed efficaciously in typhoid fever—let us see if this is so.

In former years arsenic was considered and employed as a preventive against the plague. If we consult the records of the past, it is easy to prove that under the name of plague were often meant severe epidemic fevers, to which now-a-days we should give the name of typhoid fever or typhus; for instance, the Hungarian plague of ancient authors. This employment of arsenic was indirectly derived from the homœopathic ideas of the period, promulgated by the school of Paracelsus, the true ancestor of the Hahnemannian school.† The anatomist, Jacques de Carpi, who was the first, it is said, to employ mercurial frictions in syphilis, is believed to be the inventor of the arsenical amulet. According to Kircher, in his work upon the Plague, it is a potent means for drawing out the pestilential virus, *its similar* among animal poisons. Willis does not hesitate to commend this prophylactic procedure, theoretically as well as practically. It is said that Pope Adrian VI. was preserved from the plague by

* Is it necessary to add here that the numerous facts taken from the allopathic school, establishing the febrigenic property of arsenic, only confirm the numerous febrile symptoms recorded in Hahnemann's pathogenesis of arsenic? Thus it is that observation, come from what quarter it may, renders justice to those homœopathic works which M. Trousseau in his ignorance of the facts of the case, has dared to term "hypochondriacal reveries."

† Unbelievers have not noticed that of all the therapeutic methods, that of Hahnemann is in reality one of the most ancient and most traditional, and that we have really always been homœopaths *without being aware of it*.

its means. There were not wanting opponents to the suggestion; Massaria saw a lawyer in whom an arsenical amulet caused a violent and fatal fever. Zacutus Lusitanus alleged that he had observed that when pestilential fever raged, those who made use of this means were immediately affected with the plague. Diemerbroeck remarked that under the influence of the poison absorbed by the skin very painful black pustules were developed; and in another case anxiety and general debility. Borelli again, saw a very violent sciatica once; all common pathogenetic effects of arsenic.

From the amulet let us pass to the internal use of arsenic in continued fevers. Its traditional employment in intermittent fevers would naturally suggest its trial in continued fevers. Jacobi, a German doctor of the middle of last century, whose method M. Boudin has copied, seems to me to be the first to employ arsenic in such cases. He was led to use it in intermittent fever by the success attending its employment in some cases of continued fever; the two cases he mentions would now-a-days be classed under typhoid fevers. Jacobi asserts that in acute fevers complicated with fits or threatenings of apoplexy "in acutis accessiones habentibus, aut apoplexiam minitantibus," the frequent and continued administration of the medicine was almost necessary.*

At the commencement of this century, Dr. Hill in the *Edinburgh Journal* (1810) recommended arsenic in a great number of cases, and among others in typhus, at the commencement of the disease, when there were evident remissions, and at the end when it was becoming tediously long.

At the same time Fodéré advised its employment in subintrant and remittent fevers, and in some fevers of malignant type. Brera employed arsenic in five cases of continued remittent fever.

"If," says M. Boudin, "arsenic is one of the most heroic remedies in the treatment of intermittent affections, does it follow that a disease must necessarily present such a type in order to be successfully treated by arsenic? By no means;

* *Dissertatio de prudenti arsenici sale alcalino domiti usu interno salutari. Acta Academiae Moguntinae, t. i.*

and for my own part I have frequently employed it successfully in cases of disease of continued type, especially when such were produced by marsh miasmata. I ought, in conclusion, to direct attention to the good effects which I have obtained from the employment of arsenical preparations in the treatment of the paroxysms that so often complicate typhoid fever; in such circumstances they have this advantage, that they do not, like quinine, irritate the gastro-intestinal surface. On the contrary, I have often seen 1-100th of a grain of arsenious acid not only remove the paroxysmal complication of the typhoid fever, but at the same time produce a general depression, a real contra-stimulation, which would often manifest itself by a cooling of the surface, moistening of the tongue, and by a noticeable diminution of the number of arterial pulsations." (BOUDIN, *loc. cit.*)

A Russian physician, a great advocate for arsenic in many complaints, advises it also in typhus. (GUTTCHEIT, *Med. Zeitung Russlands*, 1846.)

We shall now pass from the allopathic to the Hahnemannian school; and here we find a quantity of evidence. The law of similars studied in reference to arsenic, would necessarily lead homœopathists to its employment in typhoid fever; so much has been written on the subject that I am embarrassed to select.

Here is what Hartmann says in his Chapter on nervous or typhoid fever:—"I come to the chief among medicines in fevers of this sort, to that which often deserves attention in all forms of nervous fever, but which in none has so much right to the name of specific, as in that when the abdominal type is well marked, and in putrid typhus. I refer to arsenic, which is equally applicable to nervous fevers with an intermittent type. The homœopathist should think of it from the first, when trivial symptoms, such as a single vomiting, a diarrhœic stool, a slight pain, &c., cause such extreme weakness that the patient is forced to lie down, and produce sleep often disturbed by burning heat and restlessness: We soon observe the occurrence of characteristic burning pain located in a particular spot of the abdomen with coldness of

the limbs, skin hot, dry and rough, great thirst, petechiæ and miliary rash. The patient complains of vertigo and noise in the ears, with dulness of hearing; the features are altered in a peculiar manner; the complexion pale, earthy; the tongue of a brownish-black colour, fissured and trembling; there are aphthæ in the mouth with frequent desire to vomit, and every time this occurs, a tendency to syncope; the abdomen inflated; the stools are watery, yellowish, fetid, they burn and excoriate the anus, they are passed involuntarily." (HARTMANN, *Homœopathic therapeutics of acute and chronic diseases.*)

Griesselich considers arsenic as a specific in typhus abdominalis. Strecker says it is the principal remedy of the disease; and Trinks attributes to it in such cases a very wide sphere of action.*

"It is still a problem," says Fleischmann, "to find for typhus abdominalis a remedy that reaches the focus of the disease, and which can thence act on the totality of the symptoms. I have not yet solved the problem, but I must here point out a medicine which, of all others, appears best to supply the desired solution. I have long employed it, and to it I am indebted for a success greatly superior to anything I previously observed by any other method; this medicine is arsenic." (*Hygea*, Bd. VIII.)

Foreign homœopaths are unanimous in acknowledging the excellence of arsenic in the treatment of severe typhoid fever, that form of it called putrid and malignant fever. The symptoms they mention as indicating arsenic are severe symptoms, such as prostration of the strength; dry, blackish, trembling tongue; lips covered with sordes; great thirst; abdominal meteorism; frequent watery, involuntary, and fetid stools; &c. To the names above cited we may add those of Kreussler, Strecker, Vehsemeyer, Rothansl, Wurmb, Caspar, Trinks, Löw, Bojanus, and Kidd.†

* Griesselich, *Hygea*, B. iii.—Strecker, *Allg. hom. Zeitung*, B. xii.—Trinks, *Hom. Vierteljahrsh.*, B. iv.

† Strecker, *Beschreibung und Behandlung einer Nerven und Faulstieber Epidemie* (*Allg. hom. Zeitung*, 1834).—*Das Nerven und Faulstieber* (*Jahrb.*

In 1845, Wurmb protested in his monograph on arsenic, against what Fleischmann says, alleging that though arsenic had appeared to him to succeed in such cases, he ascribed the cure rather to nature; that, in short, this medicine did not appear to him perfectly homœopathic to the species of this disease; that the typhoid process bore no resemblance to the arsenical disease; that he had read many histories of poisoning by arsenic, and that not one of them resembled typhoid fever.

This opposition of Wurmb elicited the essay of Dr. Hausmann, which I have before analysed and completed. The facts prove how deeply Wurmb had fallen into error. However, it was not long before he changed his opinion; in 1855 he expressly recommended arsenic in typhoid fever, especially in cases where there were *pyæmic deposits* and *putrid decomposition*.

Dr. Fleischmann said that since 1844, he has employed arsenic with great success in the treatment of typhoid fever, usually giving this remedy alone. In 1841, of 167 cases of typhoid fever treated at the hospital of Gumpendorf at Vienna, he cured 156, about four-fifths. In the same year, 1844, he published in the *Æsterr. Zeitschrift für Homöopathie*, a general statistical table of all the diseases treated in his hospital from January, 1835, to the end of December, 1843. In 816 cases of typhoid fever, (*febris nervosa sive typhus abdominalis*), there were 669 cures.*

für Homöopathie von Vehsemeyer, 1837).—Vehsemeyer, *Beitrag zur Behandlung des Typhus abdominalis* (*id.*, 1837).—Rothsal, *Hygea*, B. xviii. Kreussler, *Therapie acuter und chron. Krankheitsform.*, Leipzig, 1846.—Kidd, *Brit. Journ. of Hom.*, 1848.—Wurmb und Caspar, *Homöopathisch-klinische Studien*, Wien, 1852.—Trinks, *Hom. Vierteljahrsch.*, 1853.—Bojanus, *id.*, 1856.

* I subjoin a statistical table of typhoid fevers treated homœopathically. I have compiled it from various statistical accounts published from 1844 to 1848 in the *Æsterr. hom. Zeitung*, all the time that that Journal was published.

It is probable that arsenic was employed as the main remedy in most of the cases mentioned in the following statistical enumeration, seeing that the physicians of the hospitals of Linz and Kremsier having been pupils of Fleischmann, would naturally follow the method of their master.

These figures have all the more value that in the statistical tables of the

Dr. Aug. Rapou, of Lyons, witnessed the cures performed by Fleischmann: "During the period I visited the hospital," he says, "I saw thirty cases of typhoid fever, four of which

various diseases treated in the hospitals of Gumpendorf, Linz, Kremsier, and Nechanitz, the gastric and catarrhal fevers are carefully distinguished from the typhoid fever and registered under distinct heads. Our typhoid fever appears under the name of nervous fever, typhus abdominalis or typhus. Moreover, the cases reported by Fleischmann show that under the name of typhus abdominalis it was only severe cases of typhoid fever that were meant. Besides the indications he gives for the administration of arsenic are taken from symptoms which all refer to the severe form of the disease.

	Year.	Remain- ing from last year.	Ad- mitted.	Cured.	Dis- charged uncured.	Died.	Remain- ing under treat- ment.
Gumpendorf Hospital							
Dr. Fleischmann ..	1844	8	116	91	...	22	11
	1845	11	122	105	...	20	8
	1846	8	159	139	...	21	7
	1847	7	157	128	...	23	13
	1848	13	139	124	...	23	5
Linz Hospital, Dr.							
Reiss	1843	...	58	50	...	6	2
	1844	2	66	54	2	8	4
	1845	4	57	48	1	7	5
	1846	5	43	43	...	6	4
	1847	4	41	36	...	5	4
	1848	4	41	37	...	3	5
Kremsier Hospital,							
Dr. Schweitzer ...	1845	...	10	9	...	1	...
	1846	...	24	17	...	5	4
	1847	4	75	64	...	11	5
	1848	5	135	115	...	24	1
Nechanitz Hospital,							
Dr. Feltl	1846-7-8	...	82	79	...	2	1

From this statistical account it follows that by the homœopathic method the number of cures of the severe form of typhoid fever amounts to about seven eighths. I have beside me a quantity of other German statistical documents, all in accordance with the above. For my part I have much greater confidence in these figures than in our French statistics, but I beg to be allowed to keep my reasons to myself.

I am not aware that the allopathic school has any such splendid results to compare with these. If our adversaries object that the homœopathic cures are merely due to an expectant method, seeing that these adversaries themselves usually practise the expectant method in the treatment of typhoid fever,

only terminated fatally. Their mean duration was a fortnight, during which the disease ran through its stages rapidly, but went through them all, sometimes bringing the patient to the last degree of cerebral excitement, or of marasmus and debility. The finest result of the treatment is not the arrest, the destruction of the disease, but the rapidity of its course; the great proportion of cures, the quickness of the recovery. These short convalescences are what I admired most. It is very striking to compare the homœopathic cures with those effected by the old school, so slow, so precarious, so full of complications.

“When the typhoid patient has meteorism of the abdomen, pains in the right iliac fossa, general burning sensation, extreme dryness of skin, tongue dry and black, sordes on the teeth, which is the most ordinary form of the disease, Fleischmann administers arsenic. Under the influence of this medicine, I have seen this morbid state abate with wonderful quickness. The heat and dryness of the skin are relieved, it becomes moist, the tongue cleans, the abdomen becomes free from pain, and the patient soon becomes convalescent. When the cerebral symptoms are predominant, the expression animated, restlessness of limbs, great loquacity, &c., stramonium is given.” (*Histoire de la Doctrine médicale Homœopathique*, t. ii, p. 305.)

The employment of arsenic in typhoid fevers does not seem to have crossed the Rhine and become naturalised in France. The French homœopaths as far as I am aware have published nothing on the subject.*

It would follow that the expectancy of the former is much superior to that of the latter, which is of course a *reductio ad absurdum*.

When will the majority of practitioners understand that hitherto they have been mistaken on the question of homœopathy? Would that they opened their eyes and refused evidence on this point to all the princes of our science, and to all those learned bodies which have taken it into their heads to condemn the doctrine of Hahnemann, *without ever having studied it!*

* However I ought to mention the following note of Dr. Cretin, which I find among the works of Petroz, recently published:—“My excellent master, Dr. Cabarrus, administers with success mercury in variola, and arsenic in typhoid fever. In several cases of typhoid fever I was entrusted by him with seeing that his prescriptions were carried on during the whole duration of the

Though my own trials of arsenic in typhoid fever have not hitherto been on a great scale, I am not the less convinced after some very decisive proofs that this medicine is of great value in the treatment of this disease. What M. Boudin,— what the German homœopaths have seen, that have I also witnessed. Hence I am inclined to consider arsenic in a general way as the radical remedy for severe typhoid fever.

I recently had to treat a young person, who for a fortnight had been labouring under this disease. Besides the febrile symptoms there had been from the commencement copious watery fetid stools, occurring twelve or fifteen times a night. I administered arsenic in the 6th dilution; the diarrhoea was instantly checked, and from that moment the fever gradually declined, and recovery followed.

Brennfleck,* a German homœopath, says that he has often seen in typhus the liquid stools stop after the first dose of arsenic (2nd dilution). Bojanus advises it expressly when there are involuntary and bloody stools.

Moreover, it seems to me that arsenic ought to be used successfully in the ulcerations of the sacrum which are so frequent in the course of the disease. Last year I was consulted for a case of this kind; after typhoid fever the patient in question had two holes in the sacrum with considerable detachment of the skin. The medical man who treated the case said it would be several months before he was cured. I gave arsenic internally in the 4th trituration, and arsenicated glycerine (2 drops of Fowler's solution to 100 grammes) to apply to the wound; a perfect cure was effected in a fortnight. This case will not seem extraordinary to any one who knows the history of arsenic, seeing that tradition holds it to be one of the best remedies we possess for curing ulcers.†

disease, so that I am in a position to appreciate their great success." (*Études de thérapeutique et de matière médicale d'Antoine Petros*, publiées par le Dr. Cretin, Paris, 1864, p. 277.)

* *Hygea*, B. xvii.

† In my trial I have given arsenic in all doses, from material quantities up to infinitesimal. I usually prefer the latter. In my *Études sur quelques symptômes de l'Arсениc* (*Gazette Médicale*, 1862) I have sufficiently proved the truth of the efficacy of infinitesimal doses. If some of my readers should

CONCLUSIONS.

1st. The study of the physiological or pathogenetic properties of arsenic prove it to be *typigenic*; hence by the law of similars it ought to be *typifuge*, which it has long ago been demonstrated to be in the case of intermittent fevers and neuralgias; and in a large number of other periodical complaints for which it is daily used. Therefore Hahnemann was justified in saying sixty-nine years ago—"In typical affections of all sorts (periodical headache, &c.), this faculty of arsenic to produce periodical symptoms becomes of great value, and will be of still greater value, I am sure, to our successors, who will perhaps be more venturesome, more attentive, more circumspect."

2nd. Arsenic is pathogenetically *typhogenic*, hence it may be employed usefully in typhoid fever, as the numerous facts I have quoted seem to prove.

Let us, in conclusion, quote the opinion of two German allopaths. Schwartz,* a German compiler, in reporting the trials of Dr. Hill, who recommends arsenic in typhoid fever, gravely says that such conduct should be punished as criminal, whilst Vogt,† author of a good treatise on *Materia Medica*, judging by comparison with the action of quinine in asthenic continued fevers, appeals to futurity with a kind of presentiment to decide if arsenic will not some day be the principal remedy for typhus.

I can pass over with contempt Schwartz's ridiculous judgment, and reply to Vogt's appeal: that is just the reason why I have attempted to fix the attention of observers on this important point of therapeutics.

be disposed to look upon me as a dreamer on this subject, as homœopaths are alleged to be every day by the incredulous majority, all that I ask is that they should read what I have written and repeat my experiments. On this point I defy all misbelievers.

* *Pharmakologische Tabellen, oder systematische Arzneimittellehre*, Leipzig, 1833.

† *Lehrbuch der Pharmakodynamik*, Wien, 1831.

ON THE EARLY STAGES OF THE CATTLE PLAGUE.

By GEORGE MOORE, M.D.

I PROPOSE in this paper to describe from nature the early symptoms of the cattle plague, and some of the characteristic external appearances which denote its existence.

1. *The stage of incubation.*—This stage begins when the “poison” of the disease, in a communicated case, for example, is received into an animal’s body, and ends when febrile symptoms appear. The duration of this stage averages from seven to twelve days, as observed in natural and inoculated cases; the period may, however, be longer or shorter, according to the previous state of health, the mode of origin of the disease, and the virulent or benign type of the prevailing epizootic. At this time, the disease is latent; in other words, the poison has not as yet set up any special disturbance of health recognisable to outward observation. It is assumed in this cattle disease, as in human diseases of the same class, that the blood is the primary seat of disorder and of deterioration, and that the subsequent symptoms express the alterations of structure which this blood poisoning produces. It may yet come to pass that chemistry or microscopy, or both, will reveal to us the special changes which the blood itself undergoes, and, by such means, enable us to differentiate the plague at its earliest stage. But, at present, in default of such diagnostic aids, we are obliged to content ourselves with an accurate observation and correct interpretation of the general symptoms, and these, in the present instance, are all of the objective class. They present the additional difficulty of being neither fixed, nor invariable, nor distinctive. During the incubatory stage, some animals, the majority of them, indeed, retain all the appearances of usual health, eating well, milking freely, and placidly ruminating; the most wide-awake observer can discover nothing amiss. Others, however, show certain indications not con-

sistent with a healthy condition. For example, a cheerful and frisky cow becomes dull and stupid looking; another moans or bellows, contrary to habit, in a peculiar manner, as if, by such action, to express a feeling of languor, or of depression, or of being out of sorts; a third shows something unusual or unnatural in its general appearance, or in its manner of eating; a fourth grazes in the field with indifference and without relish, or, when in the stall, leaves some of its fodder untouched; a fifth creeps about the hedges, sneaks away from its companions, remains separated from the herd, or lies down and gets up with unusual and objectless frequency; a sixth chews the cud lazily, languidly, without contentment and without enjoyment. These, and other symptoms of a similarly ambiguous character, though present, one or more of them, in some cases, are almost always unnoticed and even unheeded, except, perhaps, when the owner is more than usually observant, and has his eyes quickened by the prevalence of plague in his stock or neighbourhood. No person, however, not even an expert, can say of these symptoms that they are distinctive of plague, or of any other particular malady, for they are common to almost all cow complaints. They show, in fact, nothing more than that something is amiss, but not what that something is, as distinguished from everything else.

At a later period, we assume that the poison has largely multiplied itself in the blood, and that it has still further deteriorated that fluid. And we expect, consequently, to find still graver indications of depression of the great nervous centres. All the previous symptoms are more pronounced, and stand forth in bolder relief. The depression of animal spirits and the prostration of muscular power are exhibited in a more marked degree. The disposition to eat is less, and the desire to drink, greater than before. There is a peculiar look of heaviness, and of stupor. The animal is indifferent to sound, or really dull of hearing, instead of being, as all herb-eaters are, quick and sensitive of ear. The head is held down low and kept in one position, the neck is outstretched to its greatest extent, the fore-legs are spread out, and the

hinder ones are drawn under the body, as if the better to balance the trunk and so enable it to support some grievous burden. Cudding is performed at short and irregular intervals, and with a carelessness almost amounting to loathing; or it ceases altogether. Of these symptoms, I maintain what I do of the previous ones, that, standing alone, no man can deduce from them a *rational diagnosis*. He sees that the animal is ill from some indefinite disorder, but, as yet, he can only *guess* what that disorder will turn out to be; and he would guess with a fore-knowledge that cattle plague was raging in the land.

In this place, I specially mention a fact, that during the incubatory stage of which I am still speaking, there is not a shred of evidence, derived either from the symptoms during life, or from after-death inspection, proving that *any* organ is the seat of morbid action. Dr. Wilson, if I rightly understand his views, as I find them reprinted in the December number of the *Monthly Homœopathic Review*, professes to be able to *diagnose* the cattle plague by auscultating the lungs in the incubation stage. I shall return to this matter further on.

2. *The Stage of Fever*.—The primary action of the “poison” is seen in the excitation of a systemic fever, of a low type, and remitting in the morning. Now, the incubation of the disease is at an end, and we are on the threshold of its development. There are distinct rigors, if we may so interpret the tremors and shakings of the muscles of the fore and hind quarters close to the trunk. The hair of the general surface is rough and staring, and not merely “a few hairs just beginning to stand on end along the spine,” which Dr. Wilson’s “very minute and careful observation” enables him “in some instances” (when the cow has been whisking her spine with her tail?) “to single out.” The skin varies in temperature, being alternately hot and cold; the hoofs and horns are subject to the same variations. The secretions are arrested, as witness the dry and dewless snout, the constipated bowels, the scanty urine, the diminished or arrested secretion of milk, the parched conjunctiva, &c. The pulse is slightly increased in frequency, small and soft, and

decidedly wanting in tone. There is no appetite, but great thirst; and some of the ambiguous symptoms already noted persist. At the beginning of this febrile stage, the *only* lesion discovered in the dead body, is a faint blush of congestion, met with in the mucous membrane of the fourth stomach and downwards through the whole length of the gut—the parts, indeed, which are the characteristic local seats of this cattle disease. This condition is *invariably* found. Pathologically, I may here remark, the cattle plague is a febrile exanthem, the poison seeking an outlet through the whole mucous surface, respiratory, gastro-intestinal, and genito-urinary, and even, but to a minor degree, through the skin. (In some cases, I have observed distinct pustules, which have left well marked, circular pits in the cutis vera.) But it is, I repeat, on the gastro-intestinal mucous surface, that the disease specially and in every case acts. Soon after this local action is established certain appearances of the mucous outlets are observed in cases of plague, but not in any other disease whatever.

3. *The Stage of Characteristic Symptoms.*—If the vagina be examined, it presents, instead of its naturally white and moist condition, a faint bluish tinge, with dryness of the surface. This is followed by swelling of the vulva, and by a faint congestive blush; first observed at the upper part, partial, and in the form of streaks arranged in irregular parallels, from behind forwards. This redness gradually deepens as the disease advances, until the whole surface presents a vivid and fiery redness, and an aphthous-like eruption rises on the surface close to the junction of the mucous membrane with the skin; a more or less copious, stringy mucus being simultaneously poured forth. In no other disease but cattle plague is this condition of the vaginal membrane met with, and as the above-mentioned blush is seen in every case at a comparatively early, though distinctly developed stage, it constitutes at once a decisive and readily observable diagnostic test. I have observed it in animals that were supposed to be well from the fact of their appetite, rumination, and milk-giving power not being in the least impaired; and it

by *Dr. George Moore.*



was, on further examination, found to coexist with other symptoms not less distinctive. A characteristic condition of the openings of the nostrils is likewise observed in this stage of plague. The mucous membrane surrounding the nasal wings is swollen and velvety to the touch, and the swelling, in proportion to its greater or less amount, diminishes in the same proportion the diameter of the nasal openings; so that in some cases, the openings are almost closed, and there is more than usual difficulty in introducing the fingers, as is done by cow-herds when administering medicines. My father was the first to notice and publicly make known the value of this symptom as peculiar, obvious, and invariable. He also pointed out the frequent, if not constant, presence of spots on the surface of the snout, or upper lip. For the first time I had the opportunity of seeing this eruption in Norfolk, the other day. In one case suffering from well marked plague, there were, on the mucous membrane of the snout just below the point where the hairy skin begins and between the openings of the nostrils, five or six irregularly circular, copper-coloured, flat spots, of different sizes, evidently situated in the structure of the true skin. In the mouth, too, there are distinctive appearances. One of the earliest is a peculiar bluish ridge along the border of the lower gum, close to the necks of the front teeth, at that part, in fact, where the human gum is stained by lead poisoning. This is followed and replaced by a red line, similar to that so often observed in human phthisis pulmonalis; and this, again, is succeeded by softening of the membrane and when the exfoliation is removed, an irregular red margin of apparent, though not real ulceration is exposed. The bluish hue spreads from the gum along the inner surface of the lower lip, and both lips are obviously increased in thickness. The mucous membrane covering the palate and lining the cheeks is also streaked, or suffused with redness, according to the progress which the disease has made; and the under surface of the tongue is notably more than usually vascular.

At a still later period, the surface of the visible mucous membrane throws off its epithelium; it is patched over with

irregular red spots ; and a copious discharge from all the outlets escapes. But my object is not to go beyond the early stages, and here I stop.

To sum up what has been said so far : the plague cannot be diagnosed, in a scientific sense and manner, in the absence of those characteristic symptoms just detailed ; but when they are present, and fortunately the veriest clown can *see* them, the nature of the case is as clear as daylight.

I now come to consider Dr. Wilson's views, and I feel sure that no one will be better pleased than himself to find them subjected to dispassionate criticism.

1. He professes to be able "to detect the incubation of the cattle plague" by auscultation—to discover certain "premonitory signs and symptoms," hitherto overlooked, by auscultation, and by that means "only." In other words, he believes that the lungs are affected in the incubation stage, and then he teaches us that the lung disorder can be discovered by detecting morbid sounds during auscultation. I do not deny that the ear can hear sounds characteristic of pneumonia, or of pleuro-pneumonia, or of bronchitis, in cattle ; and auscultation, contrary to what he asserts, has been long resorted to by veterinarians in all lung and heart diseases. But I entirely deny that the lungs are affected at all in the stage of incubation of cattle plague ; and therefore it follows that no morbid sounds whatever can be heard so early. At a later period the bronchial mucous membrane, in common with all the other mucous membranes, becomes congested and exudes a serous fluid, the presence of which is indicated by tracheal and bronchial rattles. In some cases, pneumonia, or pleuro-pneumonia comes on, not as an essential feature of the plague, but as a complication, and then I grant you, small crepitation, masking or absence of vesicular murmur, tubular breathing, friction sounds, &c., can be heard, as everybody knows. But Dr. Wilson is not speaking of this advanced stage.

2. Even if pneumonia or bronchitis existed in the incubatory stage, or as Dr. Wilson strangely terms it, "the premonitory stage that ushers in the incubation of the cattle



plague," his way of describing the physical signs is ambiguous and unsatisfactory. There is something wrong, he tells us, when the healthy "rustling noise or murmur is absent, or altered in character, or increased in frequency." I should think so; there must be something wrong decidedly if the respiratory murmur is absent *before* it is altered in character; and, further, to ascertain its frequency there is no need whatever to practise auscultation. He goes on to say, that the breathing is increased from its healthy standard to "even 40 inspirations in the minute, and the noise, instead of being like the rustling of silk, is wheezing, harsh, loud, bronchial, crackling, or silent." So far as this account goes, there do not appear to be any *expirations* in the plague disease, and although I can understand what is meant by a wheezing, or a crackling noise, I confess myself much puzzled with a "*silent noise*." I maintain that no such sounds can ever be heard during the incubatory stage of plague, simply because the lungs are then unaffected. But even if Dr. Wilson had referred to a later period, when the lungs are actually congested, or inflamed, or hepatized, I could not but find fault with his mode of referring to morbid sounds, without at the same time connecting them with morbid conditions of structure. He proceeds, "any of these murmurs [namely, the 'silent noise,' &c.] being present, indicate danger of inflammatory action." If "crackling" means pulmonic crepitation, or bronchial rattle, or pleuritic rubbing; and if a "bronchial noise" means tubular breathing, or bronchitic râles, the danger of inflammation is not imminent, but actually present. *En passant*, that "excellent observer," Youatt, from whose works Dr. Wilson quotes, never saw a case of plague, and his description is merely a translation from D'Arboval's *Dictionnaire Vétérinaire*.

3. He thinks the neglect of auscultation in the "diagnosis" of the plague "seems marvellous." Auscultation has not been neglected at all; every intelligent veterinary surgeon has practised it long before Dr. Wilson's views were made public; it is a recognised method of investigation in veterinary practice, as I know well, if only from my father's

constant attention to the exploration of the chest. But nobody, except Dr. Wilson, has ever yet heard any morbid sound in the lungs of a cow suffering from genuine and pure cattle plague in the incubation stage. What really "seems marvellous" is that he should think that he has done what no one else has done, or can do. Besides, I deny that a rational "diagnosis" can be deduced from the results of an auscultatory examination alone. By such an examination, at an advanced period of the disease, certain morbid sounds are detected, and from these sounds, the existence of bronchitis, or of pneumonia is inferred, but nothing more. One might as well talk about the "diagnosis" of small-pox, or of measles, or of typhoid fever, being formed from an aural examination of the chest. Diagnosis is the distinction of one disease from another, by the discovery of distinctive or characteristic symptoms or signs. There are none such in plague, as far as the lungs are concerned. Then, many cases of plague end early and suddenly from toxæmia; and hundreds of carcasses have failed to show the slightest indication of recent lung disease. Of what use would auscultation be in such instances?

4. In addition to the already mentioned sounds alleged to exist in the incubatory period, Dr. Wilson mentions some common symptoms, such as wild staring look; fixed eyelids; reddish and glassy looking eyes; a few hairs just beginning to stand on end along the spine; variations of heat; and quickened pulse. This completes his picture of the cattle plague during its incubation. There is not a single distinctive symptom; and yet we are asked to believe that he is able to say positively, guided by this meager array of symptoms, whether the plague exists or not. How does he recognise those numerous cases which, as I have already remarked, show no symptoms at all when the disease is breeding?

5. But he goes still further than the early detection of the disease by auscultation—he declares his ability "to check its incubation." His paper is headed "how to detect and check the incubation of the cattle plague;" but towards the end of

it he is more cautious, and contents himself with saying that "the *dangerous* development of the disease is easily preventible," &c. Later still, however, he grows again positive, and declares that it is "only in the premonitory stage already described" (?) that "persons not acquainted with veterinary science may at once *arrest the development of the disease, and save every animal attacked if otherwise sound.*" The italics are his own. He further says that those who have become proficient auscultators under his teaching "have been able to check the disease within a very few hours after its first indication." It follows from all this that the development of the cattle plague can be checked, and that it can be checked *easily, at once, in a few hours.* Such statements, I do not hesitate to say, are wrong as regards pathology, unsupported by any proof whatever, and opposed to all analogy and experience. Those who understand the virulent contagiousness of cattle plague, its insidious approach, its corrupting action on the whole system, its rapid course, and the difficulty of curing it, even by homœopathy, are not likely to be misled by such erroneous and dangerous declarations. Neither Dr. Wilson, nor any other man, ever has arrested, or ever can arrest, I venture to assert, a single case of genuine cattle plague, at any period, or under any circumstances whatever. The disease belongs to the same class as human small-pox, scarlet fever, typhus fever, &c., none of which can be arrested in their course when once their several special poisons have entered the body. Taken early they may be kept in check; they may be guided and controlled, but it is simply impossible to arrest their progress in any stage. I think it behoves us all to speak of this matter within the bounds of judicious moderation, and not to excite hopes in the public mind which a very limited experience will suffice to blight. Homœopathy can do a great deal, more perhaps than any other system of treatment, but let us avoid unscientific and random assertions, and so avert the professional and public odium that will deservedly fall on our heads if we pretend to accomplish impossibilities.

POSTSCRIPT.—As the *Lancet* has recently published some false statements respecting a so-called trial of homœopathy in the plague in Norfolk, it seems desirable, whilst I am writing on the subject, to lay the facts before the profession and the public.

The November 25th number of the above Journal states that “a physician and veterinarian practising homœopathy * * * * were dispatched” to Norfolk to treat plague-stricken cattle; and that some “good authority” had sent information that they had “rejected all but eight out of a number of cattle offered to them,” &c. Now, the truth is, that there were not two men rolled into one, as the peculiar wording of the quotation (a physician *and* veterinarian) might lead the reader to suppose; and no physician had anything to do with the matter. The veterinarian referred to was Mr. Moore, and he was not “dispatched;” he *went* without the least fuss. He did not “reject” any cases at all; he merely refused to undertake the treatment of a lot of cattle, each one of which had three legs and a half of the remaining one in the grave. He went as a doctor, and not as a resurrectionist. The leader goes on to observe, “we may add that the statements put forward that the Cattle Plague Commission have refused facilities to homœopaths to test their treatment are entirely unfounded. Lord Bury was completely misinformed in this matter.” Nobody ever said that the Commission had endeavoured to prevent a trial of homœopathy, for the simple reason that it had no such power. Its function is plainly investigatory, and not executive. The statement is a pure invention of the *Lancet*, and yet, with characteristic effrontery, Lord Bury is charged with making it. The *Lancet* fabricates what plain-spoken people call a lie, and boldly attempts to foist it upon that nobleman. What Lord Bury did say was this, as correctly quoted in the *Lancet* of December 16th: “It was generally understood that the lay members of the commission were anxious to enter into the details offered them by the homœopathic witnesses; but the medical members of the Commission, whose time was worth five or six guineas an hour, felt indis-

posed to enter into details of treatment with which *primâ facie* they did not agree." This statement, as is obvious enough, had exclusive reference to a rumoured reluctance on the part of the medical members of the Commission to hear what Dr. Hamilton and Mr. Moore had to say with respect to the homœopathic treatment of the plague. There is all the difference in the world between refusing to hear witnesses and preventing an experiment; but the *Lancet*, of course, does not see the point. Lord Bury denies ever charging the Commission with obstruction; but the *Lancet* interprets his statement to mean "a refusal to admit them [*i. e.* the homœopaths] to investigate their method," and without in the least withdrawing, or apologising for its unfounded accusation, winds up, quite innocently, with these words;—"We do not know what may be Lord Bury's idea of justice or ingenuousness, but he has certainly not acted up to a very high standard on this occasion"!! A finer sample of mixed equivocation and *suppressio veri* can hardly be found.

The December 2nd number contains a short leader and an annotation felicitously headed "accepted addresses," replete with misrepresentation, insinuation, and assumed magnanimity towards "the most besotted homœopathist." The editor must be suffering from a severe paroxysm of homœophobia. As it is impossible to answer abuse, I shall content myself with asking my professional readers to read the two accounts of the same transaction, one after the other. On November 16th Mr. Moore went to Norfolk to treat plague cases on two conditions agreed to by him and the Norwich Cattle Association; namely, that each case should be certified as rinderpest by two veterinary inspectors, and that each case should go on to death or recovery. He prescribed for twelve cases, nine of which were in an advanced, but not absolutely hopeless stage, and the remaining three, which he was forced to take to get the others, were in a dying state. It is clear that, as regards these cases, he was placed at a double disadvantage; for the moribund cases were certain to die, and the chances of the others surviving were not as great as the chances of their dying. On the 18th, two days after-

wards, he went to Norfolk again, and definitely declined to proceed further, on two grounds; firstly, that the inspectors appointed to make sure that only cases of true plague were treated, would not certify any cases unless at a stage absolutely moribund, or nearly so; and, secondly, that one of the accepted cases had been destroyed. There the matter ended as far as Mr. Moore was concerned. He saw the cases once, and prescribed for them once; he never visited them again, and knew nothing of the results except by newspaper report. And yet the *Lancet* has the audacity to say that these animals were under his "care and treatment!"

On December 16th, the *Lancet* begins a leader with the sententious and impertinent sentence "Lord Bury has preferred incivility to explanation, and denial to apology." This is rich. To expose the falsehoods and relentless animus of a weekly print is to be guilty of "incivility." No one has a right to dispute its word, or to ridicule its pretensions, without being expected to give an "explanation," or to bend the knee in "apology." What an infallible oracle! What a leviathan nobody! What big words and what small deeds! Further, it has "serious misgivings about his reasoning powers." A scribe who has the face to pen such a scurrilous personal attack upon a gentleman, upon whom, moreover, he attempts to fasten a self-fabricated lie, is surely beneath contempt. An extract is next printed of Mr. Forrester's speech, in which the medical history of a large number of cattle is detailed. The matter is so put as to lead the reader to suppose that sixty cases were placed under Mr. Moore's treatment. I have already said that Mr. Moore once prescribed for twelve cases only, on November 16th. On the 18th, when the trial was formally relinquished, he saw and prescribed for ten other cases, independently of the inspectors. They were under the homœopathic treatment of an amateur, who urgently pressed him to visit them. He never saw them again, and he considered all but one past recovery. Mr. Robert Moore, M.R.C.V.S., subsequently attended them; six died within two days, three on the third day, and one recovered.

On the 23rd, Mr. Moore learnt for the first time, and with no little surprise, that Mr. Forrester and the two inspectors, who constituted a "medical committee" on behalf of the Norwich Association—had, without his knowledge or consent, taken Mr. Robert Moore to nine other cases, five of which they refused to register, one they wished him to treat although it was fast dying, and did die eight hours afterwards, and three which, although very far advanced, he thought best to give a chance of recovering. Mr. Moore himself is made responsible for all this. I repeat, he prescribed once for twenty-two cases in all, and not for sixty, as the speech inaccurately and unintentionally represents; thirteen of these cases he pronounced all but hopeless at the time; two out of the twenty-two recovered, a very fair percentage in such bad cases; he repudiates what was done on November 23rd; and he declares that not one of these cases was under his "care," or was systematically treated by him at all, as the veracious *Lancet* states.

A full account of the matter has been sent in to the London Cattle Plague Association, and an abstract to the Royal Commission. Mr. Moore has likewise addressed an explanatory letter to the *Lancet*, asking its insertion in accordance with the practice of every fair and impartial journal. Whether it will appear, or not, remains to be seen.

I have a few more words to say before putting a period to this paper. After reading a good deal about cattle plagues; ancient and modern, in foreign and native works, and personally investigating to some extent the prevailing one, my opinion as a physician is clearly this, that we should take care not to over-estimate the powers of mere medicine, whether allopathic or homœopathic. The cow has a peculiar constitution; her diseases are prone to assume a low type; and even in the most seemingly favorable cases, death comes on suddenly. Relapses are easily provoked and almost invariably fatal. She requires to be nursed with the greatest care and watchfulness, as respects food of suitable kinds and quantity, to be well housed, and warmly clad. I know that in many cases, after the most severe symptoms have been

kept under by homœopathic medicines, death has ensued from some idiotic clodhopper disobeying orders as to diet, and giving to an animal with returning appetite—the surest sign of convalescence—what its weak paunch could not digest and prepare for rumination. I am convinced that justice cannot be done to any treatment, allopathic or homœopathic, unless the most anxious attention be paid to hygiene—a view which it is simply impossible to drive into the heads of the bulk of farmers. Human practitioners have but an imperfect conception of the insurmountable difficulties met with in the successful prosecution of veterinary practice; and, speaking for myself, I am not disposed to accept the results of any treatment whatever, as expressive of the influence of science and art over this disease, that are not obtained by feeding the patients properly, by giving the medicines regularly, by preventing the possibility of reinfection during convalescence (?) and by providing means of shelter. All these matters can only, I fear, be thoroughly attended to, as is done at Edinburgh, in hospitals, with professional superintendents, and a staff of trustworthy subordinates. These remarks are suggested by information respecting the experiments now going on in Norfolk, where, on one farm, convalescent animals relapsed and died because no food could be got for them, except uncooked turnips. Physic cannot take the place of food. It is a poor satisfaction to cure the plague by homœopathy, and to lose the patients by improper dieting.

ON DIABETES; ITS PATHOLOGY AND TREATMENT.

By RICHARD HUGHES, M.R.C.S., L.R.C.P., ED. (Exam.).

It will be my object in the following paper to take stock, so to speak, of our present knowledge concerning the disease called diabetes: to present the latest results of investigations

into its pathology, and to estimate our resources for its treatment. The subject has lately been treated of at some length by Dr. Harley, in lectures published in the *Medical Times and Gazette*. I shall follow his footsteps pretty closely in the pathological portion at any rate of the discussion.

I begin by laying him under contribution for a brief sketch of the history of our knowledge of this disease.

“From time immemorial, cases of emaciation, accompanied by an inordinate thirst and voracious appetite, had been observed; and in consequence of the patients so affected being at the same time troubled with an excessive diminution of urine, ancient physicians gave to the disease the name diabetes (*δία, βάλω*). It was not, however, until 1674 that the urine was discovered to possess, in some cases, a sweet taste,—the honour of which discovery belongs to an English physician, named Thomas Willis. From this time henceforth, the disease was divided into two classes, one of which received the name of diabetes insipidus (without sugar), the other that of diabetes mellitus (with sugar).” The former is now known as chronic diuresis, and separated altogether from the true diabetes.

“In 1774, Matthew Dobson, a physician practising in Liverpool, discovered that the blood as well as the urine in diabetes contains sugar, and, from this observation, he justly concluded that the saccharine matter found in the urine is not formed in, but only excreted by, the kidneys.

“In 1778, Cowley succeeded in separating the sugar from the urine in a free state.

“In 1776, John Rollo, surgeon-general to the Royal Artillery, made the first important observation regarding the treatment of diabetes by discovering that an animal diet not only reduces the quantity of urine, but even diminishes the amount of sugar daily eliminated.

“The next two steps were made by foreigners.

“In 1815, M. Chevreul ascertained that the saccharine matter met with in diabetic urine differs from ordinary cane sugar, and closely resembles that of the grape.

“In 1825, another important step was gained by Tiede-

mann and Gmelin discovering that starch is transformed into sugar during its passage along the alimentary canal.

“ In 1837, the next observation of interest was made by Macgregor, of Glasgow, who found sugar in the vomited matters of diabetic patients—an observation which seemed to confirm Rollo’s idea that the disease arises from the gastric juice turning vegetable food into sugar ; and from that time to the present animal diet was consequently considered our sheet-anchor.

“ We now arrive at an entirely new phase in the literature of diabetes, in which the teachings of the sick chamber gave place to those of the laboratory.

“ In 1848, the physiological world seemed as if struck by a thunderbolt when Bernard proclaimed that animals, as well as vegetables, had a sugar-creating power. Until then, all the saccharine matter met with in the human body, whether in health or in disease, was supposed to originate in the transformation of vegetable substances. And now, for the first time, were we made alive to the startling fact that men, like sugar canes, possess within themselves a saccharine manufactory ; the liver being daily and hourly as actively engaged in fabricating sugar as in secreting bile.

“ In 1849, Bernard discovered further that the disease can be artificially communicated to animals by pricking the floor of the fourth cerebral ventricle.

“ In 1853, I discovered that diabetes may be artificially induced in animals by exciting the liver through means of stimulants, such as alcohol, directly introduced into the portal circulation. An observation which explains the well-known fact that diabetes is a much more common disease in spirit drinking than in other countries.

“ In 1855, Bernard discovered that the formation of sugar in the liver cannot be regarded in the light of a “ vital ” process, as it goes on, not only after the death of the animal, but even after the removal of the liver from the body.

“ In 1856-7, Chauveau and myself gained another piece of ground by ascertaining that the sugar normally present in the circulation is not burned off in the lungs, as hitherto

supposed, but disappears from the blood in its transit through the capillaries of the general circulation. The function of the saccharine matter most probably being to nourish the body.

“In 1857, Bernard made the additional discovery, that before albuminous substances are converted into sugar, they first pass through the transitional stage of “glutogene” (animal starch).

“Lastly, in 1859-60, Brücke and Jones ascertained, by careful experiment, that traces of sugar are even to be detected in normal urine, an observation which, as we shall afterwards see, has an important bearing on the pathology of diabetes; for it may be regarded as a fundamental law that in disease neither new substances nor new functions are created. Morbid phenomena are merely the result of a change in the quantity and quality of normally existing agents and agencies.”

I would add that if any one desires to follow out Bernard's researches in detail, he will find an account of them by Dr. Russell, in his own admirable style, in the 15th volume of this Journal.

The results of the discoveries above narrated may be classed under the heads of chemistry, physiology, pathology and therapeutics.

Chemistry.—The chief point of chemical interest about diabetes is the kind of sugar excreted. There are two leading forms of saccharine matter, of which *cane* and *grape* sugar are the respective types. The former are easily crystallised, are undecomposed when boiled with an alkali, but are changed by acids into a sugar of the second class. The latter are not easily crystallised; when boiled with an alkali are transformed into glucic and melassic acids (giving the well-known claret colour and treacly odour); and are unaffected by acids. Diabetic sugar belongs to the second class: and so also does the sugar which is normally formed by the liver. Whether, however, these two are absolutely identical is not yet certain. Berthelot and De Luca (as quoted by Dr. Harley) answer the question in the affirmative; but Drs. Owen Rees and Pavy in this country maintain a contrary

view. Grape-sugar and the sugar of true diabetes, according to them, possess a power of resisting decomposition far stronger than that which exists in the sugar normally produced by the liver. "There is little doubt," says Dr. Rees, "that the sugar of diabetes is a higher quality of the saccharine principle, and that it can preserve its atomic arrangement with much greater force than the hepatic variety." His theory of the disease accordingly is, that in diabetes the liver, from some diseased action in itself or in the organs that influence it, "produces a sugar differing from that of health—a sugar which cannot be destroyed by the changes taking place naturally in the blood—changes rapidly affecting and destroying healthy hepatic sugar."

Physiology.—The pathology of diabetes is now generally supposed to be perversion of the normal glycogenetic function of the liver. The following is an account of this portion of physiology, as far as it is already worked out.

Healthy blood, while full digestion is going on,* may be demonstrated to contain sugar. In herbivora and omnivora a portion of this sugar is doubtless derived from the food which has been taken. But since it is also present in carnivora, the animal organism must possess in itself a sugar-creating power. The organ which fulfils this function is the liver. For, in carnivora, the blood proceeding to the liver (that of the portal vein) is devoid of sugar, while that coming from it (through the hepatic vein) is rich in saccharine matter, richer, indeed, than the blood of any other organ of the body. The liver, then, can form sugar even out of protein substances. But this it does, not immediately, but by first transforming them into a starch-like body, which Bernard called glycogene. The subsequent conversion of glycogene into sugar seems to be a purely chemical process, for it goes on after death, and even after the removal of the liver from the body.

* "The quantity of sugar present in the general circulation seems to follow a definite law, for it goes on gradually increasing as digestion advances, and as gradually diminishing as we approach the period of the next meal" (Harley). It also varies according to the kind of food taken.

The sugar is thus formed in the alimentary canal from starchy food by the action of the saliva and the pancreatic juice, and in the liver from animal food also. Add to this the actual saccharine constituents of an ordinary diet, and the organism has a tolerable amount of sugar to dispose of. What becomes of it? Bernard thought that it was all burnt up in the lungs: but Harley and Chauveau have traced it beyond this point of the vascular circuit, and find it gradually disappearing as it passes from the arteries through the capillaries into the veins. It is hence concluded that sugar has nutritive as well as calorific offices to perform in the system.

Over this glycogenetic function of the liver, as over all vital processes, the nervous system presides. "Bernard has shown that, by dividing the pneumogastric nerves in the neck, the secretion of sugar is at once arrested; and that the application of galvanism to the upper ends of the divided nerves not only re-establishes the secretion, but, if the current be continued sufficiently long, augments it beyond the normal amount, so that animals thus operated on not unfrequently become diabetic. On the other hand, the application of galvanism to the lower ends of the divided nerves is not found to be followed by any such result. These experiments clearly indicate that the nerve-force which excites the liver to secrete saccharine matter does not travel from the brain through the pneumogastric nerves to the liver; but rather that the stimulus proceeds along these nerves to the brain, and is from thence retransmitted to the hepatic organ, along some other nerve chain" (Harley). Bernard considered that the point of departure of the normal nerve-force which calls forth the glycogenetic function of the liver was to be found in the lungs. But if this were the case, the production of sugar should be as uniform as is the respiration; while it actually varies with the stage of digestion. To the gastric and hepatic rather than to the pulmonary branches of the vagus, therefore, we look for the stimulus which, reflected from the nervous centre upon the liver, sets it to work at the formation of sugar.

So far all is plain sailing enough, and a very pretty theory of the pathology of diabetes may be easily evolved. But at this point there steps in a very troublesome objector, who cannot be disposed of so summarily as Dr. Harley seems to think. I speak of Dr. Pavy, whose 'Researches on the Nature and Treatment of Diabetes' traverse Bernard's doctrines at every point, and need a thorough and *explanatory* refutation ere the modern theory of diabetes can be considered as established.

Dr. Pavy admits that there is an amyloid substance in the liver which is capable of being formed into sugar; but denies that under living and normal conditions this saccharine transformation ever takes place! The way in which he was led to his conclusions was this. He had studied under Bernard, and came back to this country imbued with the truth of the latter's views. He was endeavouring "to make out the nature of the process by which sugar underwent its supposed destruction in the lungs—the only point upon which it seemed there really remained anything connected with the subject to be disclosed;" when, to his great surprise, he found that the blood drawn from the right side of the heart of a living animal, under natural and ordinary conditions, contained scarcely a trace of sugar; that, in fact, it contains no greater quantity of sugar than is met with in the blood in all parts of the system. And, on further investigation, he could not find "the slightest discoverable difference between the blood of the portal vein and that of the right side of the heart." From these facts, it followed that there is, naturally, no flow of sugar into the blood from the liver, and consequently no destruction of the sugar constantly going on in the lungs, as Bernard would have us suppose. Observe, that Dr. Pavy in no way denies Bernard's facts as such. He admits their truth; but he entirely alters their purport and interpretation. To do this effectually he had, of course, two points to make clear: to explain the quantity of sugar found in the liver after death, and the presence of sugar in the blood derived during life from the right side of the heart.

He satisfied himself, then, by experiments, that fresh

living, healthy liver contains no sugar. He found that when a liver was rapidly removed from the body, and as rapidly injected with a solution of potash, sugar was neither formed in it, nor could be discovered in it. He concludes that the presence of sugar in the liver is the result of the fermentation of the amyloid matter going on after death. Amyloid matter has a strong tendency to undergo saccharine fermentation. This tendency is resisted in the living liver-tissue; but the resistance ceases with life. With death commences the formation of sugar. Consequently, the glycogenetic liver function of M. Bernard is simply a *post-mortem* fact.

But if the liver forms not sugar during its healthy life, how came M. Bernard and others to find it in the blood in the right side of the heart. Dr. Pavy says that the amount of struggling of the animal operated on is always to him an index to the amount of sugar he will find in the blood. Struggling and violent respiratory efforts compress the liver, and squeeze out amyloid matter from the liver cells into the blood, where it is almost instantly converted into sugar. To get a natural blood from the right side of the heart, the animal must be quite tranquil. In blood obtained under such conditions Dr. Pavy says that there is hardly a trace of sugar to be found.

I say that these adverse facts of Dr. Pavy's have not as yet been satisfactorily explained, nor his inferences therefrom refuted. But I must say that I think explanation and refutation must sooner or later come. The opposite doctrine is so plausible in itself, and fits in so well with the facts of both physiology and pathology, that its provisional adoption is fairly justified; and objections like those of Dr. Pavy may be regarded as difficulties to be surmounted rather than as death-blows to the hypothesis itself.

Pathology.—A distinction must first be drawn between temporary and permanent diabetes. The presence of sugar in the urine does not necessarily imply the existence of that grave disorder of the organism of which the name diabetes suggests the thought. "When Dr. Bright demonstrated the pathological connexion between granular kidney and

albuminuria, it was for some time afterwards regarded as constant; and albuminous urine was consequently regarded as possessing a much graver significance in all cases than it is now known to have in many; for, at the present day, this symptom is known to be expressive of pathological states various in their kind, and involving great differences alike in their origin, course, and curability; hence, we estimate the general character of albuminuria, not by the amount of albumen in the urine, but by the morbid causes which have brought this irregular excretion about." I have cited this analogy from an interesting paper by Dr. Noble, of Manchester, in the *British Medical Journal* for January 17th, 1863. He there narrates two cases in which saccharine urine supervened more than once upon anxiety and excessive brain-work. The other symptoms of diabetes did not, however, appear; and perfect recovery ensued under measures calculated to soothe and brace the cerebral functions. In like manner temporary diabetes may be produced by injuries to the head, and by blows upon the epigastrium; and has also been observed as an accompaniment of pregnancy, and of uterine disease.

The *rationale* of this, as it may be called, *sympathetic* diabetes, is derived from the experiments of Bernard upon the influence of the nervous system upon glycolysis. The stimulus which excites this function, is carried up to the base of the brain by the vagi, and reflected thence along the spinal cord, the splanchnic nerves, and the solar plexus to the liver. It is easy to see how a morbid impression made upon any part of this circuit may result, especially in those predisposed thereto, in a perversion of the normal glycolytic function. Hence the influence of mental disturbance, of disease and injury of the brain, in this direction. Indeed, it is becoming no uncommon thing to find, at the autopsy of fatal cases of the disease, softening or other mischief in that very portion of the brain whose injury has been found experimentally to set up an artificial diabetic condition. In the face of these facts, and in the absence of any *post-mortem* evidence of disease of the liver or kidneys, we are almost

justified in looking to the nervous system as the invariable source of diabetic symptoms, whether temporary or permanent.

When temporary they must of course be regarded as secondary to the morbid cause or condition simultaneously present, and may be expected to disappear with its removal. When, however, glycosuria becomes permanent, and is accompanied by other characteristic symptoms, thirst, voracity, dry skin, constipation, diuresis, wasting, and debility—it becomes itself the primary disease, and calls for all our resources to remove it.

Upon the theory of Bernard, two kinds of glycosuria are possible. Either the liver forms more sugar than the organism can dispose of, or the body fails to consume its normal quantum of saccharine material. In either case sugar would escape with the urine. In the former this would be the earliest link in the chain of phenomena. Then the kidneys, irritated by the passage of such an unwonted traveller, would wash it away with a super-abundant aqueous secretion; and from the diuresis thus set up would supervene dryness of skin and mucous membranes, inordinate thirst and (sometimes) appetite, emaciation, debility, death. In the latter form the wasting would be one of the earliest and most prominent symptoms.

Dr. Harley has taken great pains to show that these two classes of cases do actually exist. He alleges, and cites instances in proof, that many unquestionably diabetic subjects look both fat and ruddy, thereby evidencing a condition of system very different from that ordinarily associated with the disease. One of the three cases I shall cite at the end of this paper bears out his assertion. But the distinction between the two forms of diabetes comes out most plainly in the effects of *diet*.

Since Rollo's observations in 1776, the first principle in the treatment of diabetes has been the elimination from the diet of every article from which sugar can be readily manufactured. And it is unquestionable that a great many cases do improve rapidly under a diet thus regulated; and, even if

not cured, by a persistence in its use may live for some years in tolerable comfort. Dr. Camplin's book on diabetes has a good collection of such cases. On the other hand, instances are every now and then met with where, in spite of the most careful dieting, the emaciation and other symptoms do not improve, and even increase. My third case illustrates this fact. Such patients, however, immediately improve when placed on an unrestricted as well as generous dietary. Then, again, striking success has followed, in many instances, the administration of *sugar* to diabetic patients. Cane sugar has generally been used, and little inference can be drawn from its effects upon a disease characterised by the excessive elimination of quite another kind of saccharine matter. But Dr. Corfe, of the Middlesex Hospital, gives in the *Medical Times and Gazette* for 1858, the particulars of two cases treated with striking success by a diet into which substances containing grape-sugar—as parsnips—were largely introduced. He interdicted all amylaceous matter. Dr. Harley considers that the improvement manifested by these patients was due, not so much to the administration of sugar, as to the varied diet upon which they were at the same time placed. However this may be, the results are certainly confirmatory of the existence of a form of diabetes differing from that ordinarily recognised.

Treatment.—The treatment of diabetes must be considered under two heads:—the dietetic, and the medicinal.

1. The dietetic treatment will obviously be different, as the disease is one of increased formation of sugar, or diminished assimilation thereof. In the latter case, the diet should be as varied and as generous as possible. And here the administration of cane-sugar as a supplementary food may be cautiously tried. There is a rough homœopathicity about the proceeding which specially commends it to us.

In diabetes from excessive formation of sugar, on the other hand, all our ingenuity is taxed in prescribing appropriate diet. The patient must avoid not only “all sugars, and substances containing saccharine matter, but also all kinds of food convertible during the process of digestion into sugar.

The foods so convertible are those containing starch (not gums), such as arrow-root, tapioca, sago, flours of all the different kinds of cereals (wheat, barley, oats, peas, beans, &c.), potatoes, carrots, beet-root, parsnips, turnips, and other edible roots" (Harley). One of the two staves of life—bread—is obviously included in this prohibition. The other—milk—appears to do no harm; its sugar not being of the cane kind. But the deprivation of bread is always very keenly felt. Its place may be supplied by the bran cakes recommended by Dr. Camplin, by the gluten bread of Bouchardat, or (most palatable of all) by the "almond food" devised by Dr. Pavy. All these may now be obtained of London bakers.* "After a time," says Dr. Harley, "patients get very tired of those substitutes, so it is as well to know that we may occasionally indulge them with well-done toast, or very crisp pulled bread, the extra heat having destroyed a considerable portion of the starch normally contained in the article."

So much for what the diabetic may *not* eat. His admissible bill of fare is nevertheless plentiful enough. "Every imaginable kind of fish, flesh, and fowl may be indulged in—beef, mutton, pork, venison, poultry, game and wild fowl, oysters, lobster, crabs, prawns, salmon, cod, turbot, &c., Iceland and Irish moss, calf's foot or gelatine, jellies, butter, sauces, and salad oils." Again, "green vegetables, such as spinach, cabbage, turnip tops, Brussels sprouts, and lettuce, need not be forbidden, as they contain too small an amount of starch to do much injury."

The matter of drinks requires more consideration, as here the application of principles is not so obvious. In the first place, all malt liquors must be avoided. If alcoholic stimulus be absolutely necessary, the "spirits" proper must be resorted to, brandy and whiskey being of those the most suitable. Such stimulus, however, is rarely necessary, and often injurious. The drink of the diabetic, besides water (of which more anon), should be wine. But here also a

* Batchley's, 362, Oxford Street; Donges, Gower Street; Hill and Son, 61, Bishopsgate Street; Van Abbots, 5, Princes Street, Cavendish Square.

choice must be exercised. All sweet wines—such as Constantia, Frontignan, Tent, &c., are obviously inadmissible; and also all to which sugar is added in the process of manufacture. This latter class includes Champagne: Burgundy, and the other wines of the Côté d'Or and south of France (Beaujolais, Rousillon, Masdeu, &c.); and sparkling Moselle—the peculiar flavour of the latter being imparted by elder berry juice, which is highly saccharine. Then again, there is an objection to wines not thoroughly fermented, since in these a portion of the sugar of the grape juice remains unchanged into alcohol. Hence the diabetic must have little to say to Port, Sherry, Madeira, Marsala, Bucellas, or Lisbon, especially when new. There still remains, however, a wide field of choice; Claret, Sauterne, Chablis, Hock, and still Moselle, with most of the Hungarian and Austrian wines, give him a pretty good variety; and if his case be not a bad one, he will get little harm from an occasional glass of old and very “dry” specimens of the Port and Sherry class, or even from “half a pint of bitter ale.”

Dr. Harley makes some very wise remarks about water-drinking. “As regards the amount of urine eliminated,” he writes, “some appear to consider it a most important sign, and one which we should try and check as soon as possible. Now, I beg to differ from them, for I believe it fortunate that the diabetic patient does pass an excess of water. The excessive elimination of sugar is not consequent upon the increased flow of urine—for we may have an excessive flow of urine without sugar—but exactly the reverse; the excessive flow of urine is consequent on the elimination of the sugar. The sugar, in order to be eliminated, must be dissolved, and, in order to be dissolved, must have water, and the more water the more readily does the elimination of sugar take place. Some may say, we want to stop the elimination of the sugar. Not so: we want to stop the disease inducing it, not the elimination of the sugar, which is the mere result of the disease. Retaining the sugar in the blood would only tend to hasten the death of the patient by still further deranging the nutritive functions, and causing an abnormal

diasmose by altering the relative specific gravity of the blood and other secretions. Remove the cause of the accumulation of saccharine matter in the blood if you can ; but if you cannot do that, aid, instead of trying to retard its elimination from the body.

“Diabetic patients generally pass more liquid than they take—about one-fifth or one-quarter more—and although they ought never to drink more than they feel a want for, yet *they must never be stinted, for their continual thirst is but nature’s cry for relief. If they did not drink, the blood would soon get too thick to circulate freely through the vessels, and a variety of secondary diseases would be induced.* Stopping the drink diminishes the elimination, but does not stop the formation of sugar. When the formation of sugar decreases, the urine of its own accord becomes diminished.”

So much for the dietetic treatment of diabetes. But, “even in the most favorable cases for restricted diet” (I am again quoting Dr. Harley), “we must never allow ourselves to be deluded into the idea that, because we are mitigating the symptoms, and reducing the amount of sugar in the urine, we are necessarily curing the disease, or we shall frequently be doomed to sad disappointment. In keeping a patient on restricted diet, we are merely withholding from him the straw and mortar out of which the bricks are made—not removing the makers—so that, as soon as the straw and mortar is re-furnished to them, they will again be found at work as actively as ever. It is true that it occasionally happens that during the withdrawal of the straw and mortar the makers themselves disappear ; but this, unfortunately, is by no means invariably or even frequently the case ; it is rather, indeed, the exception than the rule. We must therefore rely on other means for the removal of the makers.”

Of these “other means” that is, as we should understand it, specifically-acting medicines—I propose to speak at length in the next number of the Journal. I would anticipate my remarks so far as to say that I have some interesting facts to communicate relative to the influence of the *nitrate of uranium* in the treatment of the disease.

CASES ILLUSTRATIVE OF THE PATHOGENESIS OF
BELLADONNA, WITH CLINICAL REMARKS.

By Mr. J. HARMAR SMITH, Blackheath.

CASE 1.—Dysphagia, &c., February 22nd, 1860. Mrs. W—, Sheffield, æt. about 30; bilio-nervous temperament; strumous diathesis.

Is about seven months pregnant, the second time. About two years ago when in the same stage of pregnancy, had an attack of spasm of the muscles of the extremities, especially of the hands and calves of legs, which was cured by *Nux Vomica*. I was now summoned in great haste several miles into the country to visit her, and found her labouring under a similar affection in an aggravated form, not only the muscles of the extremities being in a state of spasm, but there being also considerable difficulty in swallowing. I remained some time with the patient, during which there was some relief to the symptoms under the alternate use of *Belladonna* and *Nux Vomica*.

23rd.—Reported better.

24th.—No return of spasm, but suffers from diarrhœa. *Arsenicum*.

March 1st.—Received an urgent message informing me that the symptoms had returned with increased severity. I could not go immediately, but sent some *Globules of Belladonna* (1) and visited her in about two hours, when I was informed she had been worse for the last two days. Before beginning to take the *Belladonna* two hours previous to my visit there was complete dysphagia, the saliva running from the mouth, and if liquids were given they passed from the pharynx into the posterior nares, and were discharged from the nostrils instead of entering the œsophagus. There was immediate improvement on beginning to take the *Belladonna*, and she can now swallow tolerably well. The tonsils and soft palate are much congested. There are also painful contractions of the muscles of the calves of the legs, and contrac-

tion of the flexors of the fore arm and fingers. Continue the *Belladonna* in alternation with *Nux Vomica* (2).

2nd.—Symptoms above described much relieved, but replaced by diarrhœa—still some injection of the fauces. Omit *Belladonna* and *Nux Vomica*, and take *Mercurius* (2) every four hours.

9th.—Had continued free from the spasms until yesterday, but great loss of power was left in the muscles of the calves, and she could not stand without help. Much worse since; has had a sleepless night; dysphagia returned; fauces injected, but no swelling of tonsils; muscles of calves of legs painfully contracted; diarrhœa less. Repeat the *Belladonna* and *Nux Vomica*.

11th.—The difficulty of deglutition and cramp were relieved by the medicines in a few hours; the inflammation of mucous membrane of fauces now much lessened, and no soreness felt. Omit the medicines.

10 p.m.—Was hastily summoned and found that the dysphagia and other symptoms had returned in a more acute form than ever; remained with her for several hours. *Belladonna* as in previous attacks afforded relief to the dysphagia, and the spasms of the extremities afterwards yielded to *Nux Vomica*, although the loss of muscular power continues.

12th.—No return of spasmodic symptoms, but diarrhœa has supervened.

I continued to attend this patient until April 1st, during which period the attacks recurred every two or three days, generally in the night after the first sleep, and were followed by diarrhœa; the spasmodic attacks recurring on its cessation. The dysphagia was nearly always relieved by *Belladonna*, and the contractions of the muscles of the fore arm and calves of the legs by *Nux Vomica*, although the latter remained weak. The attacks, however, became more difficult to subdue, as the full term of gestation approached, and the husband's relatives not being homœopathsists the case was transferred into the hands of an allopathic practitioner, under whose treatment my former patient died shortly after delivery.

This case presents several points of interest. I have never either met with a case of precisely similar symptoms during pregnancy, nor do I remember to have read of a precisely similar one. A similar, although much slighter attack having happened during the first pregnancy, and at the same period, would point to this condition as either a predisponent or exciting cause of the symptoms, especially when the absence of any symptoms of the kind during the interval between the pregnancies (a period of nearly two years), would seem to prove that there was no organic disease.

Some would pooh-pooh the case, as one of hysteria, which amongst old-school practitioners is a common excuse for not treating a case at all. I had, however, attended Mrs. W—, for years prior to her marriage, during which she had had no symptoms of this complaint, which marriage is known rather to cure than to cause. Admitting, however, for the sake of argument, that the symptoms were due to hysteria, yet the relief afforded by the medicine in a complaint so intractable under ordinary treatment would prove only the more signally the power of the remedy.

The symptoms were no doubt due to morbid reflex action excited by the presence of the fœtus in utero. Morbidly excited reflex action will account for many of the ordinary complications of pregnancy, such as vomiting, heart-burn, false pains, strangury, &c., &c. Owing to some idiosyncrasy in the constitution of my patient, the nervous system became morbidly excited by the presence of the fœtus after a certain period of gestation. Hence, the temporary paralysis of certain motor nerves and the abnormal excitement of others. The nerves on which the first or voluntary stage of deglutition depends, appeared temporarily to lose their power—those supplying the flexors of the forearm were morbidly excited inducing spasmodic contraction, whilst the corresponding muscles of the lower extremity were at times morbidly contracted, and this was followed by loss of power. The relief to the dysphagia, by *Belladonna*, was generally rapid and striking.

This is a result we should expect from the provings of

Belladonna. I had not, however, noticed, until referring to the provings now, whilst writing, and since copying the report at p. 123, for March 1st, the exactness of the correspondence of the symptoms and pathogenesis in this respect, thus in the provings, we have "Impeded deglutition, or entire ability to swallow even liquids, which return by the nose." (*Jahr's Symptomen-Codex*.) Whilst my report on the above-mentioned date is, "if liquids were given they passed from the pharynx into the posterior nares, and were discharged from the nostrils instead of entering the œsophagus." On this occasion, when the symptoms were so exceedingly well-marked, the relief was remarkably striking and rapid, more so than at any other time.

Not only in our own provings of *Belladonna*, but in the records of cases of poisoning by it and its alkaloid, we find dysphagia a prominent symptom. Thus, in several of the cases quoted by Dr. Hughes, in his very interesting paper in the twentieth Volume of this Journal, we find this symptom present.

Thus in Case I (this is a case of poisoning by Atropine), we find it said—"There was, moreover, great difficulty in getting the child to swallow—each attempt to do so producing paroxysms of suffocation, which appeared to threaten his existence—a great deal of what was put in the mouth was thus wasted." (*British Journal of Homœopathy*, Vol. XX, p. 72.)

Again, in Case II, we find as follows:—"A constant but unsuccessful attempt at deglutition was observable, and at every renewal of the attempt the muscles of the thorax and pharynx would be thrown into violent spasmodic action." (*Op. and Vol. cit.*, p. 77.)

Again, in Case III (p. 82)—"The sensibility of the pharynx was so much impaired, and deglutition so imperfectly performed, that on introducing a warm infusion of coffee into the patient's mouth, the liquid collected about the larynx, and his features became alarmingly turgid in consequence of impeded respiration."

And in Case X (p. 178)—"Her teeth being closed, we had

great difficulty in getting any liquid into her mouth, nor was she capable of swallowing it when we did."

And in Case XII (p. 182)—"Complained of dryness in the throat, and great difficulty in swallowing."

In a case cited by Dr. Hamilton, Pereira, and others, from Orfila, in which 150 soldiers were poisoned by the berries of Belladonna, amongst the symptoms there is recorded "deglutition difficult, or even impossible." (Hamilton's *Flora Homœopathica*, Vol. I, p. 68.)

The relief to the dysphagia in the case of my patient was not rendered less real and undoubted, by reason of the frequent recurrence of the symptoms. If the view expressed above as to its exciting cause be well founded, seeing that the fons et origo mali remains in operation, we should expect that the medicines whose pathogenesis is suited to the symptoms should be palliative rather than curative in their operation, and that delivery alone should produce complete relief. And the relief of symptoms, even though only temporary, always appears to me as notable a result of the action of dynamic remedies, in a case where they are due to a permanent and irremovable cause, as is their cure where there is nothing to inhibit it. In this case, however, I had not the opportunity of knowing the medical history of my patient subsequent to delivery, as the practitioner who attended her was one of many others with whom I had formerly been on friendly terms, but who had ostracized me because of my adhesion to Homœopathy.

I purpose taking another opportunity of commenting on the *Nux Vomica* symptoms in this case.

CASE II.—Convulsions, January 3rd, 1861, Wm. J.—, Allen Street, Sheffield, infant, æt. 4 months.

Found on my arrival that it had been in convulsions for more than an hour; exciting cause unknown.

Present symptoms.—Rapid twitching of muscles of right side of face, the mouth being drawn to right side; violent twitching of right arm and leg; pupils dilated and insensible to light, the left being most dilated; loud rattling in the

throat. I stood and watched the child for a few minutes, and then dropped a single drop of *Belladonna* (2) into its mouth. The effect was instantaneous—the convulsions ceased immediately, so that the mother said, “I must have given it something to sleep it ;” but another woman who was standing by, replied that, “it could not be the medicine, it was so quick.” The rattling in the throat ceased in a few minutes, also the dilatation and insensibility of the pupils.

January 5th.—The child is quite well; there was a slighter return of the subsultus tendinum about two hours after I left, but this was at once removed by a dose of *Belladonna* which I had left in the house.

There was a renewal of the symptoms about four months afterwards in a milder form, which were again relieved by *Belladonna*.

Although I have frequently given *Belladonna* in various forms of convulsion, I have seldom met with so immediate a result as in the above case, in which there was doubtless a peculiar susceptibility on the part of the patient, and a precise correspondence between the form of the affection and the pathogenesis of *Belladonna*.

I have recently published a case of convulsions complicating consecutive dropsy, in which, on the third occasion of their occurrence, but the first in which *Belladonna* was given immediately, the relief was as instantaneous, as in the case related above. (*Homœopathic Review*, Vol. IX, p. 482.)

I was led to the use of *Belladonna*, in both these cases, chiefly by the dilatation of the pupils, and judging from the result this appears to have been a trustworthy guide.

The examination of the records of toxicology proves that the presence of convulsions is by no means uniform as a symptom of poisoning by *Belladonna*. Thus out of fourteen cases related by Dr. Hughes, in the paper referred to above (most of them very well-marked ones), and twice as many alluded to, there appears to have been convulsions present in only about a fourth part, and these for the most part mild and partial. Thus, in the instance of the 150 soldiers who were poisoned by the berries of *Belladonna*, gathered in the neigh-

bourhood of Dresden, which has been already referred to, there was delirium as well as other cerebral symptoms in the case of many of the number, yet in none do there appear to have been convulsions.

It is true that many of the cases of poisoning which have been referred to have been, as in the one last mentioned, caused by the *berries* having been eaten, whereas the preparation employed in practice by homœopathic physicians is a tincture of the *flowering plant* as directed by Hahnemann. Our provings also were doubtless made with the same preparation. It appears, however, that there are about the same proportionate number of cases of convulsions in poisoning by the berries as by the fresh leaves. Thus, in the fourteen cases which have been referred to, as cited by Dr. Hughes, out of four in which the berries had been taken, there was one case of convulsions, and in the remaining ten there were three in which there were convulsive movements. I purpose before completing this paper, to refer to all the cases of Belladonna poisoning on record in reference to these two questions; but I think that the reference which has been made will be enough to prove the importance of comparing the provings of our *Materia Medica* with the records of poisoning cases. In this instance it might be inferred from the former, that convulsions were an invariable, or at least ordinary, symptom of *Belladonna* instead of being an exceptional one. Our information also appears to be very defective, as to the specific character of the convulsions, for which the various medicines in our repertories included under this head are indicated. There are more than a dozen of such medicines in our *Materia Medica*, whilst Taylor, in his work on poisons, includes convulsions amongst the general symptoms of the narcotic-irritant poisons of which he enumerates about twice that number. To return to our provings of *Belladonna*, it would be interesting to know how such provings as "convulsions" under the head of this and other deadly poisons were obtained. Great, and almost unparalleled, in merely mundane affairs, as was the devotion of our Founder and his colleagues, yet one can

scarcely suppose it was carried to the extent of so greatly imperilling their lives, as such provings as these would seem to imply. Would it be an unlawful curiosity also to inquire how in the case of such an inert substance, in its crude state, as *Calcarea Carbonica*, the following proving was arrived at?—"Violent attacks of convulsive laughter. Attack of epilepsy when standing and performing some manual labour, he suddenly fell to the floor over one side, without consciousness, &c."—*Hahnemann's Chronic Diseases* (Hempel's Translation), Vol. II, page 309.

I observe also in the *Materia Medica Pura*, as well as in Jahr's *Symptomen-Codex*, the *Belladonna* symptoms have "the asterisk" before them, which "marks the symptoms that have been obtained by provers, and have been cured when occurring in disease." In the *Chronic Diseases*, and in Jahr, the asterisk is also appended to the first of the above quoted symptoms of *Calcarea*, whilst the second has not the cypher, affixed to mark the symptoms as "empirical."

(*To be continued.*)

A DAY WITH THE RINDERPEST.

ANXIOUS to ascertain by personal inspection how it fared with the cattle under the charge of our veterinary surgeon, we resolved to pay a visit to the scene of action. Sunday being the only day on which we could get leave of absence from our home-engagements, we left London by the evening express of Saturday, the 9th of December, and although we travelled by the Great Eastern we reached Norwich without accident, about the proper time. We received a cordial welcome from our colleagues of Norwich, who kindly undertook to convey us on the following morning to the farms, about eleven miles distant, where the trial of our system was being carried on.

The fine old market-place of the city of Norwich was full of lighted stalls, and presented a picturesque and somewhat

foreign appearance; and we learned that it was market-day, and that the inns had all been thronged with farmers whose sole subject of discussion was the amount of success that was attending the trial of homœopathy in the cattle disease. This has become the topic of the day in Norwich, and the disputants wax as warm over it as they used to do about the doctrines of Free Trade, when that dreadful heresy was first promulgated in this country.

On the following morning, we started about nine o'clock, in company with Mr. Lord, V.S., Inspector of Cavalry at Canterbury, who has long been known for his success in the treatment of the horses under his care by our medicines. The Minister for War, on being applied to by the "Association for the Cure and Prevention of the Cattle Plague by Homœopathic Method," granted him leave of absence, and placed his services at the disposal of the Association.

When we arrived at our destination we were met by our veterinary surgeon Mr. Moore and his two assistants Mr. Emmerton and Mr. Robert Moore, and eagerly inquired what success they had obtained. Mr. Moore was by no means so ready to answer this question as we were to ask it. He spoke doubtfully, at first we thought, despondingly. "They had," he said, "several deaths, and expected more. But we should see for ourselves, and judge of the kind and amount of success."

Accordingly, he took us into a shed in which there were seven beasts, all ill, and here for the first time we realised the almost overwhelming difficulties and insuperable obstacles that attend bovine practice.

There stood, or lay, *the patients!* The shed itself was a rude structure, the back consisting of hurdles with a tarpauling curtain, which could be let down so as partially to keep out the cold wind. The height of the building was about five feet at its lowest part, and seven feet at its highest. The stalls were separated from one another by posts and rough paling. In front, there ran troughs—*mostly full of lumps of raw turnip*. The animals were not tied, but were moving about uneasily. They had straw for litter. We were

told that this was a very fair specimen of a cow-shed, and that the farmer made every effort to do all that could be done for his poor smitten beasts.

Having taken a general survey of the place we proceeded to make an examination of the different "patients." There lay a cow evidently very ill, the nose and mouth all slobbered with a glairy mucus. The eyes dim and often turned up; the breathing very rapid and short. The first question we put was, "How long has this cow been ill?" "I cannot tell," was the reply, and this was the usual answer. "It was ill when I came; how long it had been so, I have not been able to discover." Here was a difficulty new to those who have not had experience in treating *dumb* animals. The poor beasts can tell you nothing! The *history* of the case, which to us, whose intercourse is with sick humanity, is all important, enabling us to discriminate between various apparently similar morbid phenomena and to prognosticate the probable course and issue of a malady, is a dead blank in a cow-shed. All we were told is, that there seemed nothing amiss with the beasts when they were out in the fields, and now that they are driven in we discover that every one of them has the disease in an advanced stage! When we pursue our inquiries on this point, we discover that we have to do with a disease which has a long latent, as well as incipient state. That between the moment of infection and the very first premonitory symptom, from six to ten days elapse. That the incipient stage is so ill-marked as to be entirely over-looked by the usual attendants of the cattle, and that the animals are not considered to be unwell at all, until they are in an advanced stage of the disease.

Unable to obtain full and positive information as to the course of the attack, we proceeded to examine the appearances which the animals presented at the time of our inspection. It would be out of the question in this hasty sketch to attempt a detail of all the symptoms, all we can do is to notice one or two which were pointed out to us by Mr. Moore as characteristic of the disease, and as throwing light upon its pathology. The first of these is found in the nose.

On looking carefully at the external margin of the nostrils we perceived a number of small depressions or excavations. These little pits were filled with a purulent fluid. Mr. Moore attaches great importance to this symptom; he finds it constant and discernible at the earliest stage of the disease.

Our attention was next directed to the hide, and having had the hair cut close off so as to enable us to feel the skin we perceived that it was covered with a scaly eruption. A portion of the skin which had been prepared by washing with lime, and then immersing in spirits of wine, on being examined with a lens exhibited the appearance of scales. The scaly appearance is due to what is probably the débris of particles of cuticle, which have been raised by a fluid from the underlying skin. On close examination, slight depressions like the concave aspect of a minute shell can be detected. They seem to be the dried-up bed of a vesicle. Taken in conjunction with the pits in the nostrils, they suggest the question, whether the disease is not a true exanthema. This view of the case would correspond perfectly with the other symptoms of which we shall speak presently. It might be described as a disease derived from a specific contagion, having a latent stage of seven or eight days, during which, like smallpox, it generates a morbid condition of the blood which produces in the nervous system pain in the head, attended with disturbance of the cerebral functions. One young bull was pointed out to us as suffering from a severe headache. It sounded odd to hear of a bull with a headache, but Mr. Moore should know best we thought. From this state of the blood probably come the pains in the limbs which make the poor beasts so uneasy.

In the organs of digestion we have an immediate arrest of cudging, and loss of appetite. This is a most important symptom in a practical point of view. The cudging stops before the desire for food. The consequence is, that the paunch is filled to repletion with an enormous quantity of hay or straw, which becomes impacted into hard masses like cannon balls. Now it undoubtedly is very adverse to the chance of recovery, having a huge bag of foreign matter

pressing upon the neighbouring organs, and it would be of great importance were it possible to prevent a sick beast eating from the first. This, perhaps, is impossible, but what is possible and absolutely essential to any successful treatment is to give nothing but liquid food during the course of the disease, even through the convalescence. It seems to be ascertained by positive experiment, that all solid food is certain to kill. It is impossible to state this too strongly, *and yet we found the troughs full of lumps of turnip.*

Besides producing intense derangement of the primary digestion, in fact, apparently suspending it altogether, the morbid state of the blood expresses itself in the colour of the urine, which is that of pale porter. This is an early symptom.

The organs of circulation are also from the first profoundly affected. The pulse rises very soon, and the beat of the heart is irregular. It is quick and feeble, and doubtless if the poor dumb creatures had the gift of speech, they would exclaim as persons smitten with plague and cholera do, *Kalbi! kalbi! my heart! my heart!*

The poisoning of the heart we look upon as a most characteristic feature of this terrible disease. The heart is found affected in all the post-mortem examinations. In the one made in our presence there was a large quantity of fluid in the pericardium, and the substance was flabby, and the valves were spotted over with an exudation about the consistence of cream cheese. The respiration is also affected in an early stage. The lungs, however, are not primarily affected. In no case did we detect bronchial respiration, only muffled vesicular breathing. This entirely corresponds with the appearances on dissection. The lungs are found congested as in typhus fever, not hepatized; the morbid appearances they present are evidently due to the state of the blood, and of the nervous system, not to any direct inflammatory action in their own tissues. This we look upon as a settled point, and one of great consequence in directing our quest for medicines.* In the 'Report of the Medical

* A contrary opinion is expressed by Mr. Wilson in a letter refused inser-

Committee of Norfolk Cattle Plague Association,' at page 8; we read—"Lungs. Generally healthy looking, when cut exuding dark blood, occasionally slightly engorged near apex, but never hepatized."

On considering all the morbid appearances presented by animals that have died of Rinderpest, as these have been described in the many able treatises which have been recently published, and which our own observations fully corroborate, there are two reflections we feel disposed to make. The first is that there seems to be a strong tendency to the formation of a muco-purulent deposit upon all the mucous surfaces, from the lips to the anus, and from the nostrils to the extreme ramifications of the bronchial tubes. We notice it also in the eruption on the skin. We wish to direct especial attention to this as a guide in selecting remedies.

The second is that there seems to be, besides this local low inflammatory condition of the mucous surfaces a tendency to the effusion of serum from the serous membranes, and also to deposit on their surfaces a substance like soft tubercle. In reference to this latter point we would direct the attention of our readers to the hypothesis propounded by Rokitansky, regarding the proximate cause of typhus fever. That great pathologist supposes that it may be caused by a certain dyscrasic process which takes place in the blood, analogous to what produces tubercle, but with this important

tion in the *Times*, but published in the *Morning Advertiser* and *Monthly Homœopathic Review*. As Mr. Wilson is not considered an authority upon the cattle disease in this country, it would hardly be worth while making such a pointed reference to his opinions, were it not that from the announcement in the advertising sheets of this Journal it appears he has been appointed as sole examiner for degrees for the Homœopathic College of Pennsylvania. What object this college can have in opening a recruiting office in London it is hard to see. Perhaps they are not aware that their degrees confer no rights of any kind on a practitioner in this country. If any one attempts to practise on the strength of this degree he is liable to a criminal prosecution. The day may come when this little island shall be annexed by the great army of the Fenians (now marching—marching—across the sea) to the republic of America—then no doubt we should be expected to be provided with Pennsylvanian diplomas, and then possibly Pennsylvanian bonds would be at par. At present the two are of about equal value.

difference, that in typhus fever the whole series of changes may occur without the localisation of the morbid process. May not Rinderpest be of this nature? may it not be a disease of the blood, tending to produce purulent deposits on the dermoid and mucous surfaces, and soft lymphoid deposits on the serous surfaces? It may thus be allied to, but yet different from, the true exanthemata. Allied to them in running a definite course *up to a certain point*, but not, as it were, completing the circle, and instead of going forward to an excretion of the poison, falling back, so to speak, on the organism, depressing the vitality and exciting a retrograde metamorphosis of the tissues? Such seems to us in the present very insufficient knowledge of the disease, to be a possible explanation of the enormous variety, as well as severity, of the symptoms which present themselves in the later stages of the disease. The original poison has infected the tissues, and they in their turn have become new sources of mischief. So that not only have we to find an antidote for the essence, as it were, of a simple exanthem, but besides we have to hunt down the offspring of this poison through every organ of the body. We must be prepared with our true antagonist to Rinderpest, and also with a great variety of remedies that act on the various organs which, after the first wave has broken, the poisonous spray infects afresh.

It is impossible to confront this problem without almost giving way to despair. The more we study it even in its simplest aspect, the harder it grows. To treat Rinderpest theoretically in our comfortable studies, with all our books about us, and ample leisure at our command, would be a sufficiently tough job. In the first place we are reminded by an able colleague, connected with the *Monthly Homœopathic Review*, that although we know something of the action of our medicines on the human subject, we cannot tell what their effect may be on animals. This is true of some, even of many substances; but by no means of all. Oxen undoubtedly differ from men in their sensitive sphere.

"A kick that will not stir an ox,
Will kill a sound divine."

But there is not the same difference between the nutritive systems of the two. As a rule, mineral poisons, such as arsenic, copper, mercury, &c., act very much alike on the stomach and intestinal canal and its appendages, the liver, kidneys, &c., of a rabbit, or sheep, or ox, as on the same organs in a man. Nor is there so much difference observed in the effects of many of our strong drugs, such as *Nuxvomica*. How far it may be the case with our finer medicines, with *Belladonna* for example, can only be determined by experience. But there is a good deal of experience already obtained by our veterinary practitioners. We must remember that although these questions are new to us, they are not new to them. That the homœopathic treatment of all domestic animals has been carried on most successfully for many years, and that our veterinary surgeons have acquired great dexterity in handling their weapons. This should impress upon us the propriety of a certain modest reserve in giving our advice. We may know much better than they how medicines affect human beings; but they know much better than we both the symptoms of diseases of animals, and how they are influenced by remedies. The observation holds good too as relates to the quantities of a medicine required. We may imagine that this bears some relation to the size of the beast; that four feet of sore-throat of a giraffe would require twelve times as much *Belladonna* for its cure as four inches of a sore-throat in a man. But we should remember, on the other hand, that it requires no more malarious poison to make an ox very ill than a sheep, or perhaps a mouse. In short, we are apt to lose our way if we attempt to guide ourselves by the application of measures of quantity to questions of quality. This is a point which must be settled by experiment and experience alone, all *a priori* argument is good for nothing. And if we allow ourselves to be panic-stricken, and because we fail to cure by the third dilution of *Arsenic*, proceed at once to give the medicine in massive doses, we shall probably lose both our cause and our character. For if we declare to the world that it is absurd to attempt to treat the fever of an ox with

the third dilution of *Arsenic*, surely it will be difficult to persuade people that it is much less absurd to treat fever in man with the fourth: for, after all, an ox is not a hundred times bigger than a man, and the fourth contains one hundred times less medicine than the third.

In short, we must freely confess that this Rinderpest has come upon us as the Crimean War came upon Britain, or the Civil War upon America—like a thief in the night, and found us “unready.” It found us with no staff of practitioners skilled at once in the diseases of animals and the use of homœopathic medicines. It found us wholly unprovided with proper attendants on the sick, it found us with an army of inspectors, whose duty was to doom to instant death all suspected cattle. To expect that in these circumstances we should *at once* succeed in treating a most severe, complicated, and wide-spread disease, was to expect a miracle, and to speak of homœopathy being put upon its trial is utterly to misrepresent the position of affairs. At a moment when the highest medical authorities in the realm had pronounced the Rinderpest to be absolutely incurable, we begged to try whether the statement was to be received without some qualification, and requested that as the case was desperate, before we let the beasts die or killed them, we might just see whether or not we could save some. Well, suppose we do not succeed in this chivalrous offer to act as a forlorn hope; suppose we obtain no other reward than the consciousness of not having despaired—when others did—of the art we practise, can it for a moment be said that because we cannot succeed any better than our neighbours in curing a new and terrible plague among cattle, that therefore we are to confess ourselves to have been mistaken in our belief that we can treat common human maladies with success? Does it follow that because we cannot cure Rinderpest by homœopathy we must disavow our creed and proclaim Hahnemann to be an impostor? Does homœopathy rest its claims for recognition upon what it *has done* in every form of epidemic and endemic disease which has affected the human race in almost every part of the globe, for the last half century, or

upon the expectations of what it may do in curing a pestilence among cattle? It is enough to ask the question to demonstrate the absurdity of the ground taken by some of our body who seem trying to frighten us from our propriety by their wild cries of the terrible consequences of our failure, while at the same time they tell us that from the impossibility of a proper application of our system, failure is inevitable! That failure, to a certain extent, is inevitable, we freely admit. As we have already said, everything is against us. To save these poor dumb patients we must have ministering hands and ministering hearts; a sick cow needs kindness as much as a sick child, the cow has no mother or sister to tend it, man is the sum of all its relations; and woe to the poor beast when man, instead of anxiously desiring its cure, is desirous only of saving its price. Yet, this is our present position. We have to treat insured animals. If they die the proprietor gets two thirds of their original value. Now, it may be a positive saving of money to him to allow his whole herd to die rapidly rather than to treat them for a month and save one third at the end of that period. How can we expect that those who are now trying to carry out our system shall get fair play in these circumstances? It hardly required us to visit Norfolk to convince us that they could not. The difficulties they have to contend with are enormous, and they have borne up bravely and well, and if they fail we shall always give them credit for having done their duty. But they will not fail, they have already succeeded, they have cured several beasts which, by the universal acknowledgment of all who have watched their treatment, there is every reason to believe would have died but for it. They have had a potential, if not an actual success; we mean that they have actually cured some individual cases of the most virulent form of the disease. There is one especially—a young bull, who was so ill when first seen as to be considered utterly beyond all hope of recovery, and no beast so ill was ever known to recover when left to nature. This bull when we saw it was convalescent. The case will be fully described in Mr. Moore's report, which will doubtless soon be published. We refer to it now, as a proof,

that given the requisite conditions, which are, due care and kind attention, proper food, shelter, and clothing, we may fairly expect a large measure of success if, undiscouraged by our first failures, we boldly and vigorously prosecute our campaign against this great national foe. There is no reason for despondency, but there is a great necessity for exertion. And let us take care that our efforts are, if possible, not mutually antagonistic. We are a very small body: there are about 300 homœopathic practitioners to about 10,000 allopathic. If we concentrate our energies we will, in due time, achieve a success, for we have on our side a principle of action, while they are now only seeking to find one; or in the absence of any, to try every plan (except the right one), in the vague hope of stumbling upon something that may prove useful. Let us avoid all extreme, extravagant, and impracticable proposals, such as—"That before we proceed farther in our attempts to combat the cattle plague we must first institute a long series of experiments upon cattle, to ascertain the effects of our remedies." This is doubtless highly desirable; but long before such experiments could be concluded the cattle plague would have done its worst. We might have succeeded better in the Crimea had we then possessed the Enfield rifle and Armstrong cannon, but if we had declined the challenge of Russia and the invitation of France, Constantinople would now probably be the metropolis of the Muscovite empire, Italy an appanage of the Austrian crown, and England fallen to such a depth that—

"None so poor as do her reverence."

Another proposal is, that we should retire from the field till we had a thoroughly equipped army of highly educated veterinary surgeons, men acquainted with foreign languages, who might make use of German repertories, and decide to a nicety which of some fifty or more medicines, all more or less suitable, was the exact "*simile*" of the phase of the disease. Before we are to undertake to try anything against this dreadful pestilence which is committing such havoc among our herds, and threatens our flocks, we are to institute

normal schools to educate veterinary surgeons in the true faith; to appoint a full staff of competent teachers, and have rigorous examinations in our materia medica, and we presume to let no man prescribe for a cow who is not armed with a degree from the Homœopathic College of Pennsylvania! Now we look upon all these proposals, although containing a germ of truth, as so utterly ill-timed as to be the worst kind of obstruction. To delay all action till we can act *perfectly* in the presence of a great danger and calamity is to play the part of a coward. It is for us to oppose the enemy at every risk to ourselves, even of frequent defeat, and of drawing down upon us the ridicule of our less zealous and less practical colleagues.

Let us, above all things, loyally support those who are engaged in the work of actually treating the cattle, by encouraging them, and giving them as many useful and practical suggestions as we can. Let us impress upon them, and on all who have to do with the affected beasts, the necessity of proper diet—liquid food, and if any new medicine suggests itself, let us propose it. For our part we have been much impressed with the affinity of *Mercury* to many of the most invariable symptoms of the first stage, and we should feel strongly disposed to give it a fair trial. The tendency to muco-purulent deposit on the external and internal surfaces seems to indicate this medicine.

If the eruption should turn out to be specific, we may entertain the hopes of finding in the lymph of the vesicles some protective power. Although, as hitherto performed, inoculation has utterly failed, yet it by no means follows that there may not be some modification of it which shall prove useful. It is said that one attack of Rinderpest gives absolute immunity from infection. This looks more like an exanthem than a form of typhoid fever, and should induce us to make more experiments in reference to inoculation.

We cannot conclude this rambling notice of the reflections and observations brought from Norfolk, without testifying to the obligations under which we lie to Lord Bury, for the indefatigable zeal and courage he has displayed in removing

obstacles and overcoming prejudices. His manful efforts against the indifference, indolence, and general obstructiveness of most persons about him, seem to be in the fair way of being duly acknowledged, and there cannot be a more hopeful prognostication of ultimate success than the attention he is now receiving from the *Lancet*. The value of the opposition of this powerful "retrograde" was well illustrated by the rapid advancement in public favour of the candidate for parliamentary honours to whom this engine was applied last autumn in Westminster.

R.

REVIEW.

The Outlines of Materia Medica, Regional Symptomatology, and a Clinical Dictionary. By HENRY BUCK, M.R.C.S., Member of the British Homœopathic Society.

THIS book, as its title implies, is divided, like Ancient Gaul, into three parts. The first is an epitome of the pathogenetic action of 404 medicinal substances, the second is a sort of large and loose repertory, and the third is a therapeutical dictionary. "It has always appeared to me," says the author, in a very modest preface, "that there was some necessity for a work on the subject, that would point out, in a clear and decisive manner, the characteristic uses of the remedies, and a simple mode of finding them, so as to induce the student to institute a comparison between the old and the new system of treatment." Of the existence of such a want there can be no doubt, how far the work before us supplies this deficiency is a question which we shall proceed to answer to the best of our ability.

We shall consider each of the three parts separately and in detail. The first division has many merits, it has evidently cost the author much genuine and conscientious labour; it is written with a pen, not constructed with scissors and paste. To some this may seem a very humble meed of praise; but not to those whose duty it has been to peruse all the homœopathic guides, manuals, "et hoc genus omne," that have issued from the press in England for the last twenty years. Every book, deserving of the name, written by a practitioner of experience in homœopathy, and we learn from the preface that the author has been practising this system for a period little short of what we must call, in a literary point of view, two barren decades, deserves, to say the least, a careful inspection to ascertain whether it will give any real aid in the

difficulties that attend the entrance into the mysteries of the new system by one familiar with the old, or will expedite to those already acquainted with homœopathy the successful search for the remedies they are in the daily habit of employing.

A cardinal condition of usefulness for such a book is being handy. It must be of such a size, shape, and general getting up that we can handle it with ease. So far as that goes, the work before us is perfect. It is easily held in the left hand while the right turns over the pages. A second condition is, that it shall be well and clearly printed. We are not all in the first bloom of youth, and we observe several of our contemporaries, whom we never suspected of being short-sighted, are in the habit of carrying a little glass, suggestive of a strong preference of large to small type. In this respect, too, Mr. Buck's book is not only unexceptionable, it is positively luxurious. In order that our readers may judge on this point for themselves we have requested our printer to reproduce, as nearly as his type admitted, the following specimen :

EUPHRASIA.

HAHNEMANN.*

EYE-BRIGHT.

Is chiefly used, as the common name implies, for affections of the Eyes ; Catarrhal Ophthalmia ; Specks on the Cornea ; Ulcers on the Cornea ; Rheumatic Ophthalmia ?

SYMPTOMS.

Eyes.—Smarting as from sand ; Stinging, induced by a bright light ; Burning and smarting, with lachrymation, especially the result of a strong wind. Night-Agglutination ; Gum in the Canthi ; Purulent agglutination.

Eyelids.—Swelling, especially the lower ; Inflammation and ulceration of the margins, with headache, as if the skull would burst ; Sensation as if the eyelids were being drawn

* A fragmentary proving will be found in the *British Journal of Homœopathy*, vol. xvi.

together; Feeling of pressure; Dryness; Heaviness; he makes a great effort to overcome sleep.

Eyeball.—Sclerotic injection close to cornea; Fine stitches; Specks on the cornea; Blueness of cornea; a pellicle covers the cornea; the cornea looks scarred as from ulceration.

Sight.—Dim when looking at a distant object; Obscured when walking in the open air (three days); Photophobia.

(Rheumatic inflammation, threatening blindness, from using the herb three months); Profuse fluent Coryza, with cough and expectoration; Cough only during the day, with tenacious mucus that is detached with difficulty, and difficult breathing; Cramp-like pain in the back; Cramp in the calf when standing.

We think it due to Mr. Buck to be thus emphatic and precise, in describing and illustrating to the best of our power what we find good and useful in his efforts to simplify the arduous task of conducting a homœopathic practice; because we feel compelled, after having thus awarded to him the praise of having executed with pains-taking care and perseverance, a work which sorely taxes the patience of its author, to express our opinion that while the execution of the book is nearly faultless, its design is radically defective. We say this with great regret, and with an ardent hope that even if Mr. Buck comes to agree with our opinion, after he reads what we shall write, he will not be discouraged, but having shown in this undertaking his power of accurate conception and untiring industry, he will continue to devote these high qualities to the prosecution of works which will yield more profit both to himself and his readers.

What then is this radical defect in the design of this book? Is it the idea, that it is possible in 404 pages to give a useful epitome of 404 remedies? Partly, but not altogether. It might be done by a very bold practical hand, if such an one had personal experience of all these 404 medicines. But this is what no one person has, or we venture to say, ever will have. This is a point to which we

shall return, but in the mean time we assume it. As an inference from this assumption, it follows that any writer of a book who attempts to epitomize the description of the action of all these medicines, gets into the position of making a merely literary reduction of larger works, and while doing so, attempts to do this faithfully rather than critically. The consequence is, that we have far more than we want of some medicines, and far less than we require of others. It is as if a clever artist got an order to make a copy of all the pictures in the National Gallery: no copy to exceed one foot by nine inches, though some might be less. No great injustice would be done to Paul Potter and Teniers, but would it be fair to Paul Veronese and Michael Angelo? So it is in this epitome. *Rhus radicans*, a medicine which we doubt if the author of the book ever prescribed in his life, occupies three pages; *Sarsaparilla*, which we do not find named by Dr. Clotar Müller, in the paper published in the July number of the last vol. of this Journal—a paper full of interest, as showing incidentally his range of medicines, occupies three pages and a half; while *Nux vomica*, which we venture to say, Mr. Buck prescribes, at least once a-day, has only four pages allotted to it.

Suppose the author of this book, instead of taking for his guidance the rules which regulate a man of letters in preparing a clear and accurate abridgement of the works of others, had allowed himself to be directed by his own experience alone, what would have been the result? This we may guess from the following remarks of one of our most experienced and highly esteemed practitioners, of whose writings we have had occasion, in a former number of this Journal, to express our high estimate, we mean Dr. Yeldham. In the last number of the *Annals of the British Homœopathic Society and London Homœopathic Hospital*, at p. 372, we read

“Most homœopathic practitioners must have felt that our *Materia Medica* is overburdened with a host of trivial and often incredible symptoms, which so far from aiding in the selection of a remedy, serve only like chaff, that hides the precious grain, to obscure the really valuable symptoms.

Their very number makes them valueless ; for to remember them would be impossible, and to be compelled to wade through them in every case of illness would simply be to render homœopathy an impracticable science. What we require is, not to see our *Materia Medica* mutilated by reckless hands ; but such a careful and scrupulous reproof of the medicines as shall give us only the *leading* and *permanent* symptoms. These, I am persuaded, would in the majority of cases, be so few in number, and would stand out in such bold and distinctive characters, that any ordinary mental capacity would be able to retain them, to *interpret their meaning* and to use them with confidence in the treatment of diseases."

We cannot help suspecting that Dr. Yeldham in this passage unconsciously misrepresents his idea of the kind of improvement in our *Materia Medica* which he desires to effect. We do not find that a reproof of a medicine, after the plan of Hahnemann, as was done by the Vienna Proving Society, tends to reduce the number of the symptoms—rather the reverse. We are of opinion, that when Dr. Yeldham speaks of reproof he thinks of rescinding : that his real notion is that we might probably revise our *Materia Medica*, starting from the therapeutic point of view. His *leading* and *permanent* symptoms would be those not necessarily the most prominent in a catalogue of the physiological actions of a drug, but those most characteristic of some well-marked form of disease. The observations we have quoted are made apropos of the action of *China* in ague. Now does Dr. Yeldham mean, that we require to institute a new proving of this medicine, in order to enable us to use it successfully in that disease? Certainly not. The whole tenour of his argument is on the opposite direction. He prescribes *China* in ague, because it is known to cure the disease, not because it is homœopathic. And unless we entirely misunderstand his drift, it is to this effect. Let us have a *Materia Medica* in which the groups of symptoms are so arranged as to correspond with those presented by disease. Let the word symptom cease to be applied to morbid sensations produced by a medicine, and confined to a sign of a distinctly

acknowledged pathological condition—let them be as sign and counter-sign—then there will be no difficulty in interpreting their meaning, and our *Materia Medica* will no longer be a shadowy apocalypse of what the medicines *may do*, but will become a distinct narrative of what the medicines *have done*, and therefore *will do*.

Such we apprehend to be the notion which unexpressed, but implied, lies at the bottom of a great deal of agitation of the homœopathic mind at present. We rather think that the writer of the notice of Dr. Russell's Clinical Lectures, in the June number of the *Monthly Homœopathic Review*, to a certain extent countenances this notion in his strong defence of the use of nosology. "Our brethren," he says, "of the so-called Hahnemannian school, in refusing nosology, and adopting the method of treating all classification of disease as impossible, greatly discourage the spread of homœopathy among the profession. In fact, they make *their homœopathy* an impossibility to the general practitioner." The writer of this passage would probably protest against the assumption, that because he recognised the absolute necessity of nosology, he was to be considered as prepared to remodel our *Materia Medica* on a therapeutical plan. We do not mean to affirm that he is, only that the more he elevates nosology the more does he depress the present arrangement of symptoms, and promote the gradual revolution in homœopathy, which will culminate in the substitution of the "à posteriori" method of acquiring a knowledge of the effects of medicines (a method which has led to signal failure up to this period) for the *a priori* method introduced by Hahnemann, which has led to such wonderful triumphs. That there is a time for the occurrence of this catastrophe we may believe, but we may well pause before we encourage what may sacrifice all ideal perfection to great immediate and general improvement in our art.

But much short of so sweeping and radical a change in the plan of constructing a practical epitome of our present *Materia Medica*, the question may naturally suggest itself to those engaged in such a task whether there are now materials

at our command for forming an estimate of the comparative importance of the 404 medicines composing the total on which Mr. Buck conceived himself called on to operate. One naturally asks, are all these medicines really in use? Is there any homœopathic practitioner who is in the habit of employing such an army? or is the real effective force much smaller than the numbers borne on this muster-roll? To arrive at an approximate answer to these questions we wish to direct the attention of our readers to two sources of information; they are from different countries, they are both prepared with entirely different objects, and yet there is a marvellous agreement between them. The first is a paper we previously referred to by Dr. Clotar Müller, one of the most sagacious, practical, and learned homœopathic practitioners in Germany. The article first appeared in the Journal of which Dr. Müller is the Editor, and its object was to give the results of his own observations in regard to different dilutions of the various medicines he was in the habit of employing. Now, we do not mean to affirm that this list contains his total stock, he probably has a somewhat wider range, he may occasionally prescribe remedies which do not figure in this catalogue, but what he has omitted we may infer to have been used so infrequently as not to have supplied material for testing their value in any variety of dilutions. We may safely assume that he would consider it no very great hardship to be confined to the use only of those he has there specified—and, indeed, even some of them he has no great faith in. We may entitle this,—“List of Medicines in common use in Germany”—it is as follows:

Aconite, Alumina, Ammonium carbonicum, Antimonium tartaricum, Apis, Argent. nitric., Arnica, Arsenicum, Aurum, Baryta muriatica, Belladonna, Bismuth, Borax, Bryonia, Calcarea acetica, Cannabis, Cantharis, Carbo animalis, Carbo vegetabilis, Chamomilla, China, Chininum sulphuricum, Causiticum, Cina, Cinnabar, Cocculus, Coffea, Colchicum, Colocynth, Conium, Cuprum, Digitalis, Drosera, Dulcamara, Euphrasia, Ferrum muriaticum, *Flux*, Graphites, Hepar sulphuris, Hyoscyamus, Ignatia, Iodine, Ipecac., Kali carbonicum,

Kreasote, Lachesis, Lauro-cerasus, Ledum, Lycopodium, *Magnesia Carb.*, *Manganum aceticum*, Mercurius, *Mezereon*, Moschus, *Muriatic acid*, *Natrum sulphuricum*, Nitri acidum, Nux moschata, Nux vomica, Opium, *Morphium*, *Petro-selinum*, Phosphorus, Phosphoric acid, Platina, Plumbum, *Prunus spinosa*, *Psoricum*, Pulsatilla, Rheum, Rhus toxicodendron, Sambucus, Secale cornutum, *Senega*, Sepia, Silicea, Spigelia, Spongia, Stannum, Staphysagria, Stramonium, *Strontian*, Sulphur, Thuya, Veratrum, Zincum.

There are 86 in all, twelve of this number we have had printed in italics, for reasons which will appear in the sequel.

Now it occurred to us that it would be curious to compare this list with that of some public institution in this country. We applied at the London Homœopathic Hospital to know whether there was any reckoning kept of the medicines in most common use there, and by the kindness of the Board of Management we were allowed to inspect a table which had been drawn up by one of its members for the purpose of enabling a calculation to be made of the relative space which should be allowed in re-arranging the dispensary for the various medicines. In order to arrive at the requisite data for this purpose, the dispenser was desired to detain all the prescriptions for some weeks in summer—the total number was 4067. They were the prescriptions of the whole staff of the Hospital, amounting at that time to (we believe) twelve practitioners; they represent an immense range of variation in the dilutions employed, from mother tinctures up to 200. This does not appear in the table we subjoin, but in another which may perhaps be published in some form, and which is highly interesting. We may fairly accept this as an average sample of the medicines in daily use in England at present.

Names of Medicines.				Number of times prescribed.	Names of Medicines.				Number of times prescribed.
1	Sulphur	...	...	428	8	China	...	...	172
2	Nux vomica	...	...	332	9	Calc. carb.	...	...	127
3	Arsenicum	...	...	271	10	Merc. cor.	...	...	127
4	Belladonna	...	...	266	11	Aconitum	...	...	122
5	Bryonia	...	...	231	12	Hepar. sulph.	...	...	111
6	Merc. sol.	...	...	185	13	Rhus tox.	...	...	88
7	Pulsatilla	...	...	185	14	Phosphorus	...	...	87

Names of Medicines.		Number of times prescribed.	Names of Medicines.	Number of times prescribed.	
15	Lycopodium	72	72	Copaiba	4
16	Ignatia	70	73	Creasotum	4
17	Arnica	66	74	Crot. tig.	4
18	Conium	61	75	Cuprum ac.	4
19	Ipecacuanha	59	76	Dulcamara	4
20	Phosp. ac.	58	77	Euphrasia	4
21	Sepia	54	78	Ledum	4
22	Silicea	52	79	Lobelia	4
23	Carbo veg.	47	80	Platina	4
24	Chamomilla	34	81	Urtica	4
25	Cina	34	82	Alum	3
26	Kali carb.	34	83	Calendula	3
27	Kali iod.	34	84	Helonias	3
28	Chin. sulph.	32	85	Plumb. ac.	3
29	Merc. iod.	29	86	Plumb. car.	3
30	Lachesis	27	87	Thuja	3
31	Nitr. ac.	27	88	Æscul. hipp.	2
32	Cantharides	25	89	Arg. nit.	2
33	Opium	25	90	Arsen. iod.	2
34	Antimon. tart.	24	91	Bismuth	2
35	Colocynth	22	92	Bovista	2
36	Aurum fo.	17	93	Camphor	2
37	Drosera	17	94	Cinnabar	2
38	Graphites	17	95	Coral. rub.	2
39	Spigelia	17	96	Curare	2
40	Hydrast. can.	16	97	Daphne Mez.	2
41	Staphysagria	16	98	Ferri sul.	2
42	Bar. car.	15	99	Helleborus	2
43	Iodine	15	100	Laurocerasus	2
44	Secale	12	101	Merc. biniod.	2
45	Veratrum	12	102	Phytolacca	2
46	Apis	11	103	Rheum	2
47	Ferri ac.	11	104	Sambucus	2
48	Naja	11	105	Stramonium	2
49	Cannabis	10	106	Sulph. ac.	2
50	Petroleum	10	107	Terebinthina	2
51	Sabina	9	108	Aloes	1
52	Cocculus	8	109	Assafœtida	1
53	Digitalis	8	110	Atropine	1
54	Glonoine	8	111	Baptisia	1
55	Zinc. met.	8	112	Capsicum	1
56	Calc. phos.	7	113	Chelidonium	1
57	Hyoscyamus	7	114	Cistus	1
58	Kali bichr.	7	115	Crocus	1
59	Bromium	6	116	Kali chl.	1
60	Clematis	6	117	Kalmia	1
61	Hamamelis	6	118	Merc. dulc.	1
62	Merc. viv.	6	119	Moschus	1
63	Antim. cru.	5	120	Nux mosch.	1
64	Carbo anim.	5	121	Sabadilla	1
65	Causticum	5	122	Sarsaparilla	1
66	Plumb. met.	5	123	Stannum	1
67	Podophyllum	5	124	Sulph. iod.	1
68	Spongia	5	125	Zinc. sulph.	1
69	Cactus	4			
70	Cicuta virosa	4			
71	Coffea	4			
				TOTAL	4067

This list, as we perceive, enumerates 125 medicines. It also tells how frequently each of them was prescribed during the period when the scrutiny was made. We find that while there were eighteen medicines prescribed only once, and twenty only twice, there were five prescribed more than 200 times.

Now if we compare the list of medicines used by Dr. Müller with those in daily use in London, we shall find that of his eighty-six no less than seventy-four are named. Here is a wonderful amount of agreement at the first blush; but on closer attention it appears still stronger. For if we examine the twelve which he enumerates (printed in italics in the above list), and which are not contained in the London list, we shall find that some of them are evidently absent by accident, owing to the short period during which the prescriptions were collected; while in others, Dr. Müller has himself little or no confidence. Let us go through them—1st. *Borax*—of this he says: "I have seen rapid effects in stomatitis and aphthæ." So have we all, and its not having been prescribed in the London Hospital was no doubt purely accidental. Then follows—2. *Colchicum*; 3. *Filix*, on which we may make the same remark—omitted by accident—4. *Magnesia carb.* "Nothing to report," meaning that he has not observed such decided effects as enabled him to make any inferences about the dose it should be given in. 5. *Manganum aceticum*. "I have very seldom seen amendment or cure from it, and even then never indubitable, though it is by no means seldom in use." 6. "*Mezereon* I employ for diseases of the bones and certain eruptions, * * * it is only now and then it seems striking in its action." 7. *Muriatic acid*—accidentally omitted no doubt—8. *Natrum sulph.* "I have often employed of late years," implying it is only of late he has. 9. *Morphium*. "I have only seen employed antipathically." 10. *Prunus spinosa*—"unfortunately of late years this medicine has pretty often left me completely in the lurch." 11. "*Senega* belongs to the class which, notwithstanding frequent trials, have never given me a definite result." 12. "*Strontian* I used some years ago pretty frequently, but never

with any visible effect, so that ever since I have quite given it up."

While Dr. Müller speaks thus doubtfully or despondingly of the action of the medicines omitted in the London Hospital list, let us hear what he says of those most frequently used there. *Sulphur* was prescribed no less than 428 times in the few weeks during which the record was kept. Of this medicine, Dr. Müller says, "with this I have effected a great many glorious cures." *Nux Vomica* was prescribed 332 times. "To this *Polychrest* I am indebted for so many cures." *Belladonna* 332 times. "This is above all the remedy from which I believe I have seen the greatest number of decided and quite indubitable effects, and the most splendid cures." *Mercurius* was prescribed 185 times. "*Mercurius* belongs to the class of medicines to which I am indebted for my best and most frequent successes against a great variety of diseases," and so on. From this we learn that there is now a well established hierarchy in our own *Materia Medica*. We have our archbishops, our bishops, our archdeacons, our rectors, and our curates. The position of each is acknowledged wherever our new medical faith has penetrated. Surely it is time that in framing our practical compendium this fact should be accepted as the guiding principle, and that a share corresponding to its practical importance should be allotted to each. We do not find a rural dean occupying a Lambeth palace, nor an archbishop housed in a vicarage. If the framing of such a treatise as we are now imagining were to fall into the hands of one of our bold, practical, experienced practitioners, if he were to take his manual and run his pen through every medicine which he had not found of use, he would then have a manageable group of probably under one hundred; if he were then to winnow from the multitude of the symptoms recorded under each of these medicines, every one which *he felt* to be frivolous and irrelevant, we should have, for the first time in our possession, an entirely trustworthy handy book of practice. It might be about the size of Mr. Buck's, viz., about 800 pages, and each medicine would have from four to twelve

pages, according to the magnitude of its sphere of action and its general importance. Such a book would be eagerly bought by a large number of the old school, and at once turned to account. The stimulus to the study of Homœopathy would be very great, and at the present time, when there is so much restless unbelief, and yet dread of scepticism abroad in medicine, the effect of a work so constructed as to be intelligible to every one, and yet not repulsive to the cultivated members of our profession, would, we believe, be almost unprecedented in the annals of the art. Homœopathy thus made easy, would spread like a river in flood over its present limits, and carry its benefits into every town and village of our country.

Is there no danger from such a book? There is this obvious and most serious risk, that there would be little temptation to increase our stock of medicines, and to acquire that kind of knowledge of the action of those we now possess, which enables us successfully to confront a new form of disease. When the Pestilence of cholera was signalled in the offing, the great prophet Hahnemann announced the means of arresting the terrible invasion. A new Pestilence is among us; "the cattle plague" occupies the attention of the nation, but there is now "no prophet in Israel," there is no one who can tell us with any degree of certainty what we ought to do, we have to feel our way after the inferior tentative method of analogy and experiment, instead of piercing the heart of the mystery and recognising its true similitude, and therefore its probable antidote. And thus it is, what we gain in width we lose in depth.

We have left ourselves little space to speak of the other two portions of Mr. Buck's book, the "Regional Symptomatology" and the "Clinical Dictionary." The former, we apprehend, is somewhat of too vague a character to be of so much use as one could wish, considering the amount of labour bestowed upon it. The latter is a tempting subject for some remarks; but unless we could give our opinion on the whole question of nosology, as applied to homœopathy, we should be afraid of being misunderstood, or doing rather harm than

good by broaching it. Perhaps the writer already referred to in the June number of the *Monthly Homœopathic Review*, is right when he says, "Dr. Russell believes in nosology, he believes in the possibility of classifying disease on a pathological basis, and in applying homœopathic remedies to diseases so classified. If the pathological school of homœopathy can prove this point, we predict a very rapid spread of their method among the more advanced men of the allopathic school." Perhaps, on the other hand, such an attempt is premature except in reference to a limited class of cases. At all events, whether it be altogether the best sphere of exertion for us or not, it seems to have the advantage of stimulating inquiry among our elder brethren, and is certainly productive of keen discussion among members of our own school, and doubtless "from the collision of error and the active spirit which generates hypothesis, truth may eventually arise, while a confident and indolent scepticism must be for ever stationary." We, as a school, may err in being too confident in our dogmas, and too sanguine in our expectations; but these are the faults of the young and enterprising, and even if they lead to frequent disappointment they are more hopeful than the perfect resignation to the *vis lethalis Naturæ*, which now divides—so far as the cattle plague is concerned—with the poleaxe of the butcher the complacent recognition, not to say welcome, of the appointed Guardians of State medicine.

CLINICAL RECORD.

Acidum Fluoricum in Secondary Syphilis in the tongue and throat.

By Dr. JOSEPH LAURIE.*

R. S., æt. 30, affected with secondary symptoms for five or six months. Two months previous to the constitutional poisoning,

* The following cases by Dr. J. Laurie derive a melancholy interest from the circumstance that they were sent to us only a few days before his untimely and sudden death.—[ED.]

he had primary sores on the glans and prepuce, which had been treated allopathically with mercurials. For the secondary symptoms he had imbibed quarts of sarsaparilla ineffectually; temporary amendment being regularly followed by aggravated relapses. During the last week or two prior to his consulting me, this tendency to exacerbation had been rapidly increasing.

Symptoms: tonsils, uvula, and soft palate of a livid red colour, and considerably swollen; tongue deeply and widely fissured in all directions, and presenting a large and deep phagedenic-looking ulcer in the centre. The suffering on swallowing, and also when conversing, was excessive. General health impaired; little appetite, and the act of mastication attended with so much torture in the tongue, that small quantities of beef-tea, without salt, and milk, formed his main sustenance. Sleep restless and unrefreshing, and materially disturbed by accumulations of mucus in the fauces. Great diurnal languor, and much emaciation. A scaly eruption sparsely distributed over chest and arms. Prescription; *Acid. fluor.* 6 gtt. ij. in aq. destil. ʒss. mane et nocte.

On the return of the patient for inspection, at the expiration of a week, he exhibited little apparent change, but stated that he felt better, and could swallow and converse with somewhat more facility. Medicine repeated.

Ten days later the improvement was unequivocal: tonsils, uvula, and palate free of redness, swelling, and other morbid signs; volume of tongue diminished, and the ulcer cicatrizing healthily. *Acid. fluor.* 6 was continued daily for a fortnight longer, and then every other day for fourteen days more, at the close of which period the cure appeared to be complete. No relapse of any kind has occurred for six months and upwards.—Another case presenting closely analogous features to the foregoing—the condition of the tongue being, if anything, even worse—was cured in six weeks or so, by the same remedy, administered *ut supra*, under the supervision of Dr. Mackintosh, of Torquay.

A. T., æt. 24, had a primary venereal sore (character uncertain) on the corona glans, two years ago. It disappeared under the internal employment of blue pill, and the topical use of *black wash*. Between three and four months afterwards he became affected with secondary ulceration of the throat, which healed under a further liberal administration of blue pill. The throat, however, remained irritable, and peculiarly sensitive to cold; the

slightest exposure resulting in inflammatory action, with increase of pain, and impeded deglutition. The tongue was always more or less tender, and never exempt from a distressing feeling of rigidity throughout its entire extent, accompanied by restricted mobility. In consequence of a more than ordinarily severe return of soreness in the throat, the patient consulted me in the month of May last. The soft palate and uvula were intensely red, and much tumefied; breath fœtid, voice nasal, and articulation so indistinct as to be scarcely intelligible. No other abnormal indications of any importance.

Prescription: *Acid. fluor.* $\frac{4}{5}$ gtt. vj.
 Ag. destil. ℥iij.

Dosis, Coch. med. ter. die.

On the fifth day the inflammation, and the above described peculiar sensation, &c., in the tongue, were entirely removed. No recurrence of throat or other secondary symptoms up to this date, November, 1865.

Acidum fluoricum in chronic looseness of bowels and bilious vomiting. By Dr. JOSEPH LAURIE.

E. Y., æt. 40, has been subject to indigestion and attacks of bilious vomiting and diarrhœa nearly all his life. Tongue vivid red at tip and margins, and coated yellow in the centre; appetite good; evacuations never less than twice a day for several months past, and generally consisting of *liquid* bilious fœcal matter intermixed with frothy mucus; no griping, and no tenesmus; some sensibility to external pressure in the right hypochondrium, but nowhere else; face pale; muscular development good, but soft and flabby. The attacks of bilious vomiting occur after trivial errors in diet, and are always attended with an increase in the number of alvine discharges, which, on such occasions only, are preceded by tormina. *Acid. fluor.* ʒ, two drops twice a day, in a tablespoonful of water, for a fortnight, produced, thereafter, a normal stool once a day. In other respects the patient improved in health and strength, and had merely one or two comparatively slight recurrences of vomiting and purging, owing to his own imprudence. He was speedily and then permanently relieved by the *fluoric acid*, in these milder attacks likewise.

Acidum Fluoricum in bilio-mucous diarrhœa.

By Dr. JOSEPH LAURIE.

Mrs. G. has been suffering for a month from diarrhœa. She attributed the attack either to exposure to cold, or to the effects of a small quantity of salmon which she had sparingly partaken of. Has from six to eight evacuations in the twenty-four hours. She describes the motions as consisting of "very loose bright yellow matter, and a quantity of mucus," each relief being preceded by considerable griping. The dejections take place chiefly during the night, or early in the morning; during the day they mainly occur soon after drinking, especially warm fluids, such as tea, cocoa, beef-tea. Her general health has always been indifferent. She resides in the country, and had taken the tinctures of *Pulsatilla* $\frac{z}{2}$, *Mercurius* $\frac{z}{2}$, *China* $\frac{z}{2}$, *Arsenicum* $\frac{z}{2}$, and *Acidum phosphoricum* $\frac{z}{2}$, each for four successive days, in the order named, a dose thrice a day, without success. She had, moreover, put herself on simple and appropriate diet throughout the attack. After waiting eight days, during which she took no medicine whatever, she wrote to me for advice in consequence of the unabated continuance of the diarrhœa. I sent her *Acid. fluor.* 6., a few globules to be mixed in four tablespoonfuls of water, a dessertspoonful of the solution to be taken after each dejection. On the fourth day from the receipt of my letter she wrote;—"The day I commenced taking the medicine I had six movements of the bowels; the next day I had only one, a copious loose stool; on the third day I had no action; and this morning I have had one natural movement, and feel better in every way than I have done for many weeks."

In this, and in the preceding case I selected *Fluoric acid* principally ex usu in morbis, having found it effectual in one or two other cases of obstinate diarrhœa, of a bilious type, which had resisted other remedies.

In *ascites* connected with diseased liver, some of our German colleagues have extolled the virtue of *Fluoric acid* after the previous employment of *Arsenic.* I tried it in two cases with benefit, but have mislaid my *mems.* thereof, and cannot recall the particulars with sufficient accuracy for publication.

Case illustrating the Pathogenetic Action of Buxus sempervirens on the Uterus. By GEORGE LADE, M.D., King's Lynn.

On the 14th June, 1865, I was called upon to attend a young unmarried woman, the daughter of respectable parents, whose case presented the following symptoms: she had strong forcing pains, resembling those of labour, in the lower part of the abdomen, which varied greatly in intensity, and lasted for from twenty to thirty seconds to a minute or longer. She told me she first felt them three days before, and bore them without complaining, although they were sufficiently severe to prevent sleep, until a few hours prior to my visit, when their gradually increasing frequency and violence compelled her to make known her state to her friends, and to send for medical aid. There was no tenderness on pressure in the hypogastric region, no vaginal discharge, no abnormal action of bowels, pretty frequent desire to micturate, but no increase in the amount of urine emitted, and slight increase in the frequency of the pulse. She had not menstruated for three months, but indignantly denied to her friends that she was in the family way. The abdomen was not perceptibly enlarged, the breasts were not marked by any suspicious areolæ, and every sign indicative of pregnancy, except the suppressed catamœnia, was absent. I was therefore forced to look upon the case as one of retained menses, and was about to prescribe for it in accordance with that view. But before deciding upon the most appropriate treatment to employ, the young woman voluntarily confessed to me that she had reason to believe she was *enceinte*, and that she had been taking something to provoke abortion. This something, she informed me, was the common box-tree (*Buxus sempervirens*), which she had procured from a nurseryman, and taken in the form of infusion at intervals of six hours for eight days up till the morning before I saw her. She attributed the pains to the action of the drug, and earnestly implored me not to arrest them altogether, but merely to lessen their violence, in order that the expulsion of the fœtus, which she felt certain would soon take place, might be accomplished. To quiet her fears, and at the same time secure implicit obedience to any directions that might be called for, I assured her I did not think she was in the family way at all, and if she would but

strictly attend to my injunctions, I should do all that was necessary for her welfare and comfort. I then made a digital examination *per vaginam* :—The body of the uterus appeared to be slightly enlarged, and its neck shorter than is usually found to be the case in the unimpregnated organ, while the whole of the mucous lining of the parts within reach was somewhat hot and sensitive to the touch. Retaining my finger in contact with the os during a pain, I distinctly felt an expulsive effort of the womb, unattended by any discharge. The impression conveyed to my mind by this examination was, that the cavity of the uterus was occupied by something, but whether by a fœtus and its membranes, or by pent-up menses, or anything else, I could not determine. I had the patient's own statement that she was with child, but with the exception of the suppressed monthly flux, there were none of the phenomena characteristic of pregnancy to corroborate her opinion. The most reliable writers on midwifery tell us that a woman may have conceived upwards of three and a half months without manifesting any positive sign of the fact. There was strong presumptive evidence that my case was confirmative of their experience. And taking this view of it, the duty imposed upon me was clearly this,—to arrest the pains, and prevent, if possible, the expulsion of the contents of the uterus. The question then arose, to what were the pains due? Were they the result of the administration of *Buxus sempervirens* or not? If this plant gave rise to them, the proper treatment would be to apply an antidote to their exciting cause. But I knew of no such antidote, and an examination of all the books in my library failed to give me any information on the subject. I therefore had recourse to the *Materia Medica*, a careful study of which pointed to *Sabina* as the appropriate medicine for the case. This medicine was given for some hours, but produced no apparent beneficial influence. *Caulophyllin* was then administered, and with a happy effect; the pains rapidly yielded, and remained quiescent for upwards of four hours. They then returned with inconsiderable violence, but the same medicine, in a higher dilution, was persevered with, and the pains gradually subsided, although they did not finally die away till the expiration of more than forty-eight hours after my first visit.

My object in presenting the details of the above case to the readers of the *Journal* is to draw the attention of my medical brethren to the *Buxus sempervirens*, and to elicit all the infor-

mation respecting its therapeutic properties of which they may be in possession. Until the plant was recently forced upon my notice, I had not heard of its being used either by the profession or by the public as a medicinal agent. But it would seem to have long had a popular reputation as a promoter of abortion, as I have been lately given to understand, and the facts to which I have feebly given expression tend to show that that reputation does not stand upon a groundless foundation. My patient told me that one of her friends, who has since married and borne children, successfully employed it in her own person to rid herself of the consequence of an unlawful intercourse, but beyond the fact that it made the unfortunate young woman very ill, I could obtain no further information as to the manner in which it operated upon the system. Perhaps some practitioner who has the opportunity may work out the subject by making a careful proving of the drug. I think the labour would be well repaid by the results which would be obtained.

I may add that the only unpleasant effect, besides the abdominal pains, which my patient experienced from taking the infusion of box was a slight degree of nausea on one or two occasions.

Her urine was submitted to a microscopical examination a few days after the cessation of the pains, and gave satisfactory evidence of pregnancy.

Ranunculus in Pleurodynia. By Dr. DUDGEON.

A lady, æt. 27, had been confined three weeks when she went out for a drive. The day was cold, and during the drive an accident occurred to the carriage which frightened her considerably. In the evening she had a slight rigor, and complained of pain in the left side about the sixth and seventh ribs. The pain increased during the night and on the following day. I saw her in the evening of the second day. She was sitting rather bent forwards in bed, and leaning towards the left side. The slightest motion caused her intense pain like a knife thrust into her side and through to her back. The pulse 120, small, no heat of skin. She had been taking *Bryonia*. I carefully examined her chest but could detect no signs of pleurisy. The intense dread of any movement, which caused a renewal of the sharp stabbing pain,

the relief felt by a position that relaxed the intercostal muscles of the affected side, the dread of taking a full breath, and the absence of febrile and auscultatory signs convinced me I had to do with a case of severe pleurodynia or rheumatic affection of the intercostal muscles. I prescribed *Arnica* 1, every two hours. The following day the symptoms were as bad as before; in fact, they had not altered. She had been unable to lie down for a moment all night, and at my visit she was propped up with pillows, so that she leaned forwards and to the left side, her head resting on her breast. She could hardly bear me to touch the affected side, and screamed if she had to perform the slightest movement. The pulse was still 120 and weak; she was much exhausted by the want of sleep and the awkward position. She was afraid to breathe at all deeply as that gave her the same pain in the side. With all these symptoms there was no heat of skin, no auscultatory signs; she could eat pretty well, and nursed her baby as frequently as before her illness.

As the symptoms corresponded precisely to those of *Ranunculus bulbosus* on the thoracic region, I prescribed this remedy, four drops of the 1st dilution in half a tumblerful of water, a teaspoonful every half hour as long as the pain was violent; if the pain abated, the medicine to be given more rarely.

At my visit next morning I found my patient lying flat in her bed. She told me she had not taken the first dose of the remedy ten minutes, when she felt as she called it, a wrench in her side, and the pain was gone. She was enabled to lie down, and she slept profoundly, which she had not been able to do for a single instant for forty-eight hours previously. Nothing occurred to disturb the rapid recovery of this lady. The pain recurred in a slight degree several times, now on one side, now on the other, during the next three or four days, but each time it yielded immediately to a dose of *Ranunculus*.

Most of the chest symptoms of *Ranunculus bulbosus* point to a rheumatic affection of the intercostal muscles, and consequently depict the condition of my patient. Symp. 182 might have been drawn from my patient, it so accurately describes her state.

* * * "violent shooting pain superiorly behind the left nipple near the axilla; he dare not move or raise the arm, nor even straighten the upper part of his body without screaming out, but he must sit and stand with the head and breast bent forwards and towards the left side."

*Treatment of Diabetes with Asclepias vincetoxicum.**

By Dr. GALLAVARDIN.

The Bibliothèque Homœopathique of Geneva, VIII. 288, re-published the following information regarding *Asclepias vincetoxicum*, (called in French Dompte-venin) supplied by Doctor Gentzke in the *Allgemeine Homœopathische Zeitung*, VII. 216.

"This plant which was formerly officinal, but which has now fallen into oblivion, deserves, I think, most serious attention on the part of homœopathic practitioners, as promising to possess great activity in certain morbid conditions. Pending a complete analysis of it, I will give an abridged account of the symptoms which it is capable of producing in the healthy organization of animals.

"In a murrain of a kind of diabetes amongst the woolly animals, which has prevailed for some years in a part of Austria, the principal cause of the disease was considered to be the fact of the animals feeding on several kinds of wild plants amongst which grew a great quantity of asclepias. To make the question clear, experiments were instituted in the Veterinary School at Vienna, and the result changed conjecture into certainty. Every day, several ounces of juice extracted from the leaves of this plant were given to some sheep, and the following were the symptoms observed:

"Stupifying vertigo, sensibility in the region of the kidneys; awkward manner of going, the hinder legs straddling unnaturally wide apart. The evacuation of urine is frequent and copious; the liquid is clear as water and without smell; thirst violent; but, however great the quantity drunk, the quantity of urine exceeded it. The mucous membrane of the mouth and the conjunctiva are pale.

"On inspecting a carcase, the kidneys were found to be soft; the pelvis was filled with a reddish serum, the mucous membrane of the ureters and of the bladder was much thickened, the bladder itself was very large and distended with urine.

"As there is much affinity in the action of remedies on men and beasts, there is reason to believe that this plant, after sufficient experiments, would manifest a notable curative power in

* From *L'Art Medical*, t. xxii, p. 288.

many maladies affecting the organs secreting urine, especially in diabetes, where the exhibition of squills or mercury has been inefficacious."

The conjectures of Dr. Gentzke have been confirmed by clinical experiment. Indeed, one of our members has greatly relieved five persons attacked with diabetes mellitus by prescribing for them *Asclepias*, 6th dilution.

One of them, whose urine contained 60 grammes of sugar to the litre, found the quantity of sugar reduced to 60 centigrammes per litre under the influence of this remedy— $\frac{1}{100}$ th of the original quantity.

The *Asclepias* speedily relieved these patients by reducing their thirst, and also by removing a very severe sciatic pain which affected some of them.

These five patients were all, more or less, evidently affected with gout. I think it necessary to point out this, the better to define the indication for *Asclepias*, and also to recall the fact that there are several kinds of diabetes, viz., symptomatic diabetes (glucosuria), idiopathic or true diabetes, just as there are symptomatic albuminuria, and true albuminuria.* I would remark further, that either kind of diabetes may supervene, the first as a symptom in the course of complaints of quite a different nature; the second as any other cachexia, at the latter period of a dyscrasic state, or even may attack a person hitherto enjoying good health.

These considerations will exonerate me from any intention of crying up the *Asclepias* as a specific in diabetes. Various remedies will be indicated for diabetes, according as it appears symptomatically, or as a disease; according as it affects gouty, scrofulous, or consumptive persons; in short, according to the symptoms of each individual case. But a specific for diabetes will never be precisely found, because of the diversity of symptoms in each case, and above all because of the diversity of constitutional conditions in which it is met with.

The preceding reflections lead us to think that other remedies suitable to the different constitutional conditions of diabetic patients might be prescribed with benefit in alternation with *Asclepias* or some other remedy possessing a direct action on the sugar-secreting function. And these conjectures have been

* See three interesting articles by Dr. Fredault, 'On Diabetes,' in the *Art Médical*, vol. iii, pp. 83, 176, and 265.

already confirmed by results, for *Natrum muriaticum* administered internally to some of our five gouty patients with diabetes seemed to assist the curative action of *Asclepias*.

In the existing want of remedies plainly indicated for diabetes, I have thought it a duty to point out *Asclepias*, although it did not completely cure either of the five patients above referred to, but it at least relieved them all. Now this is in itself a very satisfactory result in so serious a complaint. In such cases to relieve the patient is to abate the disease, and prolong life for months, perhaps for years. Sometimes the physician should not attempt more; and indeed many patients suffering from diabetes would not expect more, knowing the incurable nature of their complaint.

A German physician states that he has often found sugar in the urine of very aged persons, although they appeared in other respects healthy. If this be true, the administration of *Asclepias* or of some other analogous remedy might retard their end or ward off their senile infirmities. According to Dr. Claude Bernard, the use of sugar in the system is to contribute to the caloric so often deficient in old people; which defect to a certain extent might thus be supplied.

Our five diabetic patients only took the *Asclepias* at the 6th dilution. Would they have derived more benefit, perhaps been cured altogether, if they had taken the remedy at higher or lower dilutions, the mother tincture for instance? The answer to the question must be learnt by clinical experiment.

To prepare the mother tincture of *Asclepias* given to these patients, the entire plant (leaves, flowers, stems, and root) was put into the alcohol, contrary to the advice of homœopathic pharmacopœias, which direct that the tincture should be prepared exclusively from the roots of this plant.

Dr. Gentzke has just told us that the sheep showed symptoms of a sort of diabetes after having taken each day several ounces of the extracted juice of the leaves of the *Asclepias*. To treat this disease therefore in man, it would be more consistent to administer that part of the plant which produced the disease amongst animals, namely, the juice extracted from fresh leaves of the plant. This extract might be used to experiment on the patients, giving them successively, diluted doses, medium doses, and then large doses. The clinical results would indicate the preferable dose.

Will physicians have frequent opportunities of administering *Asclepias*? Certainly, if persons affected with diabetes occur as often as Dr. Marchal de Calvi asserts they do in his "Researches into the circumstances of Diabetes and an attempt at a general theory of the disease."

"Diabetes," writes the old professor of the Val-de-Grâce, "is very common, and as insidious as common; most frequently it has been, and is still misunderstood, because generally those persons whom it attacks are of vigorous constitutions and preserve their activity and good looks for a long time. Every fat and robust man, who eats and drinks well, who is subject to boils, especially one who has had a carbuncle, who is of changeable character, who has spongy gums, who has suffered from gravel, lumbago, or sciatica, may be suspected of having diabetes; and the sooner the question is set at rest the better, especially if the person begins to grow thin and weak. In every malady with ill-defined symptoms, one should think of diabetes. In no disease are appearances so deceitful as in diabetes; in none is death more skilful in disguising his attacks."

Dr. Marchal does well to call the attention of medical practitioners so earnestly to the frequency of diabetes. For too often the existence of this complaint is neither sought for, nor discovered until many months, or even years after its commencement. Consequently the treatment is commenced too late, when the system already imperceptibly exhausted, can no longer furnish stamina to support the curative process.

Æsculus and Hamamelis in Anal troubles.

By DR. RICHARD HUGHES.

Miss W., æt. 40, consulted me on September 26th of last year. She had been suffering for two months with hæmorrhage and pain after stool. The bowels were moved every other morning; the bleeding was considerable and the pain intense; gradually subsiding afterwards, but not leaving her until evening. She felt much weakened, and was beginning to suffer from neuralgic pain in the face.

Regarding the hæmorrhage as the more important symptom, I prescribed *Hamamelis* 2, a drop three times a day.

September 30th.—The bowels had been twice moved without

any bleeding, but the pain was as severe as ever. *Æsculus* 2, a drop three times a day.

October 3rd.—The last évacuation was painless, as well as bloodless. Continue.

7th.—No pain or bleeding since; the neuralgia troublesome. *Arsenicum* 6, twice a day.

14th.—The neuralgia much better, and no pain after stool, but some return of bleeding. *Hamamelis* 2, twice daily.

21st.—No bleeding since the 16th; much better and stronger.

I left her some *Hamamelis* to take should the hæmorrhage récur; and have not heard from her since.

MISCELLANEOUS.

Case of Acute Fatty Degeneration of the Liver.

Elizabeth W—, æt. 28, was in the Lock Hospital from April 28th to May 29th, 1865, suffering from sloughing phagedæna of labia majora, with suppurating bubo in groin, and slight vaginal discharge. Recovered perfectly under the use of tonics and local applications. No specific treatment. Since May has been an inmate of the Lock Asylum. After feeling unwell for several days, complaining of lassitude, pains in the head, &c., on July 20th, discoloration of skin, yellowness of conjunctiva and nails were noticed; vomited several times; slight pain over abdomen, but not in right hypochondrium especially; no tenderness; region of hepatic dulness very small; bowels constipated; urine contains large quantities of bile; tongue dirty white; pulse normal. Ordered senna draught at once, and warm bath.

21st.—Appearance as yesterday; skin of light-yellow colour. Patient complains of restlessness and want of sleep; the vomiting continues; bowels have moved once, but not freely; fæces clay-coloured. Repeat bath. To have five grains of blue-pill at bedtime.

23rd.—Had been delirious during the night and is now only half conscious; tongue brown and dry; lips covered with dark

sordes ; pulse weak and rapid ; skin hot ; bowels have not been moved since yesterday morning ; some clots of blood passed per vaginam ; she has also vomited some blood, but only a small quantity.

Dr. Sieveking saw her, and ordered a quarter of a grain of *Podophyllum*, and three grains of extract of *Hyoscyamus* in pill at once, twenty grains of chlorate of potash, and three minims of dilute hydrochloric acid in water, a sixth part every hour. 10 a.m.—Bowels not having yet moved, an enema of castor and croton oils was administered, and a large quantity of fæces (clay-coloured and very offensive) brought away ; vomiting now more frequent ; the patient is very restless, throwing her arms about, and turning from side to side continually ; pulse 120 and very weak.

26th.—She lies in a comatose state, with dilated pupils, breathing stertorously ; skin cold and clammy, and darker than before ; no petechiæ ; pulse almost imperceptible ; about a pint of blood was vomited during the night. At 2 p.m. she died—that is, on the fourth day after the appearance of the jaundice, and about thirty-six hours after the supervention of the head symptoms.

Analysis of urine.—Specific gravity, 1015 ; acid ; of a dirty brownish-yellow colour ; turbid ; stains paper yellow. Addition of nitric acid causes faint play of colours, purple and green ; sulphuric acid and sugar give a brownish tint, and not purple ; *ergo* suppression and not reabsorption (Harley). The microscope shows crystals of oxalate of lime ; jaundiced renal epithelium, also vaginal epithelium, some colourless and some jaundiced ; one well-marked fibrinous cast, with epithelial débris.

Autopsy, twenty-four hours after death.—Body rather fat and muscular ; light yellow all over. Liver.—weight one pound, thirteen and a half ounces ; capsule not puckered or contracted ; consistence normal ; colour light, and not markedly jaundiced. On section, the texture seems to be effaced in some parts, and everywhere the tubercles are indistinct. Hepatic veins congested. Gall bladder nearly empty. Under the microscope, no secreting tissue at all is to be seen, with the exception of some doubtful débris ; the hepatic cells appear to be entirely converted into oil ; no excess of fibrous or fibroid tissue. All the other organs are healthy, but more or less jaundiced, with the exception of the kidneys, which are large, rather congested, jaundiced, and show signs of incipient fatty degeneration in the cortical portion.

Dr. Sieveking remarked on the case that the question during

the illness naturally suggested itself as to whether the case was one of acute yellow atrophy. The rapidity with which the symptoms supervened, and ran from bad to worse justified a most unfavorable prognosis, and it was early evident that the essential disease was one involving a decomposition of the blood. Although the post-mortem examination disproved the existence of acute yellow atrophy, the entire disappearance of the true hepatic secreting structure and its conversion into oily and fatty matter, rendered it a remarkable case, justifying the term acute fatty degeneration.—*Lancet*, August 19th, 1865.

[The special interest of the above case lies in this, that the form of disease here described is the precise analogue of that so often met with in poisoning by *phosphorus*. It is the first time that it has been observed as an idiopathic disorder.—See *Brit. Journ. of Hom.*, vol. xxi, p. 97.]

Instantaneous cure of Coryza.

An army surgeon, M. Luc, seized with very bad coryza, attended by fever, severe cephalalgia, and excessive secretion, determined upon trying the effect of inhalation of iodine vapour. The coryza first appeared at 9 a.m., and the inhalations were commenced at 3 p.m., being repeated every three minutes during an hour, each lasting about a minute. The headache was first relieved, the sneezing then occurring seldomer, the amount of secretion diminishing, and by 6 p.m. all traces of the coryza had disappeared, except a little burning sensation in the throat. Several of the officers have since tried the means with the same results. The inhalation is effected by placing a bottle of tincture under the nose, the hand supplying warmth enough to vapourise the iodine.—(Cited from *Revue Médicale* of August 31st, in *Medical Times and Gazette*, November 11th).

[This bit of practice is especially interesting in connexion with the cases of coryza produced by iodide of potassium which we extracted in our last number.—Eds.]

Note on Saccharine Urine. By Dr. WYLD.

My attention has within the last six months been a good deal drawn to the examination of urine with reference to sugar.

It has been objected to Moore's test that the brown colour produced by boiling saccharine urine with a solution of potash, may, unless there be much sugar present, not be distinguishable.

The usual method is to *boil up* the solution of potash and urine; but Dr. Garrod practises a much more adroit method. He brings to the boiling point the *upper* portion only of the mixture of urine in the test-tube, and as this portion is thus hotter and therefore lighter than the lower stratum, it maintains its position, and the observer can at once distinguish the minutest difference of colour between the upper and lower strata in the test-tube.

If there be much sugar present, it is difficult to fall into error, but if a small proportion of sugar be present, the deepening of colour produced by boiling is not greater than I have often observed when phosphates or other organic substances, without sugar, were present.

Knowing this and other sources of fallacy inherent in the potash-test, chemists have proposed the copper test. Fehling's copper test is the most recommended. It consists of a solution of sulphate of copper, tartrate of potash, and caustic potash.

We are told that if this solution be added to saccharine urine, and heat applied, oxide of copper in the form of a yellow or reddish deposit is thrown down.

I recently, however, convinced myself that almost every specimen of urine I procured and so treated, threw down a copious yellowish or reddish deposit. I found also that the *same* sample of saccharine urine threw down a deposit of very variable colour according to the amount of copper used, and the time the specimens were boiled. I have further found that some samples of urine which contained no sugar threw down a deposit when tested with copper, not distinguishable to the eye from the deposit *sometimes* obtained from saccharine urine; so that one of the most accomplished organic chemists of the day, on one occasion, on my presenting him with two such samples could not point out to me, from observation alone, the one which contained sugar.

On mentioning this fact to an allopathic physician whose speciality is the kidney and abnormal urines, I asked him if medical men were not, with regard to diabetes, occasionally deceived by urine tests? He replied that they were, and that he had frequently demonstrated the *non*-existence of sugar in the urine of supposed diabetics sent to him for examination.

The conclusion I draw from these observations is—that the testing of urine with reference to sugar is not *invariably* so simple a matter as is generally supposed, and that in doubtful cases it is advisable that the opinion of an adept in organic chemistry should be obtained.

It is reported that diabetes mellitus is on the increase in this country. Is it not possible that this apparent increase, if it exists, is only apparent, and that the opinion arises from greater attention than formally being drawn to sugar-tests, and from these tests sometimes misleading the practitioner? Reported cures of diabetes mellitus may have their foundation sometimes on the same error.

This is an important question, for the mistaken application of an almost exclusively animal diet would certainly occasion great inconvenience, and might even endanger life.

The Editors of the British Journal of Homœopathy.

SIRS,—When I practised allopathy a few years back, I had seldom any great difficulty with my cases of gonorrhœa; moderate doses of Copaiva or of Tincture of Iron internally, and a weak solution of Sulphate of Zinc as an injection, generally soon put matters to right; but since I adopted Homœopathy, I confess I have not been able to obtain such good results from the treatment of this disease as I formerly met with, and as my experience with our medicines in other affections leads me to hope for. My want of success may possibly be due to my having made use of low dilutions, although I am indisposed to give much heed to this as a cause of failure, as a friend who has tried high dilutions tells me he is far from satisfied with their effects. I should much like to see this matter ventilated in your columns, and should be greatly obliged to you if you would kindly permit me to put the following queries to your readers:—

1. What amount of success have you had in the treatment of the above disease? and
2. What medicines, and what dilutions of them, have you had most occasion to give?

I am, yours, &c.,

NEMO.

A New Prophylactic Method for Smallpox.

In the *Wiener med. Wochenschrift* (an allopathic Journal), No. 6, 1865, is the following:—

“We take from the *Gazette Médicale* of the 12th November, 1864, the following wonderful proposal of Dr. G. Severin, extracted from an Italian medical journal called *L'Ippocratico*, for bloodless vaccination, or, as it is called, homœopathic vaccination. Severin advises, after the example of Dr. Louis Codde of Genoa, to administer to children we wish to vaccinate, the 30th dilution of vaccine matter; he asserts that ‘this method of vaccinating never fails.’ He instances three children of one family who, thus vaccinated by the mouth, had, after the usual period, beautiful and perfect vaccine pustules, accompanied by the usual fever, &c. He also mentions one case (his own niece) to whom her parents gave more than the prescribed dose (two drops three times a day), and in consequence she had very violent fever and a large number of pustules. Severin appeals to his colleagues to substitute for vaccination with the lancet this vaccination by the mouth. The *Gazette Médicale* thinks that in spite of its improbability, it ought to publish this appeal, we do the same.”

Dr. Schneider of Magdeburg calls attention to this proposal in the *Allg. hom. Zeitung* for the 6th November last. He says that Vogel has found that vaccination performed in the usual way was insufficient as a protective against smallpox, unless it was followed by an eruptive fever; but as it by no means always happens that an eruptive fever follows ordinary vaccination, therefore, notwithstanding that the vaccine pustules may be perfectly developed, the patient may not be at all protected. As the eruptive fever was stated to follow the process recommended by Severin, Dr. Schneider resolved to try this plan of “vaccination by the mouth” on an extensive scale, especially as a smallpox epidemic was raging in Magdeburg. He got a drop of cowpox lymph from a vaccinator in the town and made with it three dilutions on the centesimal scale; with the third dilution he moistened some globules, and gave one dose of these as a prophylactic against the prevailing epidemic. The families of Mr. v. W. and Dr. L., got the first doses on the 29th and 30th September. On the 8th October he saw on Mr. v. W. a number of small pocks on the neck, the arms, the back, and on the right hip; they were dis-

tinctly recognisable as cow pocks, though some were undeveloped, and some had had their heads scratched off. They had appeared three or four days before with itching. On the 10th October they dried up, and a few days afterwards they went off without leaving a trace.

Shortly afterwards Dr. Schneider learnt from Dr. L. that he too had noticed some pustules on his body, which he attributed to having eaten roast goose (he had not been told that an eruption might be caused by the dose taken). All that I saw of this eruption was the remains of a scab on the scalp.

These facts led Dr. Schneider to make a more extensive trial of the prophylactic, and between the 10th and 21st October he distributed it to upwards of 300 persons. He writes, on the 21st October, that among these he saw fifteen cases where an eruption appeared between the second and seventh days.

The slightest eruption was *spots* (in two cases on the arms and chest), which went off the following day.

The next was *vesicles* (in one case of a young lady, on the left forearm; they rose the day after taking the dose, were fully developed the next day, dried up on the third day, and soon went off leaving no trace).

The next, *one strongly developed pock* (in three cases—in two on the lower hip, in one on the tendo-Achilles of the right leg); this went through the process of development and decline in two days.

The next, *several strongly developed pocks* (in two cases on the neck—in one there are still traces in the face and on the scalp), running their course in three days.

The next, *small scattered pocks* (in three cases only in the face and neck, in two cases here and there on the body); they lasted longer than the others, particularly their scabs.

Lastly, *general eruption of pocks* (in two cases, in the before named Mr. v. W., and in Lisbeth S—, æt. 7; in the latter on the 10th October—the seventh day after taking the dose; pimples on the face and all over the body, pretty numerous; on the 19th October, pustules, which are now drying up. Besides evening rigor in the development period and nocturnal itching, no symptoms).

From these observations Dr. Schneider thinks himself justified in asserting that "vaccine matter in the dose of one globule of the millionth attenuation, given internally, produces in susceptible

individuals a greater or less and even a general eruption of pocks, and this it does by infection.

From this he thinks it follows undeniably (1) that the homoeopathic's "nothings" produce some effect; (2) that vaccine matter taken internally causes infection, and that more frequently, and to a greater degree, than when inoculated, which only very rarely causes an eruption of secondary pocks, and (3) that, therefore, the internal administration of vaccine matter as a prophylactic is to be preferred to vaccine inoculation; all the more so as thereby the conveyance of other morbid causes is avoided, especially if we take the cowpox lymph from the cow direct.

These experiments and observations are extremely interesting; but we should like very much that Dr. Schneider had tested the efficacy of the eruption caused by the internal administration of vaccine lymph, by attempting to vaccinate those who took the lymph, and had or had not the eruption. We invite our colleagues to join with us in testing this new method of vaccination, and would advise that it be tested not only in the way Schneider advises with a dose of the 3rd dilution, but also in the manner originally promulgated by Severin, with repeated doses of the 30th dilution. Should this method turn out successful, we see many analogous cases in which the same principle may be applied, not prophylactically only, but also curatively. For those who are curious about the history of the employment in medicine of the products of contagious diseases, we would refer them to the sixth lecture in *Dudgeon's Lectures*. The prevalence of the cattle plague presents a fitting opportunity of trying the method both as a preventive and as a cure. It is now generally agreed by the best authorities that the cattle plague is an exanthematous fever, and the eruption is often seen very distinctly on the udders of cows labouring under the disease, in the form of vesicles not unlike ordinary cowpox. We would suggest that the lymph from these vesicles should be prepared, as Dr. Schneider advises, and administered both as a prophylactic to beasts exposed to infection, and to such as are already labouring under the disease. Should this method fail, we might try how it would do to pass the disease through the body of another animal, a sheep, pig, or dog for instance, by inoculating it with the lymph, and in the event of its taking effect, using the modified lymph so obtained for the purpose of inoculating cattle

prophylactically. At page 167 of *Dudgeon's Lectures*, it is mentioned that an extensive landed proprietor in Germany found that a very contagious disease among his sheep was at once cured by the administration of the 1st trituration of the morbid product of the disease to the affected sheep.

OBITUARY.

Dr. M. J. Chapman.

In the death of Dr. Chapman homœopathy has to deplore the loss of one of her most distinguished adherents. He was not merely a physician, but a man of high classical attainments, a scholar and a poet. The essays from his pen that have from time to time appeared in this Journal, testify to his rare literary gifts and his fine practical tact. He wrote largely for some of our best literary periodicals, and published some volumes of poems and translations from ancient clinical writers. His intellect was strong and acute, and was distinguished by large comparison and individuality, so that he made extraordinary and happy hits in practice from his power of perceiving striking analogies betwixt remedy and disease which would have escaped less gifted practitioners. At the same time his extreme sanguineness and poetic temperament rendered his judgment less valuable as a consulting physician; and the ordinary attendant had, at times, to disclaim his power of carrying out practically the too hopeful view of the possibilities of medicine which Dr. Chapman was prone to entertain. Nevertheless he was a man of great and comprehensive mind, and of a considerable amount of genius. In moral qualities, of large and genial heart, a gentleman, and a man of courage; we fear his loss will not be replaced in our day.

Dr. Joseph Laurie.

No name is more familiar to the English homœopathic world than that of the subject of this notice. Dr. Laurie was one of the earliest practitioners of homœopathy in the metropolis, and the Domestic Manuals he wrote have ever been the most popular of their class. He died quite suddenly of heart disease, in the night between the 9th and 10th of last month. His health had long been far from robust; but as his friends were not aware of his heart affection, and as he was able to go about his work with assiduity and satisfaction to his numerous patients, his sudden death was a great shock to all his friends and patients. Dr. Laurie was a painstaking author; a very successful practitioner; a warm-hearted friend, and, though of retiring habits, genial and humour-loving among those with whom he was intimate. The work by which he will be chiefly remembered is his large work on *Domestic Homœopathy*, which has gone through many editions. He also wrote a work entitled *Elements of Homœopathic Practice of Medicine*, intended for the practitioner, but which did not meet with so much success as his more popular book. Several other works, as the *Parent's Guide*, the abridgement of his large domestic work, besides an edition of Jahr, and a translation of *Bönninghausen's Manual*, we owe to his pen; and this Journal has occasionally received valuable contributions from him.

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Plain Directions for the Treatment of Cholera, by WM. BAYES, M.D. London: Turner, 1865.

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Address before the Homœopathic Medical Society of the State of New York, by the President, H. D. PAINE, M.D. Albany, 1865.

Apropos de l'Homœopathie quelques pages d'Histoire Médicale Contemporaine, par le Dr. E. ESCALLIER. Paris: Baillière, 1864.

Lettre sur le Climat de Nice, par le Dr. ESCALLIER. Paris: Baillière, 1865.

The Efficacy of Homœopathy in Lung Disease of Cattle, Milk Fever of Cows, and the Cattle Plague. London: Turner, 1865.

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The Chicago Medical Investigator.

United States Medical and Surgical Journal.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

GLEANINGS FROM ALLOPATHIC LITERATURE.

WITH the help of the *Year Book* of the New Sydenham Society we lay before our readers the various facts and observations of the greatest interest to the homœopathist that have appeared in allopathic literature during the year 1864.

Obesity.

Dr. E. Smith, besides some interesting observations on the nature and dietetic treatment of corpulence, gives the results of some curious experiments on the effects of different exercises on the consumption of fat, which may be read in connection with the article in the last number on "Hygienic Recreation for the Middle-aged." Taking the lying position as the minimum and as the unit of comparison, the effect of walking at the rate of 1 mile an hour is 1·9; at 2 miles, 2·76; at 3 miles, 3·22; and at 4 miles, 5. The effect of cantering on horseback with a rough horse is 3·16; of trotting, 4; of moderate rowing, 3·33; of moderate swimming, 4·33. The numbers represent both the relative effect on the body in the consumption of fatty and fat-forming matters in any given time, and the greater number of hours during which a given gentle exercise must be continued to render the effect equal to the severer exercise. For example,

one hour's walking at the rate of four miles an hour would cause as large a consumption of fat as nearly three hours' walking at one mile per hour; and one hour on the tread-wheel is equal to four hours' gentle walking. Hence, we have almost as powerful an agent in exertion as in fasting; but in employing it we must proceed by slow degrees, and maintain the exertion, keeping always well without the limit of failure of the heart's action and general exhaustion. The quantity of fat consumed per hour by different modes of exertion is stated as follows:—1 hour of lying still when asleep at night consumes 0·31 oz. of fat; 1 hour of lying awake in the daytime, 0·46 oz.; 1 hour of standing, 0·55 oz.; 1 hour of walking at the rate of 2 miles an hour, 1·1 oz.; ditto, at the rate of 3 miles an hour, 1·6 oz.; 1 hour of working continuously on the tread-wheel, 2·75 oz. Hence, one lb. of the fat of the body, in the absence of food, would be consumed by less than six hours' labour at the treadwheel; by ten hours' walking at 3 miles an hour; and by fourteen and a half hours' walking at 2 miles an hour.

Alcoholic Stimulants in Typhus Fever.

Our old enemy, Dr. W. T. Gairdner, after premising that Dr. Alison, of Edinburgh, taught that it was necessary to administer stimulants in typhus and typhoid fever from an early period without waiting for symptoms of debility, endeavours to show:—1st, that it is possible to reduce the mortality of typhus fever while giving much less stimulant than usual. 2nd, that this diminution may take place at all ages, but is most marked amongst the young. 3rd, that while at all ages the administration of stimulants ought to be very strictly guarded, it is demonstrable that young and temperate persons may be advantageously treated without one drop of wine or spirits, from the beginning to the end of the fever, except in the rarest casualties. 4th, that the principle of giving stimulants as a matter of routine in typhus ought to be at once abandoned. He gives some interesting and conclusive statistics to support his views.

He confesses he is strongly persuaded that to the young in typhus, and very probably in most other fevers, stimulants are not less than actively poisonous and destructive, unless administered with extreme caution. He deprecates the excessive use of stimulants, not on account of their tendency to excite the circulation, but because so given they do not support the strength, but rather poison the system by loading the blood with material which is unassimilable into blood or tissue, and which arrests or interferes with the vital changes necessary to preserve the balance of waste and support. He is no advocate of depletion or starvation; on the contrary, the whole aim of his practice in fevers is to support the strength.

Sesqui-carbonate of Ammonia in Scarlatina.

In five weeks, 192 persons out of a population of 440 in the Idiots' Asylum were attacked. There were 65 cases of simple, 78 of anginose, and 49 of malignant scarlatina. All were treated by 5 grains of sesqui-carbonate of ammonia, in 1 oz. of water every four hours. The diet was milk and beef-tea, and wine was liberally given where depression was present. Ten died, nine of them idiots. Fourteen of the malignant cases occurred among the officers and servants, only one of whom, who had a diseased heart, died. Dropsy with albuminuria occurred as a sequela in twelve cases.

Sulphur externally in Tendinous Rheumatism.

Dr. Renard, after an attack of rheumatic fever, for which he was copiously bled, had painful rheumatism of the tendons of the hamstring muscles. He tried many remedies in vain, but was rapidly relieved by dusting the inside of his stockings with flowers of sulphur.

Pathognomonic sign of Cardio-thyroidean Exophthalmia.

Graefe points out a symptom observed from the first and constant. It is the suspension of the sympathetic connection

normally existing between the vertical rotation of the visual plane and the movement of depression and elevation of the upper lid. In the normal state the lid follows this movement, and is elevated or depressed in proportion to the extent of the rotation of the eye. But in this disease the lid remains motionless, especially in the rotation of the eye downwards.

Ice to the Spine in Spasmodic Affections.

Edmunds relates the case of a woman, æt. 28, not hysterical, who was suddenly seized with cramp-like contraction of fingers, pain in arms, followed by a similar condition of legs. These symptoms increased until the attack presented the appearance of opisthotonos. No cause could be found for the attack, unless the bowels not having been open for three days could be such. Ice was applied constantly to the spine for seven hours, at the end of which time all the severer symptoms had disappeared. He mentions also, that ice to the spine, in Dr. Chapman's way, kept off the attacks of laryngismus stridulus. Falconer relates the case of a boy, æt. 11, attacked with severe tetanus, who recovered under the constant application of ice to the spine for thirty-two days. Howard records a case of opisthotonos in a man æt. 25, cured by ice to the spine.

Nitrate of Silver in Paraplegia.

A child, æt. 7, had fallen from an inconsiderable height, and immediately complained of acute pains in the dorsal region. From this time she was unable to walk, or even stand. The speech became slow, difficult, and indistinct, and the food partly escaped from the mouth during chewing. After a month of fruitless expectant treatment, Bouchart prescribed one-fifth of a grain of nitrate of silver, divided into two pills, to be taken every day. After a month of this treatment the child left the hospital perfectly cured.

Nitrate of Silver in Diphtheritic Paralysis.

A woman, after primary diphtheria of a wound in the arm, had paralysis of the extremities and the muscles of the throat. Some months after the commencement of the disease she was treated with nitrate of silver and speedily cured.—*Raciborski.*

Turpentine in the Headache of Nervous Women.

Teissier says that the cephalæa for which turpentine is the remedy, is characterised by a pain in the head, much more continuous and fixed than that of neuralgia, and which may last weeks, months, and even years, with but rare intermissions. The pain is sometimes dull, sometimes shooting, sometimes throbbing, occupying only a single point of the head or the whole of the cranium, accompanied by nausea or even vomiting, and complicated with more serious symptoms, as vertigo, tendency to syncope, inability to think or work, despondency, weariness of life, sometimes numbness of limbs. It is especially met with in nervous women, and often coexists with a- or dys-menorrhœa, though it is sometimes met with when the constitution is good and the uterine functions are regular.

Thoracentesis in Pleuritic Effusions.

Béhier says the operation ought to be performed in all cases where the fluid is in large quantity and does not diminish rapidly under ordinary means, and still more if it goes on increasing; in all cases where the patient appears too delicate, too weak to bear up against the long process of absorption of an effusion which occupies completely, or nearly so, one side of the chest; in all cases where, though the effusion is not very copious, we find the opposite lung impeded in the performance of its function, as by bronchitis, a certain degree of œdema, &c., in all cases where there is a predisposition to pulmonary phthisis. G. H. Kidd is also a strong advocate for the operation.

The open air in Phthisis.

Blake treated seven phthisical patients in this way, and he believes there are few cases of phthisis that may not be similarly cured. The locality where his patients resided, was in the vast range of the Californian mountains, 3000 to 5000 feet above the sea, where the temperature is very equable, and no rain falls for five or six months. When the rainy season comes on a short voyage takes the patient to Northern Mexico, where the winter climate is exactly analogous to the summer climate of San Francisco. The patients are directed not even to sleep in tents but out under the trees, and to live on the game found in the mountains.

Insufflation in Intussusception.

The prognosis in this disease is always unfavorable, and the common treatment by purgatives is more than useless. On account of the irritability of the rectum fluids can seldom be injected, but air can always be blown in. Greig records four cases successfully treated by insufflation by the anus. The operation of blowing in air should be continued until the child begins to be uneasy, and the belly tympanitic.

Icterus Catarrhalis treated mechanically.

Gerhardt says he has succeeded in two cases in forcing out the plug of mucus obstructing the origin of the common duct, and so evacuating the contents of the gall-bladder. The practitioner should ascertain by pressure the limits of the distended gall-bladder, which is then to be compressed carefully by the fingers, and pushed steadily backwards. The organ may be distinctly felt to collapse when the obstacle disappears.

Albuminuria from Lead Poisoning.

Ollivier found albumen in the urine of many of the workmen in lead. The albuminuria was sometimes temporary,

sometimes it lasted as long as the patient was under observation. Lead was several times discovered in the urine. He and Lancereaux think that the albuminuria is an attendant symptom in all poisonings, and is an expression of the excretion of the poison through the kidneys.

Bromine in Erysipelas.

Post says that in the Park Barracks, Louisville, erysipelas broke out with great severity, and the moment the bromine treatment was adopted, it ceased to spread. Lint was moistened with the compound solution of bromine and applied directly to the part, the whole covered with oiled silk. In from 12 to 24 hours after the commencement of the treatment the erysipelas began to subside.

Treatment of Gonorrhœa.

The Irish surgeon, Mr. H. Collis, says that for years he has not used either cubebæ or copaiva at all. If there is much constitutional disturbance and high local inflammation, he commences with a saline purgative and small doses of tartar emetic, but his main treatment is repeated injections of a weak solution of alum. In the most acute form, when the discharge is profuse, thick, and glutinous, the lips of the urethra red, villous, and pouting, the patient should pour a small jug of cold water on the organ, and immediately inject a syringe-full of alum solution, $\frac{1}{2}$ a gr. to the oz. This injection is to be repeated every half hour the first day, and as often at night as sleep will allow. Generally before 24 hours are over, the sensation will be lessened, the local heat, redness, swelling, and ardor urinæ abated. The strength of the injection is then to be increased to 1 gr. per oz., and used every hour. Usually after 48 hours more the discharge will have ceased, but the injections must be continued for a week or two in the strength of $\frac{1}{4}$ a dr. to 8 oz., three times a day. In old gonorrhœa, where the discharge is half mucus, the lips blue, and the scalding not complained of much, the strength of the injection may be increased to 1 dr. in 8 oz., three or four times a day.

Pressure in Anthrax.

The same Mr. Collis disapproves of the crucial incision in carbuncle, and applies pressure by means of spiral strapping, either common adhesive plaster, or soap plaster with opium. We are not sure how the plaster is applied, but the author says the treatment is very simple, and we are inclined to think that there is much reason in the theoretical principles on which he advocates his plan. He gives some cases illustrating its success.

Iodine Injections in Chronic Hydrarthrosis of Knee-joint.

Mr. Holt, after drawing off by means of a small trocar a considerable quantity of fluid, injected, at first, equal parts of tincture of iodine and water, then, after some time, 2 drachms of undiluted tincture of iodine, which he left in the joint. The joint swelled, but was not painful, and after a time the patient was able to walk about in comfort.

Apiol in Dysmenorrhœa.

Dr. Corlien has employed apiol (the active principle of parsley), with success in some cases of amenorrhœa and dysmenorrhœa, dependent on functional derangement of the nervous system.

Arsenic Eating.

Dr. Maclagan saw in Styria a young man who said he had been in the habit of eating orpiment for a year and a half. He began by swallowing rather less than a grain once a fortnight; now he took it twice a week. He never felt any ill effects from it. If he could not get it he felt a longing for it. Dr. Maclagan offered him some arsenious acid; he chose a piece, such as he was in the habit of taking, it was nearly 5 grains in weight. He powdered it, placed it on a piece of white bread, chewed and swallowed it. Two hours later his urine was found to contain arsenic. Twenty-four

hours later the urine still contained arsenic. Another man said he had taken arsenic for fifteen years. The day before he had twice publicly eaten some of the sulphuret, and in Dr. Maclagan's presence he swallowed about 6 grs. of arsenious acid. He said he took the same dose about once a week. He also stated that near Liegist many people eat arsenic, some taking it daily, and many in larger quantities than he.

Physiological effects of Cubebs.

After taking a large quantity (70 grammes) of cubebs, the temperature of the body was increased, the pulse quickened, the stomach disordered, flatulence produced. Irritation of the urinary passages was always produced. Cutting and constriction after micturition once felt.—Bernatzek.

Poisonings by Jatropha Curcas.

Some boys in Birmingham found some of the nuts on the floor, put them in their pockets, and finding them pleasant, ate some themselves and gave others to their friends. In consequence thirty-three persons were taken so ill that they had to be carried to the General Hospital. Some had only eaten three or four nuts, others as many as fifty. Symptoms came on in some cases in ten minutes, in others not till two or two and a half hours had elapsed. The chief effects were pain and burning in the throat; pain and distension of abdomen; giddiness, vomiting, and drowsiness; and after some time purging, the evacuations being copious, mucous, and not unlike the well-known rice-water starch. In some cases the depression was very great, in many there was dysuria; pain was always present as an after effect. Dilatation of the pupil was believed to exist in those who had taken large quantities of the poison. It was doubtful whether the drowsiness was a narcotic effect of the poison, or whether it was simply caused by prostration. The treatment consisted of emetics and purgatives. All the cases recovered.

Remote effects of Atropine.

A woman swallowed by mistake 2 grs. of atropine, and notwithstanding the large dose, recovered after six days. She remained well for several weeks after her recovery, but at the end of that time became affected with loss of sensation in the finger-tips, formication, sleeplessness, illusions of sense, headache, lassitude or gastric disturbances; also palpitation at night, with great debility and distress. She remained anæmic and no treatment succeeded in restoring her to her previous state of health.

Effects of Glonoine (Nitro-glycerine).

Professor Alkin made a series of experiments with this substance. His conclusions are: 1. It belongs to the active poisons which produce their full effects in a few minutes. The action on frogs is intermediate between strychnia and caffen. 2. In warm blooded animals it produces effects like those of hydrocyanic acid. Its action is exerted chiefly on the brain and spinal cord, less upon those parts presided over by the sympathetic nerve. The heart is only so far affected that its action ceases somewhat earlier, and its chambers are somewhat less full of blood than when death occurs in a natural way. The brain and medulla of animals present an anæmic appearance after the full action of nitro-glycerine. 3. In large doses it impairs the power of motion more than sensation.

D. R. Demme took two or three drops of an alcoholic solution, containing one-tenth part glonoine. It caused a tingling sensation in the throat, and increased saliva. In ten minutes he had giddiness and dull pains in the head. On taking five or six drops of the solution, these effects came on sooner and were accompanied by a gnawing sensation in the masseter muscles. After ten drops the movements of the lower jaw were impeded from contraction of the temporal and masseter muscles, and slight twitchings were felt in the muscles of the lower extremities. These effects lasted later at half an hour, and gradually passed off.

CHELIDONIUM MAJUS, L.

By Dr. O. BUCHMANN, of Alvensleben.

(Continued from p. 50.)

May 20th.—The pustules disappeared within four days; also the yellow tinge of the skin and eyes.

25th, 5 a.m.—Took thirty drops; in half an hour violent pains in the head, with throbbing in both temples for two hours; then flashes before the eyes for three hours, followed after their cessation by diarrhœic stool.

1 p.m.—Three drops; in one hour after, anxiety, lasting till evening. Drinking water causes weight and pressure on the stomach; seltzer water does not cause flatulence. Uneasy sleep, with dreams of death and a funeral and a wedding.

26th.—I have taken no more, on account of fluent coryza.

28th, 7 a.m.—Thirty drops; soon afterwards great hunger, which can hardly be appeased.

11 a.m.—Three pappy stools before 12. Oppression of the chest, ceasing gradually at 12.

10 p.m.—Twelve drops; immediately after, drawing in the calves and knees, up to the thighs. Very restless sleep; lassitude next morning.

29th, 8 a.m.—Twelve drops; in one hour oppression of the chest for three hours; drawing in the right shoulder; itching of the skin.

At Noon ten drops. At 1 o'clock great weariness and sleepiness; at 5 chilliness.

10 p.m.—Ten drops; continued chill; weariness; restless sleep. At 4 next morning, awoke with gentle perspiration.

30th, 9 a.m.—Ten drops; in one hour great anguish, and jerking in all the limbs; burning in the soles of the feet.

At Noon ten drops. No symptoms but chill, which I ascribe to the circumstance of having, against orders, eaten salad.

9 p.m.—Nine drops; in one hour nausea, which went off on lying down; quiet sleep; about 4, awoke with gentle perspiration.

On account of various hindrances, I had to give up the proving till July 2nd.

July 2nd, 7 a.m.—Two drops in a cup of water; in one hour, pain in the upper part of the chest; stiffness of the neck, especially in the nape. In four hours, violent beating in both temples. In six hours, drawing and tearing from the knees down to the feet.

1 a.m.—Two drops in a cup of water. In one hour, pain in the left shoulder; in three hours, drawing in the left testicle, up to the hip, for an hour.

8 p.m.—Three drops in a cup of water. Before 12, restless sleep; at 5, awoke in perspiration.

3rd, 7 a.m.—Three drops in a cup of water. At 8, burning in the palms of the hands; angry irritability; capriciousness; terror at the least noise, as when one has not got a good conscience and cannot but feel alarmed.

At Noon three drops in a glass of water. In three hours, heat in the face; stiffness in the nape; burning in the urethra; anxiety at every little noise.

10 p.m.—Three drops in a glass of water. Restless sleep; dreams about enlisting in the army, with great misery, so that my wife was induced by my crying to awaken me.

4th.—I took nothing, because in the morning I was troubled with anxiety and beating in the temples.

7th, 7 a.m.—Four drops in a glass of water. In one hour, pain in the back, on rising from a stooping posture; drawing in the legs, from the knees to the great toe; in three hours, weariness and paralytic feeling in the thigh.

At Noon, four drops in a cup of water. In half an hour, great weariness; pains in the intestines; drawing upwards to the chest for two hours, then rumbling, with discharge of flatus; chill about 6.

8 p.m.—Four drops as before. In one hour, violent chill, so that I had to light the fire to warm myself.

8th, 6 a.m.—Four drops as before. In two hours, heat and redness of the cheeks for an hour; then shivering and stitch in the right side of the chest for two hours; burning in the urethra on passing urine.

At Noon, four drops as before. In two hours, heaviness in the head, especially the forehead, as if it would fall out; heaviness in the eyes; when reading, the letters run into each other; at 4 p.m., stiffness in the nape of the neck; forced to attempt eructation, without succeeding; chilliness; drawing in the right testicle throughout the day.

9 p.m.—Three drops in a cup of water. Phantasies unmeaning and incoherent, whilst half asleep, till midnight; fear of death, and of serving in the army.

4 a.m.—Awoke with pains all round the sternum, as if it were pressed in, till about 5; from 5 to 6, strong perspiration, which removed the pains in the chest.

9th.—After rising at 7, I was so peevish, weary, and exhausted that I was obliged to discontinue the doses. This day's sufferings continued for three days, and then quickly disappeared.

11. EXPERIMENT ON MR. H., A TEACHER.

November 24th, 9.45 a.m.—I took the medicine sent for proving by Dr. X., one hundred drops at once. In three quarters of an hour, nausea set in twice, but very slight; then pain in the right side of the forehead, and at noon pain on a small spot behind the left ear, as if from a slight blow, only for a short time. At 1.45, pain on the left shoulder, as if I had lain too long on it; sleepy in the evening.

25th.—In the evening, sleepiness.

10 p.m.—Pain in the right side of the forehead, as if from a blow, only for a short time; drawing and stiffness in the nape.

27th.—The pain in the shoulder shows itself also in the arms, especially the left; all afternoon, comfortable warmth all over.

28th, p.m.—Warmth increased ; pulse feeble.

29th.—Pain in the shoulders, nape of the neck, and arms, down to the wrist. These pains particularly affect the left side, and either commence p.m. or become more continuous and sharp then, whilst the other sensations soon disappear.

December 3rd and 4th.—In the evening, drawing pains in the parietes of the abdomen ; spirits in general good.

[N.B.—The person above alluded to is slender, thin, with a sickly look, very sensitive and excitable, but soon comes to himself ; in early youth suffered from dysentery, which brought him to the brink of the grave ; ever since looked pale ; whether mercury was the cause he cannot say positively. Subsequently, about nine years old, he took by infection an itchy eruption ; it was, as far as he can remember, treated with a white salve. At about twenty-four the eruption set in again, between the fingers, but very sparsely, and after a time disappeared of itself. At present he is fifty-five, and had, about twenty-seven years ago, inflammation of the liver ; afterwards, in 1848, he took a fever, to which his medical man could give no name. He is now quite well.]

December 9th, 1861.—From this date, 7.30 a.m., I took the same medicine again, but only about six drops in a cup of water twice a day, morning and evening. After 9, pain in the penis and testicles ; dull headache in the forehead ; head heavy ; stiffness and paralytic pain in the nape ; then pains in the anus and perinæum, which soon ceased.

P.M.—The pains of the nape, left shoulder, and left arm increased considerably ; besides, I still had drawing pains in the back and chest. In the evening all the pains were gone, except in the head.

10th.—Nape stiff and painful ; the pain increased in the left shoulder and left arm ; pressive pain in the chest and back, which draws between the shoulders. In the evening, pains in the parietes of the abdomen on the left, increased by contracting the abdomen ; also, pains again in the genitals, of short duration.

13th.—About noon, strangury ; p.m., drawing in both

hips ; on the left side of the spine, where the ribs cease, a pain, as if from a blow, for a short time, in a small spot ; then the same pain in the right side of the spine : moreover, on the right ischium, pain, as if from a blow, and lastly, a similar pain in the left cheek bone. Pressive pain in the liver, about an inch from the *scrobiculus cordis* ; pain in the middle of the right thigh, as if from a blow. In the evening, insulated stitches, like the pricking of a pin, in different parts of the skin ; pressive headache.

14th.—Stomach-ache, and a sense of distension, with a slight pain in the lower bowels ; pain as before in the left arm ; feeling of cold in the stomach, and some distension, as if cramp were commencing ; at the same moment, pains drawing in all directions in the back, up between the shoulders. In the evening, stitches in the skin in individual parts ; when in bed, pain in the little toe of the left foot and the one next to it, as if from a blow ; pain in the left thigh, three fingers' breadth from the hollow of the knee, as if from a blow. In the morning, pain in the forehead, especially at the root of the nose.

16th.—Pains in the chest and back, strangury, and some abdominal pain ; pain in the arm and nape, as before ; likewise the head pains.

17th.—Pain as from a blow, in the second phalanx of the ring finger of the left hand ; pains in the region of the liver and spleen, in the neck, back, and chest ; pain in the left metatarsus beneath as from a blow ; a pricking once beneath the skin, dull pain in the forehead.

19th.—In the forenoon a feeling as of sand in the eyes, with tears ; headache continues. As the pains in the arm, neck, back, chest, and region of the stomach were too unpleasant and lasting, I ceased taking the doses, after which the pains gradually disappeared, and were quite gone by the 29th of December.

January 2nd, 1862.—This morning at half-past 10 I recommenced the medicine, taking only three drops in half a cup of water. In the evening pain in the forehead.

3rd.—On account of the trifling effects of yesterday's dose, I took six drops in a cup of water at 10 this morn-

ing. In the afternoon the pains in the head increased very much, (pains like those arising from drunkenness); at half-past 2 in the afternoon the former pain in the neck and shoulders recommenced.

4th.—Nose stuffed on awaking in the morning; a spot above behind the sternum pained me on coughing as if it were raw; much coughing, especially in the morning; cough laborious as in consumption, with much expectoration deep from the lungs. The cough could not be repressed on moving after awaking, whilst the rattling in the chest increased. The expectoration in large lumps, got up with difficulty. During the first three days the fits of coughing were accompanied with pains behind the sternum, especially at night; much mucus in the nose, obliging me to change my handkerchief daily. I had no recollection of having caught cold. On the 10th of December I was similarly affected with catarrh, without being aware of having caught cold. (I did not mention this catarrh before, as I ascribed it to having unconsciously caught cold; but as all its symptoms have been so exactly repeated, I cannot but regard it as the effect of the medicine. On account of the catarrh I discontinued the doses.) After the symptoms had abated, I recommenced on the 12th of January, and took six drops in half a cup of water every morning at 7 o'clock. Towards evening the former pain in the arms reappeared, but very slightly; pain in the head from the forehead to the nasal bone.

13th.—Continued pain in the head. About 11 in the forenoon strangury. In the afternoon the pain in the head became more violent, extending to the back of the head; pain in the scrobiculus cordis, and in the back opposite. In the evening bronchial catarrh. In the pit of the throat, and above behind the sternum, a sensation as of dust, which is not removed by coughing.

14th.—The headache continues uninterruptedly, more or less; a catarrhal feeling; neck a little stiff. In the evening the paralyzing pain, hitherto in the arms, attacked the middle of the right thigh, then the left thigh, afterwards the left leg, and lastly the left

foot; itching in the glans penis, which did not last long.

15th.—Stiff neck; the former pain in the left shoulder, but not so severe; head heavy, and pain in the forehead, which only abated occasionally. In the middle of the upper part of the right thigh, a pain as from a strain; cold in the head, with some heat.

16th.—But little pain in the left arm; neck stiff; pain in the head; pain in the right knee, which soon disappeared; a little aching in the abdomen, with a feeling of distension; running at the nose, and some cough; pain in the right thigh, as from much walking.

17th.—Headache; pain in the back, especially on rising from a sitting position, or from stooping.

18th.—Headache in the forehead; pain in the back as before.

19th.—From the afternoon till bed-time at night, a dull pain in the left side of the forehead; some pain also in the abdomen towards evening; the pains in the sacrum continue.

20th.—From eight to ten drops three times daily; morning, midday, and evening. The pain in the right shoulder, as well as in the left and right arms, was weak and of short duration; the pain in the sacrum as before; a burning pain in the right upper and lower jawbone, which extended to the cheek, and exactly to the right half of both lips, accompanied with single shooting pains drawing here and there, and often ceasing, worst in the evening after bedtime. In the upper jaw I have only one useless double tooth, which likewise participated in the suffering in the evening.

21st.—From eight to ten drops three times daily; pain in the sacrum as before; rumblings in the abdomen, with some distension; emission of urine by drops, with more urgency to urinate; the old pain in the right shoulder; toothache after going to bed as before; exactly the whole right side of the face affected, and a fit of general coldness which lasted for two hours; cold feet.

22nd.—Twelve drops three times; urgent desire to stool.

After awaking, and on rising, cough and a sensation of dust under the sternum; pain in the right thigh as well as in the left arm; expectoration easily detached; the left ankle pains. In the afternoon pain in right upper jaw, as severe as before in the evening; distension of the abdomen; itching in the skin of the right leg, so severe that some spots were scratched raw; shooting pains in the rectum, lasting about half a day.

23rd.—Eight drops thrice; a little hoarse in the morning; cough; raw feeling behind the sternum; immediately after rising, urgent inclination to stool; pain as from a strain in the thighs; some shortness of breath, and oppression of the chest. In the afternoon pain in the right upper jaw, which after going to bed became so agonising that I was obliged to suspend the doses.

24th.—Took nothing; itching of the skin of the legs; a feeling of indisposition; chill. In the evening pain in the right jaw as before.

25th.—Pain in the left arm; catarrh pretty strong, often with the nose stuffed; voice hoarse; pain in the teeth, involving indeed the whole side of the face, but not so severe; a raw sensation behind the sternum. In the evening a shivering fit which lasted a quarter of an hour.

26th.—Took nothing; head stuffed in the morning, worse in a warm atmosphere; pain throughout the day in the right upper and lower jaws and cheek-bones, but more supportable than before; head affected in the evening; hoarseness; pain in the right thigh as before, disappearing at rest.

27th.—Took nothing. The coryza is still present, as well as the catarrh of the chest; toothache affecting the whole of the right side of the face, bones, lips, and cheeks, aggravated by warmth, but alleviated for the moment by cold, and cold water. In the evening a dragging feel at the anus.

28th.—No pains remaining.

June 19th, at 8 a.m.—Six drops of the Mother Tincture in water. I had observed myself for several days previously without being able to discover any symptoms.

Half an hour after taking the dose frequent urine, continuing throughout the day. At half-past 12, paralytic pain in the right shoulder, which continued a quarter of an hour. In the evening occasional prickings of the skin as if with needles.

20th, at 8 a.m.—Six drops in water. At midday, pricking as with needles, the same as yesterday. For about a minute a squeezing pain in the squamous portion of the left temporal bone. At 3 in the afternoon, 6 drops in water. At 6 in the evening much pricking here and there in the skin; heaviness in the head; stiff neck; crepitation in the cervical vertebræ on moving the neck; general feeling of cold, especially in the hands and feet.

21st, at 8 a.m.—Six drops in water. At 1 o'clock a feeling of cold, especially in the hands and feet. At 4 a fit of dry coughing. At 7 dryness in the throat, with a feeling as of dust in it; pricking sensation here and there in the skin, with an incessant feeling of cold, especially in the hands and feet. At 9 in the evening drawing in the rectum; awoke at night with spasmodic oppression within the sternum, seated about the middle of the same, on a spot of about two inches diameter. The spasm drew towards the bronchial tubes, with a feeling of constriction in the latter; fear of dying, with a desire to eructate, which, however, was ineffectual.

24th.—Up to this date, daily continued stiffness in the nape, with rattling of the cervical vertebræ on moving the neck. At 9 a.m. a feeling of coryza, and after 10 fluent coryza with much sneezing. At 3 p.m. took 6 drops in water; at 5.45 painful drawing in the left shoulder.

25th, a.m.—Pressure on the crest of the ilium, more on the right than the left.

4 p.m.—Eructation once with pyrosis, which soon ceased.

26th.—On awaking, general perspiration. 8 a.m. took 6 drops in water; at 8.45 drawing of the anus; at 9 a sense of distension and of cold in the pit of the stomach, with diminished appetite; pricking here and there as if with needles; stiffness in the nape with cracking of the

cervical vertebræ on moving the neck; head confused; tongue coated white; at 4 a violent fit of chilliness; eructation, pyrosis and nausea with a feeling of being down-right ill; pain in the lumbar vertebræ; abdomen distended with wind; repeated eructation with pyrosis and inclination to vomit. On account of incessant chill, I went to bed at 7, but could not get my feet warm till about 10, though I applied a hot brick. Four times in the night copious watery whitish stool with nausea.

27th.—Towards morning two watery stools. Towards evening, moist skin.

28th.—No stool.

29th.—Evacuation normal.

July 11th.—As I had no other sufferings up to this date, I took 6 drops at 8 a.m. At noon pressure on the right crest of the ilium; stiffness in the nape; rattling of the cervical vertebræ on moving the neck; distension of the gastric region. In the afternoon feeling of cold in the feet. In the evening diminished appetite; movement in the intestines, with some degree of nausea. A little lump on the edge of the upper lip on the left side, afterwards forming a white blister, the opening of which was followed by continued burning pain.

18th, 8 a.m.—Took 6 drops at 11 a.m.; pain in the lumbar vertebræ. Towards evening, a fit of coughing; sensation like dust in the trachea and behind the sternum, which cannot be removed by coughing.

14th, a.m.—Cough as last evening; 11 a.m. took 6 drops; p.m., drawing in the anus. In the evening an uncomfortable feel in the abdomen, with nausea.

15th.—Pressure on the crest of the ilium; unusually soft stool; cracking in the cervical vertebræ on moving the neck, with pain in the muscles of the nape; tongue coated white; diminished appetite; cough with a sensation of dust in the trachea; peevish temper; dislike to speaking. Next day no more suffering.

22nd, 3 a.m.—Took 12 drops in water; nausea in a quarter of an hour; towards evening a fit of chilliness with chattering of the teeth, and cold hands and feet; peevish-

ness; confusion of the head; cold feel in the gastric region.

23rd, 9 a.m.—Took 6 drops; shortly after, paralytic drawing in the left arm; pricking in the skin; cold feeling, especially in hands and feet.

24th.—Aching sensation deep in the hypogastrium; paralytic drawing in the nape; sensation of distension in the right hypochondrium.

26th, 3 p.m.—Took 8 drops, directly after stiffness and paralytic drawing in the nape, with a sensation on moving the neck as if it were broken.

27th.—On awaking, pain in the forehead; 8 a.m. took 10 drops. In half an hour, movement in the abdomen, with nausea; pressure on the crest of the ilium (left).

29th, 8 a.m. 6 drops, and 3 p.m. 6 more.—At 4 p.m. nausea, peevishness, pressure on a small spot in the liver at the bend of the ribs in the *linea mammalis*; paralytic drawing in the right shoulder; weight in the head; stiffness in the nape.

30th.—Aching in the intestines; drawing in the anus; pain-like pinching on a small spot on the right side of the glans; peevishness; confusion of the head; nape of the neck as if broken on raising the head; pain in left cheek-bone; skin painful to the touch close above the left brow.

31st, a.m.—Pain in the left cheek-bone; pain in the lower bowels.

12.—ON DISTRICT RECRUITING-SERGEANT S.

I am 35 years old, of an excitable disposition, sound in body, with the exception of slight rheumatic pains, which I formerly experienced in various parts of my body, but of which I have had no return for a long time.

On the 19th November, 1861, at half-past 1 in the afternoon, I took a teaspoonful of the Mother Tincture. Half an hour afterwards, a feeling as if the hair two inches above my forehead, and at the back of my head, were bristling up on end. An hour later, two stools in quick suc-

cession; my usual habit being an evacuation in the morning only. Between 3 and 4 o'clock in the afternoon a dry heat set in over the whole body, which ended in strong fever; pulse strong and full, with oppression and cramps in the stomach. The oppressive feeling moved upwards towards the chest as high as the clavicles. At a quarter past 4, burning pain in the cheek-bones, moving thence to the eyelids, with pain in the forehead over the right eye; thence the pain proceeded to the occiput, and disappeared towards 5 o'clock; drowsiness after dark, lying in bed, but unable to sleep, from 10 till 12, then a good sleep till towards morning.

20th.—From 3 till half-past, dry heat as yesterday, the pulse stronger, beating from 110 to 120. At half-past 3 the fever began more violently, and ended very suddenly after 4 o'clock. The burning sensation in the eyes lasted till half-past 4; some thirst; drowsiness in the evening; comfortable sleep from half-past 11 till morning.

21st.—Fever for a time as on the 19th and 20th, but the attack was slight. In the evening, pressure in the temples; slept well; cheerful state of mind. I remarked an unusual feeling of good health. The perspiration was insignificant; dreams confused, but not painful.

December 8th.—At 7 in the morning, and at 7 in the evening, took two drops. No change through the course of the day. At 6 in the evening suffered from heartburn; five minutes after taking the two drops it disappeared. From 10 till 11 restlessness in bed; dryness in the throat; nausea, and a flow of water in the mouth; good sleep from half-past 11 till nearly half-past 7.

9th.—Two drops, as on the 8th. No effect.

10th.—Four drops as on the 8th. Excited, but in other respects a pleasant state of mind. In bed rheumatic pains in the occiput with the forehead to a certain height.

11th.—Four drops at 7 in the morning, and at 2 in the afternoon. No symptoms in the forenoon. From 3 p.m. a drawing together of the abdominal muscles, and pain round the navel; disturbance in the stomach.

12th and 13th.—Took nothing.

14 and 15th.—Six drops at 7 a.m. and 2 p.m. No morning symptoms on the 14th. At 12 o'clock, crawling and itching in the rectum; five minutes after, pricking in the great toe. The same at half-past 10 in the evening, followed by renewed crawling and itching in the rectum and scrotum, which lasted for three or four minutes with frequent inclination to urine. At half-past 7 in the evening another stool.

15th.—At 3 o'clock crawling in the perinæum and glans penis, extending to the toes and point of the nose, later in the perinæum; pricking in the lower part of the left lung. At 4 o'clock, burning in the eyelids; watery eyes. After 5 o'clock I observed nothing more.

16th, 17th, and 18th.—Took nothing in consequence of rheumatic pains here and there, restlessness in bed at night, and general indisposition.

19th.—Eight drops at 7 a.m. and 2 p.m. At 9 o'clock, pain in the navel; at 10 o'clock crawling in the right hand, and at half-past 10 in the perinæum. At 2 o'clock, a little nausea rising from the stomach. At a quarter to 3 stitches in the thorax, a tense feeling in the right region of the occiput. At 5 o'clock, crawling at the anus; five minutes later, in the forehead; rheumatic pains over the whole body.

20th and 21st.—Took nothing.

22nd.—Eight drops at 8 a.m. At 12 o'clock crawling in the right thumb, and at 8 o'clock in the point of the nose.

From 23rd to 1st of January took nothing, as the itching and crawling sensations became insufferable. During this time I observed no other symptoms.

2nd.—At a quarter past 1 took nine drops. At 2 o'clock burning pain in the eyes. At half-past 2 crawling in the front joints of the toes of the right foot. At a quarter to 3 rheumatic pain in the right forearm. At 3 o'clock drawing in the right testicle; five minutes after in the upper incisors; five minutes later, drawing in the right testicle. At 4 o'clock drawing pain in the right side of the occiput; ten minutes afterwards, drawing in the right testicle; excitement; good sleep after 11 o'clock.

3rd.—Eight drops at 8 a.m. From 9 till half-past 9 rheumatic pains in the right wrist; at 10 o'clock in the point of the nose; five minutes after in the sinciput; at a quarter to 11 in the right lower arm. At half-past 1 o'clock, took eight drops. At 2 o'clock, pressure in the eyelids, with tears. At half-past 4 pain in the pit of the stomach. At a quarter to 5 crawling in the point of the nose. At 5 o'clock a tense feeling in the cheeks between the eyes and mouth. At half-past 1 nausea. At half-past 10 a painful crawling in the rectum. The rheumatic pains move about through the whole body; good sleep from 11.

4th.—Took nothing, believing that the rheumatic drawing might be the old complaint, but this opinion was not confirmed. At a quarter to 4 spasmodic pain in the pit of the stomach. At half-past 8 in the evening, pricking in the right great toe. At 9 o'clock spasmodic pain in the cardiac region on the right side. From half-past 10 till 12 restlessness in bed, afterwards slept; frightful dreams twice.

5th.—At half-past 10 took eight drops in half a cupful of water. At a quarter past 11 the same pain as yesterday in the cardiac region; when this ceased, spasmodic pain in the right eye which lasted for two minutes. In the evening, excitement of body from 10 till half-past 11.

6th.—At an early hour, fluent coryza, without any cause for it. At half-past 8 took eight drops. At 9 o'clock stitch in the third joint of the right forefinger. At half-past 9, stitch in the second joint of the same finger. At half-past 5 in the evening, stitches in the fore part of the lower region of the thorax, which move thence into the intestines below the navel. At 7 o'clock, stitches close under the heart; no sleep from 10 till half-past 11, then sound sleep till half-past 7; great lassitude in the early morning.

7th.—At 10 o'clock took eight drops. At 11 o'clock, agonising pain in the cardiac region above.

8th.—Took nothing. At half-past 10 stitches under the ribs on the right side. At 12 o'clock rheumatic pains extending from the left shoulder to the elbow. In conse-

quence of the doses taken the previous days, I am in such an excitable state of mind that I feel myself obliged to stop for some days. The symptoms are so varied that some cannot be recorded. My complexion is a grayish yellow, so that my unhealthy appearance strikes every one; my hands also are become yellow; my bowels are confined since two days, notwithstanding efforts to move them; I slept well. On the 8th, from 11 o'clock. On the 9th, from half-past 10. On the 10th, from 12. On the 11th, from a quarter past 1. On the 12th, from 11 o'clock at night till 8 in the morning. In the intermediate hours from 10 o'clock much restlessness in bed. On the 12th, I was troubled with distressing dreams. On the 13th, my complexion, as also my hands, had resumed their natural colour. From the 8th to the 12th my stools were of a reddish-white colour, instead of a brown gray as formerly; they were also harder than usual.

12th.—Took eight drops at 8 a.m. At 10 o'clock, stitches between the shoulders. At 12 o'clock, crawling in the perinæum. At 4 o'clock a burning in the urethra on making water. At half-past 5, constriction between the shoulders.

15th.—At half-past 8 took eight drops. Throughout the day a dull pain and heaviness in the head. At a quarter to 9 in the evening, constrictive pain between the shoulders. At 10 o'clock, crawling in the rectum, immediately after which considerable oppression of the chest. Slept well from half-past 10 till half-past 7 in the morning.

16th.—Took eight drops at half-past 8 in the morning. At 12 o'clock crawling in the rectum, and the same at 3 p.m. At half-past 1 took eight drops. At a quarter past 3, constriction of the chest, and rheumatic headache. From 2 o'clock till nearly 6, heat in the eyes, relieved by closing them. Slept from half-past 11 o'clock.

17th.—Took eight drops at half-past 8. At 10 o'clock, stitches in the perinæum. At a quarter past 10, stitches in the right side under the scapula, and five minutes afterwards the same in the perinæum and testicles; five minutes after in the right shoulder. At half-past 11 the same in

the scrotum. My whole body is in an excited state. The symptoms appear so frequently that they can no longer be recorded. Stool at half-past 12, light red and painful.

18th.—Took nothing. At 10 o'clock at night, stitches in the liver. Unusual excitement throughout the day, as well as at night. Slept from half-past 11, restless and dreaming, but not distressing dreams.

19th.—Cheerful. At three o'clock, pricking in the liver; from 10.30, sleep, with light dreams.

20th.—At 8.30, took eight drops; no change a.m.; 3 p.m., congestion in the occiput; from 4.15 to 5, cheeks burning; after 10, sound sleep.

21st.—At 1.30 took eight drops. From 4 to 6, congestion in the head: eyes and cheeks especially inflamed; 5 p.m. crawling sensation in the rectum.

22nd.—Took eight drops at 3 and at 1.30; burning in the eyes all day; lips dry, brittle, and crusty; itching sensation in the meatus auditorius, first of one ear, then the other; from 10, sound sleep.

23rd.—Took fifteen drops at 8; nothing remarkable a.m.; the lips better. At 2.45, spasmodic pressure on the stomach; at 2.30, considerable congestion, with heat of the head, till about 4; at 2.45, pressure on the stomach, with nausea.

24th.—Took eight drops at 8 and at 1.30. At 10 and 11, crawling in the perinæum and rectum; burning in the right eye; at 4, crawling in the perinæum; dryness of the nose and lips.

27th.—Took eight drops at 8. At 10, pricking in the right shoulder and testicle; at 11, pricking pain in the forehead, right side; at 2 p.m., almost uninterrupted itching of the perinæum; lips dry, eyes burning; at 4, pricking in the right great toe, repeatedly; at 4.30, pricking in the glans and right great toe.

28th.—Took eight drops at 8 a.m.; head confused.

29th.—Took eight drops at 8. At 5 p.m., spasmodic contraction of the region of the navel; then pricking pains in the right meatus auditorius and upper part of the forehead.

February 15th.—During the whole fortnight since January 30th, troublesome tormenting itching in the anus and rectum.

March 8th.—Since February 15th, gentle itching of the anus and rectum, from day to day.

From March 8th, I suffered from humming in the ears and deafness for some weeks, so that I had to discontinue the proving for a long time; as the deafness did not go off of itself, a dose of sulphur caused profuse perspiration, and the deafness ceased.

Having felt no inconvenience for more than a week, I ventured on April 6th to resume the proving.

April 6th.—At 11, 1, and 3 o'clock, took three drops each time in water; in two hours after, dull pain in the temples.

7th.—At 11, 1, 3, and 6 o'clock, took three drops in water; in the afternoon, drawing pains all over the body, with fluent coryza; violent drawing pains from the crown to the right temple, so that I had to go to bed at 8.

8th.—Took no more, on account of continued pains as yesterday.

9th.—At 9, 11, 1, 3, and 6 o'clock, took two drops in water; at 11, pricking in the point of the nose.

12th.—At 8, 11, 1, and 5 o'clock, took two drops.

13th.—Drawing pain through the lower middle incisors early; at 8, in the right cheek bone.

14th.—At 7, 9, 11, 1, and 8 o'clock, took two drops.

15th.—At 8, 10, 12, 2, and 10 o'clock, two drops; urine soon after passing it became reddish and turbid; stool whitish red.

18th.—At 9, 12, and 10 o'clock, three drops; at 3 p.m., itching in the rectum, and at 4 in the point of the nose; general heat, with restlessness, and paralytic sensation in the legs all day; urine reddish; pressive pain in the occiput.

Up to the beginning of June I had to give up the proving, for want of time for observing. As far as I could notice, I had no suffering during the interval.

June 11th.—At 8, 10, 2, and 10 o'clock, took two drops ; at 8 p.m., cutting in the intestines, all round the navel.

12th.—Sleepless till after 11 ; in the morning, tongue shaggy, coated with gray, which could be partly scraped off ; hawking up of lumps of phlegm ; at 8, 10, 12, 2, 6, and 8, took two drops ; ringing in the ears, yawning, burning and redness of the cheeks.

13th.—Sleepless till after 11 ; distressing dream that I was going to be shot. At 8, 10, 12, 5, and 10 o'clock, took two drops ; from 5 to 6, burning of the tip of the ear, pressure in the upper jaw ; about 8 p.m., chill ; at 10, dull pressure in the right cheek bone, drawing to the right ear ; tongue coated gray all day.

14th.—At 9, 11, 1, 3, 6, and 10 o'clock, took two drops ; at 3 p.m., pressure, with ringing in the right meatus auditorius ; at 5, itching in the anus, pricking pain in the forehead several times ; tongue clean.

15th.—At 9, 11, 3, and 8 o'clock, took two drops. At 11 a.m., toothache in the left upper jaw.

16th.—At 9, 11, 12, 3, and 5 o'clock, took two drops ; sleepy p.m. ; at 3, pain in the right cheek bone and the upper part of the occiput ; at 7, pressure and constriction of the right shoulder-blade, drawing through the chest towards the sternum ; pressure on the larynx, as if it was constricted ; oppression of the chest.

17th.—Same symptoms ; so I took no more ; at 5 p.m., burning in the tips of the ears.

18th.—The same pressive pain in the chest, with great tightness.

19th.—At 10, 12, and 2 o'clock, took three drops ; heat all over the head all day ; tearing from the cheek bone towards the ear, and all around it, on the right side ; from thence it draws towards the occiput in the upper part, towards the suture, with the parietal bones and feet, as if the hair was bristling ; feet and tips of the fingers cold.

21st.—At 7.30 and at 2 p.m., took five drops ; at 1.15, constrictive pressure in the *scrobiculus cordis*, dryness in the throat, shortness of breath, and ringing in the ears ; feet and fingers cold.

22nd.—At 10, took five drops; feet and tips of fingers cold; pressure on the bladder, with frequent scanty urine; hair falling off.

23rd.—Took none; at 11, itching in the anus; at 5, pain in the right little finger.

25th.—At 9 a.m., took five drops in water; at 3 p.m., burning in the eyes, then in the forehead; at 5.15, itching on the right ankle; at 7, on the left; at 9, pricking in the right wrist, itching in the right ear, burning in the tip of the right ear, and reddened cheeks; loose stool.

26th.—Took none, stool as yesterday.

27th and 28th.—Constipation.

29th.—At 9, five drops in water; at 10, three; pappy light gray stools.

30th.—Perspiration on awaking, after distressing dreams; dryness in the nose and throat. At 10, took ten drops in water; at 11, itching in the right ear; at 11.15, itching in the rectum; at 5.30, sense of swelling in the right cheek-bone, pressure in the eyes, burning in the tips of the ears, and cold in the tip of the nose; at 6, itching in the anus, burning cheeks, glitter before the eyes, itching in the ears and arms, excitement and restlessness, frequent yawning, pricking close under the left shoulder-blade.

(*To be continued.*)

ON THE RELATION OF PERUVIAN BARK (CORT. CHINÆ) TO INTERMITTENT FEVER.

By Dr. LANGHEINZ, of Darmstadt.*

THE fact that *Cort. Chinæ*, by virtue of the alkaloids contained in it (and especially the *Quinine*) causes the not yet thoroughly explained intermittent process—this fact, I say, has acquired a marked and weighty significance through Samuel Hahnemann; since he affirms that this Bark, incorporated with the organism in sufficient quantity,

* From *Homöopathische Vierteljahrsschrift*, p. 376.

calls forth in the system a process similar, with symptoms similar, to Intermittent Fever. That the above statement is correct we are taught by the observation S. Hahnemann adds to the "Introduction to Peruvian Bark," in page 99 of the *Materia Medica Pura*. According to this, Hahnemann, as early as 1790 (vide W. Cullen's *Materia Medica*, vol. ii, page 109, Schweickert, Leipsic, note), made the first pure experiment on himself with Peruvian Bark in regard to its power of exciting Intermittent Fever. Less clearly than in this passage (1825) does Hahnemann express himself in 1810, *Organon*, first edition, § 32, as follows :

"The tincture of one ounce of Peruvian Bark, with two pounds of water, taken gradually, night and day, as surely produces a China fever of several days as the exposure to a fenny atmosphere in Autumn brings on an ordinary Intermittent Fever."

That the similarity of the China fever with the Intermittent was, and still is, considered as firmly established, we are taught by (amongst others) Dr. Altschul, in *Homœopathy Opposed to the Other Methods of Cure* by Dr. L. H. Verney, translated from the French, &c., page 20 (*Prague*, 1858), where we find :

"Being only acquainted with the power possessed by China to cure intermittent fever, I was not a little astonished to find that it can also generate a similar disorder in healthy subjects."

By all this it will be indisputably proved that Homœopathy ascribes to China the power of exciting, in healthy persons, a disorder similar to intermittent fever.

So it will be generally admitted that this similarity of the China fever to the Intermittent has been the starting-point of all Homœopathic researches. Hahnemann's experiment, which made known to him the property in question, is looked upon as the foundation stone of Homœopathy—as its fundamental experiment. In the place of any other voucher, I here refer to the above-named little work of Dr. Altschul, p. 21, and also to Dr. Bolle's *Popular Instructions for the Critical Understanding of the Medical Art in General, and Homœopathy in Particular*. Paderborn, 1858, cap. ii, p. 63.

According to this, no objection can be made to the truth of my representation of the case. But notoriously, of late, these fundamentals have been, both by friends and foes (*i. e.*, to speak more truly, by *opponents*), either variously explained or flatly denied; so that different views are promulgated on these important facts, which seems to me a sufficient inducement to subject the whole affair to an exact inquiry, to test with precision all evidence pertaining to the question, and to make known the result fearlessly and unreservedly. Since, however, in spite of all precautions, errors cannot always be avoided, I must beg my kind reader to follow me accurately, and to oppose, with the strictest argumentation, every error whatever on my part, bearing in mind the scientific maxim "*Veritati nocet, qui errori pepercerit*;" and again, "*Res spectanda sit, non autor!*"

As, in the whole of the following treatise, the question must be chiefly about Hahnemann, none of my respected readers will find it unreasonable to see the first word devoted to him.

Let us, then, first hear the celebrated remark which Hahnemann added to the article on China in his translation of W. Cullen's *Materia Medica*, pages 108 and 109 of vol. ii, 1790:

"By combining the strongest bitters and the strongest astringents, one can obtain a compound which, in small doses, possesses much more of both those properties than the Bark, and yet no specific for fever will ever come of such a compound. This the author (Cullen) ought to have accounted for. This will perhaps not so easily be discovered for explaining to us their action, in the absence of the *Cinchona* principle."

Yet, observe what follows:

"Substances which excite a kind of fever—as very strong coffee, pepper, aconite, ignatia, arsenic—extinguish the types of the fever. I took, by way of experiment, twice a day, four drachms of good China.

"My feet, finger-ends, &c., at first became cold; I grew languid and drowsy; then my heart began to palpitate, and my pulse grew hard and small; intolerable anxiety, trem-

bling (but without cold rigor) prostration throughout all my limbs; then pulsation in my head, redness of my cheeks, thirst, and, in short, all those symptoms which are ordinarily characteristic of intermittent fever, made their appearance, one after the other, yet without the peculiar chilly shivering rigor. Briefly, even those symptoms which are of regular occurrence and especially characteristic—as the stupidity of mind, the kind of rigidity in all the limbs, but, above all, the numb, disagreeable sensation, which seems to have its seat in the periosteum, over every bone in the body—all these make their appearance. This paroxysm lasted two to three hours each time, and recurred *if I repeated this dose, not otherwise*: I discontinued it, and was in good health.”

The importance of this remark, being, as it were, the foundation-stone of all Homœopathy, is evident. We must next regard it from two points of view:

1. What does Hahnemann aim at with the experiment of taking *Cort. Chinæ* in health?

The theory propounded by Cullen of the curative powers of China in intermittent fever did not satisfy him, nor can it to this day satisfy any one: so he sought after one that was clearer, and in accordance with nature. As for the fact that he interrogated Nature for this purpose, and did not “rove at random, under the blue sky of theory,” which would have been always more convenient, that I hold to have been a signal merit. Moreover, that he began with a trial of the effect of Bark on the healthy can be considered in no other light than as a proof of eminent acuteness; just for this reason, that it is obvious, and yet was tried by no predecessor and by few followers. In my *Weihnachtsferienarbeit* I have, by quotations from adverse writers (*e. g.*, Henle's *Rational Pathology*), adduced proofs that it is precisely provings of medicines on the healthy that are indispensable.

Here, I ask, is it not quite natural and *à propos* to learn the way in which Bark acts upon the healthy—*i. e.*, upon men living under normal conditions, and then to compare the relation of the morbid conditions thus induced to those which constitute intermittent fever. *A priori*, one would

expect that the China disease would stand in an opposite relation to the fever, and the investigation of this theoretic opposite of the fever, viz., the China disease, was Hahnemann's object.

It will not be denied that this object was as praiseworthy as it was rational. Also, the carrying out of this by taking twice a day four drachms of good Peruvian Bark (no doubt in powder) must be considered suitable; the dose is so strong that one may well expect from it alterations of health, and also alterations of the functions of individual organs. The form of powder, too, is a simple one; and *then*, at least, when the alkaloids of China were as yet unknown, could not have been exchanged for a more appropriate one.

2. How do the results of the experiment bear upon intermittent fever?

In the symptoms experienced by Hahnemann we cannot decidedly recognise a perfect intermittent paroxysm (ague fit), because, first, there were not the chilly feel with shivering, chattering of the teeth, goose-skin, &c. (see Cannstatt's, Virchow's, and Neumann's *Manuals*), lasting one to two hours, as Hahnemann himself states in plain terms; secondly, because there is no mention of the setting in of the sweating stage, which, as a rule, occupies the greater portion of the fit, and commonly about half a day (Virchow's *Handbook of Spec. Path. and Therap.*, vol. ii., part 2, page 18; *Diseases of Infection*, by Griesinger), even if beating in the head and redness of the face be considered symptoms of the hot stage. (See above in Hahnemann's note.) But independently of this, and even admitting that a regular attack of fever has set in, accompanied with rigors, heat, and sweating, still this is no proof that the attack has been intermittent fever.

An exacerbation of suffering, setting in more or less regularly, at stated periods, alternating with intervals free from fever (not always free from all sickness), is just a characteristic of intermittent fever; and I can only understand Hahnemann's remark to mean that after each dose of *Cort. Chinae*, a feeling of indisposition followed, as he describes it, which continued from two to three hours;

and that, after suspending the medicine, no further paroxysm occurred.

It is very difficult to demonstrate that an individual attack of fever belongs to the intermittent species, even admitting that it really is such; and probably in 1790 it was altogether impossible. We shall return to this subject presently in discussing the cure of intermittent fever, and see that cases may be reasonably imagined, in which a cure may be effected immediately after the first paroxysm; and others, where it is quite possible that the most obvious symptom of intermittent fever, namely, the periodical, more or less regular, return of the attack, may be wanting altogether.

How then shall an attack of fever, which has clearly been the result of a medicine administered to a healthy person, be pronounced of an intermittent character?

“The most essential characteristics of malaria fever are; the intermission, the rhythm of the fit, the rapid development of higher degrees of heat during the attack, and an equally sudden diminution of heat.” C. Wunderlich, *Handbook of Pathol. and Therapeutics*, vol. iv., 2nd Ed. Stuttgart, 1856, p. 482.

Thus, in our case, there wants only the rapid development of higher degrees of heat up to 33° R., and even higher in the hot fit, and then the peculiar gradual fall of temperature in the sweating stage.

But as Hahnemann did not experience the sweating stage at all, and there are no data regarding the circumstances of temperature (nor indeed could there be any, seeing that in 1790 the thermometer was not used in medical investigations), we lose, *ad interim*, all warrant for pronouncing Hahnemann's symptoms to have been those of an attack of intermittent fever.

But these symptoms may have easily comprised a mere indication, a rudimentary form of intermittent fever. It is well known that drugs cannot produce any specific disease, for instance typhus, pneumonia, hooping cough, and so on, consequently should we not expect appearances merely *resembling* those of intermittent fever?

Very good. But then how far is this resemblance to go, if we would discuss the subject of resemblance with intermittent fever with correctness and convincing probability? Rigor, increased action of the heart, heat and sweating, or at least increased perspiration, belong alike to all feverish derangements, and are therefore not referable to any particular feverish complaint, if not supported by additional data.

Now Hahnemann has at all events specified some of these additional data, and we have to elucidate them first of all.

We will avail ourselves for this purpose of the *Medical Phenomenology* by Dr. Robert Küttner, Leipzig and Vienna, 1836.

"The feet and tips of the fingers were first cold," Küttner, vol. i, p. 321. "Coldness of the limbs." "The limbs are those parts of the body which become cold the easiest. Consequently a temporary affection of the limbs may arise from the most varied causes." Feverish chills, foul stomach, languid circulation, precursory symptoms of diarrhoea, are data applicable here.

"I was languid," Küttner, vol. ii, p. 60. The causes are extremely diversified, but all coincide in this, that they induce a checking, or oppression, or actual exhaustion of strength. We find over-loading of the stomach, irregular circulation, disturbed digestion, and great languor precedes chilly, aguish fever (query intermittent?).

"Sleepy," Küttner, vol. ii, p. 246. Drowsiness. Under the numerous causes of drowsiness might be mentioned congestion of the brain, intense mental labour, over loading of the stomach, disturbed digestion, as also that drowsiness invariably precedes intermittent fever.

"My heart then began to palpitate, and my pulse became hard and quick."

These are, of course, fever symptoms, but still common to all feverish states, and not peculiar to intermittent fever.

"An insufferable anxiousness," Küttner, vol. i, p. 28 and following, anxiety, &c. "Anxiety is always a symptom of some interference with the normal activity of mind or

body ; it appears as if it were the effect of a chain narrowing and confining this activity."

Amongst the causes possibly producing anxiety, we find, overloading of the stomach, foulness of stomach, and further on, p. 30, anxiety, as the precursor of an attack of gout or intermittent fever.

"A trembling, but without shivering," Küttner, vol. ii, p. 434. "Dependent on very many different causes, yet always arising from either a spasmodic or paralysed condition, which hinders uniform continuous tension, as well as relaxation of the muscles," belongs to the commonest symptoms in the cold stage of feverish diseases.

"A sinking feeling through all the limbs," is synonymous with languor (*vide supra*).

"Beatings in the head," Küttner, vol. i, p. 534. "Beatings in the head," indicate a flow of blood to the head, great mental exertion, especially at night, irregular digestion, and many other states, which would be out of place to notice here, such as, for instance, abscess of the brain, aneurism, and such like.

"Redness of the cheeks, thirst." That these two symptoms indisputably appertain to feverish conditions, and especially redness of the cheeks, to the hot stage, is so well known and obvious, that it would be superfluous to comment further on them here. Who does not recognise the partial circumscribed redness of the cheeks in *feb. lenta*?

"In short, all the usual symptoms peculiar to intermittent fever appear in succession, with the exception of the peculiar febrile shivering."

The primary inference from this is that, already in 1790, Hahnemann certainly considered he had discovered a similarity between the bark symptoms, and those of intermittent fever ; how far this is correct, we shall see, so soon as the additional symptoms specified by Hahnemann as the effects of his taking the powder of bark shall have been collated.

"Also the peculiar characteristic symptom of intermittent fever, the dulness of sense," Küttner, vol. ii, p. 318. "Dulness of sense" is a symptom of the general torpor of

intoxication, of narcotic poisons, of pressure on the brain, &c. ; ordinarily accompanies severe mucous affections, cholera morbus, &c., but no mention is made here by Küttner of intermittent fever.

“A kind of stiffness in all the joints.” No one will suppose that ankylosis is meant here; one can take a reasonable view of Hahnemann’s description as merely indicating that a greater effort was, as it were, required to move the joints than in an healthy condition; that the joints seemed less moveable than usual, or the motive power of the muscles diminished. If this view is correct, then the affection might be regarded merely as a manifestation of the above-mentioned languor. That languor is a symptom of almost every disease, needs no demonstration.

“But especially the benumbed, disagreeable feeling which appears to be seated in the periosteum of all the bones of the body,” all appear.

Küttner, vol. i. p. 323, “Numbness of the limbs.” I find only the following notice, possibly applicable; general numbness of the limbs precedes, sometimes, the eruption of miliary fever, and the escape of ingesta.

Resuming now the results of our collation, we find, at all events, certain symptoms, such as trembling, general feeling of indisposition, with others, which are to be regarded as “probably sympathetic symptoms of the febrile paroxysm.” (Wunderlich, *Special Pathology and Therapeutics*, vol. iv, p. 481, 2nd Ed.) To this, however, it must not be said that these symptoms exclusively belong to intermittent fevers, or are characteristic of them; the latter are more so, as above remarked, viz., the intermittency, the rhythm of the paroxysms, the rapid development of higher degrees of heat at the accession, and the equally sudden subsidence of heat. (Wunderlich, vol. i, p. 482.)

But as these characteristic symptoms, according to Hahnemann’s own showing, were not distinctly manifested, and as the symptoms which he designated as characteristic, are actually not so, but pertain generally to almost every description of feverish disease, it follows that their connec-

tion with intermittent fever is inadmissible. On the contrary, I do not think I err in ascribing the symptoms detailed by Hahnemann as resulting from the taking of bark (in powder), to acute catarrh of the stomach, or acute gastritis with feverish irritation. The following reasons especially confirm this view.

Every day two doses of *Pulvis Cort. Chinæ (Regiæ)* of four drachms each, were taken. It is certainly no exaggeration to say that the stomach received in this way seven drachms of indigestible woody fibre, although in a finely powdered state, and that this quantity must certainly have oppressed it. It is notorious how many difficulties had to be overcome before the discovery of quinine, in order to administer the requisite quantity of bark to a patient suffering from intermittent fever, without overtaking the stomach; attempts were made to obviate the "detrimental effect on the stomach" with wine, sugar, and spices. (Neumann, *Spec. Path. and Therap.*, 2nd Ed., vol. i, p. 44.)

It must on no account be asserted here that the remaining constituent parts of the bark, especially the alkaloids, may be computed at *nil*. Assuming that *Loxa China*, in selected pieces, was used in the experiment in question, then one ounce of the same contained from three to five grains of *Alkaloids*, *Quinine*, and *Cinchonin* together. (Geiger, *Pharmac.*, vol. ii, *Pharmaceutical Botany*, p. 949.) We shall see more particularly hereafter, when we speak of experiments with *Quinine* and *Cinchonin*, how much of these may be expected from a similar dose administered to a healthy man thirty-five years old (which was Hahnemann's age at the time), for this question also can only be determined by experiment.

If therefore the *etiologic* condition is perfectly compatible with the supposition of gastritis, it is (as the analysis of the symptoms proves, and we have seen from Küttner,) according to these symptoms, much more probable, and indeed rises to certainty, when we learn from Wunderlich, *Spec. Path. and Therap.*, vol. iii, p. 130, that "the most important of the *indirect* symptoms of gastritis (acute catarrh of the stomach) are head symptoms, (frontal head-

ache, numbness of the head, confused ideas, somnolency,) general excitement, with a feeling of lassitude, slight shivers, especially after eating, unequal distribution of animal heat, coldness of the extremities, slight fever, turbid urine, with a deposit of uric acid."

I do not consider that I press Hahnemann too hard in any way (with the above interpretation of his experiment), still, in order to avoid every appearance of injustice, let us hear what he himself teaches in the succeeding years regarding the *modus operandi* of bark, and for this purpose we will make use of his own writings.

We begin with the additional remarks which Hahnemann has annexed to Cullen's observation on *China*, Peruvian bark, p. 107—138 of his *Materia Medica*, of course only so far as these affect the subject under consideration.

Accordingly, we first find in a note, p. 110 of vol. ii, the following words, "had he (Cullen) found traces in bark of a power to excite an artificial antagonistic fever, he certainly would not have persisted so obstinately in his mode of explanation."

It is well known that Cullen attributed the power of bark to cure intermittent fever to its properties as a stomachic (p. 110, as above). Further, note, p. 117, where Cullen says in the text, "The effects of bark on the human system do not last long. I had more than one opportunity of observing that where a large quantity of bark had been administered, it was not adequate to prevent a relapse a few days afterwards."

On this Hahnemann makes the following note:—"How comes it that the effects of bark are so short lived, as is indeed the case, if it be not true that bark, besides the astringent and tonic bitter propensities ascribed to it by writers, especially by the author (Cullen), possesses another power, (that of exciting fever of a peculiar kind)?"

It might have been abundantly demonstrated here that Hahnemann explains the fever-subduing power of bark by its power "to excite fever of a peculiar kind," by the excitement of an "artificial antagonistic fever."

We find further, and as it appears to me, a by no means

unimportant explanation, regarding the connection of this artificial, antagonistic fever, with intermittent, in a longer remark of Hahnemann's at p. 114 of Cullen's *Materia Medica*. The author there teaches in the text, that "even considerable constipation of the bowels, if unaccompanied with inflammation, should not hinder the use of bark in sufficient quantities to prevent a return of the attacks.

Now Hahnemann does not agree with this doctrine, and explains his own views, which always reveal the thinking and intelligent physician, in a long remark, which I transcribe here with few abbreviations, and those only the omission of irrelevant matter. He says:

"The author is wrong. He appears not to have been conversant with the obstinate intermittent fever incidental to warm countries, abounding in swamps. I saw it in Lower Hungary, chiefly in the fortresses of that country, where an almost universal sickness prevails, of which the single, double, and treble quartan fever appears to be alike characteristic symptoms. The obstinacy of these fevers—first, their frequent sudden transition to an unremitting, speedily fatal type; or, if they do not so quickly run their course, secondly, the general cachexy of the system which they soon induce—call for great judgment in the use of bark. In the first case, the only chance of saving the patient is the heroic use of bark, without considering after-consequences; but in the second, notwithstanding the persevering exhibition of bark in larger quantities, it is often found, not only ineffectual, but even very injurious; generally the cachexy degenerates, after the suppression of the fever, into dropsy or consumption, and death is the most certain issue. Although the maxim, 'Without a proper preparation (of the patient), bark may accelerate death in intermittent fevers, or, at least, be injurious,' is not palatable to the spick-and-span new *Materia Medica*, still experience generally confirms it in those situations where intermittent fevers are in a high degree endemic. Here is the school where one should learn to use bark in cases of intermittent fever. But, that this maxim may not remain an inexplicable paradox, it must be remembered that Nature herself, in cases of prolonged

intermittent fever, seeks to throw off, by means of the violence and duration of the paroxysms, the irritating material cause of the disease affecting the system from without, as well as those causes of disease which arise from the disordered secretions, and really does, from time to time, partly relieve herself from these mortal foes by these means. Now, if by suppressing the paroxysms of such tedious intermittent fevers in damp situations we deprive Nature of her weapons, she succumbs defenceless only the more surely. One sees that she has most urgent need of this relief—I mean the periodical attacks—for the preservation of life, since even after the first exhibition of bark the attacks return with facility, and the patient often feels himself in many respects relieved by them.

“But if these chronic, cachectic patients are removed from their swampy atmosphere (the first thing to be done in such cases), put on nourishing diet, combined with exercise in the open air, and excited for some time continuously to a kind of artificial fever (that is, two or three hours before each attack), great nausea induced for some hours by taking the dry powder of ipecacuanha, then a resolution of the obstructions takes place by degrees, the system speedily resumes its natural functions and vigour, the attacks of fever diminish, and, although the cure can be effected without the aid of bark, its assistance is invoked, partly to extinguish the last remaining traces of typhus, which are merely the results of habit, and partly to re-establish the tone of the fibres. In this manner I have cured fevers of this description considered incurable, whilst others have done mischief, and, if I may be permitted to say so, actually killed, by giving only bark.”

This is what Hahnemann has declared in reviewing Cullen with reference to the manner of the operation of China, and I cannot help finding in what he advances a proof that, armed with pre-eminent scientific accomplishments, he addressed himself to a solution of the question, “How and why does China cure intermittent fever?” with earnestness and *con amore*, and answered it, considering the state of

things at that time, as well as possible, We find, then, as the final result :

1st. That Hahnemann nowhere in this work on China, asserted that bark had produced, or could produce, intermittent fever in a healthy person.

2nd. Nevertheless, he declares that the artificial, antagonistic fever produced by bark is attended with symptoms similar to those which appear in intermittent fever.

But we found this similarity did not extend beyond those appearances which are common to all, or, at least, to the majority of febrile complaints; and, further, that Hahnemann's group of symptoms might, with equal propriety, be described as a short *febris gastrica saburrealis*, as it was called in those days.

3rd. Hahnemann's notion of "fever" in those days does not coincide with what we now call fever; no one at the present day would designate great nausea of three hours' continuance "a fever."

Hahnemann's investigations, when and how intermittent fever may and must be subdued by the antagonistic bark fever, are certainly very valuable in any future critical history of the discovery of Homœopathy; but they are a secondary consideration for us at present.

A year later (1791) Hahnemann published another work, in which he once more speaks of his experiments and views respecting bark and intermittent fever, namely, Dr. *Monro's Chemico-Pharmaceutical Materia Medica*, Leipzig, 1791, two thick volumes. In vol. ii, *Monro* treats of *Cortex Peruvianus*, from p. 378 to p. 396; and Hahnemann attaches thereto three remarks, two of which we must not pass over, as they are indispensable for the work in hand.

1. *Monro* says, p. 388 :

"I have seen people who within a month have taken from eight to ten ounces of it (*Cort. Peruv.*) without the least good effect; but who, on the other hand, were cured when they took two ounces in a single day, and kept up this dose for two or three days successively."

These enormous doses prompted Hahnemann to append the following remark, worthy of serious consideration :

“Nor is this quantity necessary. The patient is not overloaded, and an equally good result is attained in regular intermittent fever if, shortly before the expected attack, one or two good doses are administered : for instance, two hours and one hour before the approach of the paroxysm, from one and a half to two drachms in each dose of good bark in substance. All previous doses given long before the attack are of little or no avail in checking it. Should the first attack not appear, then let the same treatment be followed with respect to the second, and reduce the dose to half at the time the third may be expected.

“If, as Cullen and others suppose, the anti-pyretic power of bark proceeded from its tonic properties, it would be more to be depended on to cure intermittent fever in the first mode of exhibition than in the second, since the system must be certainly more strengthened by taking ten ounces in a month than by taking one or two ounces in five or six doses immediately before the attack ; but this is not the case. If, however, my opinion, more circumstantially worked out in the remarks on Cullen’s *Materia Medica*, be admitted, ‘that the bark, besides its tonic property, overrules and subdues intermittent fever by exciting a fever, peculiar to itself, of short duration,’ then it will not be difficult to solve this paradox. All other substances which excite antagonistic irritability and artificial fever check intermittent fever, if administered shortly before the attack, as specifically as bark, only they are not so certain in their operation. Of this kind are *Ipecacuanha*, taken dry, *Ignatia*, *Arsenic*, *Pepper-wine*, and *Brandy*, a concentrated infusion of several ounces of burnt *Coffee* with *Lemon-juice*, and so on, none of which belong in the least to tonic remedies. The first (*ipecacuanha*) is even useful in cases where bark has been already tried in vain, or with injury to the patient. Besides, there are medicines much more bitter and astringent than bark—for instance, the powder of *Gall-apples* mixed with *Gentian-root*—and still the bark is greatly preferred for checking intermittent fever : indeed, all bitter plants excite, in large doses, some

artificial fever, however small, and thus occasionally drive away intermittent fever by themselves."

Now, that Hahnemann attached a very considerable value to the short, peculiar, antagonistic fever which bark excites in healthy persons, and which is, as it were, the means whereby intermittent fever is conquered in sick persons, may be seen from a further remark, p. 394, where Monro did not dare to fix the mode of action of bark, on which Hahnemann remarked :

"I have stated my opinion on this subject above, and would add thereto that its power to excite a peculiar fever appears the more probable from the well-known fact that, in common with everything which stimulates the action of the heart and arteries, it increases the heat, even in the mildest attacks, if administered during the hot stage itself, especially where fulness of blood predominates."

The third remark of Hahnemann's on Monro's work on bark does not interest us in this place. But both of those communicated confirm the results which we have drawn from the remarks on Cullen. As a new remark, however, we may observe that the antagonistic fever produced by bark is here designated "of short duration," and therefore cannot be some peculiar intermittent; on looking through the first remark on Monro, one is inclined to believe that Hahnemann estimates its duration at from two to three hours only, in exact accordance with his direct assertions in Cullen.

Hahnemann's teaching in 1795, part 2, vol. i, p. 299, of the *Apothecary's Lexicon*, does not correspond with these assertions, that bark thus cures intermittent fever, by exciting a peculiar antagonistic fever of short duration, and in a lesser degree by its tonic and astringent properties. Let us first hear what he says, and then see what conclusions are to be drawn from it.

"Generally, Bark, of both kinds (China rubra and China flava) is the chief remedy for restoring the sinking powers of life, and to eradicate the evils arising therefrom, for which purposes its specific power against periodically returning diseases is to be relied on."

This contradiction, which it must be admitted exists,

loses at once all importance when we reflect that the *Apothecary's Lexicon*, neither was nor could be the place for detailed explanations of the manner of operation of medicines; indeed, who ever will not begrudge the trouble of reading over Hahnemann's preface to the *Apothecary's Lexicon*, will at once acknowledge his correctness when he says that detailed information of this kind concerns the physician, but not the apothecary; that his intention is merely to throw out hints on the usefulness of drugs with the view to heighten the apothecary's interest in the knowledge of medicinal materials; an interest which should impart life and attraction to what is otherwise a dry branch of knowledge.

The correctness of this view cannot be denied; at the same time it is equally evident that for this very reason no comparison can be drawn between Hahnemann's remarks in the *Apothecary's Lexicon*, and those in Cullen and Monro. We pass them by therefore.

I am not in a position to bring forward the teachings of Hahnemann in his translation of the new Edinburgh Dispensary, published in the years 1797 and 1798, as I have been unable to obtain the work.

To the best of my knowledge, the next remark of Hahnemann's in chronological order on the Bark Disease is to be found in the first edition of his *Organon* (1810), p. 33, para. 32. As the whole passage has been already quoted above in the first page of this article, it is not necessary to repeat it here.

We must take into consideration anything which appears important in estimating the progressive development of the principle *similia similibus curantur*. In the paragraph quoted from the *Organon*, Hahnemann does not exactly call the Bark Fever an Intermittent Fever, although he associates them closely together, most probably because he supposed that the similarity between Bark Fever and Intermittent was acknowledged. And for many reasons the proof of this similarity was not in place in this work, but in his *Materia Medica*. I do not know whether this proof can be supplied from a work of his then extant, called "*Frag-*

menta de viribus medicamentorum positivis," as I have not the work at hand; for our present purpose this is no disadvantage, since it will be indispensably necessary in the course of our labours to take a look at his later work, the *Materia Medica Pura*, and this latter must be considered as a complete and enlarged edition of the *Fragmenta*.

Another circumstance is, that in paragraph 32 of the *Organon*, Bark Fever is called a fever "of several days," whilst in the works as yet examined, Hahnemann only speaks of "a short antagonistic fever," which is excited by Bark; and, as we saw in his remark on Monro, attaches a special value to the "shortness" itself of the bark fever. With reference to this contradiction, we naturally assume that renewed investigations had taught Hahnemann more thoroughly; and we shall see when considering the data furnished by the *Materia Medica Pura* how far this assumption is correct.

It was the paragraph in question from the *Organon*, 2nd edition (1819), p. 105, (according to Jörg), which induced Professor Dr. J. Ch. G. Jörg, of Leipzig, to set about a course of experiments, the result of which is communicated in No. 2 of the *Critical Essays*. Leipzig, 1822, from p. 149 to 159.

The strictness of science which recognises no party, and acknowledges the simple truth alone, requires a full consideration of these experiments.

I. Experiments with *Tinctura Cort. Chinæ*, composed of the soluble parts of *Cort. Chin.*, 1 part to 6 parts of Sp. Vini Rectif. 80.

1. Ph. Fr. E. Enders, æt. 26, of choleric temperament, tall, robust constitution, but with nervous excitability.

Wednesday, November 21st, 1821.—About 9 in the morning, took 18 drops of the *Tinct. Chin.* in 1 ounce of water.

A very nauseous taste (in consequence of his having taken large doses of Bark in powder for intermittent fever a year and a half previously); soon after this had subsided, an agreeable warmth from the region of the stomach to the navel with one tasteless eructation.

22nd.—36 drops in 2 ounces of water. After a quarter of an hour, four eructations with a taste of bark.

23rd.—Two stools, contrary to custom.

24th.—About 9 a.m. 70 drops in about 2 ounces of water. Feeling of warmth in the abdominal region; very good appetite; three stools, of which the last was pappy.

25th, 9 in the morning.—120 drops in a tumbler of water. Nausea and unpleasant taste. At 1 in the afternoon, soon after dinner, considerable palpitation of the heart, increased by movement, lessened by quiet, continuing till 7 p.m. Out of nervous anxiety, went to bed as early as a quarter past 8, soon fell asleep, but awoke frequently.

26th.—At 3 in the morning awakened by considerable palpitation of the heart, which was not lessened by any change of position, but was increased by lying on the left side; small, quickened pulse. At 4 the palpitation subsided, and at 5 he fell asleep again. At 9 the palpitation returned with diminished force, and increased with increased motion of the body. Throughout the day constipated; towards evening, perfectly well again; bowels not moved till the 27th.

2. H. A. Hacker, æt. 20, robust constitution, short under-sized stature, sanguine temperament.

November 21st, 9 a.m.—18 drops *Tinct. Chin.* in 1 oz. of water; inclination to vomit, nausea, eructations, flatulent discharges.

22nd.—36 drops in 2 oz. water. Nausea, eructations, frequent flatulent discharges, well otherwise.

24th, 9 a.m.—70 drops in about 2 oz. of water. Less appetite, more frequent eructations, discharges of very foetid flatus, less nausea, but more turgor of the cutaneous veins.

25th, 9 a.m.—120 drops in a tumbler of water; little nausea, eructations, very badly smelling flatus, thinner stools, painful sensations in the hæmorrhoidal tumours; in each of the four succeeding nights a not insignificant emission, greater prominence of the cutaneous veins.

3. Fr. A. M. Frauthmann, æt. 23, slender, healthy constitution, sanguine temperament.

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November 21st, 9 a.m.—18 drops of *Tinc. Chinæ* in 1 oz. water. Directly after, a gentle contraction of the œsophagus, with the peculiar China taste for half an hour; an hour and a half after which, continued bitter eructations until midday; agreeable warmth in the abdominal regions; rumblings and rattlings in the intestinal canal; urine somewhat darker coloured; alvine discharge intermitted for two days.

22nd.—36 drops in 2 oz. water. The same effects as before, only no contraction of the œsophagus; the belly much swollen for a short time till eructations ensued.

24th, 9 a.m.—70 drops in about 2 oz. water. An hour after, nausea, constant eructations, bitter, slimy taste, watering of the mouth; scanty and dark coloured urine.

December 3rd, 1821, 9 a.m.—140 drops. No appetite all day, besides the effects of the former doses.

II. Experiments with the powder of bark.

1. Francis Meurer, æt. 27, sanguine choleric temperament, short stature, healthy constitution.

Sunday, December 9th, 1821, 9 a.m.—2 drachms *pulv. subtil. cort. Chin. reg. s. flavæ*, with 2 oz. water. Directly after, tasteless eructations till towards evening; at 11 o'clock, sharp pains in the abdominal region of about eight minutes continuance; from 2 o'clock violent flatulency. At 5 p.m. the same dose. Immediately after, eructations until going to sleep; unquiet sleep in the night, interrupted by four or five erections.

10th.—No eructations, but more flatus than usual. No alteration of appetite yesterday, to-day, or the following days, or rather an increase of appetite; secretions unchanged; no attack of fever. In the night of the 10th, awoke thrice with erections.

11th.—No remaining effects.

2. K. Fr. Steinbach, æt. 23, healthy constitution.

December 9th, 9 a.m.—2 drachms *pulv. cort. Chin. reg. s. flavæ*, with 2 oz. water. Eructations without taste or smell; enjoyed his dinner. At 5 p.m. the same dose. Directly afterwards, eructations. In the evening, stool harder than usual; slept well through the night of the 9th.

10th and 11th.—All right, but costive, and not before the 12th the customary stool.

3. K. Klemm, æt. 34, military surgeon, rather given to drinking spirituous liquors; has accompanied many long marches and campaigns; of middling stature, healthy constitution, sanguine temperament.

December 10th, 9 a.m.—2 drachms, with water as above. At 5 p.m. the same dose. No effect except costiveness. On the following days well in every respect.

4. E. W. Güntz, æt. 21, of small stature, robust constitution, sanguine temperament.

December 10th, 9 a.m.—*Pulv. C. Chin.* as above. Nausea till about 10 a.m.; weight in the stomach; appetite at dinner good. 5 p.m. the same dose. Some spasm in the cardiac region; withal appetite good, and sleep at night.

11th.—Two stools in the morning; from that date till the 16th rather costive; afterwards the usual stool.

III. Experiments with *Tinct. Cort. Chinæ*; 1 part *Cort.* to 6 parts *Sp. Vini* (vide above under I). Within twelve and a quarter hours the tinct. from 1 oz. *Cort. Chinæ*; that is to say, 6 oz. *Tinct. Cort. Chin.* was used, divided into 4 doses.

1. Klemm, December 18th, 9 a.m.—1 oz. *Tinct. Chin.* in 6 oz. water; at half-past 11 a.m. the same dose; at 5 p.m. 2 oz. *Tinct.* in 6 oz. water; at a quarter to 9 p.m. dose, 5 oz. Klemm declares that he did not find himself in the least affected by the 6 oz. of this strong tincture.

2. Meurer, December 18th, 9 a.m.—1 oz. *Tinct.* in 6 oz. water. Shortly after, sundry eructations, then a feeling of elevation consequent on the alcohol. At half-past 10 a.m. the same quantity, followed by almost the same results. 5 p.m. 2 oz. *Tinct.* in 6 oz. water; slight intoxication; a quarter past 9 p.m. the same dose as at 5 o'clock. Some eructations; very sound sleep through the night of the 18th, only twice awakened by thirst, and two calls to urine (the latter unusual).

December 19th.—Head somewhat affected; throughout the day, during digestion, colicky pains; two pappy stools. Quiet sleep through the night of the 19th, and no further

symptoms. Good appetite during the whole experiment, and no fever.

3. Steinbach. December 18th.—The same doses at the same times. After the first dose, slightly intoxicated, excited, and in good spirits till about a quarter past 10; the same effects after the second dose, good appetite at dinner; after the third dose, slight intoxication, took his evening meal with pleasure; after the last dose, again slightly intoxicated, feels perfectly well. Feeling more lively than sleepy, lay down on a sofa, and smoked a pipe. At a quarter past 11 p.m., slight vomiting, quite unexpectedly. The vomit consisted principally of water, of a very sour taste, of a spirituous penetrating smell, like bark; still some affection of the head; slept for some hours, waking frequently at intervals. On the whole, the night resembled one after indulging in spirituous liquors during the day. On the 19th December, some affection of the head; no headache; every thing else normal. 20th December, quite well; evacuations of the bowels unaltered throughout the experiment.

4. Güntz. December 18th.—Doses as above; warmth in the abdominal region; contraction of the muscles of the œsophagus; feels intoxicated; inclined to be jolly; pulse 80; the same at 9 and half-past 11; at 5 p.m., again slightly intoxicated; half-past 8 p.m., striving against drowsiness; after the last dose an agreeable mélange of inclinations to rest and merriment; pulse more than 70; slept well in the night, and awoke at six the following morning; 19th, quite lively, yet feeling somewhat exhausted, the same as after a night of walking; a little weight about the forehead, which disappeared in the middle of the day; everything else was normal, and continued so.

All the four persons experimented on remained perfectly healthy afterwards, and pledge their word of honour for the correctness of their statements.

No analysis of the foregoing experiments by Jörg is necessary to show that neither fever generally, nor intermittent fever specially, made its appearance.

We come now to the consideration of Hahnemann's statements in his *Pure Materia Medica*.

In vol. iii, p. 99, 2nd edition, note, we first meet with the assertion that bark excites intermittent fever. I have quoted the words above, and refer the reader to the passage. Some preliminary observations are requisite for a full comprehension of the subject.

The effect of bark on healthy persons, with respect to its alleged power of exciting intermittent fever, is, according to Hahnemann's own words, become the starting point, the foundation stone of the whole of Homœopathy. Hahnemann here steps into a perfectly new realm of science, and it is self evident that in all such cases the most scrupulous caution, the most exact testing of fundamental facts is absolutely indispensable, if errors are to be avoided. I may mention, as a case in point, the discovery of galvanism. (Compare Pouillet, *Müller's Compendium of Physics*, Brunswick, 1843, vol. i, p. 430, and following.)

Assuming the technical part of the experiment to be well understood, it was supposed by that acute and careful observer, A. Galvani, that the nerves contained a peculiar liquid (similar to the electric fluid), which passed through the conductor (metallic) to the muscles so soon as communication was established, and thus caused the convulsive movements.

It is quite true that the convulsive movements do follow, and so far, Galvani's glory in the discovery is undiminished, and yet Galvani made a mistake with his "nervous or vital fluid," which he supposed to exist in the spinal cord. A. Volta was the first who remarked that it was indispensably necessary for the success of the experiment, that the conductor from the nerves to the muscles should be composed of two different metals (for instance copper and zinc), which being soldered together at one point, should touch the nerve with one extremity, and the muscle with the other. Thus Volta created the theory of electricity by contact, and became the discoverer of the Voltaic battery, from which a number of further discoveries have resulted, the electric telegraph being the principal.

But whoever would dig out hidden treasures like this must continually exercise strict and watchful observation and scrutiny, even over himself, have a single eye to the attainment of truth, and take no step without having proved its legitimacy. And in medicine, even more than anywhere else, should this method prevail; absolutely nothing should be admitted which will not bear the test of the strictest criticism, for here is involved the highest object that can be confided to man, even the life of his fellow-man.

So far as my abilities permit, I will impartially proceed on these principles, and will examine Hahnemann's fundamental proposition with stern severity, and I would request my respected readers to deal with me in exactly the same manner, if my labours should appear worth this trouble.

It would, of course, have been more desirable that Hahnemann himself should undertake and communicate *in extenso*, such an examination of his results, abundant space for which was available in the long preface of twenty-four pages on *China*, and this space would have been better occupied, than, as it now is, with a heap of invectives against his antagonists (for instance p. 104), who have in no case quite deserved them in their full intensity.

Our first task is to find an answer to the following question :

Can it be proved from Hahnemann's *Materia Medica Pura*, that bark excites intermittent fever in the healthy subject?

In the second edition of this work, the article on bark is found from page 98 to 202; *i. e.* 104 pages, of which, as we have already remarked, twenty-four are taken up with the preface.

Now this preface would have been exactly the proper place for Hahnemann to explain his theory, and verify and place beyond all doubt, the power of bark to excite intermittent fever. Every conscientious physician can, and must demand this, nor can the very highest authority be exempted from this obligation, even a Virchow, a Liebig, or a Vogt must prove their theories, and owe their great renown just to the precision and solid worth-of

their works. Nor can Hahnemann then be relieved from proving his theories; let us therefore try how far the question can be determined for or against him from the enumeration of the symptoms of *China*.

The number of symptoms which Hahnemann ascribes to *China* is very large, that is to say 1143. The first 427 symptoms, enumerated from p. 123—151, are not particularly described, although observed by Hahnemann himself. The observations of others, from whom 716 symptoms have been drawn, reach to the end of the article.

For self-evident reasons, we have to deal first with the symptoms observed by Hahnemann himself.

These were produced by taking the alcoholic tincture prepared both from the small pipe, and from the *Chinchona Regia Officinalis*, vide p. 98. Already, alas! we observe many defects in the report. How large were the doses of this tincture? how often were they taken? and when? who were the persons experimented on? and what was their age, individuality and temperament?

It must not be supposed that Hahnemann himself regarded all these particulars with indifference. From his *Organon* (fourth edition, pars. 109, 110, 121, 123, &c.), it can be easily shown that all these data were well known to him, with their relative value.

And even if these details were indifferent, still Hahnemann should have paid attention to them, if it had only been to assist the reader in his necessary criticism.

The 427 symptoms in question were observed in male and female subjects. 92 symptoms are noted by Hahnemann as having been observed in male subjects; the time at which 15 of these symptoms occurred is exactly recorded; of 20 others the time is approximately recorded. Compare, for instance, symptom 70 "after a walk;" symptom 403 "at 8 p.m. and 2 a.m.;" symptom 197 "in the evening;" symptoms 55 and 317 are bracketed.

Do these symptoms originate from one man, or several? Symptom 317 was observed in an unhealthy man (ichorous ulcer); were no other symptoms observed in the same subject? Probably symptom 55 appertains to him also? It is like-

wise impossible to arrange the list of symptoms in chronological order, since, independently of the uncertainty of the persons experimented on, the exact time of the appearance of the symptoms is only given in fifteen instances.

The kind reader will see how difficulties accumulate, and how a decisive opinion is already become an impossibility. And still it is taken for granted that the given symptoms are collectively true, and not examined as to their value in detail. As, however, even more important premises are wanting, and the question to determine is merely whether *China* does generate intermittent fever or not, I will leave the criticism of the symptoms themselves to some other investigator.

Further, we find 14 symptoms, which were observed in females: of these, 5 are exactly noted as to the time of occurrence; 2 only are noted generally, for instance, symptom 343, "she cannot sleep all the night," et cætera.

Even assuming that only one person is spoken of as having been experimented on (which, at least, is possible), still no consecutive record of the experiments can be developed here either.

Symptom 358 applies to experiments on children; a reference is made from it to symptom 354, consequently one may suppose that both of these symptoms proceed from experiments on children. How is it that no other symptoms manifested themselves?

There still remain 320 symptoms, of which it is impossible to determine whether they were observed in male or female subjects.

It is of no use for our object, that the time of appearance is noted of 82 of these symptoms; a chronological arrangement could not be attempted even if the whole 320 were this noted, since no man can say how many were the persons experimented on who contributed to the list; one would hardly believe that a single man could exhibit 320 symptoms, the effects of one single medicine!

Fourteen of these symptoms stand in brackets, eight others also require to be bracketed as shown by their wording, or the express annotations of Hahnemann, but here

again we are left in ignorance as to whether these twenty-two symptoms were all that were observed in a patient.

It is apparent that almost all the premises are deficient on which a safe judgment could be based; consequently such judgment must be impossible.

The characteristic mark of intermittent fever lies in the typical appearance; if then any other malady (natural, or induced by medicine,) is to be compared with it (intermittent fever), the course of the malady to be compared must naturally be precisely known, to make the comparison possible. It is just this essential that is wanting with Hahnemann, and I regret this defect the more, inasmuch as I cannot but characterise Hahnemann's article on *China* as one of his most careful works. That there can be no doubt as to the reality of the experiments must be manifest to every reader, from the numerous comparisons of symptoms with each other, which Hahnemann annexes in the remarks. Consequently I quite believe that the majority of the 427 symptoms may at all events appertain to *China*, and be of essential assistance to any physician desirous of administering *China* to a patient, either on homœopathic or allopathic principles. But they are not adapted for proving that *China* generates intermittent fever in a healthy subject.

This opinion must be held fast, even if any one should object that out of the fever symptoms beginning from, say number 375 to about 404, the several symptoms of intermittent fever could be compounded together; thus symptom 375, "he is thoroughly cold;" symptom 395, "heat over his whole body, without thirst;" and lastly, symptom 402, "cold sweat over his whole body." Independently of other objections to such a compilation, it should have previously been demonstrated that all these symptoms occurred in one and the same person, and also, in regular order of succession, not one to-day and another the day after to-morrow. This is evident of itself, and needs not be further insisted on.

The second and larger division of Hahnemann's collection of symptoms of *China* contains the observations of other persons, numbering 716. These we must separate into

two sections ; first, observations by pupils of Hahnemann, of whom twenty-one are mentioned, namely :

1. C. Chr. Anton . . .	28 symptoms.
2. Aug. Baehr . . .	7 ”
3. H. Becker . . .	31 ”
4. W. Clauss . . .	6 ”
5. C. Franz . . .	141 ”
6. G. W. Gross . . .	34 ”
7. E. Harnisch . . .	8 ”
8. F. Hartmann . . .	38 ”
9. J. C. Hartung . . .	21 ”
10. C. Th. Hermann . . .	86 ”
11. Chr. G. Hornburg . . .	31 ”
12. Ch. Fr. Langhammer . . .	19 ”
13. Ch. Fr. G. Lehmann . . .	18 ”
14. J. G. Lehmann . . .	6 ”
15. F. Meyer . . .	9 ”
16. C. Michler . . .	2 ”
17. E. Stapf . . .	22 ”
18. Chr. Teuthorn . . .	8 ”
19. Gust. Wagner . . .	17 ”
20. Fr. Walther . . .	26 ”
21. W. E. Wislicenus . . .	21 ”

The total of 568 symptoms resulting from an addition of the above sums is evidently too large, because there is often more than one authority for the same symptoms ; one could hardly say off hand that 148 symptoms are all that remain to be considered under this second group, and yet one would not be far wrong in saying so.

It is only after a more exact observation of these symptoms that we find the welcome possibility of constructing a history of the proving out of the reports of several cases, because in a sufficient number of each prover's symptoms, we have a statement of the time when they arose.

(To be continued.)

ON THE SIFTING OF MEDICINAL SYMPTOMS.

By Dr. CONSTANTIN HERING, of Philadelphia.*

AFTER some humorous remarks on the conduct of the Austrian police in excluding all plants of the mushroom tribe that have a red top from the market for fear of confounding the red topped edible fungi with the poisonous ones, he goes on to say—

It is just the same with the Hahnemann *Materia Medica*, but what in Austria is the police is here called "criticism." "We ought," so say our police, "rather to let our patients remain uncured than cure them by means of symptoms, among which, perhaps, some may be false;" because these symptoms are derived from provers whom they are pleased to suspect, or from provers not in perfect health. The police allow no mushrooms with red tops, and the critics no symptoms from sick persons, no symptoms from timorous doses, no symptoms from high potencies, &c. The police say, "They have red caps, they may be poisonous—away with them, we are no connoisseurs!" Our critics go further, they say, even not only they may be false, but "they are false." Obviously, the critics might learn something from the police, and say, they might or could be, and possibly are false, and more from caution let us sweep out all resembling them. Many of our critics go a step farther still. They say, not only these symptoms are all one with another worthless; no! they hold them like a kind of scabby sheep, and think that by means of these bad symptoms the good ones even may be infected. This reminds us of the tooth breakers of last century, who humbugged people into the belief that the black teeth must come out or they would infect the white ones. So here it is wished to pull out the carious symptoms in order that the others may stand firmer. Truly it needed the experience of many

* From the *Allg. Hom. Zeitung*, vol. lxxi, p. 73.

thousand mal-treated persons to teach that thereby the whole set of masticators were made shaky—that this frightful delusion has got into the best heads like mould in the brain, and probably spreads further like such fungoid germs floating in the air as example may show.

In a quarto volume commenced in 1852, says a much respected arranger of the provings of *Kali bichromicum*, p. 4, in a note—“In selecting the groups of symptoms which compose the following schema, I have subjected the narratives of the experimenters to what may appear somewhat rigid criticism; and in the fear of incorporating any useless or doubtful symptoms may have left out many that really belong to the drug and which may turn out to be valuable. But I hold that it is better to reject many real symptoms than admit one false one, as one false symptom tends to vitiate* the whole by destroying our confidence in the rest.”

Truly we must be thankful that any one should have the courage boldly to write out such fearful nonsense in the face of the world. We learn thereby things we should not have ventured to think possible. So actually there are people, physicians, homœopathists, who have “confidence” in the symptoms of the *Materia Medica*, and what a confidence! A confidence in the hundreds or thousands of symptoms of the different medicines, more delicate than the sugar figures on an almond tart—a shake and down it goes! “One false symptom destroys the whole.” What is a false symptom? As yet there is not one single, among the many thousand, which may be held positively and certainly false; as yet this has been demonstrated according to the strict rules of science in no single one; hitherto there has been only suspicion thrown on them, it has been made probable—very probable, that some are false, but as yet there is no proof! There are doubtless many “false” symptoms in all probability, that it can be otherwise is not reasonably to be expected; hence that is all that the old

* [Dr. Hering translates “tends to vitiate the whole” by the German words “*richtet das Ganze zu Grunde.*” This means literally “destroys the whole,” which is not an accurate rendering of the English expression.—EDS.]

school could say against this greatest problem of the century, viz., to throw suspicion over the whole thing. Now come such followers of our opponents and think if they can make suspicious some individual symptoms—for a proof that suspicion is well grounded has not yet been given in one single case—those must not only be flung away immediately, but even the good and true ones along with them; as if when one of the servants of a household becomes suspected, we must hang the whole of them, for the sugar figure of confidence is snapped in two. In such a way they think to rescue science and pave the way for truth! For, in reality, how do we ever ascertain that any symptom of any medicine really and truly belongs to it? There must be ways and means, though through them even the most conscientious, the most careful, and the most attentive observer may possibly err, for he is human, and to err is human. That this same is possible and to be expected is plain from the words of the above critic himself. For not without sympathy we read that he confesses himself that it is possible in his rigid zeal for the rescue of purity, he may have “left out many symptoms” which “really belong to the medicine,” and he is willing to admit that these, in the course of time “may be proved to be true.” But how are those unlucky symptoms to manage to prove themselves true, when they have been flung overboard in the arrangements of the symptoms? There is only one way by which we can from time to time make individual symptoms more probable, and by this way many can gradually be found worthy; but this is only possible when you don’t begin by flinging it overboard into the maw of the devouring sharks of criticism. This way is, however, that of the most strict method, the method of Hahnemann, who artistically resolved the great problem in this same manner half a century before Apelt wrote his theory of induction. In this way we must advance further, and develop in the manner of all sound growth, and we shall arrive at the goal set before us by Hahnemann, viz., mathematical certainty. To this belong—1st. Proving on the healthy with or without poisonings. 2nd. Observations on the sick. 3rd. Cures

of groups of symptoms. 4th. Placing together all these symptoms in all their relations. 5th. Comparison of the symptoms of each medicine among themselves. The last, the chief thing, the determining of the singularities and the thereon founded sifting, separating, and appreciating, &c., and in the field of art, the determining the choice of a remedy;—in the field of science, the pillars and arches—all that is flatly impossible without the previous placing together of all the symptoms, without the most complete collections. These must be in the hands of all, or at least may be, in order that individual “prominent” symptoms may not through prejudice, confuse and darken the eyes of the many who should see for themselves, neither through learned clouds of dust from quartos or folios, nor whirlwinds of sand. We must have our whole medicinal treasury before us, accessible to all, and specially as was proposed by me in two forms—1st, in monographs, historic and genetic, as the groundwork of the science; and 2nd, the pure symptomatology in the encyclopædic form as the groundwork of the art. All our contentions don’t bring us forward one step, and lead us after our thirty years’ war at the most to a Westphalian peace, *i. e.*, to a greater degree of dismemberment. The three editions of the *Organon* will certainly not help to unite us, but the above two collections of the *Materia Medica* would at least *render sound criticism possible*. For the completion of the two towers of the Cologne Cathedral each ticket costs a dollar, and it is hoped to finish them both at once. For the building of our two towers the cost of any part is five dollars. That is truly a difference; but in the former case a building is only completed; in the latter, a new one is begun. But while there, one may perhaps get some good, here he will surely get his point. To contribute to, is not to adopt a plan; and here each can contribute, because he wishes to see a thing done and given to the world. But, perhaps, this even is to ask too much; then we must wait patiently till the world wants it.

ON THE ARRANGEMENT OF THE MATERIA
MEDICA,

By Dr. DRYSDALE.

OUR old and valued friend, Dr. Hering, loves his joke, and we might at first have thought the above article was chiefly meant as such, but on further consideration, we perceive that he really has a complete misconception of the scope of my argument, though of course he cannot be serious in his talk about the bad symptoms infecting the good like scabby sheep. We find also Dr. Lippe, who is a faithful follower of Dr. Hering, but like such, sometimes goes beyond his leader, thus expresses himself—"Dr. Drysdale holds that it is better to reject many real symptoms than admit one false one." This assertion is erroneous from beginning to end. Is it not generally admitted to be better that nine guilty criminals should escape before risking the condemnation of one innocent person? We have no right to reject one solitary symptom without most excellent reasons; and that good reason can only exist when no cure has followed the administration of the remedy corresponding to the symptoms or group of symptoms, not only once, but repeatedly; then may we reject that symptom or group of symptoms, and express a distrust of the reliability of the experimenter."

Now as I am on the same side as Dr. Hering and his party in a most important point, I cannot willingly remain in a state of "Westphalian peace" with them from mere misunderstanding. The important point is, that the covering of the totality of the symptoms, even to the minutest degree, must always remain the *ultima ratio* in homœopathic practice. It is true the number of provisos and qualifications as to the manner in which this is to be done is so great that in the discussion of them and the carrying out of the plan, so many parties have sprung up, each represented by zealous defenders, that the ultimate object has been often lost sight of, and a particular section among us puts forth claims to be the only true disciples of Hahn-

mann in this respect. This section, however, is understood more or less to bind up along with it other principles, viz., the extreme minuteness of the dose even to the very high potencies, the neglect or mistrust of pathology, absolute faith in the written word of the *Materia Medica*, prohibition of alternation, &c.

Now I protest against this, and I think the time and labour I have spent in the endeavour to make a complete repertory—and the daily and hourly use of that and where still unfinished, other repertories and the *Materia Medica*—are sufficient guarantee of my conviction of the supreme importance of the rule, though I disagree entirely with the above section in the other matters. As the discussion of them would lead us too far from the present subject, I merely say, summarily, that the belief in the paramount importance of the above rule is quite compatible with the use of low dilutions and with regulated alternation, and with the use of pathological knowledge, and with extreme desire for revision and purification of the *Materia Medica*. The only points to be noticed here are the number of the symptoms, and their truth or falsehood, as bearing on the practical use of the rule.

Now as to the number, I entirely agree with Dr. Hering, that if true, and not mere verbal hair splittings, the symptoms cannot be too numerous. In opposition to many who seem to imagine that the progress of science will result in the boiling down, as it were, of our unwieldy provings into a skeleton of pathognomonic symptoms, I think they will become more fully developed, and though deductive abstracts may be added, the original symptoms must still be retained, and rendered accessible for daily practical use by complete repertories. At present one great obstacle to the covering of the symptoms is the defect in the *Materia Medica*, as regards the mere number of the symptoms, if regarded in accurate detail. This was not so easy to demonstrate hitherto, but everybody took it for granted that if they had time they could cover any symptom from the immense mass in the *Materia Medica*. But since we have a complete repertory of some parts, let any one try and he

will find to his astonishment how very seldom he can completely cover a symptom at all removed from vague generality by the possession of two or more well marked characters or conditions.

The next obstacle is the doubt of the trustworthiness of many of the minute symptoms.

Of course all parties agree as to the evil of false symptoms; the only question is as to the amount of evidence needful to make their truth probable, and how the doubtful ones should be dealt with. The one party would admit into the symptom list in the hands of the practitioner, all those which have any *prima facie* evidence in their favour; the other is inclined to reject all on which any reasonable doubt can be cast. Of course no such categorical division includes all shades of opinion, but I certainly belong rather to the latter, while Hering and Lippe belong to the former. Dr. Lippe's analogy with the guilt or innocence of accused persons, expresses very well his meaning, and from that I still entirely dissent. I think the true comparison is with a lighthouse, which if alone and truly placed, guides the mariner safely to port; but if alongside is placed a false light, which he has no means of distinguishing from the true one, then he is either lured to his destruction, or seeks safety in disregarding the lights altogether, and falling back on the more general aids to navigation. This is very much what has happened in Homœopathy. At the outset of their career, most converts have diligently studied the *Materia Medica*, and particularly Hahnemann's earlier and best proved medicines, and made great cures. By and by, as they proceed to the use of the later medicines, they meet with disappointments, gradually increasing in frequency, and they learn to distrust the reality of the minute symptoms, and finally leave off trying to cover the symptoms accurately, and fall back on the more general and pathological and clinical indications. The habit once formed in respect to some medicines, soon extends to the better proved medicines, and the practitioner becomes a mere specificer.

The two sources of false symptoms are to be found in the details of the voluntary provings, and the cases borrowed

from medical literature, in which the subjects of the experiments were generally sick persons. With respect to these, however much we may differ in practice from Dr. Hering, we must acknowledge in them no difference in principle, for even in the latter case, there is no royal road to finding the false symptoms by simply striking out all those obtained from sick persons. What is argued by that party is true, that many real and pure symptoms are got from sick persons; and when the question is probed deeper, who can we really pronounce healthy? Here, all lies in the mode and temper in which we balance probabilities in detail. Likewise the same is to be said as to the voluntary provings, though it would lead us too far to follow that out. Suffice to say, the whole is a balance of probabilities, and we know how that must be affected by the turn of mind, whether it inclines to the sceptical or the credulous. Perhaps the one party admits symptoms that should at once have been rejected, and the other *vice versa*. That is not to be determined by argument. But with respect to the doubtful symptoms, something may be said. Dr. Hering says they should be all admitted into the schedule; for otherwise how can it ever be found whether they are true or not, if they are at once "flung overboard" as he says; whereas if they are left, the experience of practitioners will determine their true or false character. Now in the first place, his expression of flung overboard, or in any way lost, is quite inapplicable to any thing I proposed. I merely meant that in making the arrangement of the symptoms that is to be in the hands of the busy practitioner, we take out of his hands the labour of sifting and arranging the symptoms, as we think every one would do before using them, and all the doubtful ones are simply left where they were, to be confirmed or expunged when further special experiment is forthcoming. They are not therefore in any sense lost or thrown away, but Hering's whole meaning turns out what that further experiment is to be. His plan of putting them all in the schedule in equal authority with the good symptoms, implies that they are to be used in the same way by all practitioners who are thus to constitute a body of scien-

entific investigations, and report the results. This might have been possible (if the method were scientifically correct), when the homœopaths were a small body, bound together by zeal, and working under the immediate eye of the master, as in Hahnemann's earlier days. Hahnemann indeed did something of the kind when in his provings he introduced doubtful symptoms inclosed in brackets. But remember his original proving journals were destroyed, or at all events never published, and these bracketed symptoms were the only record of symptoms that would really have been "thrown overboard," whereas now I assume that the proving journals are to be always retained in the homœopathic literature. Also it must be said, that Hahnemann does not say how those doubtful symptoms are to be confirmed or proved false, and we may presume that it was by subsequent provings on the healthy and not by clinical experience. And this leads to the second objection, viz., that it is totally inconsistent with the homœopathic doctrine to try to ascertain the individual pure symptoms by working backwards from clinical experience. Let any one read again Hahnemann's admirable *Illumination of the Sources of the Ordinary Materia Medica*, and he will see the force of this. I cannot therefore but conclude that the admission of doubtful symptoms into the working schedule of the *Materia Medica*, has nothing but the practical effect of turning away the practitioner from the study of the minute symptoms altogether. Hence it seems to me that in arranging the *Materia Medica*, we should lean strongly to the sceptical side, and in revising the literature, reject with Roth and Langheinz all symptoms from sick persons whom we can no longer examine; and leave on one side, for the present, all proving symptoms tainted by any reasonable doubt, though we should thereby reduce the number of our working schedule to a half or even a quarter. I yield to no one in admiration and respect for Dr. Hering, to whom homœopathy owes more than to any now living, for his unwearied labours in enriching our *Materia Medica* with so many excellent medicines; but still I think his own fame would have been better served, and those medicines would

have been better and more quickly appreciated by our body of practitioners, if he had leaned more to the sceptical side in admitting symptoms, and if he had condescended a little more to our English and American common sense way of judging matters bearing on practice.

With respect to the mode of arranging the *Materia Medica*, the first thing that strikes us is, that the main thing is that the drug should have intrinsic value and power, and that the effects reported should be true and real; after that the way of arranging those effects is a matter of secondary importance, and any mode that conveys a faithful report will enable us to use it. Our chief care should, in fact, be not to injure the accuracy of the reports by any method of arranging for convenient reference. As before said, my opinion is that we should present as far as possible a congeries of idiopathic groups of symptoms, and any symptomatic symptoms should be referred to a mere index attached to each Hahnemannic region. This is practically what is aimed at in many of the newer provings, though no one has formally followed my plan in the *Hahnemann Materia Medica*. On the whole, the objects of a proper treatise on pure *Materia Medica*, as stated by Langheinz, are almost identical with those of Hering in the foregoing article. The only point is, how they will practically carry it out; this is still to be shown by Langheinz, and I suspect that when he tries it he will find the making of the register more difficult than he thinks. Dr. Hering has however given us many specimens of his method, and we may examine those in the *Americanische Arzneiprüfungen*, which contains *Glonoine*, *Millefolium*, *Apis*, *Allium cepa*, *Hippomanes*, *Oxalic acid*, *Jatropha*, *Xiphosura*, *Rumex*, *Benzoic acid*, *Kalmia*, and *Aloe*. It is, of course, impossible to go through these in detail, but I may note a few examples which throw light on the principles of the arrangement. The *Glonoine* is very complete, having first the chemical history and details, then a complete list of all the experiments and provings, and cures, each being numbered. Then the references and abbreviations and doses of each experiment, then the schema or list in the Hahnemannic form;

each symptom being followed by a number referring to the above list. In this way we can refer to the complete narrative, and see the bearing of the symptom. We have thus the above principle of index and groups represented practically, but with this difference, that the sifting and sorting into idiopathic groups, must be done each time the proving is consulted, instead of once for all by the arranger. Many of the substantive numbered symptoms in the schema should only have found a place in an index. For example, symptom No. 2 of *Glonoine*, "Fear and Terror, 81." On looking at 81, we find a narrative of a prover who was sceptical of the power of *Glonoine*, but immediately on taking $\frac{1}{350}$ of *Glonoine* he was seized with such a violent headache, and rush of blood to the head, and constriction of the chest, that he was thrown into a state of fear and terror. Here it is evident that the mental state cannot by any means be considered idiopathic to the *Glonoine*, why therefore should the practitioner be put to the trouble of referring to the original merely to find out that fact? Why should we thus be wedded to the old form of schema? It would surely be better to divide the symptoms of each Hahnemannian region into idiopathic groups, and index as I proposed. Nevertheless this schema of *Glonoine* is, on the whole, extremely serviceable and the inconvenience little felt, as this medicine has the property of rapid and circumscribed action, so that the symptoms are pretty much idiopathic groups naturally. The arrangement is also very complete and perspicuous, and contains various analyses of the symptoms not usually given. The same may be said of other medicines, such as summaries of the chief effects, collection of the conditions, also of the right and left, and other points of interest found by the intercomparison of the symptoms. These are all worthy of the attention of practitioners and provers, and will no doubt be adopted. However, all the medicines in this volume are not done in the same way, for in some the original narratives are wanting, and in that case we have only the schema to depend on, with the help that at the end of some symptoms we have the number of other symptoms which occurred along

with them, or of which they are a part, and mentioned in other places merely as index again, so that to get the complete narrative, we have to piece them together, and then the task of judging of the bearing of the whole has still to be begun by the practitioner each time. As the plan of arrangement of the medicines differs more or less in nearly all the medicines in this volume, I confess to considerable misgivings as to the forthcoming new complete *American Materia Medica*, and I still think that the plan of our own *Hahnemann Materia Medica* is the best that has yet been proposed, viz., that in a joint work like this, each worker follow his own arrangement, and thus in process of time the best method will be found out by the labour and invention of many minds. If I were to arrange another medicine, I would be still inclined to follow in the main the plan of idiopathic groups and index, but I would make the index more complete, like Dr. Dudgeon's, and I would add the therapeutic parts in notes like Dr. Black, and after him Peters and Hale. Also I would add many of the intercomparisons of symptoms like Dr. Hering.

After the appearance of Watzke's proving of *Colocynth*, and his remarks on the insufficiency of the Hahnemannian schema or arrangement to express fully and accurately the physiological action of any drug, the greater part of the homœopathic body were convinced, and since then, at least, the journals of the provers have always been given in full. But it has been found impracticable for the physician in practice to use them in that form, and a simple register of the symptoms has been added in the hope that that will be used merely as a guide to the journals. This latter hope is, I believe seldom fulfilled, and any one who has tried will at once see the reason, for the symptoms come and go and are so mixed up that it would require a study of days or weeks to get a clear notion of the action of the drug. Accordingly the old obscurity has once more settled on the subject which Watzke's clear statement had dispelled, and we find practitioners looking on the mere register or catalogue of symptoms as *the proving*, and all that is necessary for a complete knowledge of the drug and its use in practice!

Be it remembered also that these same *symptoms* are often merely sentences arbitrarily divided for convenience alone, and quite without meaning or value as a description of the actual phenomena, when torn from their natural connection. Soon after Watzke's treatise I made an attempt to contrive a new schema or arrangement whereby the symptoms should be sifted, compared and arranged in their natural connections, and at the same time, by the addition of an index, the convenient Hahnemannian form of anatomical arrangement might be retained. This I looked on as the beginning of many propositions of the same nature, and I hoped, that by this time, by the consideration of them a tolerably perfect working plan would have been hit upon. But in this I have been disappointed, for as yet scarcely any one in this country has done any elaborate working up of single medicines, nor has any change of the Hahnemannian schema been proposed any where else. My plan is not known to any but readers of the English language, and has had no opportunity of being judged of by them on a sufficiently complete scale, chiefly I think, for a practical reason, viz., that it is only tried on such a small scale as to give no inducement to the practitioner to look into it. There are only two medicines on it, viz., *Aconite* and *Kali bichromicum* (for *Arsenic* is differently done, the index not being used), and as these are only in an unfinished volume in paper cover, with only one other medicine, viz., *Arsenic*, the practitioner cannot be troubled to consult such a book for one medicine alone, *Arsenic* and *Aconite* being already in many other compendious treatises. It was originally intended that all the Austrian reprovings, and as many more medicines as necessary to complete a useful volume were to be added, and thus complete and in proper binding it would be fit to lie on our study table and be consulted daily. Thirteen years have now elapsed since then, and the other gentlemen who promised their part have not performed it. Though the zeal of individuals flags, the subject is not obsolete, and it must be studied, and the problem solved sooner or later. In the mean time Dr. Lippe comes forward and judges the question on the narrowest possible

ground. It seems 'as if his test is simply the completeness with which a certain verbal list of the expressions of the provers is given. It is nothing to him if certain symptoms are altogether omitted as untrustworthy, others placed in an unusual situation, though it is their natural one; all he looks to is the fact that in any particular part my list does not correspond to Arneth's verbal register, and all omissions are defects which render my arrangement an incomplete guide to the practitioner. He says "To give the reader an idea of the *recklessness* with which this valuable drug (*Kali bichromicum*) has been treated, and of the mischief thus produced I will here add the *ear symptoms* on record and what Drs. Drysdale and Hempel have given under that organ." He then quotes twenty-five symptoms in which the ear is mentioned as follows :

- 1.—Light drawing behind the right ear.
- 2.—Light superficial pain in the right side of the face, especially in the cheek bone and towards the ear.
- 3.—The same pain slightly in the left side of the face.
- 4.—Slight drawing pain, now here and there, on the neck beginning on the lower jaw and the os hyoides, later on the os ethmoidalis, extending behind the ear, of short duration.
- 5.—Passing painful stitch in the right ear.
- 6.—From time to time pressing headache, with stitches in the left ear and in the left parotid gland.
- 7.—Single quick passing, but violent stitch in the left ear.
- 8.—Stitches in the ear.
- 9.—Violent stitches in the left ear, extending into the velum, into the same side of the head and neck, which was painful to the touch, and on which the glands were swollen.
- 10.—He awoke by itching of the lobe of the right ear.
- 11.—The right ear seemed closed; slight burning of the exterior ear.
- 12.—Tearing in the exterior ear.
- 13.—The external meatus, especially on the left side is slightly sensitive and feels closed.
- 14.—Dryness and burning in the right nostril, and

from there a tensive drawing pain extends to the right meatus.

15.—Slow, seemingly, draw stitch through the external meatus of the right ear.

16.—At the entrance of the external meatus of the left ear appears a swelling, of a slightly inflammatory character; it was more irritating than painful, and disappeared again in four days.

17.—While walking twice, a dull pain through the external meatus, extending into the internal right ear.

18.—Slight stitches in the internal right ear.

19.—Humming in the ear.

20.—Slight headache, which develops itself generally in the forehead, and which is accompanied sometimes with humming and pain in the ears.

21.—Flapping and singing in the ears.

22.—Headache, accompanied by slight pressing pains in the eyes and violent tearing in the ears, 50.

23.—Stitches, which extend to the ear from the right side of the head, 39.

24.—Dull, drawing, tearing on the left side, with very painful stitches in the upper and lower jaw, extending into the left ear, into the temple and neck, 310.

25.—Pressing, stinging pain in the throat when swallowing and talking, extending into the ear.

Then, he adds, "Dr. Drysdale gives two," and "Dr. Hempel gives us two (other) symptoms. Further comments on the merits of the English rendition of this valuable drug are not necessary." In reality, I have given four symptoms under "Ear," viz., two idiopathic and two in the index; but the contrast is sufficiently striking, and it may be interesting to the reader, and not a bad way of elucidating the subject, to go back with me and review in detail at this distance of time the motives of these omissions.

Let us go through the individual ear symptoms in Arneth and Lippe's lists, and consider the reasons in detail for admitting them among the idiopathic symptoms of the ear.

No. 1 of Dr. Lippe's list is, he assumes, omitted by me,

but it will be found in symptom 204 of the *Hahnemann Materia Medica*, in what appears its proper place, viz., among general pains about the head and face. It does not seem to have any bearing on idiopathic affection of the ear, but perhaps it would have been as well to mention it in the index. No. 2 said to be omitted is found as the very first symptom of the face, on the same page and not an inch from the ear symptoms. It properly belongs to face symptoms, and did not require to be referred to in the index as it stood next to it. It is, therefore, difficult to understand the meaning of this criticism. No. 3 is a part of the same symptom, and included in it in my arrangement. No. 4 is also found at 63. No. 5 is included with No. 7 in 193 among M's bone and other general pains as given in the index. But I find that Arneth has also the same from Z's symptoms. With his reference even I cannot, however, find it, and am therefore unable to judge whether it should have been entered among the idiopathic symptoms of the ear. Possibly it ought. With regard to Nos. 6, 20, 22, 23, 24, 25, the ear symptoms are merely concomitant of symptoms in other organs and would not have been included in the ear symptoms by Hahnemann or any one else except Dr. Lippe. But they should have been mentioned in the index to ear symptoms provided by my plan, if otherwise trustworthy, which we shall see. No. 6 is referred by Arneth to Mayrhofer's proving, but cannot be found there. There is, however, a similar symptom in Marenzeller's, who has also symptoms 9, 23 and 24. No. these symptoms had not been overlooked by me, as I find the original pencil marks opposite to them yet, and the reason they have been provisionally omitted is simply this, that Dr. Marenzeller gives a note at p. 315 near the commencement of his proving, stating that he is liable several times a year to attacks of rheumatic toothache, and requesting that others will judge whether or how far these symptoms are to be attributed to the medicine. Well, therein he is quite right, and I accordingly judged that we had better wait for further proof before we admitted them into the symptoms of *Kali bichromicum*. Nevertheless,

Dr. Lippe says, "By omitting one or more symptoms, we risk more than by admitting them, and we may positively prevent a cure. As, for instance, the symptoms quoted above—'Violent stitches in the left ear extending into the roof of the mouth, into the corresponding side of the head and same side of the neck, which was painful to touch and the glands swollen,' enabled me (being so fortunate as to find it in Dr. Arneth's essay) to cure a desperate case of diphtheria. The reliability of this symptom observed by one prover only (Marenzeller), and *arbitrarily* set aside by Dr. Drysdale was again proved in another case. In March last, I visited a young lady, thirteen years of age. She complained of a very sore throat, pain much increased by swallowing; the throat full of tough mucus which she could neither swallow nor hawk up; she could not put her tongue out without much increasing the pains; had pain in the side of the head; the left side of the neck very painful to the touch and much swollen; the tonsils, especially the left one, much swollen and inflamed. One dose of the *Kali bichromicum* 200 (Lehrmann) cured her entirely in thirty-six hours."

It is, of course, quite possible that those symptoms were the genuine effects of the drug, and the prover's disposition to toothache may not have affected all those symptoms throughout the proving. But after the prover's own note, the leaving them out cannot certainly be called *arbitrary*. Can it be possible that Dr. Lippe has never read the proving, and has confined himself to Arneth's register of symptoms? If not, why does he take no notice of that note? At all events the symptoms are not lost, and the next arrangement of this medicine will take into account the confirmation above given by Dr. Lippe of them. I question, however, if it will add much to their weight. I have treated successfully scores of cases of ulcerated and diphtheritic sore throats without Marenzeller's symptoms and without "the 200th dilution (Lehrmann)."

With respect to symptoms 8, 12, 20, 22, they belong to the prover Köstler, a medical student, who began the proving with a headache and had gum-boils, and an attack of blind-

ness in the middle of it, but of whose constitution before or since we know nothing. For these reasons I judged it prudent not to adopt his symptoms without further confirmation. Besides, the last two do not belong to the ear, and the first is already mentioned.

Symptom 11 is a skin symptom and belongs to 205. It should have been mentioned, however, in the ear index.

Symptom 13 belongs to 136, and in the next sentence to where that stops. It ought to have been given there and also in the index to the ear, but it is not idiopathic to the ear.

Symptom 14 belongs to 48 and is given there. It ought also to have been given in the index.

Symptom 15 has been overlooked and ought to be in the idiopathic symptoms of the ear.

Symptom 16 is given verbatim. 17 ought to come in. 18 belongs to general pains. 19 is given. 25 belongs to throat and is given there at 71. There remain only Nos. 10 and 21, which, oddly enough, are the only symptoms given by Dr. Hempel. They were omitted as being of little importance and unconfirmed. I can form no idea of the reasons why Hempel gives these very two as the sole idiopathic ear symptoms, but I must beware of hasty criticism myself when I see how ill Dr. Lippe's bears the test of close revision.

It appears that of those 25 symptoms 2 were given in idiopathic ear symptoms; 9 are given in their proper place; 6 are symptoms in which the ear is merely a concomitant, and are either given in their proper place or rejected for good reasons; 4 are rejected; 4 might certainly have been mentioned, either or both under the ear or other places, though they are not of much importance in showing idiopathic action.

So, after all, the defect is not so formidable, though perhaps it was better not to let any deduction predominate to such an extent as to neglect even the smallest symptom if it is real. It is evident I must have formed the idea that the idiopathic action on the ear was small, and had not been careful in filling up the index. The idea, however, is in

the main, correct, and is, as far as he goes, confirmed by Lippe, for, from all this array of symptoms, he has not cured any ear disease, for the only ones he quotes are throat affections. Nor does any one else report ear cures with *Kali bichromicum*, therefore, to this extent the arrangement is a practical one, and I am sure the physician will gladly be spared a list of symptoms in an organ where the medicine is not useful.

We may now see how far any defect of arrangement applies to practice in other diseases mentioned by Dr. Lippe.

In some cases of measles Dr. Lippe gives the *Kali bichromicum* as the remedy *par excellence*. This may, I think, well be from its strong action on the nose and eyes, and in some individual cases I have also found it so, though as a general rule, the want of fever accompanying the eruption would show that the latter is not so much the analogue of measles as more probably of secondary syphilis. With respect to the nose he quotes from Arneth's list several symptoms which are all given in mine. The same applies to the laryngeal symptoms when discussing the use of *Kali bichromicum* in the croupy cough sometimes coming on in measles. In these remarks and in his comparison of this medicine with *Pulsatilla*, I agree with Dr. Lippe, but the symptoms he alludes to quoted from Arneth are all found in my arrangement, and there indeed in their natural connection, which gives a much more correct view of their bearing. He now quotes a whole case of bichromate-bronchitis and dyspepsia, given by me, but retranslates it from Arneth. I can also confirm Dr. Lippe's remarks on the use of *Kali bichromicum* in ozæna and in supra-orbital neuralgia, and I have frequently been led to it by the periodicity shown in symptom 8 of my arrangement. Also, in his remarks on the nausea and vomiting of drunkards. All the symptoms he alludes to are in my arrangement, and most of them quoted from me by Arneth and retranslated by Lippe. Likewise, I have found *Kali bichromicum* useful in round ulcer in the stomach. I agree also in the therapeutic remarks on secondary syphilis, and make the same

remark about the symptoms. But I have not observed *Kali bichromicum* good in stringy and tough leucorrhœa, nor are there uterine symptoms to warrant us to expect that, and I doubt the propriety of using it there from analogy with the bronchial tough mucus. In fine, though I agree with nearly all that Dr. Lippe says of the practical sphere of the action of *Kali bichromicum*, yet he has added nothing to what was known before, and, strangely enough, every pathogenetic symptom he quotes as having guided him is found in my arrangement, except that one from Marenzeller [ear, No. 9] which he quotes verbatim three times over in this short paper. From all this it appears to me most likely that Dr. Lippe (probably from the same difficulty felt by myself and others) has not been in the habit of using practically my arrangement, but has merely referred to it for the purpose of criticism, and being struck by the great apparent discrepancy in the ear symptoms between it and Arneth's, comes at once to the conclusion that wrong is done to the practitioner, and injustice to Dr. Arneth by the omission. Dr. Arneth, himself, is not the one to agree with him, as he was of Watzke's opinion respecting the Hahnemannian schema, and merely gives his register as a simple catalogue of paragraphs contained in the foregoing provings, which are to be judged of according to their merits. As far, therefore, as Dr. Lippe is concerned, we have still to look for a commencement of real criticism of new plans of the Hahnemannic schema, for he is still in the mental position we all were in, (I was, certainly,) of not doubting that it was necessarily the proper form, and an essential part of Homœopathy. It is only since the reflections and discussions of many minds have been brought to bear on the subject that it becomes apparent, that though serving very well for practice in many ways it is incapable of giving a complete and correct view of the action of drugs. If we took the symptoms of any disease, say typhus fever, and cut them into lengths, and arranged them in that form without leaving any indication of their progress, course and connection, who would recognise the disease? Let Dr. Lippe look at the subject from

that point of view, and he will then begin to understand the object to be attained by new arrangements of the *Materia Medica*, as well as the difficulty of attaining it. And he will no more confound the careful new placing of some and omission of other symptoms which can be explained and justified years afterwards, with the arbitrary abridgments and curtailments of a mere copyist anxious to shorten as much as possible the wearisome list of apparently superfluous and useless symptoms.

ON THE NATURE AND TREATMENT OF
DIABETES.

By RICHARD HUGHES, M.R.C.S., L.R.C.P., Ed., (Exam.).

(Continued from p. 121.)

The dietetic treatment of diabetes must always be of high importance. But it is not, in the nature of the case, and by the confession of its advocates, curative. Sometimes indeed under its use Nature, relieved of much of her burden, asserts her recuperative power, and when the patient returns to his usual regimen, he finds it unattended by its pristine consequence. But too often the diabetic regimen proves but a continuous and most irksome palliative; the least abatement of its rigid restrictions is followed by an increase of the malady, and the patient at length succumbs under pulmonary disease, carbuncle, or simple exhaustion of the powers of life. Until we can do more than cut off the supplies—until we can attack the morbid process, we cannot consider ourselves in a position to cure diabetes.

Let us endeavour to estimate our resources for effecting this end.

And first, what has traditional medicine during the three thousand years of its history discovered in the way of curative means for this malady?

We cannot take a better account of the state of medical knowledge up to the year 1857 than that contained in Dr. Watson's classical *Lectures on the Principles and Practice of Physic*, (4th ed.). He believes "that the regulation of the diet constitutes by far the most important part of the treatment." Of other remedies he mentions only, the hot-air bath, opium, iron, and kreasote.

Since the *hot-air bath* may be used in conjunction with specific treatment, and in the form of the Turkish bath is so accessible to our patients, it may be well to cite the account, given by a diabetic himself, of the benefit resulting from its use. "The urine is reduced more than one half, and does not contain much sweetness, but sometimes tastes salt, with a mixture of bitter. My stools, which were dry and like balls packed together, are now quite natural. The pains in my limbs are entirely removed. My spirits, which were very much depressed, are now revived and cheerful. The unpleasant aching of my kidneys, of which I spoke little lest I should be cupped in my loins, is now removed, only I feel weak there. I am cured of the pain in my stomach, and the circuitous working of the wind in my bowels, which formed lumps in my belly as it passed, resembling those formed by the cramp. I have likewise got rid of the palpitation at my breast, which was accompanied with a sort of dread. My breathing is much improved; perspiration in a great measure restored; and my skin, which was dry, is now become moist. I sleep well at night, whereas I *could* not sleep more than two or three hours out of the twenty-four. My thirst, which was excessive, has ceased to be troublesome." This man, however, was not cured. The sp. gr. of his urine remained above 1030°; and six months afterwards, a wetting brought on pulmonary disease, a return of diabetic symptoms, and death.

Of *Opium*, Dr. Watson says, "It is a treasure to us in this disorder. It quiets the nervous irritability of the patient, allays many of his most distressing sensations, and restrains in a remarkable manner the morbid profluvium from the kidneys. But it does not banish the sugar itself." It is probable that these results follow from the well-known

physiological influence of the drug upon the nervous centres. But if *Opium* has ever done anything towards the cure of diabetes, it has been in virtue of its homœopathicity to the symptoms. Dr. Coze, of Strasburg, resolved to determine its physiological action in this sphere, and accordingly injected fifteen grammes of muriate of morphia in distilled water into the internal jugular vein of a rabbit. On examination, the quantity of sugar in the liver was found more than doubled, and likewise that contained in the arterial blood. The urine was not examined.*

“*Steel* is sometimes singularly beneficial in repairing the strength, and enlivening the spirits.” If this is all that can be said, we cannot look to this metal as a remedy for diabetes.

Kreasote has more in its favour. Dr. Watson succeeded in keeping a bad case alive for a twelvemonth by its use, conjoined with a diet as exclusively animal as she could bear. The patient was eight years old, and took one minim of the drug three times a day. She regained her lost flesh, strength, complexion, and spirits, and grew considerably. But at length she suddenly sank under an obscure affection of the chest. A brother of this little girl’s manifested unequivocal signs of the same complaint; and in him it appears to have been equally checked by the same method of treatment. “I have frequently,” says the Doctor, “prescribed the *Kreasote* with similar results. The late Dr. McIntyre told me that he had found the *Kreasote* very useful in diabetes. I must however acknowledge that, in common with others, I have sometimes been totally disappointed by it.” I may add, while on the subject of *Kreasote* that our own Trinks, in commenting on two fatal cases of diabetes occurring in his practice, remarks that “*Kreasote* seemed to exert most powerful effect on the morbid activity of the kidneys.”† It did not cure, however, and there is nothing in its pathogenesis to lead one to expect that it would.

One other point of practice referred to by Dr. Watson,

* *British Journal of Homœopathy*, vol. xix.

† *Ibid.*, vol. ix.

is rather curious. "I have found," says he "(acting upon a suggestion of the elder Dr. Latham's) that distilled water *acidulated with phosphoric acid*, appeases, more than most things, the painful sensation of thirst from which diabetics suffer." The same recommendation is given by Pereira in his *Materia Medica* on the authority of Dr. Paris. The facts I have to bring forward relative to the curative power of *Phosphoric acid* over the disease itself give much interest to this practical observation.

So far Dr. Watson: and so far allopathy at large. I know not of any additions made since the date of his fourth edition to our knowledge of the treatment of diabetes. The publications of Dr. Pavy and Dr. Harley are both more recent. But all Dr. Pavy has to say is that with the exception of *Opium*, no drug he has tried seems to exert the least influence on the disease. Dr. Harley recommends sedatives for the cases he believes to depend upon exalted glyco-genetic action, and tonics for those where defective assimilation is regarded as the essential fault. This is little more than Dr. Watson's *Opium* and *Steel* in another form: and does not appear to meet with much more success.

We pass, then, from what chance and theory have done in three thousand years, to see what has been accomplished in little more than half a century by investigation guided by inductive principle. I think the conclusion we shall come to will be, that while diabetics have to thank traditional medicine for their palliative diet, they must look to homœopathy for their curative drugs.

Beginning with Hahnemann himself, we find that from his survey of the hundred or more substances proved by him, he concluded that *Argentum* and *Scilla* were the two medicines which could safely be recommended for diabetes. Whether by "diabetes" he meant simply diuresis, or whether he intended the true glycosuria, we cannot positively affirm. But since he never tested the urine of his provers, he left out in his comparison of drug symptoms with disease the very symptom which, according to his own principles, is here characteristic and determining. *Argentum* and *Scilla* may be homœopathic to diabetes insipidus; but in the

present state of our knowledge we can affirm nothing about their relation to diabetes mellitus.*

Whether the immediate disciples of Hahnemann discovered anything about the cure of diabetes is doubtful. Cl. Müller writes—"Rummel believes he saw benefit from *Carbo vegetabilis*; Bönninghausen from *Colocynth*; and Nunez from *Veratrum*." I have no means of referring to these cases (they are not in Rückert); but Cl. Müller does not seem to attach much value to them. Trinks, in a paper translated in the ninth volume of this Journal, narrates two fatal cases, and speaks very despondingly of our means of combating the disease.

Since this, however, our prospects have brightened. It has been ascertained that diabetes may not unfrequently be cured by what I may call general treatment, *i. e.* by medicines which, without directly affecting the sugar-forming process, improve the digestive power and the general health. Thus :

In the ninth volume of this Journal, Dr. Sharp mentions a case of diabetes mellitus treated by *Aconite*, *Sulphur*, *Nux Vomica*, *China*, and *Belladonna*. When the patient was dismissed, the urine was reduced in quantity from fifteen to three pints daily, and there was but a trace of sugar to be found in it.

In the *Annals of the British Homœopathic Society* for September, 1864, is a valuable paper by Dr. Neatby on the pathology and symptoms of diabetes. In the discussion which followed, Dr. Hamilton stated that "in one case where the lungs were implicated, he found *Calcarea Phosphorica* of very great service, not only as to the lungs, but also as diminishing the quantity of urine and lowering the

* *Scilla*, a well-known diuretic of the old school, I have myself found curative in a case of diabetes insipidus. The patient was an Indian officer, and had for two years been passing an inordinate quantity of pale urine. There were no special symptoms present, but the drain seemed to keep his health and strength below par. *Phosphoric acid*, which I first gave, did no good. He then got *Scilla* 2, three drops in water twice daily. After taking this for three or four weeks, he reported that the urine had fallen to its normal amount, and that he was feeling quite well. He has continued so for some months.

specific gravity." Dr. Yeldham observed that "he had seen good accrue from *Arsenicum*. Some time ago he had a male patient under his care, in whom the disease was well marked; and who, when he left his care, had lost nearly all the symptoms of the disease; indeed, he appeared pretty well. The remedy administered was *Arsenic*. He had found *Nux Vomica* of much use in diabetes. It seemed to do good by its action on the digestive apparatus, and it was generally admitted that diabetes was essentially a condition of imperfect digestion." And in a note we find—"Since the meeting at which the foregoing remarks were made, Dr. Yeldham begs to state that he has treated a well-marked case of diabetes in a man, apparently with complete success, with five-grain doses, three times a day, of the first decimal trituration of *Hypophosphate of Soda*."

I have also received the particulars of a case of undoubted diabetes treated by an amateur in the north of England, in which a complete and permanent cure was effected under *Nux Vomica* 1 and *Sodæ Hypophosphas* 1st dec. Two drops of the former and one grain of the latter were given per dose and repeated twice daily.

But besides this general treatment, we have evidence that certain individual medicines exert a specific influence over the formation of sugar.

1. *Natrum Sulphuricum* (sulphate of soda, Glauber's salts). A case is narrated by Dr. Ægidi in the *Allg. Hom. Ztg.*, and translated in Vol. XXII of this Journal (p. 164), in which this substance was administered beneficially. The patient, æt. 43, had had for seven months the usual symptoms of diabetes. When he came under Ægidi's care, these were all very well marked; and the urine is stated to have had a sp. gr. of 1103,* and to contain five and a half per cent. of sugar. On account of a gonorrhœal anamnesis, he received one dose of *Thuja*.30; and then took five drops of the third dilution of *Natrum Sulphuricum* four times a day, in a cupful of warm water. In four months' time he was quite well. "More than a year," Ægidi writes, "has since elapsed, the patient who had been given up is now no longer

* There is surely some mistake here.

recognisable; he feels strong, well, and disposed for work; his spirits are good; he has increased in size, his muscles are stronger, and his countenance denotes contentment." Nothing is said as to the state of the urine.

A pathogenesis of *Natrum Sulphuricum* is contained in Jahr's Manual, taken from Hartlaub and Trinks' *Annals*. The urinary symptoms by no means point to diabetes, as they indicate a copious deposit of lithates, which are nearly always absent from saccharine urine.

2. *Asclepias Vincetoxicum*.—Our knowledge of the action of this substance is derived from an article by Dr. Gallavardin in the *Art Medical*, translated in the last number of this Journal. It seems that a diabetiform complaint among sheep was traced to their feeding on this plant; and that the conjecture was confirmed by experiments made in the veterinary school at Vienna. The administration of the juice to sheep induced diuresis, with violent thirst. Nothing is said, however, as to the presence of sugar in the urine. Dr. Gallavardin goes on to state—"One of our members has greatly relieved five persons attacked with diabetes mellitus by prescribing for them *Asclepias*, 6th dilution. One of them, whose urine contained 60 grammes of sugar to the litre, found the quantity reduced to 60 centigrammes per litre under the influence of this remedy, $\frac{1}{100}$ th of the original quantity. The *Asclepias* speedily relieved these patients by reducing their thirst, and also by removing a very severe sciatic pain which affected some of them. These five patients were all, more or less, evidently affected with gout." He adds that "*Natrum Muriaticum* administered internally to some of our five gouty patients with diabetes seemed to assist the curative action of *Asclepias*." One is reminded by this of the influence of *Natrum Sulphuricum*, another salt of soda, in the case recorded above.

It is worth remark that another of the *Asclepiads*—*A. syriaca*—influences notably the urinary secretion. In some experiments detailed in Dr. Hale's "New Remedies," the urine exhibited under the influence of this drug a considerable increase, not only in its liquid but also in its solid constituents.

8. *Phosphoric Acid* stands at present unquestionably in the highest place among the remedies of diabetes. The first notice of it is contained in the sixteenth volume of this Journal. Three very interesting cases are there narrated by the late Dr. Walker, of Manchester, of which the following is a summary:—Case 1 is briefly told; sugar was present in the urine, with the usual symptoms; improvement ensued, and the disease was for some time kept at bay by *Phosphoric Acid*, and the saccharated (!) carbonate of iron (quantities not stated); but the patient eventually sank under pulmonary disease. Case 2 was equally well marked; the patient was put upon rigid diet, and took three times a day a dessert-spoonful of a solution of 14 grains of anhydrous *Phosphoric Acid* in 6 oz. of water. The sugar and the general symptoms soon disappeared; and when, six months after, the patient returned to his usual diet, he felt no ill effects; he was cured. In Case 3 the *Phosphoric Acid* was given in the same manner; but the diet was unrestricted. The sp. gr. of the urine fell in eight days of this treatment from 1035° to 1028°. The ultimate issue of this case is not recorded.—Next, in the nineteenth volume of the Journal, Dr. Ransford contributes two cases in which *Phosphoric Acid* was the main remedy. In the first, *vet.* 24, the acid was given in the 6th dilution, in conjunction with *Calcarea Carbonica* 12 and *C. Phosphorica* 1. Vegetables and farinaceous foods generally were excluded from the diet. The sugar disappeared; the patient gained in weight, and continued well. In the second case, albumen was present as well as sugar. *Phosphoric Acid* was given in doses of one grain of the pure acid three times a day, and potatoes and pastry were prohibited. The patient gained four and three quarter pounds in seventeen days. The sugar disappeared from the urine, but the albumen remained.—In the discussion on diabetes previously referred to, Dr. Yeldham said, “The disease was kept at bay in a young woman, another patient of his, for a couple of years by *Acid Phos.* He did not know the result of the case.”—Lastly, a case is referred to in the *Bulletin de la Societé Médicale Homœopathique de la France*, for September, 1865,

in which diabetic symptoms almost entirely disappeared under *Phosphoric Acid* 6 and 30.

What is the rationale of this unquestionably curative action of *Phosphoric Acid*? It cannot be other than specific, since it is exerted in all dilutions, though more markedly in the lowest. Whether it is homœopathic or not, the proving contained in the *Chronic Diseases* does not enable us to say. But it deserves to be noted that Dr. Pavy found saccharine urine to result from the injection of *Phosphoric Acid* into the general venous system, and also from its introduction into the intestinal canal (*On Diabetes*, p. 82). He conceives the *acidity* of the drug to have caused the phenomenon; but did not try whether other acids would produce the same effect. It is not a little curious to find him trying *Phosphoric Acid* as a remedy in two of his hospital cases. In neither did it seem to exert any beneficial influence.

In estimating the claims of *Phosphoric Acid* to be the remedy, *par excellence*, for diabetes mellitus, we must not forget its powerful action on the nervous centres, in whose derangement the disease often essentially consists. But with all this I doubt whether we have not yet to seek for the true specific *similimum*, homœopathic to the one characteristic symptom of glycosuria, which shall make our treatment of diabetes as triumphant as that of albuminuria. It is the hope that in the *Nitrate of Uranium* we have found this desideratum which has been my main inducement to write this paper.

4. *Nitrate of Uranium*. In the *British and Foreign Medico-Chirurgical Review* for 1857, it is stated, as the result of some experiments by M. Lecomte, that the gradual poisoning of dogs with small doses of *Nitrate of Uranium* invariably caused the urine to become saccharine. This fact, curious only in the eyes of an allopathic reader, was to a homœopath pregnant with suggestiveness. Its import was first pointed out by Dr. Bradford, of America, in the *North American Journal of Homœopathy*. He gave no cases, but stated generally that "two or three grains of the third trituration, administered morning and night,

will, in a short time, reduce the quantity of urine passed to nearly a normal standard, and after a continued use, the proportion of sugar is materially lessened."

Here, however, the matter seemed likely to remain, when it was taken up and rendered fruitful by Dr. E. M. Hale, who has done more within the last ten years to enlarge our knowledge of medicines than any man living.

In the *North American Journal of Homœopathy* for November, 1861, after citing Dr. Bradford's observations, he communicates three cases from his own practice, in which the drug in question rapidly removed what looked very like the symptoms of genuine diabetes. Unfortunately no chemical examination was made of the urine, which renders the cases less telling than they otherwise would be. Case I was a gentleman, æt. 65. He had suffered from the disease for six years; the symptoms ever and anon becoming very distressing. In one of these exacerbations he was put upon the *Nitrate of Uranium*, a grain of the first decimal trituration three times a day. "The effect of the remedy was prompt and decisive. The first night he had only to get up twelve times instead of twenty as usual, and the urine was much less in quantity. The next day the urgency to void urine was diminished, and the next night he had to urinate but six times. Under its continued use all the symptoms became much ameliorated, until he informed me that the amount of urine voided was not much above normal, and his strength and health were much improved. Since that time he has had occasional attacks more or less severe, which are always relieved by the *Uranium*. At his advanced age it is to be doubted whether a cure can be effected, but the marked beneficial effects of this remedy demonstrates its great utility as a palliative agent." Case II deserves to be cited at length.

"This was a son of the above, a strong and apparently healthy man of about 40. He first noticed a frequent and profuse urination about six months previously. This trouble gradually increased; about three months ago he began to be troubled with nocturnal urging to urinate, obliging him to get up several times after retiring. His present symp-

toms are: a growing debility; a good deal of weakness in the lower extremities and back; considerable pain in the region of the kidneys; after a day's work the legs ache so that he cannot get to sleep till after midnight; mouth dry, saliva tenacious; tongue coated white; good appetite, but his food causes distress in the stomach; a constant sensation of faintness in the region of the stomach, even after a full meal; bowels constipated; urine profuse, frequent, and accompanied by burning and scalding; milky at times, at other times of a straw colour, and fœtid; thinks he voids nearly ten pints in twenty-four hours. He is dispirited, discouraged; has lost his usual ambition for labour, and is inclined to be morose.

"For a week he took *Canth.* 3 and *Merc. sol.* 3, with no particular benefit, except to somewhat lessen the *ardor urinae*. I then put ten grains of *Nitrate of Uranium* in half an ounce of distilled water, and ordered him to take ten drops four times a day.

"The second night after commencing the remedy he was obliged to get up to urinate but once, and during the day the urine was much less in quantity. Improvement progressed steadily for a week, at which time the secretion had become nearly normal, and his general health was much improved. For the debility and some genital weakness I gave *Phos. Ac.* 1 six drops three times a day, and six pellets of *Nux* 3 at night, and continued the *Uranium* twice a day. At the expiration of three weeks he reported himself well, as well as he had been for many years."

Case III also presented the characteristic symptoms of true diabetes. He was completely impotent. *Nitrate of Uranium*, in the second decimal trituration, was given three times a day. Improvement commenced immediately, and continued until the urine became nearly normal in quantity, and the symptoms in general were much ameliorated. One dose of the remedy was then given every evening, and he was given *Phos. ac.*, first decimal dilution, ten drops every six hours. Under its use the general and local debility was in time removed.

I have, in conclusion, to relate three cases of diabetes

occurring in my own practice, which illustrate the action of this remedy.

Case I. Mr. G—, æt. 30, a stout and ruddy-faced man, consulted me on May 12, 1864, and, much to my surprise, told me he was suffering from diabetes. I ascertained, on inquiry, that he had been labouring under many of the usual symptoms of the disease for some months, and had been last under the care of Dr. Quain, who had examined the urine, and pronounced it saccharine. He was upon the usual diet, but complained that it did not seem to strengthen him. I soon found him excessively nervous and hypochondriacal, and indisposed to persevere in any course of treatment.

As the urine had been lately tested by so eminent an authority, I did not trouble him to furnish me with a specimen, but desired him to procure a urinometer, and take the specific gravity of what he passed each night and morning. I recommended a persistence in the restricted diet, and prescribed *Nitrate of Uranium* in the third decimal dilution, five drops in water three times a day.

On his first testing, the specific gravity of the urine passed at night was 1040°, of that of the following morning 1042°. The following table will exhibit the results of the morning and evening testing up to June 4, during all of which time the patient continued the same regimen and medicine.

Date.	SPECIFIC GRAVITY.	
	Morning.	Evening.
May 12	—	1040
„ 13	1042	1035
„ 14	1037	1035
„ 15	1035	1040*
„ 16	1035	1035
„ 17	1035	1033
„ 18	1033	1032
„ 19	1032	1032
„ 20	1032	1035†

* The result of indulging in bottled stout for dinner.

† Acknowledged to having indulged his craving for bread this day.

Date.	SPECIFIC GRAVITY.	
	Morning.	Evening.
May 21	1035	1027
„ 22	1030	1035
„ 23	1035	1023
„ 24	1026	1028
„ 25	1030	1028
„ 26	1026	1026
„ 27	1033	1023
„ 28	1025	1018
„ 29	1022	1019
„ 30	1025	1015
„ 31	1025	1025
June 1	1025	1022
„ 2	1024	1030
„ 3	1025	1030
„ 4	1030	—

In spite, however, of these favorable results, the occasional variations being nearly always traceable to transgressions in diet, my patient was not satisfied. He had not lost in weight, indeed between May 28 and June 4 he had gained half a pound, *i. e.* from eleven stone five pounds to eleven stone five and a half pounds. But he felt as weak muscularly as ever, he chafed at the rigid diet, and was very desponding about himself. I thought I might now safely try the effect of *Phosphoric acid*, and gave him accordingly five drops of its first decimal dilution twice daily instead of the *Uranium*. His report on the 11th ran thus :

Date.	SPECIFIC GRAVITY.	
	Morning.	Evening.
June 4	—	1030
„ 5	1030	1026
„ 6	1025	1022
„ 7	1025	1022
„ 8	1025	1025
„ 9	1031	1030
„ 10	1030	1035
„ 11	1030	—

He did not feel any better or stronger. This was not satisfactory; I was spoiling my experiment, and the quantity of sugar seemed increasing rather than the reverse. I accordingly returned to the *Nitrate of Uranium*, as before. On the 18th Mr. G— again visited me, stating that he felt no better, and must return to London. He presented, however, the following report:

Date.	SPECIFIC GRAVITY.	
	Morning.	Evening.
June 11	—	1030
„ 12	1030	1032
„ 13	1032	1034
„ 14	1025	1033
„ 15	1027	1029
„ 16	1025	1030
„ 17	1025	—

This is the last I have seen or heard of my patient. The result of the treatment was encouraging enough to me, though not to him. By the use of a single medicine in moderate doses, and without change of diet, the specific gravity of the morning urine (which is the least variable), had been reduced in five weeks from 1042° to 1025°. I think that had he possessed more hopefulness and perseverance, and had I, perhaps, increased the dose of his medicine, he might have been radically cured.

Case II.—My second case was one of an old gentleman of about 70. He had had a second apoplectic attack, and I was attending him for the subsequent paralysis. He complained more than once to me of the frequent necessity he was under of emptying his bladder, especially at night. I regarded this as evidencing loss of power in the sphincter, as his motions also sometimes escaped involuntarily, and treated it accordingly. Finding, however, that he was growing thin, and complaining of thirst and loss of appetite, I made inquiry as to the amount of urine passed, and ascertained it to be considerably above the average. Having procured a specimen for examination, I found the specific

gravity 1035°, and on boiling with liquor potassæ, there was unmistakable evidence of the presence of sugar. I now directed a careful diet; no sugar in any form, no pies or puddings; potatoes to be excluded, and bread and green vegetables to be but sparingly used; malt liquor to be left off, and its place to be supplied by Claret and still Hock. I prescribed the *Nitrate of Uranium* as in the former case, *i. e.*, five drops of the third decimal dilution three times a day.

The quantity of urine almost immediately fell to its normal average. When I examined the urine again in a week's time, the specific gravity was only 1027°. The thirst was lessened.

The next week's examination disclosed no change, but a fortnight later the specific gravity was only 1019°, and but few traces of sugar were visible. This was in August and September, 1865. The old gentleman has continued hearty since, though somewhat paralytic. He has long ago resumed his usual diet.

Case III.—My third case is still more interesting and satisfactory.

Mr. W—, æt. about 25, consulted me on October 2, 1865. I rarely saw any one to whom the term "walking skeleton" might be more justly applied. His history was this. His father had died of diabetes not very long ago; he himself had enjoyed good health until the latter end of May in this year, when he had an attack of rheumatic fever. During convalescence therefrom, imprudence in diet brought on a sharp attack of bowel complaint, which his medical attendant called enteritis. It was immediately after this that sugar was detected in the urine, though he is confident he had had diabetic symptoms for some time before. He was put upon the usual diet at the beginning of July, and had continued it to the present time, but without improvement.

I found, on inquiry, that he was at this time passing about six pints of urine daily. His thirst was great. He was very weak, so that he had to come to my house in a chair. His pulse was 120, and feeble; his tongue and the

mucous membrane of his mouth generally of a bright glazed red. His spirits, however, were good.

I gave a drop of *Arsenicum* 3 three times a day, and desired him to come again in three days, bringing with him a specimen of his morning urine.

October 5th.—He feels stronger somewhat from the *Arsenicum*. His urine has a specific gravity of 1085°, and contains a large proportion of sugar. To take *Nitrate of Uranium* thrice daily, as in the former cases. I made no change in his diet, except to substitute for the brandy and water he was taking light wines,—Claret, Sauterne, Chablis, still Hock and Moselle, according to his taste—and an occasional glass of dry Sherry.

9th.—The urine is now only five pints daily; otherwise the same.

14th.—He feels decidedly better, stronger, and less thirsty. The quantity of urine is now only four and a half pints, and the specific gravity has fallen to 1026°. Being very tired of the bran bread, I introduced Dr. Pavy's almond food to his notice, as an agreeable substitute.

21st.—The improvement has continued. The urine is now between three and four pints daily. His pulse has gone down to ninety-three, and he has gained two pounds in weight since the beginning of the treatment. As he was now leaving Brighton, I recommended him to continue the medicine, and write to me from time to time.

November 22nd.—He reports that the specific gravity of this morning is only 1022°. His strength continues to improve, and he wishes to know if he may vary his diet. I told him to try a captain's biscuit occasionally by way of bread, and to continue the medicine.

December 18th.—He writes, "I am feeling better, and certainly get stronger every day. I have gained seven and a half pounds since I left Brighton, but I find I sometimes lose a little and then gain again." The specific gravity of the urine, however, was rather higher, varying from 1027° to 1081°.

February 18th.—This day Mr. W—, from whom I had not heard since the last date, came into my study; he had

altered greatly for the better in appearance. In reply to my questions, he told me that his general health was vastly better; he could walk two or three miles without fatigue; his weight, last time he got into the scales (January 29), was nine stone two and a half pounds, *i. e.* thirteen pounds more than when he began treatment; his urine was always below three pints in the twenty-four hours. He brought me a specimen passed that morning; it looked much more like healthy urine, but its specific gravity was 1028°, and the potash test still showed the presence of sugar. I now gave him the second instead of the third decimal dilution of the *Uranium*, directing him to take as before five drops thrice daily. He continued the same diet, to which he had become tolerably accustomed.

February 24th.—Mr. W— saw me to-day, as he was leaving Brighton. He continued to improve, and his weight continued at nine stone two and a half pounds; his pulse was 86. The specific gravity he found to vary between 1024° and 1028°; one morning it had been as low as 1022°. To go on with the first dilution of the *Nitrate of Uranium*, increasing the dose by one drop each week until it reached ten drops.

I must leave these cases to the judgment of my colleagues; to my thinking, they prove that in the *Nitrate of Uranium* we have the nearest approach yet made to the true Homœopathic specific for diabetes. At any rate, it is a most valuable addition to the medical means at our command wherewith to arrest its progress.

ON GOUT AND RHEUMATISM IN CONNEXION WITH LEAD POISONING.

By GEORGE MOORE, M.D.

IN the *Medico-Chirurgical Transactions* for 1854, vol. xxxvi, page 181, Dr. Garrod draws the attention of the profession to the influence which the impregnation of the human body with lead appears to exercise as a predisposing

cause of gout. He was, he says, struck with the curious fact that at least one in four of the gouty patients who fell under his observation in University College Hospital, had, at some time or other, been affected with lead poisoning, many of them being plumbers and painters. At a later period he returns to a consideration of the same interesting point in his work on Gout,* in which, at page 284, he says that his subsequent observations amongst patients and inquiries amongst the workers in lead have confirmed the correctness of his original statement. He states that painters and plumbers are much more frequently affected with the disease than other operatives in the same station of life, and that no other circumstance beyond their exposure to lead action appears to account for their peculiar liability to gout. Dr. Burrowes and other physicians have likewise observed the great frequency of the disease amongst painters.

Dr. Garrod next inquires if lead impregnation alone, without the help of other predisposing causes, can induce gout; and, replying to his own query, he says he is not prepared to answer in the affirmative, although he would hesitate to deny the power of the metal of itself occasionally to bring on gout.

Assuming that the presence of lead in the body confers a strong predisposition to gout, he proceeds to ascertain how it so acts. He examined the blood and urine of seven patients suffering from lead poisoning, and also the effect produced on the secretion of uric acid when lead was administered medicinally to two individuals. The results of the examination seem to show that lead causes the blood to become loaded with uric acid, not so much from an increased formation of it in the system as from its imperfect excretion by the kidneys. It is to be remarked that in two cases, if not in a third also, no traces of uric acid could be discovered in the blood, although the patients were undoubtedly suffering from lead poisoning, and that out of the six cases detailed, three "never had gout," one had "slight threatenings," one had "slight attacks," and

* *The Nature and Treatment of Gout and Rheumatic Gout, 1859.*

another had "no gout till after his admission into the hospital."

However correct Dr. Garrod's theory of gout may be, namely, that the disease arises from redundance of uric acid in the blood, consequent upon its excessive formation or deficient excretion, I do not think that it gains much, if any, support from the few and contradictory facts which he himself brings forward with respect to the action of lead.

In the *Edinburgh Medical Journal* for August, 1862, Dr. Warburton Begbie follows in Dr. Garrod's wake. He gives the notes of two interesting cases. Case 1 had characteristic gum stain, colic, paralysis, muscular wasting, and epileptiform seizures. Whilst under treatment with *Iodide of Potassium*, he was attacked with severe pain in the ball of the right great toe and right ankle-joint, accompanied by swelling and redness of the surface. He had previously suffered from three distinct attacks of a similar kind. He continued to improve up to the twenty-fourth day of treatment, when he felt pain in the joints of his arms and legs, and an exocardial bruit was detected. He was reported well a month later. Case 2, also a house painter, and, like the other patient, fond of his beer, had lead colic, and also "pains which he calls rheumatic, in the head, shoulders, and limbs." Treatment ceased on the eighth day, when the patient was "still feeling his rheumatic pains." Dr. Begbie remarks that this case "may be regarded as an apt example of cases which, to the amount of nearly a dozen, have fallen under my observation during the last seven years, cases of lead colic, the sufferers from which have always complained of pains either in the limbs generally or in particular joints." He refers to another case of a house-painter, who, after "much complaint of flying pains through the limbs for many weeks," was seized with a very severe attack of rheumatic endo-pericarditis, which left an insufficient mitral and an adherent pericardium. Dr. Begbie accounts for the comparative infrequency of gout amongst the operative classes in Edinburgh, by the addiction of the Edinburgh workmen to distilled liquors, and of the London men to fermented

drinks—the latter beverages being universally acknowledged to confer, of themselves, a much stronger proclivity to the disease than the former. Nevertheless he thinks that gout is much more common in the Scotch capital than Dr. Christison and others suppose. He is of opinion that the association of lead impregnation, with a weakness for beer and porter, very strongly tends to the development of gout.

In my humble opinion the examples cited by Dr. Begbie were not cases of gout at all, but of genuine and unmistakable rheumatism. The implication of the heart is alone distinctive between the two diseases.

The late Dr. Walker, of Manchester, an able and scientific physician, published, in the *Homœopathic Observer* of November 15th, the particulars of a case which had long baffled the diagnosis and treatment of different practitioners. The patient had “swelling of knees, ankles, great toes, wrist and thumbs, and fever.” These symptoms subsided, but were followed by severe “neuralgic” pains in the bowels, spine, and left sciatic nerve. At last Dr. Walker suspected lead poisoning; the drinking water was analysed, and a large quantity of lead therein discovered. Dr. Walker remarks that although the “arthritic” symptoms might not have been due to the lead, yet that “where it does not originate, it will at all events keep up the symptoms, increase their severity, and render all treatment abortive.”

Unfortunately, no history is given of this case, nor any note as to the existence or absence of the saturnine coloration of the gum. The joint symptoms, and “fever,” taken together, point to rheumatism or gout; the abdominal, and spinal, and nerve pains, and the patient’s improvement away from home, and after discontinuing the use of the contaminated water, are rather indicative of lead sufferings.

On July 10th, 1863, a case presenting some resemblance to those detailed by Dr. Begbie, came under my own notice. The following are the particulars:

P. K—, a plumber, æt. 38, stated that all the members of his family had good health, except his father, who had long suffered from “rheumatic gout” in his knees, ankles, and

toes. Three years after patient had been at his present occupation he was suddenly seized with an "epileptic fit," followed in a few hours afterwards by two more. Seven years subsequently, in his twenty-fourth year, he had several similar attacks; but none since. A feeling as if the right arm was going to be wrenched off preceded each fit, then he lost his senses, and on recovering found that he had been in an unconscious state for several hours; he could not say whether the tongue was bitten or not. Soon after the last attacks, he was seized with violent colic, preceded and accompanied by obstinate constipation, and cured by purgatives and fomentations. This was the only attack of colic he ever had, an exemption which he ascribed to the practice of keeping the bowels regularly open with castor oil. A few months later, he was suddenly attacked with severe pain in the large joint of the right big toe; he could not describe the character, duration, or accompaniments of the pain; all that he remembered was that the joints of both feet and the knees were, a few days later, involved, and that he was off his work for several weeks through inability to use his hands. Every year since, almost always in spring time, similar attacks came on, especially in the joints of the hands and feet, and in the wrists; the joints had, he positively knows, been more or less swollen in the more recent attacks, and weak and slack for some time after convalescence. No further details respecting these illnesses could be elicited. He said he had always taken plenty of animal food, and never less than a pint of beer every day for years. He had never had specific disease. The following brief notes were taken at the time:—Pulse 80; tongue covered with thick white fur; appetite indifferent; urine contains a reddish sediment on cooling. Complexion pale and flabby-looking. Distinct and unusually broad bluish line on both gums, except where the alveolar ridge is toothless; several teeth discoloured and broken down. Joints of both hands and feet swollen, apparently from synovial effusion; pain is aching and burning; no redness of skin. The patient was treated with *Bry.*, *Rhus*, and *Merc.*, and returned to his work in

about a fortnight, the blue stain having nearly disappeared. Subsequently, for several months, I occasionally met this patient. His wrists and finger-joints remained slightly swollen and thickened, but there were no tophaceous deposits, and no nodules on the cartilages of the ear. In December, 1864, he had a return of his former attacks. In addition to the joint affection and staining of the gums, he had this time symptoms simulating angina pectoris, and suffered greatly therefrom. His feet became œdematous, and the urine was found to be highly albuminous, and contained fatty casts. He was prevailed upon to call in a neighbouring surgeon, who attended him until his death.

The history and symptoms of this case presented clear evidence of profound and long continued lead poisoning; it is rare, however, for epileptiform paroxysms to come on before, and even in the complete absence of, wrist-drop. The disease from which the patient suffered on the two occasions, when I was called in, was typical neither of pure gout, nor of pure rheumatism. The patient's father was the subject of what is popularly called "rheumatic gout." The patient himself was a free liver for a man in his condition of life. The disease attacked the smaller joints, but neither the hips, shoulders, nor elbows; the febrile excitement was slight; the attacks were periodic and vernal for the most part, and gouty kidney, in all probability, at last carried the patient off; but, on the other hand, there was not the least chalky deposit. Nevertheless the symptoms, taken from first to last, point rather to gout than to rheumatism,* and had no real resemblance to those of genuine

* Watson says, "Gout and rheumatism are very similar in kind; and what has been called synovial rheumatism, while it forms a connecting link between the two, and partakes of the character of both, is more nearly allied to gout than it is to rheumatism."—*Principles and Practice of Physic*, 3rd edit., vol. ii, page 676. Copland says, "It should not, however, be overlooked that both diseases are so nearly allied, especially in certain of their forms, as not to admit of diagnosis, the arthritic form of rheumatism, especially when affecting the small joints, and occasioning nodosities, nearly resembling chronic gout, and justifying the popular appellation 'rheumatic gout.'"—*Medical Dictionary: art. Rheumatism*.

And Heberden, also, in his *Commentarii*, page 54, after giving the diagnostic signs of gout and rheumatism, proceeds thus:—"Hæ profecto, meo judicio,

“rheumatic gout”—the *rheumatoid arthritis* of Garrod, the *chronic rheumatic arthritis* of Adams. With respect to the supposed predisposition to gout imparted by the influence of lead, I am inclined to think that in this particular instance the patient, with his history and habits, would have become gouty, even if he had never touched that metal.

The case of P. K., and Dr. Garrod's remarks, excited my interest, and for more than two years I have made a point of looking out for facts corroborative or otherwise of the view already related in his paper. Plumbers, painters, and other workers in lead have been closely questioned. The materials for such an investigation lie in great abundance at my door. A large number of men, women, and children are engaged in the “dipping” of earthen ware and other products of the fictile art. The fluid called “dip” consists of a mixture of white lead, China clay, borax, and water. A plate, for example, is dipped by the dipper's bare hands and arms into this mixture, a coating of which is absorbed by the porous surface of the fashioned clay; boys arrange the plates on shelves to dry; women smooth and dust each article, which is then “fired,” and becomes covered with the well-known “glaze,” or vitrefied “dip.” The dip-house is filled with the floating atoms of the dried and powdered dip, and so the lead easily enters the body by the nose and mouth. I have had numerous patients, and have met with numerous persons, suffering from all the grades of lead poisoning, from bluish coloration of the buccal mucous membrane and crumbling of the teeth,* through

præcipue notæ sunt, quibus hi duo morbi discernuntur: sint licet ægroti, in quibus signa arthritidis et rheumatismi adeo commiscuntur et confunduntur, ut haud dictu proclive est ad utrum dolores sint referendi.”

* Ramazzini, a celebrated Italian physician, in his work *De Morbus Artificum*, published in 1713, remarks, that potters lose their teeth at an early period of life, and are subject to engorgement of the spleen and trembling of the hands. It is generally supposed, and English writers invariably state, that Dr. Burton was the first to point out the bluish hue on the gum of persons suffering from lead poisoning. This is an error. His paper on this subject was read at the Medical and Chirurgical Society in January, 1840. The masterly work of Tanquerel des Planches was published in 1839; in it he very fully describes the coloration of the gum, “une teinte bleuâtre d'un gris ardoisé,” and the other peculiar effects on the mouth of chronic saturnine “intoxication.”

profound anæmia, liability to miscarriage* amongst gravid women, and uterine disturbances amongst the non-pregnant, up to helpless paralysis of the arms, epileptiform seizures, and the *encéphalopathie saturnine* of Tanquerel des Planches. So far, I have not yet met with one individual who has had an attack of true gout, true rheumatism, or true rheumatic gout, or who has complained of "pain" of a distinctly gouty or rheumatic character. The majority, it is true, were affected with pain, with or without other sufferings indicating slow lead poisoning, but the pain was *sui generis*. My conviction then is, that when a man, the victim of plumbic impregnation, is, as he may be, seized with gout or with rheumatism, the event is not a sequence. The men, too, are addicted, as a rule, to excessive beer drinking, so that even with the help of this fruitful predisposing cause, I have not met with a single example confirmatory of Dr. Garrod's attractive hypothesis.

No person should know more about the action of lead than Tanquerel des Planches. His work† is a complete storehouse of well-gathered and well-assorted facts, the fruit of many years spent in the profitable drudgery of observation. He examined 2171 persons suffering from the effects of lead, of whom 752 had arthralgia.‡ He considers this affection to be of a neuralgic character. He finds fault with Sauvages for designating "ces douleurs des membres, sous le nom *rhumatisme métallique*." They differ, he says, totally from rheumatism, and rather "correspond en partie à la rachalgie saturnine d' Astruc."§ He next proceeds to

* M. Paul (*Archives Générales*, tome xv, p. 513) interrogated 81 persons, male and female. In 29, pregnancies occurred to the number of 128 whilst the subjects were engaged in the manufacture of lead. The results were 64 abortions; 4 premature labours; 5 born dead; 20 children died during first year; 8 in second year; 7 in third; and 1 later; 14 alive. A patient of mine whilst working in and suffering from lead, bore and suckled a child, which, whilst sinking from atrophy, was carried off a few weeks after birth, by "convulsions." Was it poisoned by lead? Lead has been detected in milk.

† *Traité des Maladies de Plomb*. Paris, 1839.

‡ "L'expression de *αρθρον* signifie chez les Grecs tantôt *articulation*, tantôt *membre*; c'est dans ce dernier sens que nous l'employons pour former le mot *arthralgie*."

§ Tome premier, p. 494.

cite a number of previous writers, who had observed these pains in persons exposed to lead, but the word gout is never mentioned. Of the 752 sufferers from arthralgia who came under his personal ken, 168 were house painters, the very class in which Dr. Garrod has so often observed gout in this country. As the mode of life and habits of the French operatives are less calculated to provoke gout than those of English workmen, and as gout is not encountered in France amongst individuals suffering from marked lead poisoning, the question as to whether or not lead predisposes to the disease may safely receive a negative answer.

I add here a final remark. I have said that P. K. probably died at last of what Todd called "gouty kidney." Basham, in his work *On Dropsy*, p. 214, narrates the case of a painter, who inherited gout from his father, and had the first seizure in his seventeenth year. No mention, however, is made of lead symptoms. There were chalky deposits on the joints of the right hand. Whilst convalescing from the gouty attack for which he was under treatment, and probably after drinking beer or exposure to cold, the urine was found to contain albumen in considerable quantity and various renal products. Nevertheless, whether P. K.'s albuminuria was, or was not, dependent upon structural disease of the kidney inflicted by his gout, there is a form of albuminuria produced by the action of lead on the blood, or on the kidneys. Ollivier was the first to point this out.* In chronic lead poisoning, he says, the kidney lesion and albuminuria are both attributable to a cachexia, or general alteration of nutrition produced by the metal, whilst the acute form of poisoning gives rise primarily to a local lesion, determined directly by the elimination of the lead, and that the kidneys, once altered, permit an albuminous drain. Renal elements were discovered in the albuminous urine of men and animals poisoned by lead, and on examination

* *De l'albuminurie saturnine*; also his *Essai sur les albuminuries produites par l'élimination des substances toxiques*. Danjoy's brochure, entitled, *De l'albuminurie dans l'encéphalopathie et l'amaurose saturnine*, is also well worthy of perusal.

after death, epithelial desquamation and obstruction of the tubuli uriniferi. Other observers, however, maintain that the albuminous principles of the blood are changed in chemical composition* in the very first instance by lead, whether the process of poisoning be slow or quick : a view which has the merit of placing all the forms of toxic albuminuria on the same pathological level as regards the initial alteration.

REPERTORIES.

By Dr. HERBERT NANKIVELL, M.D., M.R.C.S.

THE necessity of a repertory, or index to the symptoms contained in the homœopathic *Materia Medica*, is apparent even to those who content themselves with abridgments of the drug-symptoms ; it is doubly apparent to those who are in the habit of consulting the records of the actual provings. The purpose of a repertory is to enable the physician to discover, rapidly enough, and with the smallest possible amount of searching, the drug or drugs which reproduce with the greatest similarity the group of symptoms he is treating. More than this it cannot do, and the provings themselves must be consulted before it can be determined whether there be a true similarity between the range of action of the drug, and the diseased state under observation.

The question arises then, In what manner can these requirements be most completely satisfied ? The answer to this is, "By placing every symptom in full in every place in which it can possibly be searched for." It is not sufficient merely to put in the name of the drug under one particular heading, without all the rest of the symptom in connection with it ; because in this way, as we shall afterwards see, a repertory loses nearly all its value. For convenience' sake

* According to Bucheim (*Lehrbuch der Argeneimittlehre*) the lead becomes a soluble albuminate.

such a work would be divided into chapters, in correspondence more or less with the divisions of Hahnemann's schema. Then in each chapter, under each substantive heading, e. g., "pain," "weariness," or "weight," should be written down each drug which produces that symptom, with the rest of the symptom affixed. Perhaps a drug may produce both "pain," and "weariness," then it must be found under each of these heads, and also under a special heading "pain and weariness:" in all the places, its conditions, e. g., at "evening," and "during walking," and its concomitants go down as well. Then it must also be found in full in the list of "conditions," under its proper headings, and in the list of "concomitants" likewise. If, then, a drug-symptom supplies two substantive headings it goes down in three places; and if it possess two conditions and one concomitant, it goes down further in nine other places, thus making a total of twelve entries. Now, as a symptom becomes longer and more complicated, it contains, and goes down under a greater number of headings. The size of the book increases, therefore, in something like geometrical progression, and Jahr's calculation that such a repertory would fill forty-eight of his big volumes does not seem an exaggerated one. Our model repertory would thus become a model of perseverance; but as a help in practice it would never be used. Yet theoretically this standard is a true one, whereby to weigh the merits of a repertory, and any work that falls seriously short of it becomes a more or less fallacious guide to the practitioner.

At present there are in the hands of English-speaking homœopaths, four different repertories: viz., Jahr's, whether according to Hull, or Curie; Buck's *Regional Symptomatology and Clinical Dictionary*; Hempel's *Repertory*; and that now in course of publication by the Hahnemann Society, which is distinguished from all others by the employment of symbols. We shall proceed to compare the respective merits and demerits of these works, and also to discover how nearly any of them approach the theoretical standard, for this will be the best test of their respective usefulness.

To begin with Mr. Buck's repertory. The first section of the *Regional Symptomatology* contains those symptoms relating to "taste, appetite, vomiting, &c." This section fills eighteen pages, and gives in an abridged form the symptoms of 57 drugs. It is supplied with no special index at the end for any of the symptoms, and therefore becomes all but useless for rapid reference. It is in fact a mere collation of symptoms. Turning now to the *Clinical Dictionary*, one finds under 'Appetite' (p. 738) the following sections: (1) *Lost*; 25 drugs, 18 of these are simply named, while 7 contain more particular indications. (2) *Voracious*; with 12 drugs, merely named, 6 of which have already appeared under the first section. (3) *Very soon satisfied*; 1 drug, *Podophyllum*. (4) *Constant hunger*; *Staphysagria* only. Under 'Appetite,' then, we can only depend on the 7 particularised drugs under sect. 1, and on the 2 last-named; other drugs may be indicated, but we cannot tell which, without turning back some 250 pages, to the *Symptomatology*. Turning to 'Taste' (p. 777), we find under (1) *Lost*; 9 drugs, name only; (2) *Acid*; 8 drugs, two of which were in sect. i. (3) *Bitter*; 8 drugs. No other variety of 'Taste' is given. Under 'Vomiting' (p. 782) are given 9 drugs; of 'Bile,' 8; of 'Food,' 8; 'During Pregnancy,' 4; with 'Diarrhoea' 6 drugs. By means of this dictionary it would be a matter of difficulty to hit on a symptom containing three such heads, as reference must be made in three separate pages to find a drug, and then back to the *Regional Symptomatology* to endeavour to verify the conditions and concomitants. Moreover, the simplicity of the work, and its small range of drugs, must in some cases prevent altogether the discovery of the right medicine.

We shall take Hull's *Jahr*, a book which has passed through four American editions, as a specimen, more or less correct, of repertories according to *Jahr*. Chap. xiv contains the symptoms of Appetite, &c. Sect. 1 is taken up with clinical observations, and the indications of a few special drugs. The repertorial part proper commences with sect. 2; under 'Loss of Appetite,' 128 drugs are given,

followed by a list of indications for 41 drugs; reference is also made to 'Disgust,' with 28 drugs, besides further indications for 16; and to 'Satiety,' under which 21 drugs are grouped, with 6 under a further indication. Comparing this with Buck's work, its greater fullness is at once seen, yet its defect in the amount of drug indication makes the long list of names a puzzle to the practitioner, and the real power of selection conferred by either work is not so different as one would at first suppose. Under 'Loss of appetite' but 13 adjuncts, conditions, and concomitants are placed, defining but 41 drugs out of 128; and we could not by this work cover such a symptom as the following— "Loss of appetite at dinner, with nausea, faintness, and sweat on the forehead." *Lycopodium* produces this, but it only figures here as one out of the 128 beneath 'Loss of Appetite.' Sect. 3 includes all the symptoms which occur during or after the reception of food or drink into the stomach, and filling, as it does nearly six pages, would appear to be very complete. The defective arrangement of the concomitant symptoms, however, deprives this section of much of its value. For instance, under 'During a meal,' one observes the following succession of symptoms:— "Nausea," "odontalgia," and "œsophagus (pressure in)." No one would expect to find toothache in such company. Among the sufferings after meals, 56 drugs are given under 'Stomach' (pains, pressure, &c., in the); but we are not told which produce the pains, which the pressure, or which both; there is no information given as to the quality, comparative violence, duration or direction of the pains; and we are left in entire ignorance as to what the '&c.' refers. So that one is not a bit further on in the search after the required drug in this way, for it is quite impossible to go hunting up all the stomach-symptoms of 56 drugs in practice. Neither Jahr then, nor Buck, come up to the admitted requirements of what a repertory ought to be; the one overburdens the practitioner with a long list of undefined drugs, and the other supplies him with only a scanty list of polychrests.

Hempel's repertory takes rank considerably above the

two former, in that each symptom is *fully* given, at least once; but it falls short of our standard, because that a symptom is only given once in a chapter, although it may have many substantive headings. The simple symptoms are thus found just where they ought to be, and as they ought to be; but the compound ones suffer much from this arrangement. Nevertheless they do exist somewhere in the chapter in their entirety, and for this we should be thankful. Considerable difficulty, too, must be found in the working with this book; for there is apparently no order observed in the list of symptoms beneath one heading; neither is the quality of the symptom, nor the alphabetical position of the drug regarded. This work would have been made far more useful had it been supplied with indices to each section, resembling those in Dr. Dudgeon's *Pathogenetic Cyclopædia*. It would also have become less bulky had there been careful abbreviations made of the names of drugs, and if the name of the 'heading' had not been repeated, as it is continually, in the symptoms arranged beneath that heading.

The repertory now being published by the Hahnemann Society, proposes, on the other hand, to come up to our theoretical standard, and at the same time by the insertion of a peculiar method of cyphering, to combine perfection and usefulness in a volume of moderate size. It seems desirable at the present time, since it is probable that another portion of the work will shortly be ready for the press, to inquire into the merits or demerits of the system, to determine whether or not a cypher be absolutely necessary, and if so, whether the one adopted be the best, or nearly the best possible.

But before entering on an examination of the work, and the degree of its excellence, it may be well to remark on, and endeavour to account for the fact that this work is but little used by the homœopathic practitioner. I confess myself when first opening the work, and turning page after page over of lists of drugs and drug-symptoms printed in an unknown tongue, to have suffered an internal rigor for the moment at the very idea of such a book; and after a

desultory examination of some fifteen or twenty minutes' duration, to have shelved it as something "which no fellah could understand," as Dundreary hath it. Which state of mind persisted for some time, until, under the influence of several grave admonitions, and a sense of the poverty of other like works, I determined to try again. On coming to work with it, half of its mystery and difficulty ceases, for putting the cypher altogether aside, it still continues more useful than any other repertory, from the very complete arrangement of its parts, and its careful subdivision of all the large headings, more especially the pains. And if it is used, the mystery of the cypher clears away, as I have found myself, and that too without the necessity of learning any of the symbols. The secret is to stick to the index in each chapter, for this is a microcosm of the whole, and enables one to see in an instant the arrangement of the chapter, the point at which one's search is to be commenced, and the interpretation of the symbols therein used. If this be done, I have found that most of the difficulties vanish immediately; some of course remain, but then practice makes perfect, and as the details of the scheme become graven on the mind, they gradually disappear. I would therefore suggest to any who have acted in like manner, to take the book into use again—say for one case daily for a week. After that it will always be found on their study tables.

The general plan followed in the several chapters is to place in sect. 1 all the substantive heads, including the the pains, and also the respective localities, conditions, concomitants, and varieties of all the substantive headings, except the pains. The conditions of pains are drafted off to sect. 2, and the concomitants to sect. 3, on account of their excessive number. Chapters xi and xii form an exception to the letter, but not to the spirit of the plan; here the subject treated of is functional; and sects. 2 and 3 contain the conditions and concomitants respectively of the chief functional symptom treated of in each, viz., in Chap. xi of Taste and Appetite, and in Chap. xii of Nausea and Vomiting. Section 4 always contains the "course

and progress of symptoms ;” these are given verbatim, as it is not possible to cypher them readily ; a useful index of the varieties precedes the verbatim list. Section 5 includes those symptoms which, by some perversity of character, will fit in no where else ; these are of course given verbatim. Section 6 is the anatomical section, and here may be found all those symptoms to which a special anatomical seat is given in the *Materia Medica*.

The arrangement of the substantive headings is different from that in Jahr’s repertory ; e. g., under ‘Vomiting,’ we find the functional part, the manner of ejection, separated and placed before the different classes of things ejected ; in Hull’s Jahr we find “Easy Vomiting,” between “Vomiting of drinks,” and “Vomiting of matters like the white of an egg ;” and “Vomiting through the nose and mouth,” between “Vomiting of sanguineous mucus,” and “Periodical Vomiting.” The arrangement of the conditions generally, is also superior in the English repertory ; e. g., in Jahr we find four successive conditions, which have nothing to do with each other, except their commencing with an E ; these are “Eggs (after eating) ; Evacuation (during) ; Evening (in) ; Eyes (on shutting) ;” in the English repertory the conditions are carefully classed under ‘Time, Situation, Touch, Posture, Movement, &c.’ The concomitants are also arranged according to anatomical seat ; in Jahr, on the other hand, by strict adherence to alphabetical order, “Lying down (necessity to),” comes between “Limbs” and “Nausea.” There is another feature claimed as distinctive for this repertory, viz., its “*Collective*” headings ; that is to say, under the heading ‘Heat’ shall be placed not only those drugs which produce that symptom only, but also those which produce any one of its varieties, such as “Burning,” “Glowing,” and so on. Where this is not done, of course in looking for a drug to cover a symptom of ‘Heat,’ one would overlook many special ones given under the varieties. In working out the plan of the repertory, however, this object began to defeat itself from the immense number of drugs which were crowded into these “collective” rubrics. Accordingly we learn from the introduction that

a "Law of Selects" was established, by means of which this overloading might be corrected. By this law, in any "collective" list of more than forty drugs, those only should be retained which (1) appeared to produce the symptom most idiopathically, or (2) also produced another substantial heading in the same symptom, as "Heat" and "Distension," or (3) which would altogether be lost were they not placed in the "collective" rubric. In Chap. xiv there is an improvement made in this plan; complete collective lists are given, no matter what their length, and are preceded by a select list of those medicines which are best defined in their symptoms. Thus far we have examined the plan of the repertory apart from the system of cypher, and have found that even were the cypher blotted out from its pages, it gives more than any other available English repertory. For instance, let us take the following symptom, "Tension of the abdomen at morning in bed, with dyspnœa and anxiety." Looking up 'tension,' in Chap. xiv, we find a list of 44 drugs, and if we are ignorant of the cyphers this is no great help; but on looking into the next column to the 'conditions,' we find under 'morning in bed' only *Staph.*, then on looking down the column to the list of concomitants under 'anxiety,' *Moschus* and *Staph.*, and under 'dyspnœa,' *Arg.-nit.* and *Staph.*; *Staph.* is therefore the medicine, and the only one which produces this symptom. Now this can't be done by the common Jahr, and if any one doubt the statement, let him try it.

We next come to the question of the cypher. It has just been seen that this is no objection to the mere use of the work, for it can be used well without it. But is the cypher an improvement? does it facilitate the use of the work? The answer to this is, that it is the only means by which we can possibly get every symptom in every place, and yet retain a useful working size for the repertory. Take, for example, the last symptom quoted: it appears in full under 'tension' as "stp. 3-10. π^1 , α^2 ." Supposing one does not understand the cypher, yet '3-10' points at once to the list of conditions, where it stands with its meaning in full: ' π^1 ' and ' α^2 ' directs to the list of concomitants, where the

meaning of these cyphers is respectively given, with all the rest of the symptom in cypher. Thus the symptom is entered under 'tension, 'morning in bed,' 'anxiety,' and 'dyspnœa,' *i. e.* four times in one page, and the cypher in each of these entries points to the places where it may be found besides. Moreover, the letter H in the condition and concomitant lists shews the anatomical seat of the sensation, and on turning to sect. 6 we find it entered for the fifth time fully in its proper rubric. In using the cypher one soon learns that '*conditions*' are always indicated by *arabic numerals*, and '*concomitants*' by *Greek letters*. If they answer no other purpose, they at least shew us that a given drug possesses valuable symptoms which may be found at once in the respective lists. Then too the Roman numerals always indicate '*pains*,' except when in brackets, and then a section is referred to. The other substantive headings are designated by letters; the common ones by common Roman type; the special ones by thick Roman type in the early chapters, and by Old English type in the later ones. There is no necessity to learn these at all. On commencing one's search for a symptom, the index should be first consulted; the chief heads of it may then be readily cyphered, and simultaneously the different pages on which the list of drugs is given will be seen.

I am not quite certain but that in some of the long lists the cypher is even preferable to the verbatim symptom, could it possibly have been entered. In the list beneath '*Heaviness, Weight*' (page 406), at a single glance one's eye catches those drugs, to which an Old English letter is attached, and it is very easy to discover that *g* means anxiety, *h* bearing down, *z* emptiness, and so on; then again the pains are easily distinguishable; so are the conditions and concomitants. The only cyphers which do not readily catch the eye are the Roman letters, which are in the same type as the name of the drug. It would be an improvement were there no other objection, to use a thicker type for the general substantive heading, leaving the special headings to the Old English type alone. This by the way, but to return.

For sake of argument I will here give a reprint of the above-mentioned section :

q. HEAVINESS, WEIGHT.

amb. m. — am-c. — am-m. ꝥ. m. (97). —
 ag-n. ꝥ^b. i^a. o^a. π¹. 2. 66. — ara, i. — arn. V¹⁰
 ar-h. nn. — asa. ꝥ^b. ; i^a. — asr. ꝥ. ; 35.
 — aur. — bel. IX². 18. (19). 31. ; 5. σ¹.
 — bor. V¹⁰. — bry. — ca-c. i. V¹. — cam.
 o^a. ; r. S. V⁶⁻¹⁰. 12. — cb-a. ; 3. — cb-v. ;
 ꝥ^a. — cau. — chi. V¹⁰. — ch-s. o^a. V¹.
 cn-s. i^b. ꝥ^b. IV². — Hg. col. (IV). — con
 66. — Hg. crn — ctn. ꝥ^b. ꝥ. ; Up. ꝥ^b. —
 Hg. cup. V⁶. — eub. p. — fer. 31 —
 gn-l. i^{ab}. VI¹. 11. — grn. ꝥ. V^{6.10}. — grp.
 i^a. — hel. — hyo. i^a. — r. H. k-ca. V¹⁰.
 (IV). ; i. — r. H. la-v. VI³. ; 3. 66. ; 18. —
 lyc. — mag — mer. I^{ca}. V⁶. v. — nat. —
 na-n. i. — — na-m. ꝥ^a. 31. — ni-x. V¹⁰ —
 nx-j. i^{ab}. — r. H. nx-m. — nx-v. — opi.
 ꝥ^a. γ. ; ꝥ. — r. H. ph. x. — pim — plb.
 — l. H. pod. — rs-r. I. 16. 28 — l. Ig.
 rhs. 31. ; IX². — sec. — sep. — sil. i. —
 spi — stp. o^a. V¹⁰ — sul. i. — ter. V¹ —
 til. i. π¹. — zin.

Now by careful calculation it will be found that to give this list with the symptoms verbatim, would take just five times the space now occupied. Moreover, if this were done it would be, I believe, far more difficult to see whether or not a certain symptom was an adjunct or not of 'Heaviness.' It would be just Hempel's repertory over again as far as this heading is concerned. To make it as useful as it at present is, it would be necessary to add the following paragraphs to the verbatim list :

1. <i>Heaviness</i> and pains (gen)	. 19 names of drugs.
2. „ and pressive pain	. 8 „
3. „ and aching	. 4 „

4.	<i>Heaviness</i> and drawing pain	.	4	names of drugs.
5.	„ and colic	. . .	2	„
6.	„ and clawing	. . .	1	„
7.	„ and shooting	. . .	1	„
8.	„ and cutting	. . .	1	„
9.	„ and continued pain	. . .	1	„
10.	„ and pain from above			
	downwards	. . .	1	„
11.	„ and distension	. . .	6	„
12.	„ and fullness	. . .	5	„
13.	„ and inflation	. . .	3	„
14.	„ and anxiety	. . .	2	„
15.	„ and discomfort	. . .	4	„
16.	„ and oppression	. . .	1	„
17.	„ and dyspnœa	. . .	2	„
18.	„ and tension	. . .	2	„
19.	„ and flaccidity	. . .	2	„
20.	„ and bearing down	. . .	2	„
21.	„ and borborygmi	. . .	1	„
22.	„ and insensibility	. . .	1	„

Next would come groups of threes; of these it will be found that not less than twenty-one such headings might be formed; or if the 'pains' should all be lumped together, they might be reduced to sixteen. Then no less than six groups of four separate symptoms would follow, and one group of five symptoms. So that this index to the verbatim list would occupy more than half the space of the list itself, *i. e.* about three times the space of the original cyphered group. This group of symptoms under 'Heaviness' would thus be expanded eightfold under this treatment. The list of 'localities,' 'conditions,' and 'concomitants' which follow, would be treated in an analogous manner, and would expand to three times, or even to four times their present size. The information then which is here given in a column and a half of the repertory would be spread over eight or nine columns, or more than four pages. Be it remembered that the longer a group of this kind is, the proportion in which it increases by this treat-

ment becomes larger still ; and gradually we fall away from our idea of a model repertory, as we should thus get a large clumsy book. I think that slight consideration will show us that in choosing a method of abbreviation the editors of this work did wisely ; and before a reader thereof grumbles at the intricacies of the system he should invent another, which should offer the same facilities as this with less of its fancied difficulties. Before leaving this part of the subject it is worthy of notice that of the 61 drugs which here figure under "Heaviness," only 15 are without an adjunct of some kind ; and this shows both the fulness of the *Materia Medica*, and the necessity of an arrangement, such as this, or an equally good one. In Hull's 'Jahr.,' on the other hand, I found only 41 drugs, scattered over no less than three different pages ; of these, 3 only have conditions attached and some 10 are more or less distinctly localised.

If it be granted that a cypher, or abbreviation at least, is a necessity, the only matter left for discussion is its character. From the nature of the case, the abbreviations used may be either self-interpreting or not. In this work neither kind is used exclusively. The names of the medicines are all reduced to three letters, and in such a way that the meaning of the abbreviation is easily retained. This system has not been followed in the other parts requiring abbreviation. Evidently a long symptom put into such cypher could not have the distinctive peculiarities that the present has. The cypher in use is arranged by class, as has been before said—Arabic numerals for conditions ; Greek letters for concomitants ; Roman numerals for pains ; and Old English or Roman letters for substantive headings. And although it is not self-interpreting, yet any one looking down a column of the repertory will find that it is ever translating itself. The cypher adopted is much shorter, more distinctive, and on the whole, easier than a mass of abbreviations ; *e. g.* in sect. "Heaviness" (p. 406) ag-n. produces "q^b. i^a.o^a. π¹. 2-66.," that is to say, "Uneasiness, fullness, tension, with dyspncea, after food at night." How would these words look reduced to a maximum of three letters

each? "uns., fln., tns., dyp., aft. fd., ngt." They would take up more room, and be less intelligible. The labour of reducing all the necessary words in this way would be very great, and the benefit derived therefrom evidently nil.

There are two specially distinctive parts of this repertory, viz., the general order, course, and direction of pains; and sect. 4 containing the general course and progress of symptoms. Their use and value can only be known by examination; and to give instances of them would be beyond the scope of the present essay. If this paper can incite any to use, or better still to work for the completion of the English repertory, it will have accomplished its object.

REVIEWS.

The Greek Pastoral Poets, Theocritus, Bion, Moschus, done into English by M. J. CHAPMAN, M.D., of Trinity College, Cambridge. Third edition, revised; London: Saunders, Otley & Co., 1866.

Hebrew Idyls and Dramas, originally published in *Fraser's Magazine*, by M. J. CHAPMAN, M.A., of Trinity College, Cambridge. London: Saunders, Otley & Co., 1866.

THESE two handsome volumes recall painfully to our mind the great loss homœopathy and literature generally have sustained in the death of their accomplished author. Though we are not in the habit of reviewing poetical works, we cannot refrain giving a short notice of these poetical productions of our late friend and colleague.

The excellence of the translations from the three Greek pastoral poets, must strike every reader; and that they have been highly appreciated by the world is evident from this call for a third edition. Where all are excellent, it is hard to say which is best; but the poem that has given us most pleasure in the perusal is *Castor and Pollux* from Theocritus. The description of a pugilistic encounter is so spirited and life-like, that we almost seem to be reading an elegant and vivid account of one of the recent conflicts of the P. R. Though the combatants' hands were enveloped in heavily leaded gauntlets, bound on with leather straps, we do not believe they punished one another more severely than is sometimes done by our modern boxers. We cannot forbear giving our readers a taste of this great fight—

First each contended which should get the sun
Of his antagonist; but which in sleight
That huge man, Pollux! was by thee outdone;

And Amycus was dazzled with the light ;
 But raging, rushed straight forward to the fight,
 Aiming fierce blows ; but wary Pollux met him
 Striking the chin of his vast opposite,
 Who fiercer battled, for the sun did fret him,
 And leaning forward tried unto the ground to get him.

Shouted the Bebryces ; and, for they feared
 The man like Tityus might their friend down-weigh
 In the scant place, the heroes Pollux cheered ;
 But shifting here and there Jove's son made play,
 And struck out right and left, but kept away
 From the fierce rush of Neptune's son uncouth,
 Who, drunk with blows, reeled in the hot affray,
 Out-spitting purple blood ; the princely youth
 Shouted, when they beheld his battered jaws and mouth.

His eyes were nearly closed in the contusion
 Of his swollen face ; the prince amazed him more
 With many feints, and, seeing his confusion,
 Mid-front he struck a heavy blow and sore,
 And to the bone his forehead gashing tore ;
 Instant he fell, and at his length he lay
 On the green leaves ; but fiercely as before,
 On his uprising, they renewed the fray,
 Aiming terrific blows, as with intent to slay.

But the Bebrycian champion strove to place
 His blows upon the broad breast of his foe,
 Who ceaselessly disfigured all his face ;
 His flesh with sweating shrunk, that he did show,
 From huge, but small ; but larger seemed to grow
 The limbs of Pollux, and of fresher hue
 The more he toiled ; Muse ! for 'tis thine to know,
 And mine to give interpretation true,
 Tell how the son of Zeus, that mighty bulk o'erthrew.

Aiming at something great, the big Bebrycian,
 The left of Pollux with his left hand caught,
 Obliquely leaning not from his position,
 And from his flank his huge right hand he brought

And had he hit him would have surely wrought
Pollux much damage ; but escape he found,
Stooping his head, and smote him quick as thought.
On the left temple ; from the gaping wound
A bubbling gush of gore out-spurred on the ground.

Right on his mouth his left hand then he dashed ;
Rattled his teeth ; and with a quicker hail
Of blows he smote him, till his cheek he smashed ;
Stretched out he lay ; his senses all did fail,
Save that he owned the other did prevail
By holding up his hands ; nor thou didst claim
The forfeit, Pollux, taking of him bail
Of a great oath in his own father's name,
Strangers to harm no more with word or deed of shame.

The other volume entitled *Hebrew Idyls and Dramas* contains some exquisite pieces, full of true poetry and deep reverential feeling. With the greater freedom his subjects allow him, Dr. Chapman displays more variety of phraseology and versification than in his book of translations. As an instance of wonderful power of language and a complete mastery of the subtleties of rhyme, we may point to his poem of Judith, which displays curiosities and felicities of rhyme never excelled by Byron himself.

Report on the Cheap Wines from France, Italy, Austria, Greece, and Hungary ; their quality, wholesomeness, and price, and their use in diet and medicine. By ROBERT DRUITT, M.R.C.P.

Wine, the Vine, and the Cellar. By THOMAS GEORGE SHAW.

DR. DRUITT'S book has been a "sensation" and a success. It has gone far to revolutionise wine-drinking and wine-selling. The hitherto unfamiliar names of Beaune, and

Beaujolais, and Keffesia, and Ofner are on wellnigh every lip and on every vintner's price-list. The racy style, the vigour of genial life which breathes in every page, conjoined with the store of forgotten facts revived and re-illuminated, give to the book its well-merited influence. Its onesidedness is too palpable to cause much error; while its positive teaching is of indubitable value.

We have no intention of reviewing in detail a book that is in everybody's hand. But we propose to use its contents as a peg whereon to hang some remarks on wine and wines, regarded from our own point of view. In doing so, we are much aided by the second work cited above. It is a chatty volume by an old wine merchant on the subject-matter of his daily life, and abounds in curious and authentic facts.

First, then, what is wine? The definition is ready to hand—wine is the fermented juice of the grape. But it requires some little consideration to realise all that is embodied in this definition. To begin with, its exclusive power is very great. Not only are malt liquors, distilled spirits, liqueurs, and such drinks as cider, perry, and mead put out of the category; but the whole tribe of "home-made wines," except of course those made from grapes, are forbidden to usurp the lofty name; for, though fermented, they are not the juice of the grape. Again, such wines as Tent, Malaga, Paxarette, and most of what is sold as "Constantia" are excluded; for these are simply unfermented grape-juice preserved by the addition of spirit, and sweetened. Nay, the definition cuts deeper still; for, if wine be *fermented* grape-juice, then just so far as fermentation is imperfect, so far is a wine less truly vinous. Hence, Port, Sherry, Madeira, and other wines of this class must—as to vinous character—be ranked below those of the Claret and Burgundy type.

But although our definition is impregnable, like all definitions it requires amplification. If wine be nothing but the fermented juice of the grape, then wherever grapes can ripen we ought to have wine; and the best wine ought to come from the sunniest climes; and all wines ought to be very much like one another, save where a peculiar kind of grape

—as the Muscat—gives them origin. How is it, then, that there are so many and such differing varieties of wine? and that only a few countries furnish this production? and of these, so few and small districts are renowned for their produce?

Well, the facts of the case are not altogether what these questions assume them to be. All countries where the grape can grow and ripen do produce wine. Besides the familiar productions of Spain and Portugal, of Sicily and Madeira, of France and Germany, we now know the wines of Italy, Greece, Hungary, and Austria, to say nothing of South Africa, Australia, and America. Again, wine is made in other parts of the countries producing it, than those best known to us. When we speak of "French wines," we think only of the produce of the Médoc, the Côte d'Or, and Champagne. But besides these classic localities there is hardly a province of southern and eastern France which does not send wine to the market. Vast quantities come from the banks of the Garonne, as it flows through Poitou, Guienne, and Gascony. Roussillon sends us the port-like wine known by its name. As we ascend towards Burgundy, we pass by Beaujolais, Macon, and Beaune, each producing a wine peculiar to itself; while Burgundy and Champagne are flanked by the Rhone, from whose banks lower down comes the well-known Hermitage. In like manner it is with other countries. Oporto and Xeres, the Rhine and the Moselle, are not the only localities in Portugal, and Spain, and Germany, where grapes are grown and wine produced. Every part of the country has its own native growth from whose produce it makes wine for itself.

The distinction lies, not in the fact of production, but in the care taken with the making. To make and preserve good wine is an art of the utmost refinement, requiring endless thought and attention. People in general will not take this trouble, and are content to drink their own wines, without making them attractive to others. The little tracts of land whence come Claret and Burgundy, Port and Sherry, Champagne and Madeira, Hock and Moselle are

just exceptions to this statement. Here wine is not simply produced; it is made. The closest attention is paid to vines and wine, by men who make it their daily work and the study of a life-time. Hence the reputation of the produce of these districts. No advantage of soil or climate can compensate for the absence of this care. The wines of sunny Italy are not to be compared with those of the barren Médoc or the northern Rhine.

Then, as to differences between wines. These are not so great as may at first appear. The only division of importance is that which separates red from white wines. It should be known that this difference is caused, not by the use of black and white grapes respectively,* but by the addition in the case of red wines of the skins (and sometimes stalks) to the juice in the fermenting vat. Hence the astringency of red wines; from which white wines, which are made from the juice only, are free. The only permissible sub-division is based upon the different degrees of "body" recognised among red and white wines. Thus, taking Claret and Burgundy as our types of the red, and Sauterne and Sherry as those of the white, we may range the best known wines in the following classes.

I. RED.

1. *Claret*.—Red Hermitage, from the Rhone.
 Red Mount Hymettus,
 Red Keffesia, and
 Santorin, from Greece.
 Carlowitz and
 Vizontaere, from Hungary.
 Lachryma Christi and
 Barbera, from Italy.
2. *Burgundy*.—Port, from Portugal.
 Roussillon, from southern France.
 Beaujolais, from the Rhone.
 Ofner and
 Erlauer, from Hungary.

* Champagne, for instance, is nearly always made from black grapes.

II. WHITE.

1. *Sherry*.—Madeira, from Madeira.
Marsala and
Zucco, from Sicily.
Lisbon,
Bucellas,
White Port, and
Teneriffe, from Portugal.
S. Elie and
Thera, from Greece.
Somlau and Edenburg, from Hungary.
2. *Sauterne*.—Chablis, from Burgundy.
Hock, from the Rhine.
Moselle, from the Moselle.
White Hermitage, from the Rhone.
White Capri, from Italy.
White Mount Hymettus,
White Keffesia, and
White Patras, from Greece.
Szamorodny,
Villany Muscat,
Dioszeger Bakator, and
Badasconyer, from Hungary.

Two supplementary classes may be formed of the *sparkling wines*, headed by Champagne, and including sparkling Hock, Moselle, S. Peray (Burgundy), and Voelauer (Austria); and the *sweet wines*, such as the French Frontignan, the Hungarian Tokay, the Greek Cyprus, Visanto, Calliste, and Ambrosia, and the South African Constantia.

The natural differences between these wines would be very small; but by modifying in various ways the process of fermentation, by mixing, and by the addition of sugar, elderberry juice and other articles, the varieties which we now recognise are produced. Mr. Shaw's book gives a very full and lucid account of the details of these processes. Into these we shall not follow him, but shall pass from the consideration of wine in general to that of wines in particular.

The points Dr. Druitt endeavours to establish are three. First, that "natural" wines are superior to those partially fermented and hyper-alcoholised liquids to which, under the name of Port and Sherry, the British palate is now accustomed. Second, that the French natural wines—Claret, Burgundy, &c.—can be obtained good for drinking at low prices, *i. e.*, from eighteen pence to half-a-crown a bottle. Third, that wines from other countries—notably, Greece and Hungary—are deserving of an extended use among us.

The first of these points we may leave Dr. Druitt to discuss with the conservatives—who were themselves once, as he felicitously shows, revolutionists—in this matter. Upon the second we think that few will disagree with him who have tried the "cheap wines" as he has done; we only complain that he has so narrowed the limits of our choice. He has not, we think, made sufficient mention of the *white* wines of Burgundy and Bordeaux. Chablis may be a trifle too hard and cold; and the better white Burgundies—as Mont Raçhet—are hardly cheap wines; but Sauterne is an almost perfect wine, and can be got very good at two shillings a bottle. The same may be said of the white wines of Germany; still Hock and Moselle are wines that have few competitors, and are so abundant as to be procurable at very low prices. We have drunk very tolerable specimens of these wines (from the Messrs. Gilbey) at fourteen shillings the dozen, and for twenty-four shillings they can be obtained anywhere of as good a quality as for daily use could be desired.

Our only reason for noticing Dr. Druitt's third point is, that we ourselves have gone over much the same ground as himself, and so can add our experience to his own. We will take the new wines in order.

1. GREECE.—We have drunk eight of the wines imported from this country by Mr. Denman, of Abchurch Lane, and have noted as follows concerning them.

Red Keffesia (20s.).—Claret character, but very rough and astringent; even mixing with water does not soften it: Do not like it.

White Keffesia (20s.).—Sauterne character and colour, but very inferior to its type. Tolerable.*

Thera (24s.).—A Sherry like wine; *soft*; rather nice.

S. Elie (28s.).—Like "South African" Sherry, minus the added brandy.

Santorin (24s.).—A dry and astringent red wine; not pleasant.

Ambrosia (30s.).—Sherry character, but sweet; coarse and strong: could not finish the bottle.

Calliste (24s.).—Of the same character, but much pleasanter.

White Patras (16s.).—Sauterne type; has a strong and disagreeable flavour, which some call tarry.†

On the whole, then, we are unable to confirm Dr. Druitt's favorable account of the Greek wines. They are certainly not luxuries; and for ordinary use, France, Germany, and Hungary afford us an amply sufficient variety.

2. HUNGARY.—Of the Hungarian wines our experience enables us to speak in much less qualified terms. Their nomenclature and relative value seem at present in a very unsettled state. Let it be understood, then, that in speaking of their character we refer to them as named and priced by Mr. Denman. We have drunk the following:

Hungarian Chablis (16s.).—A capital white wine, of deep straw colour, fuller and richer than its Burgundian namesake; the cheapest wine for goodness that we ever tasted.

Villany Muscat (24s.).—A very pleasant wine, closely resembling a still Moselle.

Dioszegez Bakator (30s.).—This wine resembles Hock as closely as its predecessor does Moselle; but a twenty-four shilling Hock is quite as good as this at thirty.

Szamorodny (42s.).—We were much disappointed with this wine, in spite of its lofty title of "Dry Tokay," and its

* This note was made on first tasting the wine; but on opening a bottle a few days ago, after our palate had become accustomed to the light wines of France and Germany, we felt inclined to change the verdict to "intolerable."

† There is some reason to believe that the Greeks dissolve rosin in their wines to make them keep better. If so, this would account for the occasional presence of a taste like that perceived in white Patras.

comparatively high price. It has no peculiar or high character, and is not worth half the money.

These are white wines, and now as to the red—

Visontaere (20*s.*).—A very light Claret; soon souring on being opened.

Ofner (24*s.*).—More like the wines of the South of France; too heavy and sweetish for our taste.

Carlowitz (28*s.*).—A Claret, with a slight chalybeate flavour; not a nice wine for ordinary drinking, but found highly restorative by convalescents.

Erlauer (30*s.*).—A delicious wine; something between Claret and Burgundy, and better than either at the price.

Besides these we have lately tried some of Max Greger's Hungarian wines, of which we have noted as follows:

Carlowitz (32*s.*).—A much finer wine than Denman's at 28*s.*; as agreeable as it is found beneficial.

"*My own Growth*" (42*s.*).—This is a Burgundy-like wine of high character; but spoilt to our taste by a scented flavour as if rose leaves had been infused into it.

Ofner (36*s.*).—Quite worth the extra 12*s.* above Denman's price; a full-bodied wine, more like Beaujolais than any other we know.

Somlau (26*s.*).—A white wine, looking and tasting like Sherry, and with too little of distinctive flavour to please us.

Edenburg (36*s.*).—This, on the contrary, is a superb white wine, with a taste and bouquet quite its own; if anything, reminding one of Bucellas.

We have also drunk two bottles of sparkling Hungarian wine from Max Greger's at 54*s.* The first was red, and too sweet; but the white variety is unexceptionable, and greatly superior to Champagne at the same price. Lastly we have just tried Denman's *Badasconyer* (24*s.*), which we omitted in our first essay; it is a neutral wine, nothing to complain of, but nothing to praise.

It will be seen from the above that the Hungarian wines are a real addition to our materials for choice in this quarter. The new commercial treaty with Austria will in all probability lower their price ere long; and as we are

assured that the country yields four hundred millions of gallons annually, there is no likelihood of the supply falling short.

We make no apology for introducing these matters into the pages of a Medical Journal; the diet of our patients must always be a matter of primary importance, and the fluid constituents of the daily food are of no less consequence than its solids. These "natural" (*i.e.*, thoroughly fermented) wines supply a want which has been long felt. There are thousands of stomachs that cannot bear beer and the ordinary wines because of the sugar they contain. If the owners of these unruly organs cannot content themselves with water, they usually drink brandy. To them and to us it would be felt a real relief if we could recommend and they could take something less objectionable. Now this something we have in pure wine. It contains no sugar, and hence causes no acidity; it forms, with water, by far the best and pleasantest beverage for the healthy; and there is nothing like it—especially in the forms of Claret and Hock—for cleaning a foul tongue and sharpening a languid appetite among those who are sick. We believe that the discovery of the *terra incognita* of light wines will be to many, as to ourselves, a large addition to their own enjoyment and to their means of aiding those who are under their care.

CLINICAL RECORD.

Sabina in Amenorrhœa and Anæmia.

By Dr. MADDEN, Melbourne.*

Miss S. P—, æt. 25: May 15th, 1865. Has been ill two years, during which the menses have been entirely absent; there has

* We are glad to learn that Dr. Madden's health is now completely restored, and that he is on his way home to this country, to settle, we understand, in London.

been no leucorrhœa, nor any uterine symptoms, but the general health has failed; she has become pale and anæmic; suffering much from irregular circulation, causing palpitation on the least exertion. Rush of blood to the head even on raising her head from the pillow, with severe vertigo; roaring in ears and sense of faintness; the appetite is fair, but muscular power very small. The feet and legs feel very heavy, and swell somewhat when sitting. Bowels regular, and urine normal. During the following six months she gradually but very slowly improved under—*Gelsemium*, *Puls.* of various potencies from 6 to 30, *Sulph.* 30, *Sep.* 30, and *Natr. Mur.* 12. Still she continued weak, and there was no sign of menstruation being re-established. The anæmia was less, and the circulation was more regular; but the whole uterine system seemed perfectly torpid. I then gave the first centesimal trituration of *Oleum Sabinae*, of which she took at first two, then three grains daily; and I continued this steadily from October 25th, 1865, to January 3rd, 1866, with very great benefit. Her general health was much improved; she had increased in strength, the anæmic symptoms were nearly gone; in fact, she felt quite well; still there were no signs of menstruation. I then ordered *Natr. Mur.* 30, one drop night and morning for a fortnight, and just as she was finishing the course the menses returned normally, and lasted four or five days.

In this case I am inclined to credit the *Ol. Sabinae* as the chief remedy, seeing that her general health was so manifestly benefited thereby. At the same time *Natr. Mur.* 30 evidently gave the finishing touch; and though it is possible that had the 30th potency been used in place of the 12th before the *Sabina* was given, the effect might have been equally good, still, the change in her general health which occurred during November and December leads me to doubt whether it would have succeeded.

Baptisia in Enteric Fever. By Dr. MADDEN.

I have had repeated opportunities of testing the virtues of this drug in the peculiar form of fever which occurs in this climate. The fever is an adynamic gastric or enteric fever with many resemblances to the Edinburgh relapsing fever; like it relapses are very frequent, and the disease is often prolonged in conse-

quence. As regards the sphere of *Baptisia*, I have hitherto found it most useful in the early stage; but later in the course of the disease its effects are much less striking. Again, when the enteric condition is complicated with head-symptoms, a combination by no means rare as the result of *brain-fag*, I do not find *Baptisia* so useful; whereas, in the same condition caused by exposure to the sun it proves thoroughly satisfactory, as in the following case:

G. G—, æt. 6, had recently recovered from pertussis, when on November 11th, 1865, he played about all day in the hot sun, and was seized in the evening with violent headache and vomiting, considerable fever, quick pulse, and somewhat dilated pupils. I gave *Gelsem.* 6, every two hours.

November 12th.—High fever and delirium during the night; this morning he is conscious, but the tongue has become foul and yellow; the fever continues, with occasional vomiting, and all the symptoms indicate the commencement of a regular attack of gastro-enteric fever. *Baptisia* 1 x, was ordered every two hours, and by the 16th, *i. e.* in four days, the boy was quite convalescent.

I have known so many cases of this sort, which under allopathic treatment have dragged out a weary length of many weeks that I feel well satisfied with the curative action of the *Baptisia*.

At the end of the summer of 1864-5, *viz.*, from March to May, gastric fever was very prevalent at Brighton, a suburb of Melbourne, and I treated several cases with *Baptisia*. All those whom I saw from the commencement recovered rapidly, of which the following may be taken as examples:

Miss B. D—, æt. 7, attacked with fever of the usual character. On May 18th, she took *Baptisia* 1 x, every two or three hours, and was convalescent on the 24th. As a proof of the low condition produced by this zymotic poison, I may mention that two days after the fever left her she had copious and repeated epistaxis of dark blood, which however, was speedily checked by *Hama.* 2.

G. D—, æt. 9. May 8th, complained of rheumatic pains in his shoulders, for which I gave *Bryonia*. On the 11th, however, fever set in with headache, foul tongue, fœtid breath, tenderness of abdomen, and all the indications of a severe attack. I at once put him on *Baptisia* 1 x, every two hours, under which he steadily improved, and by the 19th he was thoroughly convalescent. In this case also there was epistaxis and oozing of dark blood from the nose for two or three days.

H. B—, æt. 16, attacked with fever, headache, and some diarrhoea on April 25th was cured in three days by *Baptisia* 1 x.

E. B—, æt. 7, had fever and foul tongue, and all the usual symptoms of the epidemic on April 27th, and she also recovered in three days under *Baptisia*.

J. B—, æt. 14, had a very severe and protracted attack of enteric fever in March, and was treated allopathically for nearly a month, when he became my patient. On my first taking charge of the case his condition was typhoid with great tympanitic distension of the abdomen; black fœtid diarrhoea, and low muttering delirium. In this state *Baptisia* did but little, whereas *Tereb.* 1 and *Nitr. Ac.* 1, acted well, and after a severe struggle for life he convalesced completely, and was going about as usual, when on May 10th, he became chilled while standing in the cold wind, and the fever returned severely with very rapid prostration, and accompanied as on the former occasion with a most distressing laryngeal cough. I at once gave *Baptisia* 1 x, but for the cough's sake I alternated it with *Nitr. Ac.*, which was the remedy that had relieved the cough before. In five days he was well.

Case of Malignant Ulceration of the Nose, cured by Kali Bichromicum. By CHARLES RANSFORD, M.D.

Mr. H—, æt. 82, was visited professionally by me in September, 1862. He was suffering from diarrhoea with tenesmus in a severe acute form, but chronic as to duration; the evacuations were of a dark greenish colour, of the consistence of pitch. The patient had resided upwards of thirty years in India, where he had held high offices in the Civil Service. During his residence he suffered from two attacks of fever and one of cholera. Mr. H— was so satisfied with homœopathic treatment, now for the first time tried, that he continued it. During the winter of 1863 he suffered from bronchitis; but as he was not then under my care I can only report that he had a good recovery, although the cough after that attack never entirely left him. The condition of the bowels was generally loose; two or three dark coloured stools daily; the pulse between 80 and 90, full and intermitting about once in five beats. The intermittence in Mr. H's case always preceded the aggravation of the bronchitic attack. *Digitalis* then gave manifest relief.

In the autumn of 1864, whilst residing for a few weeks at Upper Norwood, and during my professional attendance upon him, a swelling of a highly vascular spongy texture appeared in the right nostril, distending it and apparently growing upwards. Its progress upwards was a matter for anxiety, but after a few weeks I had the satisfaction to see it travel slowly downwards and protrude externally.) The left nostril became affected in the same way; the soft parts of the *alæ nasi* were involved, but the bony structure was unaffected, and there was but very slight and occasional muco-purulent discharge. I never perceived any fœtor, but those constantly about him affirmed that such existed; he was most assiduously nursed by a competent valet, whose attention to cleanliness and other important details was unremitting. Occasionally there were severe paroxysms of lancinating pain in the affected parts, sufficiently acute to make the poor man cry out loudly; deglutition was unaffected, and the soft palate likewise; but by the continued growth of the tumours and by their constant pressure, the neighbouring soft parts were absorbed, and considerable disfigurement was the result. Speech was not much affected, except that the voice was rather hoarse. Desirous of further advice, I suggested that Mr. Paget should see him; this able surgeon evidently put the case outside the pale of treatment, contenting himself with prescribing cleanliness and generous diet, both of which suggestions had been anticipated. Dr. Sanderson, late of the Bengal Army, saw the patient with me. He considered the case hopeless, and gave his prognosis accordingly. Up to this time the principal medicine and the one the most frequently given had been *Arsenicum* in various dilutions, but without any apparent check to the ulcerative process. *Kali Bichromicum* occurred to me. I prescribed it in the third dilution, applying it externally and locally by means of a glass syringe. Most unexpectedly the progress of the disease was gradually but visibly checked; healthy granulation took the place of the phagedenic ulceration, which never recurred. He lived many months after the healing process was accomplished, dying at last of mere exhaustion of the vital powers without any apparent suffering; his advanced age after so long a residence in India, and passing through such severe attacks of illness in that country, show a more than ordinary robust constitution. He was one of a very healthy family, in whom no hereditary disease existed. Mr. H— had been a great snufftaker until the appearance of the disease.

The snuff taken was chiefly Mausilapatam, which contains ingredients of a peculiar and acrid nature. Dr. Sanderson rather inclined to the opinion of this snuff being the cause of the malady. I cannot give a positive opinion as to its true character, but that the *Kali Bichromicum* cured the apparent malignant and corroding ulceration I have no doubt whatever.

After Mr. H.'s removal to his residence at the west end of London, I saw him but occasionally, for in consequence of his being subject to sudden and severe attacks of a convulsive nature, a physician nearer at home was required, and my friend Dr. Henriques became his regular attendant. There was no difference of opinion between us as to the supposed inefficiency of medicine whatever the nature of the disease might be, but the use of the *Kali Bichromicum*, and the happy results consequent upon its administration were as unexpected and astounding to Dr. Henriques as they were to myself. I saw my patient for the last time about ten days before his death. He conversed with me in his usual cheerful manner, and was perfectly resigned to the event which he knew was close at hand.

Broken Breast. By MERCY B. JACKSON, M.D., Boston, Mass.

Having read with interest Dr. Wesselhoeft's article on *Diseases during Lactation*, I was surprised to find him saying: "But it has often appeared to me that treating a patient for an individual case of broken breast has many features in common with the treatment of a patient suffering from periodical convulsions, the least benefit can be afforded during the attack; more might perhaps be done previously or subsequently by proper homœopathic medicines." Also, that "the majority of cases, particularly in scrofulous patients, have terminated in suppuration, many without indicating any effect from the remedies."

My own experience, in twenty-four years of practice, has differed so widely from this that I am at a loss how to account for such a statement from so skilful a physician. During my early practice cases often came under my care which had been attended by allopathic physicians, and poulticed until the suffering had become so intolerable that anything that promised relief was hailed with joy, and the universal result was that the patient was delighted with the change, and the relief experienced by the substitution of a few spoonfuls of water, medicated with the little

pellets, for the disagreeable poultice and increasing pain up to the period of opening the abscess which, under the homœopathic treatment, could be left to nature, thereby preventing the injury to milk vessels that arises from the use of the lancet. The sufferings were so much lessened by the medicine that the patient willingly awaited nature's process.

I have never seen a case of inflammation in the mammæ that I thought called for *Aconite*. Perhaps *Aconite* might be useful at the first moment of disturbance in the system; but the physician is not called until the trouble is located in the breast, and then it is too late for benefit from *Aconite*, and valuable time is lost in using it. It will lower the circulation, but the local trouble will go on increasing, and if the doctor sees his patient but once a day, by the time he returns all possibility of preventing suppuration may have passed; whereas had he commenced with *Bryonia*, if the breast was only hard and painful, without redness, or *Belladonna* if with, by the time of his next visit—if the nurse has faithfully done her duty, and kept the milk as much as possible out of the breast—the doctor may find his further services unneeded.

If in consequence of the scrofulous character of the patient, or the neglect of the nurse, the inflammation still goes on, the pain and enlargement may be kept in check, and oftentimes very greatly lessened—in some cases almost wholly removed—during the formation of the abscess, and the milk preserved by the action of the medicine, whereas the milk is generally lost in the breast affected or in both, if nothing but poultices are used.

After *Bryonia* and *Belladonna* have each done all they will, *Phosphorus* is generally all the medicine needed, unless *Hepar sulph.* may be, if the other medicines do not keep down the pain, or when rapid closing of the abscess does not follow the discharge of pus.

In a few cases, *Mercurius sol.* has appeared to hasten the opening and relieve the pain in the breast. In the cases when *Mercurius sol.* did good there was profuse perspiration or other symptoms for *Mercurius*.

I should think that nineteen out of twenty cases which I have seen had been dissipated by the above course without suppuration; and I do not remember a case where the discharge continued more than a week, generally not more than two or three days.

In my opinion, the use of *Aconite* in the early stages of inflamed breast renders suppuration inevitable, by the loss of time,

and its depressing influence on the economy, as is the case in threatened typhoid fever; it is almost sure to develop the fever, although it seems for a few hours to make the patient more comfortable, whereas *Bryonia* used at first might have prevented its development.

The great sympathy I feel for my sex in their peculiar sufferings must be my apology for presuming to lay before your readers my own views on this matter, without wishing to detract in the slightest degree from the value of others' opinions on this interesting subject.

I will here remark that I have always used the thirtieth potency, about five pellets to half a tumblerful of water, one teaspoonful every two hours.—*American Homœopathic Review*.

Two Cases. By WILLIAM GALLUPE, M.D., Bangor, Maine.

CASE 1.—Miss H. M—, æt. 24, of slender form, lymphatic temperament, called on me for advice Dec. 5th, 1864. She stated that she was never of robust health, but able to keep about in comfortable health most of the time, by exercising care, up to a little more than four years since, when she received an injury from which she has suffered much ever since. She is now of a very pale and sickly countenance and quite feeble—scarcely able to sit up much. About a year since, she was taken more unwell—supposed from a cold and over-exertion, was confined to her bed mostly for five months, and attended by an allopathic physician—the same who prescribed for her after the injury. She has been quite feeble since.

A little more than four years ago she was thrown from a wagon, in such a manner as to fall mostly upon the hip and side; the wagon seat fell upon the other hip. She was injured very much, low down across the hips and the small of the back; was very lame and unable to move much or to sit up for some time, and has suffered more or less, and been in feeble health ever since. It has affected her very much to stand or walk since that injury. She thinks she has not been able to bear her weight on her limbs since, without more or less suffering through the hips. She has made much effort to exercise, as it has been urgently recommended by her friends and her physician, but cannot endure walking, even for a short distance, without suffer-

ing from it more or less for a week or more. At times she is confined to her bed for some days in consequence. Riding, or any jarring, affects her in much the same way.

Her general health had suffered much from the want of exercise, and yet she had suffered from striving to take it, mostly through the hips and lower part of the back; is obliged to keep in a horizontal position to get much rest.

Since the illness a year since, has suffered from difficulties at the stomach, in addition to former troubles—faint, *gone* feeling, fulness and flatulence from taking food, bowels more constipated, and suffered much more from hæmorrhoidal irritation—has been troubled with the latter affection ever since the injury, and is not able to sit on a hard seat, from the tenderness about the coccyx and pressure on the hip sockets, producing a constant uneasiness there while sitting.

On examination much tenderness to pressure about the heads of both femora and the edges of the acetabulum, joint of the coccyx and sacrum; pressing the head of the femur against the acetabulum produces much pain and aching sensation, and she feels it so constantly while bearing any weight upon the limbs; migrating pains about the chest and much irritation to cough from slight causes; most about the left side; shooting and stitching pains; has had them more or less since the injury, but much more since the last sickness; head feels much of dizziness and of light aching feeling through the temples and to upper part of head; dull, languid, weak feeling much of the time; bowels constipated or variable mostly.

Sleep is restless and unquiet—most first part of night, and has been more or less so since the injury. Had what was called a salt rheum on left hand formerly and was much troubled with it; does not recollect having it much since the injury. Mother had it and died with it.

Prescription: four powders of *Nux Vom.* 30, each containing four pellets; a powder to be taken every other night, by dissolving a powder in six spoonfuls of water, and taking a part of it at evening, remainder in the morning; after this to wait a week for the general effect on the system. Then to use five powders of *Sulph.*, each $\frac{4}{30}$ in the same manner as the above, and to report after a week or ten days.

Jan. 26th.—Reports a decided relief of state of stomach and bowels, and quite regulated from the first course. From the

second course, the pains and irritation about the chest and left side, and the shooting or lancinating pains are about gone; she feels much better generally; head quite well—rests very much better at night—sleep is more refreshing, pain and soreness about hips and through rather less—can lie with more quietness, but it affects her to stand or bear any weight upon them, and to press with the hand about the joints. Stomach and bowels, in quite a healthful state and hæmorrhoidal irritation very much relieved; while taking second course a fine rash came out on chest and neck with much itching and burning sensation.

Four powders of *Rhus. tox.* 30. Nos. 1, 3, 5, 7. Sac. lac. Nos. 2, 4, 6, 8, to take as of the others, and repeat a powder every other night, and to take in the order as numbered.

Reports, March 8th, very much improved; can stand and walk about quite comfortably—can sit in a common chair without feeling any uneasiness, which had been constant before ever since the injury from the wagon. After walking awhile began to feel some of the old uneasiness at the hips and some soreness for a few days, but on keeping still awhile subsides and feels easy again. Slight tenderness to firm pressure about the edges of the acetabulum, and if pressed on trochanter firmly, is felt at the acetabulum, but is slight to what it had been; general health is much improved—countenance becoming healthful.

Three powders of *Rhus. tox.* $\frac{f}{\sigma}$, Nos. 1, 2, 3. Two powders *Rhus. tox.* $\frac{f}{\sigma}$ Nos. 4, 5. Take as before, and repeat a powder twice per week for three powders and once per week after.

I did not see the patient again for five years after, as she resided about thirty miles from me. She states that she soon got well from the last prescription, and could walk with ease two or three miles with any of her neighbours, and had been quite well of her former difficulties.

CASE 2.—Mr. L—, æt. 40, of sandy complexion, strong, athletic and vigorous constitution, stated to me that he had met with a sad accident for him, eight or nine days before; that he strained the middle joint of his right thumb, and quite severely; that it had been very sore and painful, and with much heat, and painful nights; that he was making arrangements to get his timber together to build him a house; but as this had occurred, thought he should be obliged to give it up till next season.

I remarked that I thought it could be relieved so as not to be of much detriment to him.

Replied that he had lost all confidence in physicians for such difficulties—that he strained his left thumb in the same place and manner six years before, though he thought not quite so bad as this one appeared to be—that he followed the advice and prescriptions of a prominent surgeon for nearly a year, without any sensible benefit—that he was unable to use it much for three or four years—would often pain him severely from trying to use it, and that even now it would have a catching pain in it from using it in certain ways.

On examining the thumb, it had evidently received a bad strain about the middle joint—was quite tender and painful to move the joint, and swollen some. I think it was the ninth day from the accident.

I replied to him that I could give him some medicine to take, so as to relieve his thumb in the course of three weeks, so that it would be no further detriment to him.

He thought it was rather a laughable idea to take medicine to relieve the joint of the thumb, but thought he would try the experiment, as he called it; but that his faith was very small.

I prepared for him six powders of *Rhus. t.* $\frac{4}{30}$, to take by dissolving a powder in six spoonfuls of water, and take a part of it at evening, and remainder in the morning, and repeat a powder every other night for three powders, and for the remainder a powder once in three to five days, as felt required to keep up a gradual improvement; to keep the part cool by bathing it in fresh, cool water, and if not quite well in three weeks to call and report, as he resides some miles from me. I did not see him again for eight weeks, when he stated that the thumb was quite well at the end of three weeks, and he could use it freely since.

He asked if it was possible that he could have been deceived in calling it a strain of the joint.

I replied that I thought he could decide pretty well from former experience—that I considered it a pretty bad strain of the joint, and in all probability would have taken him as long to have cured it by any other practice, as it did of the left one.—*Amer. Homœopath. Review.*

Tartar Emetic in Cutaneous Disease. By Dr. DUDGEON.

I was consulted on the 18th of July last by a young lady aged eighteen on account of a disagreeable eruption on her face. The

eruption consisted of small pimples, filled with matter, not much bigger than a pin's head, extending from the roots of the hair down the centre of the forehead, to the end of the nose. This disfiguring eruption had lasted six or seven months, and she had been under an eminent skin doctor, and for the last three months under an excellent homœopathic practitioner, without any advantage. She was almost precluded from going into society on account of the disagreeable character of the disease. I prescribed *Tartar emetic*, 1st trit., one grain in six tablespoonfuls of water, a spoonful to be taken twice a day. Under this treatment the eruption gradually went off, and in a fortnight not a trace of it was to be seen. I saw her again last February, seven months after the disappearance of her skin disease, when she was on the eve of marriage with a young nobleman of high rank, and she informed me that she had not had the slightest return of her distressing malady. I was led to the selection of *Tartar emetic* by the pustular character of the exanthem, for there were absolutely no other symptoms to guide me.

Antimonium Crudum in Eczema.

CASE 1.—An Englishman, *æt.* 40, was employed in an iron foundry. The first intimation of the approach of the disease was a disagreeable itching and smarting of the skin covering the entire body. This itching and smarting continued to increase until the patient was nearly frantic. He called in an allopathic physician, who ordered him a drink made of water and cream of tartar, and a copious external application of sulphur mixed with lard. This prescription, however, contributed nothing to the abatement of the disease. An eruption began to make its appearance, which, from the description given by the patient, was somewhat pustular in its character; and the prescription was changed. An ointment, made of lard and the red oxide of mercury, was substituted for that of sulphur, and used *ad libitum*. This latter treatment drove the patient almost mad; he became sore from head to foot, the pustules running into each other so perfectly as to form almost a continuous sore. For eight successive days he obtained not a single hour's rest. There being no mitigation of the disease, he discharged his allopathic physician, and I was called to attend him. I found him in a sad condition, covered with dark-greenish scabs, nearly as hard as horn,

with here and there a crack, from which was oozing a greenish sanious fluid. He was very much prostrated, and suffering literally as if immersed in burning embers. I had him sponged from head to foot with warm water and milk, for the purpose of softening the scabs, and of relieving him of the torturing effects of the ointment he had been using; after which he seemingly complained of nothing but burning over the entire surface of the body. I gave him a dose of *Arsenicum* 12, with directions to repeat in twelve hours, if not relieved. This relieved him of the burning for about forty-eight hours, after which it returned. Another dose of *Arsenicum* was given with less effect than before. A dose of *Rhus tox.* was given him the next day, which seemed to have a very favorable effect; the burning ceased, the scabs began to fall off, and the skin beneath them, though red as scarlet; began to exhibit a healthy appearance in other respects. After one week the burning reappeared, and the skin began to resume an inflamed, humid appearance. *Antim. crud.* was then substituted for the *Rhus*; this latter prescription was repeated daily for a week with the happiest effect. During this time the burning entirely ceased; the skin entirely free from scabs, though exceedingly red; the patient was able to rest well, eat well, and feel well. In a few days after he returned to his work, and has remained well since, with the exception of some slight itching when overheated. The diet prescribed in this case was moderate, though by no means what is considered a low diet.

CASE 2.—The same disease occurred in the wife immediately after the restoration of her husband. The first symptoms in her case were itching and burning, as in the case of her husband, which led me to believe that the disease had been infectious. A humid eruption began to make its appearance, distinctly pustular. The burning and itching seemed on the increase for a few days. *Ars.* was given with no perceptible good effect. *Rhus* 12 was then given, which effected a partial relief; but *Ant. crud.*, given forty-eight hours after, gave more decided relief, and the patient soon recovered. (Dr. A. E. Small, in *Philadelphia Journal of Homœopathy*,* vol. i.)

* This journal flourished between the years 1852-6, when it was suspended. It contains, especially in its earliest numbers, many cases and communications of interest. As it has probably come in the way of very few British Homœopaths, we may be doing them service in citing from time to time its choicer portions in our "Clinical Record" and "Miscellanea."

Silicea in Impetigo Capitis.

A boy, seven years old, had from birth been affected with *Tinea capitis*, or scald head. This lad had been treated four years by two of the most reputable allopathic physicians in this city, who had pronounced his case incurable. It covered the entire head, was humid, and discharged a greenish fluid, that sent forth somewhat of a putrid odour. *Silicea* 30 produced a decided aggravation. No medicine was given for two weeks. *Silicea* was then repeated, and convalescence soon followed. In thirteen weeks the boy entirely recovered, and has remained well for the last two years. It is proper to state that all external applications, except washing with pure water, were entirely prohibited in this case; and that the diet was as usual, without the use of condiments, except salt.—*Ibid.*

Viola Odorata in Rheumatism of Right Side.

The object of this paper is to speak of the action of medicines on particular parts of the body, or, rather more clearly and distinctly stated, *one-sided remedies*. At first view such a supposed action seems to be an impossibility, or to present the very height of absurdity. We immediately say to ourselves, can such things be? can such an action possibly take place? We may well conceive how a medicine should act on the stomach, or bowels, or bladder, especially and respectively; but that a drug should act on the right or left side only, and not on both sides at once equally, would seem at first view to be false, absurd; and yet such, verily, according to my strict observations, appears to be the fact in many instances already known. Not to mention others at the present time, I have been much struck with the evident action of the *Viola Odorata* on the right carpal and metacarpal joints in cases of rheumatism. The first intimation I had of such an action in that disease I found in a paper in the *Gazette Homœopathique de Paris*, in which several cases of that affection are related, and the specific action of the *Viola* very forcibly illustrated. As many have not the opportunity of consulting that journal, I will give an abstract of them here, so that every one may judge in relation to them as well as myself.

CASE 1.—A man, æt. 61; rheumatism of right side, upper and lower extremities; was treated allopathically very severely, with slight relief, in 1848.

In January, 1850 was again attacked, and was again treated allopathically at the St. Louis Hospital, but finding only partial relief, entered the St. Marguerite Hospital, under Dr. Tessier, and presented the following symptoms: Lancinating pains in the joints of the fingers of the right hand, right wrist-joints painful, swollen, stiff, and cannot be moved without great pain; not being able to use the right hand, he has habituated himself to use the left one. Right shoulder slightly painful, but no swelling. Right foot and ankle-joints are painful, swollen, and the least motion painful and almost impossible. Right knee-joint swollen and painful; wandering pains, occasionally in the right side of the head; no fever; heart normal; slightly emaciated; motion of right side almost impossible.

January 28th.—*Viola Odorata* 12, several times during the day.

29th.—Complains of a creeping sensation in his right wrist, which he never felt before. Continue.

30th.—He thinks the right wrist is slightly better; he thinks he can move it a very little.

31st.—The patient is much surprised to find such an evident amelioration in his condition; he can use his hand; he walks about.

February 2nd.—The patient improves; joints less stiff and less swollen. He continued improving, and was soon convalescent.

CASE 2.—A man, æt 31, rheumatism of all the joints of the right hand; treated allopathically without benefit; entered the St. Marguerite Hospital in March, 1850.

Robust, slightly lymphatic, but not scrofulous; swelling of the right wrist, also hands and fingers of the same side, with intense heat in these parts; pains acute; motion impossible, the hand being half flexed on the forearm; slight pain and swelling in the left wrist; sleeplessness; skin slightly elevated in temperature, with some acceleration of pulse; sounds of heart normal.

Prescribed *Viola Odorata* 12 several times a day.

Next day, evident diminution of the symptoms; the patient can make slight movements; pulse accelerated.

Next day, the 17th, much the same.

18th.—Great amendment of the radio-carpal articulation, but slight stiffness on motion; the other joints much the same as before. In a few days he was discharged, well.

CASE 3.—A woman, æt. 29, robust, regular; of good health in general; had rheumatism eight years ago, and was confined to bed three weeks. She is now as follows:—Face flushed, temperature above par; pulse soft, large, infrequent; tongue white; gums swollen and red at dental edge; bilious vomiting in the morning; no sleep on account of the pains in the wrist-joint and shoulder of right side; motion painful; the right wrist-joint is the only one swollen; heart normal.

March 2nd.—*Nux* was given.

3rd.—Rather worse, *Bryonia*.

4th.—Pains rather less on the right side, but new pains have broken out on the left side. Continue.

5th.—Evident amelioration.

6th.—Convalescent.

7th.—Vomiting returned, and pains in the right wrist and forearm, *Viola Odorata* 12.

9th.—Pains ceased, only a slight stiffness.

11th.—Convalescent.

Several other cases of the right side, and especially of the carpus and metacarpus, were under treatment, with benefit from the *Viola*, but not being convalescent were not reported.

In addition to the above, I will relate a few cases which have come under my own observation, since reading the foregoing, and which, I think, were of a still more pointed character, evidencing an undoubted action of the *Viola* on the right carpal and metacarpal joints especially.

The first case that I met with which indicated the *Viola* was in April, 1851. An elderly lady, æt. 70, whose daughter was to be married in a week, had had rheumatic symptoms in the deltoid muscle of her right arm for nearly two weeks; it had even revealed itself openly and pretty forcibly, in the wrist and hand of same side. The family entreated me to do my best, and give their mother something strong, that would at once restore the use of the hand, so that she might be present at the wedding in an unmaimed condition. I told them it was utterly impossible to cure such a disease at once, and that it would, probably, require some time; it might be at least two weeks. Proposing leeches, but not complying with their proposal, some idea was

entertained of a postponement of the important ceremony ; but the bride and groom were ready, and objected to a postponement under such circumstances. At that moment a ray of light opened to me some hope. I remembered the cases I had perused in the *Gazette Homœopathique* (above inserted), and which tallied pretty well with the one under consideration, so I told them I would give their mother something powerful, and endeavour to strangle the disease at one grasp. I administered the *Viola Odorata*, 1st dilution, repeated several times during the day. She was convalescent on the third day, and went to the wedding with the use of her wrist and hand, though somewhat weak. I was as much surprised at the immediate operation of the remedy as they were ; praises were poured forth in abundance where, in truth, but few were deserved, and which I referred to the beneficial action of a homœopathic remedy.

My next case in point was an apprentice boy, æt. 19. He first complained of his ankles and hips ; he had fever and thirst. Aconite was given. Less fever, and pains reduced ; they then attacked his upper extremities, and particularly his wrists. *Viola Odorata* was given. In a few days the right wrist was completely cured ; the left one and ankles remained much as before, for which I had to resort to other remedies. This case exhibited a decided proof of the action of the *Viola* on the right carpal and metacarpal joints.

My third case, which happened in January, 1862, was very similar in its phases to the last, commencing in the ankle-joints and then going upwards to the joints of the wrists, which became very painful and much swollen ; the skin was tense and inflamed, and a total impossibility to move them or have them moved, so excruciating was the least touch. Here the *Viola* showed its appropriate sphere of action very decidedly ; the right wrist was speedily relieved, and in a few days completely cured ; but notwithstanding the continued administration of it, in its various dilutions, for full two weeks, I could make no impression whatever with it on the left one, and so gave it up, after a fair trial, with the most decided conviction of its action on the right carpal and metacarpal articulations, and not at all on the left ones. (Dr. Kitchen, in *Ibid.*)

Apis in Defective Menstruation.

CASE 1.—E. M., single, æt. 32, bilious temperament, subject many years to dysmenorrhœa; had used almost every preparation prescribed by an allopath for several years. Finally, for two years, had taken nothing; suffered much at the monthly periods; violent spasmodic bearing-down pains, strongly resembling labour pains, lasting often the whole day, followed by a scanty flow of dark bloody-coloured mucus, continuing not more than twenty hours; emaciation; waxy appearance of skin; bowels regular, though rather costive, and appetite not good. Under *Crocus*, *Pulsatilla*, *Sabina* and *Sulphur*, she improved very slightly, when in Feb., 1865, I concluded to try the *Apis Mellifica*. I accordingly mixed one grain of the 3rd trituration in four tablespoonfuls of water the day previous to the recurrence of pain (she being regular almost to a day), and directed a teaspoonful to be taken every six hours while awake. She took five spoonfuls, and the result was, next day, the appearance of the menses very nearly of the natural colour; pain, though quite severe, yet, as she said, not to be compared with her previous sufferings. The discharge continued for twenty-nine hours, the pain gradually ceasing, and she felt better than she had done for years. In March I pursued the same course; result: pain quite severe, discharge natural, and lasted forty-eight hours. In April, same course. Result: pain still severe, but quite bearable; discharge natural, lasted sixty-two hours. I still continue the *Apis*, and hope in time to restore the parts to their normal integrity.

CASE 2.—S. S., æt. 27, single; nervous temperament; very high temper; easily provoked but soon mollified. Amenorrhœa for five or six years, with occasionally a slight show; very little pain, but violent headache, and congestio ad caput, rendering her at times almost delirious; for some months urine very scanty, high-coloured, and frequently scalding; œdematous swelling of feet, ankles, and as far up as the knees, which, upon pressure, pitted slightly; of late observed the abdomen to swell, and had slight difficulty in breathing, very perceptible on going up stairs rapidly; bowels regular, appetite good; took much exercise in the open air. I began with *Acon.*, *Bell.*, and *Glono.*, with but trifling benefit, and then used *Apis Mel.*, as in Case 1. Same dose, same intervals, but did not succeed for a long time in producing the

menses. The first result was an increased discharge of urine, which gradually became very large, more than the liquids taken. This was soon followed by diminution of swelling, and a cessation of the difficulty of breathing. At length, five weeks after she had begun the use of *Ap. Mel.*, there was a slight show, lasting only three hours; I then discontinued *Apis* for twenty-five days. When I again prescribed, on the thirtieth day, counting from the show, menses appeared, with considerable pain, and a copious discharge of black clotted blood occurred; what I saw looked like pieces of putrid calf liver. This was succeeded by a nearly natural discharge which lasted fifty-four hours. It is my intention to continue the *Apis Mel.* at regular intervals, for some months; general health very much improved; headache nearly gone; congestion very trifling; temper much better. (Dr. J. B. Coxe, in *Ibid.*)

Apis in Inflammation of Labium.

A child, *æt.* 3, girl, was attacked with violent swelling of right labium; inflammation very violent; pain great; no cause assignable that I could discover; pulse very quick and very hard; diarrhœa of yellowish mucus, tinged with green. Gave *Apis Mel.*, 6th in water every four hours; in twenty hours, pain gone, fever subsided; no diarrhœa; swelling of labium diminished more than half; inflammation not much. *Apis Mel.* at intervals of ten hours. In twenty-four hours all vestiges of disease had vanished. (*Ibid.*, in *Ibid.*)

Cases treated with Cactus Grandiflorus.

By DR. CARROLL DUNHAM.

A. B. *æt.* 28, who had generally been healthy, enlisted in the army in July, 1864. After three months he got acute articular rheumatism in the back and limbs. After a long sickness in the hospital, he was mustered out of the service as incurable. He slowly gathered strength, but applied to me in March, 1865, in the following condition: Muscular condition fair; limbs free from stiffness or swelling; lumbar muscles tender on pressure, and stiff, especially on first moving after repose. Extensive dulness in the precordia; blowing with the first sound

of the heart. A constant sense of constriction in the region of the heart and epigastrium, "as if the heart were grasped and compressed as by a hand of iron." This sensation is very distressing, it is much increased by muscular exertion, and especially by reading aloud, or by loud talking. *Cactus* 100, two doses, relieved the patient entirely. No return up to the present time. He is still under observation; symptom 64 is strongly confirmed.

CASE 2.—A lady, eighty years of age, complained of periodical constriction of the chest, with fainting and palpitations of the heart; worse in the morning and after rising; periodical stitches in the heart. All these symptoms disappeared after two doses of *Cactus grand.* 75 m. A confirmation of symptoms 65, 66, 67, 73, 74. Symptom 7, a pressing pain in the head, as if a great weight were lying on the vertex, has been repeatedly removed by *Cactus gr.*, especially when the menstruations returned too frequently, and was too profuse.

CASE 3.—A lady, forty years of age, who had often complained of palpitation of the heart and of rheumatism, was, by *Cactus gr.* 10 m, promptly relieved from rheumatism, first in the hands, later in the feet; worse in the morning and upon beginning to move; the soles of the feet felt as if they were bruised when she walked.

The rheumatism of *Cactus gr.* goes from above downward, that of *Lodum* from below upward.—*Hahnemannian Monthly*, November, 1865.

On some anomalous Cases occurring in Practice.

By Dr. BAIKIE.

It is, I think, to be regretted that our journals do not more frequently contain reports of anomalous or unsuccessful cases occurring in practice. Our enemies object to us that we only publish our cures and striking successes, thereby giving a false idea of the proportion of the cures to the failures; and we are also deprived of the instruction to be derived from the history of the latter.

Nor do we need to fear the results of such candour. All deductions made, our practice still towers triumphantly above that of the most successful allopaths; and when we add to this that the best of us, when we fail, in cases at least not absolutely in-

curable or complicated with organic disease, ought rather to blame our own want of experience and skill in recognising the "simile" appropriate to the individual case than allege any real defect in our science itself, we have nothing to fear, but much to gain, by fairly stating our unsuccessful practice.

Especially in experimenting with new and unproved remedies is it desirable that we should report our want of success, as has been done by Dr. Hughes with regard to *Phytolacca*, in the last number of the *Monthly Homœopathic Review*. Our American brethren seem to be of a more sanguine temperament than ourselves, and describe the effects of the numerous new medicines they have introduced in such glowing terms that inexperienced practitioners at least are apt to be beguiled into relying on them to the exclusion of our old and approved friends, the Polychrests of Hahemann.

Moreover, it must have occurred to every practitioner to have met with cases where, from some unexplained peculiarity or idiosyncrasy of constitution, our remedies either fail to produce their usual effects or, what is much more rare, over-excite the patient's system.

I propose here to give a short history of four such cases, which have occurred in my own practice, illustrating both these categories of failure—remarking, by the way, that these are nearly the only ones I can recall in thirteen or fourteen years' experience.

I. When in practice at Tunbridge Wells some years ago, I was consulted by a young lady suffering from a febrile attack, caused by exposure to cold. The usual remedies were applied, and with success, the attack being readily cut short. I afterwards attended her for various *chronic* affections, sore throat, cough, and other ordinary complaints, but never could succeed in producing the slightest impression on any of them by any medicine, however carefully selected or in whatever dilution (from three to thirty) employed. I may add that on more than one occasion, mistrusting my own judgment, I had recourse to the advice of my friend the late Dr. Chapman, but always with the same results, the complaints seeming to get slowly well of themselves, without being in the slightest degree influenced by the medicines. On the other hand, one or two smart attacks of acute disease, attended by fever, were perfectly amenable to treatment. The only peculiarity of constitution which I could discover in this case was an unhealthy condition of the skin. The young lady's mother told me that the

skin on the thighs, chest, and abdomen was thickened, cracked, and scaly. I recommended a course of water-cure to obviate this state of things, but am not aware if my advice was followed.

II. A case the exact converse of this occurred to me here a few months ago. I was sent for to see a lady suffering from severe dysmenorrhœa, attended with pain at the region of the heart, palpitation, and other distressing symptoms. I tried all the usual remedies—*Belladonna*, *Spigelia*, *Hydrocyanic Acid*, *Lachesis*, *Naja*—in various dilutions from 1 to 6, without success, and failed signally in my attempts to remove obstinate dyspepsia and constipation, which remained after the more urgent symptoms had passed off. She told me that she had frequently tried Homœopathy on former occasions of the kind, but with equal want of success, and she finally had recourse to her old remedy of blue pill and castor oil, which at once relieved her. The singular part of the case was that she was in the habit of taking Homœopathic medicines, with excellent effect, for a complication of chronic disorders, including a spinal affection and great uterine derangement, under which she had suffered for years. Her box, which had been supplied by a Homœopathic practitioner at Brussels, contained a set of medicines all of the 30th dilution.

III. The next case I shall cite is one of extreme sensibility to our remedies. This occurred at Tunbridge Wells, where, having been consulted by a lady for some dyspeptic affections, I prescribed *Nux vom.* 6. The first dose was followed by an immediate aggravation of the symptoms, and a similar effect was produced by the minutest dose of any dilution from 3 up to 30. The patient took fright at this, and declined further trials with any other medicine, and as, according to her own account, she suffered in a similar way from the ordinary system of medicine, she was rather in a helpless predicament. I lost sight of her shortly afterwards, on her proceeding to join her husband in the West Indies.

IV. A somewhat similar case presented itself to me about a month ago. I was consulted by a lady of middle age suffering from a variety and complication of disorders, retroversion of the uterus, leucorrhœa, chronic enlargement of the liver, and, lastly, carbuncles, from a succession of which she was only just recovering. Her husband and daughter were confirmed Homœopaths, and had prevailed on her to try the system, in which her own faith was but slight. She told me that she had occasionally tried some of our remedies with good effect, but that most of them gave her a

headache. The immediate complaint for which I was consulted was a sore throat, which on examination proved to be somewhat inflamed and congested. I accordingly prescribed *Phytolacca* 3, half a drop every six hours. Next day she described herself as worse, though the throat was less inflamed, but there were traces of incipient ulcerations, and the ulcers looked unhealthy. As she declared the medicine had made her worse, I prescribed *Mercurius* and *Belladonna* 12, in half globule doses alternately every three hours. Next day her husband came to tell me that she felt much worse; the medicines had brought on violent headache; and that, losing courage, she had decided on sending for an Allopathic physician. I must confess I felt greatly relieved by this decision, as I never undertook a more unpromising case. Making all allowance for a little unintentional exaggeration and want of faith, there appeared every reason to believe that she was inordinately sensitive to even the smallest doses of medicine, her own testimony on this head being confirmed by that of her daughter.

I have since heard from her husband that the case terminated in a severe attack of gastric fever, with a tendency to diphtheritic inflammation of the throat, from which she is now only slowly recovering.

It will be observed that all the above cases are those of females. I have met with nothing precisely similar in males, though I have encountered some most puzzling instances of varying susceptibility to different *dilutions* of the medicines, a curious subject, on which we have yet much to learn.

Psoriasis Guttata.

The first number of the *Homöopathische Vierteljahrschrift* of 1864 contains an article of Dr. Wilhelm Arnold, of Heidelberg, treating the question of doses. The first case is psoriasis guttata, which resisted all the higher preparations of *Arsenic*, but two grains of 2nd decimal trituration, once daily, cured the case permanently. I have met similar cases frequently, some of them having been of five or six years' duration. *Arsenicum*, 2nd dec. trituration, has always cured them in a short time, providing it was indicated.—Dr. Spranger, *Am. Hom. Obs.*

Nasal Polypus.

The second case is one of nasal polypus, which was treated for

a long time with *Calcareo carbonica*, with higher and lower dilutions, the lowest seeming to have some beneficial effect. The patient was then put on the usual officinal *Aqua calcis* (lime water), a tablespoonful to be taken twice a day, mixed with a little sweet milk. In four weeks the patient returned. Not the slightest trace of polypus could be detected.

This winter, a young man, æt. 20, applied to me for treatment, having been under the treatment of five or six most prominent allopathic physicians of this city. One of them, a professor of surgery, pronounced the case cancer of the eye, which diagnosis afterwards he changed. The patient is a plumber, very much exposed to cold by out-door work, has had scrofulous tumours and abscesses of the glands of the neck. After they left him he began to have coryza, which remained and continually grew worse. In the left nostril, soon afterwards, a tumour was detected of a yellowish white colour, spongy, moist appearance. This tumour extended higher up, forced its way into the orbit behind the eye, displacing it one half of its diameter to the left external angular process of the orbit, and protruding about one third of an inch further than normal. The eye appeared perfectly well, although the cellular tissue of the upper and lower palpebræ would be so infiltrated as to form a large tumour. The lachrymal duct was not obstructed. The passage of air through the one nostril was almost entirely obstructed; only by continued violent efforts to blow the nose, pus-like matter would be discharged, after which the swelling of the eyelids would partly diminish. But to accomplish this, it would require violent straining and blowing for hours. He was downhearted and gloomy. Great pallor of the face. Had been treated with *Baunshaidtismus* for some time; was just full of vesicles around the neck, the result of the operation. Prescribed *Mercurius biniodatus*, 2nd dec. trit., one or two grains to be blown up into the nostril thrice daily. After eight days the polypus in the nostril had entirely disappeared, but the condition of the eye was the same as before. Now I prescribed *Aqua calcis*, a tablespoonful to be taken three times a day mixed with a little milk, at the same time using the *Biniodide of Mercury* as before. This was about six or eight weeks ago. The patient is now perfectly well, no trace of the disease to be seen. The eye has also returned to its natural position, and the patient is now bright and cheerful. Those physicians that have attended him before, all called his disease nasal polypus except the pro-

fessor, who diagnosed cancer of the eye, but afterwards also called it polypus.—Dr. Spranger, *Am. Hom. Obs.*

Apocynum can. in Dropsy.

I have lately treated several cases of dropsy. The first case being hydrothorax and anasarca, depending on organic disease of the heart, percussion over the region of the heart was entirely dull. By the use of *Apocynum can.* every sign of dropsy disappeared in two weeks; percussion sound of the chest natural. Patient feeling tolerable well withdrew from treatment, not wishing to take medicine for the heart disease.

Case 2.—A man, æt. 80, found him panting for breath, face bloated, colour of the lips, face and finger nails of a bluish-like lead colour, lower extremities, penis, scrotum and abdomen considerably swollen, body covered with large drops of cold sweat, could scarcely speak for want of breath. Prescribed *Apocyn, can.* Better in two days, and continued to improve ever since (which was last December), is able to go to church now, although the disease of the heart with which he is affected will probably carry him off before long.

Several other cases of a similar and dissimilar character derived great benefit of this remedy. I did not note the symptoms of the cases clearly, but only mention them to confirm what has been written by several authors of the virtues of *Apocyn. can.* in curing dropsy. Whether it is homœopathic to dropsy, or carries the water off mechanically, I do not know, for we have but very few provings of this drug, and therefore we use it only empirically, and necessarily in larger doses than any other drug of which we only have clinical data. The tincture used I purchased from Dr. Lodge, which is of dark-brown colour. Five years ago I had some from an eastern pharmacy, which was of a gold yellow colour, but which had no effect on dropsy. I usually give five drops in a teaspoonful of water every two hours.—Dr. Spranger, *Am. Hom. Obs., July, 1865.*

Tapeworm cured. By B. L. DRESSER, M.D., SEARSPORT, ME.

Mrs. J. W—, on Nov. 27th, 1860, sent an urgent request to me, desiring me to visit her immediately. I found her suffering

severely. Herself and friends thought her suffering arose from tape-worm disease. But upon examination, I found that her acute distress was principally medicinal; the patient having been previously treated with large and powerful doses of *Filix mas*, and other helminthic remedies by an allopathic physician. This patient had been governed by his care, and diligently treated by him for about three months.

When the treatment began, her health was as good as it had been during the last six years. She is now greatly emaciated, suffering violent inflammation of the uterus and its appendages; bowels have not had an action for nine successive days, they are also inflamed and tympanitic; extremely sensitive; pulse wiry, and beating 130 beats per minute; skin hot and dry; greatly agitated; fear of death, which had been made worse in the morning by her former physician having told her that she was at liberty to call whomsoever she desired, he having done all that he could do for her. Whereupon she sent for me, and I found her as above described. The above symptoms call for *Aconite*, which she got. It being also an helminthic remedy, made it a still greater blessing. We administered the remedy as follows:—*Aconite tinc.*, one drop to a tumblerful of cold water; two teaspoonfuls at a dose, once an hour. As the symptoms abated, lengthened the intervals between the doses. Upon visiting our patient the next morning, we found her a good deal better; the bowels had operated copiously twice during the night, the sensitiveness and tympanitic state of the belly had disappeared. The patient now got *Aconite* 3, night and morning, for one week; then no medicine for two weeks, though we ordered sponge bathing every day, with our method of diet.

Having now got up a good tone of health and strength, we began the treatment, the object of which was to cure the tape-worm disease. The symptoms from which to select a homœopathic remedy were very meagre and rather obscure. She experienced pain in the abdomen, colic, not very intense, itching about the anus, and also the nose; intermittent pain in the limbs, lassitude and nervous depression; constipation; feeling in the abdomen as of something alive. This symptom being very marked was the principal reason why I selected *Merc. vivus*, third potency, one dose night and morning. The third day following, the patient experienced a good deal of uneasiness, colic, flatus, distress in the pit of the stomach, with great depression of spirits, urgent desire to

go to stool. At this time she passed a piece of the worm about one yard in length.

The medicine was continued as before, though the symptoms were not, after the third day, so violent as at that time. The cure went on from day to day, the patient passing more or less of the worm at each evacuation, which took place once or twice each day, until at the end of three weeks, when the patient felt an uncontrollable desire to go to stool, whereupon she passed about three yards in length (this I preserved). The whole length of the monster, as near as we could judge, was about twenty-five feet. The head of the monster we could not discover, though it was sought for diligently. In our opinion this cure was successful, for I have never seen a more perfectly healthy-looking person. Being naturally beautiful, the restoration of her health made her remarkably more handsome, which occasioned numerous comments in regard to her health by those who were acquainted with her. This patient remained in perfect health for more than a year; after that time we lost sight of her. This lady was about twenty-two years of age, a blonde, born and educated in the City of London.—*Am. Hom. Obs.*, July, 1865.

Apis Mel. in Dropsy and Erysipelas.

By L. HUBBELL, M.D., Onarga, Ill.

CASE 1. DROPSY.—Miss N—, æt. 16, was first attacked with chills and fever; after receiving treatment *secundum artem* from the hands of an allopath, about four weeks, the chills were pronounced broken up; but she was left very much bloated. She was treated for this for some time, evidently growing worse from day to day, and week to week, until the skill of no less than six doctors had exhausted all the resources of their art and medicines, but to no good effect; for she had gradually grown worse under their treatment, which occupied a period of about six months. At last they all pronounced her case beyond the reach of medical skill. In this stage of the disease, this doomed state, I was requested to see her; not having any hope that anything could reach her case. I found her labouring under *anasarca*. Her whole body was enormously swollen from the crown of the head to the toes. So great was the swelling of the face, she could barely squint from one eye, and the other was entirely closed with

the swelling. The lower extremities had become fissured in several places below the knee, and from them the serous effusion had escaped for some time, at the rate of ten to twelve pints per day. She had not dared to lie down for four months, for fear of suffocation. My prognosis could not have been otherwise than unfavorable. I resolved to make a trial of *Apis mel.* Hence, I gave *Apis* 1st dec. one drop three times per day. Being quite a distance off, they agreed to report in one week. At this time the report came that she was getting well fast, having for the three days just past, lain down and slept for the first time in over four months. The swelling had entirely left the head and upper part of the body. At the end of the second week no swelling could be observed above the knee. At the end of third week, discharged *well.*

A few months since, I prescribed *Apis* for an enormously swollen arm, having a number of chronic abscesses. The swelling pitted on pressure. *Apis*, three doses per day, removed the serous effusion in a few days.

I have used it in many cases with marked success in erysipelas.

CASE 2. ERYSIPELAS.—Mrs. B—, æt. 60, was attacked about the first of October with a swelling in one eye. It progressed for about two days, without any treatment. When I first saw her, the eye was entirely closed, and the swelling had extended to the other eye and nose. Prescribed *Bell.* 2nd dec. and *Rhus.* 2nd dec. The swelling progressed quite rapidly during the next twenty-four hours. I then substituted *Apis* 2nd dec., and applied the same externally. Under the use of this remedy, the swelling and other unpleasant symptoms subsided, and recovery was steady.—*Med. Invest.*, Feb., 1865.

Amenorrhœa with Anæmia. By Dr. RICHARD HUGHES.

Emily G., æt. 16, consulted me at the Dispensary on January 15 in this year. In February last she had caught cold whilst menstruating, and the flow had prematurely ceased. She had seen nothing since; and had been growing weaker and weaker. She was very pale, and complained of breathlessness, palpitation, headache, &c.; in a word, she was thoroughly anæmic. I ordered her to take two grains of the *Ferrum Redactum* of the *British Pharmacopœia* once daily with a meal.

Jan. 22nd.—No change. Continue *Ferrum*.

29th.—Feeling better in health. Continue.

Feb. 5th.—Much better and stronger, and colour returning; but no catamenia.

Gave *Pulsatilla* 12, 6, and 3, in succession; each dilution for two days; a drop three times a day.

11th.—The catamenia reappeared on the 8th (*i. e.*, while taking the 6th dilution), and were fair as to colour and quantity. She feels and looks quite well.

Apocynum Cannabinum in Pericardial Dropsy.

By J. D. CRAIG, M.D.

X. X., æt. 40; bilious temperament. Has been very in-temperate, and at different times had contracted gonorrhœa and syphilis, which is supposed to have caused the present difficulty.

Four years ago he began to be troubled with wheezing and dyspnœa, which increased rapidly until he was unable to lie in bed. Applied to different physicians, who all pronounced the disease Dropsy of the Heart, but he received no relief until he applied to an Indian doctor, who, for a time, helped him very much; but he was still unable to assume the recumbent position.

He applied to me, January 6th, 1864, when he was worse than ever before. He could walk with difficulty, owing to the dyspnœa. On examination found the pericardium very much distended with the contained fluid, and the heart's action scarcely perceptible. The countenance has a bloated and anxious expression. He has a distressing cough, which is increased by the least exertion, and a loud wheezing sound is perceptible through the chest during an inspiration. I prescribed *Arsenicum* 3 (decimal), and *Ipecac.* 3, every two hours alternately.

Jan. 21st.—Has been somewhat relieved during the last two weeks. Continue the *Ars.* and *Ipecac.*

26th.—Not as well. *Arsenic* 3, *Ipecac.* 3, every two hours.

Feb. 4th.—No better. *Arsenicum* 2nd dec. trit., one grain, *Apis* 0 one drop every two hours, alternately.

10th.—No better. *Arsenicum* 1, 2, *Merc.* 6, every four hours.

18th.—No better, and is becoming extremely weak. *Apocynum cannab.* 0, one drop, *Merc.* 3rd dec. trit., one grain every three hours.

24th.—Much relieved, and has passed more water than usual. Continue the *Apoc.* and *Merc.*

March 3rd.—Not as well. *Apocynum* 0, two drops every two hours.

10th.—Better than he has been for years. Breathes comparatively easily, and his cough is quite loose. Continue *Apocynum*, as before.

19th.—Better. Has been able to lie down, for the first time in more than three years. Continued *Apocynum*.

April 7th.—Still continues to improve. Sleeps in bed every night. The patient did not come back for medicine, and in a few weeks commenced light work.

Nov. 1865.—Has taken no more medicine since I prescribed for him, and enjoys comfortable health. Is unable to do hard work; wheezes and coughs a little, but lies down to sleep in bed every night.—*Am. Hom. Obs.*

Epilepsy cured by the Bromide of Potassium.

By G. COOK, M.D., Buffalo, N. Y.

M. H., æt. 13; healthy to all appearance. At intervals of seven, ten, and fifteen days, is attacked, usually at four o'clock, a.m., with spasms. The first admonition her mother has, her daughter straightens out in bed, and makes the noise peculiar to this disease. The face almost immediately becomes livid, and unless the temples and face are rubbed during the fit, dark purple spots remain for two or three days. Also a livid ring about the eyes. After from one to three minutes, the muscles relax, and she goes into a comatose sleep, in which she remains several hours. Feels languid on awaking; head aches, and has a severe pain always at the pit of stomach, and sometimes nausea. She eats nothing for twenty-four hours, and then feels nearly as well as usual.

The mother consulted the best physicians of the old school, who advised a mild cathartic, which was all the medicine she used for a year.

At 14 the catamenia appeared, which gave hope that this change might end these attacks. But these hopes were blasted by their return, without mitigation or change of time. The mother then consulted other medical advisers, who prescribed

Stramonium. It was used without benefit. Nothing more was done from this time until she was sixteen, except that care which a judicious mother gave in regard to diet and exercise.

At this time she was treated two months with animal magnetism, which at first mitigated, then gave no relief. We were then consulted, and prescribed *Ouprum aceticum*, in connection with electricity. These acted the same as the magnetism; relieved, perceptibly, at first, but soon went back into the old habit. At this time we prescribed *Bromide of Potassium*, two drachms to half pint of water, a dessert spoonful three times daily. The relief was greater than at any previous time, both in severity and frequency, which gave hope that the remedy given stronger might be used with greater benefit, which proved true. She was given three-grain doses, three times daily, at first, and increased until she took ten grains at one dose, all the time improving. Hoping the doses might be lessened, we began to diminish, but it would not do, and the ten and twelve-grain doses were given until the case was entirely cured, in about six months. No ill effects have resulted. The patient has remained well eight months, and is now eighteen years old; her intellect sound. She appears to be healthy, and a more beautiful young lady can scarcely be found.—*Am. Hom. Obs.*

Nitrate of Uranium in Incontinence of Urine.

A young girl troubled with weakness of the bladder from infancy applied for treatment. She was unable to retain the urine without causing extreme pain, amounting almost to spasms, during the day, and at night passed it freely, without waking, and in cold weather in very large quantities. On taking cold, bloating of the bowels and extremities, also of the face; some tenderness of the bowels, with frequent pain in the left side; appetite poor and extremely dainty, craving sweets; always complaining of derangement of the stomach; very thin and pale; for several years under allopathic treatment, receiving no benefit, and for two or three years under homœopathic treatment, without any better success. (*Cantharides, Tabacum* and many other remedies were used.)

At the age of twelve commenced the treatment with a few doses of *Nitrate of Uranium* 3rd trit. This produced relief at

night for a month or six weeks. It then returned. But for the period of a year, administering *Nitrate of Uranium* 3rd, a small dose every night, there was a gradual relief, less frequency through the day, with less uneasiness and less quantities at night, and less pain until full control was gained. The 1st dilution was then administered, increasing the dose from time to time, until another six months brought almost a sure recovery, with good appetite, sound flesh, and ruddy complexion. She remains well.—*Am. Hom. Obs.*

Dysentery cured with Hamamelis Virginica.

By C. H. LEE, M.D.

A. S.— has had dysentery for nearly a week. I found him in a bad condition, emaciated and ghastly, with hippocratic countenance; bowels moved every fifteen minutes, of pure blood, with severe tenesmus, and a crampy pain around the umbilicus just before stool. I ordered the family to keep the stools in order to see how much blood he would pass in twenty-four hours, and to my astonishment there was a little over a quart per day for three days; no appetite, great thirst, tongue coated brown and parched; calls a great deal for sour pickle. I gave him *Arsenicum*, *Merc.*, *Ipec.*, *Colocy.*, without beneficial effect. Finding in the "New Provings," article, *Hamamelis virg.*, symptoms nearly similar to this case, I gave him the first attenuation every hour in water. Saw him the same evening. He was much better, bowels moved four times in the morning, but towards night no stools.

The next morning I found him much improved. One stool only through the night. Desired bread and milk. I continued the *Hamamelis*, and my patient is now well.—*Am. Hom. Obs.*

A Case of Enteralgia. By E. M. HALE, M.D., Adjunct Professor of Materia Medica, &c., in Hahnemann Medical College.

I report the following case, not because of the importance of the disease, or the curative means made use of, for similar cases and equally rapid cures are met with very often in the practice of every physician of our school.

The suggestions, however, which grow out of the history of the case, and its allopathic treatment, are what make it worthy of interest.

A generally healthy little girl, about six years of age, was attacked one evening with severe paroxysmal pains in the bowels. During the day the child had partaken of green corn and other vegetables, but not in greater quantity than usual. She had however been engaged at play on the lake-shore, throwing pebbles out upon the water—an unusual exercise for her.

The mother very naturally gave a little peppermint water. The pains continued, however, through the night. In the morning, on the supposition that it was caused by indigestible food, a small dose of oil and some syrup of rhubarb were given.

On Tuesday she was no better, but rather worse, and an old school physician of eminence, a Professor in one of our Medical Colleges, was called in. At this time there was no fever, vomiting, headache or diarrhoea; nothing but the pain, which occurred every thirty or forty minutes; not so severe as to confine the child to its bed. On this day and the next two succeeding the child was given *Calomel*, *Opium*, and *Turpentine* in the usual orthodox doses. Sitz baths, enemas, fomentations, &c., were also prescribed as auxiliaries. But at the end of the third day of allopathic treatment no improvement was manifest. In fact the patient was decidedly worse. The abdomen became tumefied, sensitive, and much flatulence escaped with the evacuations caused by enemata. The diet had been *gum-water*, and the child was growing weak.

A change of medicine seemed requisite and therefore *Quinine*, *Opium*, and *Turpentine* were given and continued for the next three days, at the expiration of which time the child was much worse. The paroxysms of spasmodic pain were frequent, severe, and agonizing; the little sufferer wringing her hands nervously at every recurrence. To make matters worse the *Turpentine* had begun to manifest its pathogenetic effects, such as scanty, painful urination, and finally retention of urine so that it became necessary to introduce a catheter. No nutriment but *gum-water* was allowed.

The case was now getting obstinate, if not serious, as was evident by the conduct of the medical attendant who applied a blister of *Cantharides* to the abdomen, gave *Ether*, *Morphine*, and *Turpentine*. This treatment was also continued two or three days, when the sufferings of the patient not having been lessened except when stupefied by the narcotics,—the family became alarmed, and probably

the physician, for he called in consultation the most eminent allopathic physician in this city, who concurred that the case was *very* obstinate and perhaps serious, and suggested the administration of *Blue-mass* and *Opium*, which was accordingly prescribed, together with hop-fomentations. The latter was immediately applied; the former was not administered, for at this juncture it was decided by the family to call in a homœopathic physician.

I visited the child about ten p.m. No anodyne had been given for several hours, and the screams and cries of the little patient were very painful to witness. The paroxysms of pain occurred every fifteen or twenty minutes. The pulse was *not above normal*, the temperature of the body natural; the abdomen was swollen, tympanitic, sensitive to pressure, and the position was on the back, with the extremities drawn up. The tongue was coated brown, with its tip slightly red—the whole tongue was very dry.

For an hour after the hop-fomentation, some relief seemed to be derived from it, but the pains recurred with increased severity. I could not learn that any definite diagnosis had been given, until the last day, when the physician in attendance, and the consulting physician also, inclined to the opinion that it was a case of "Inflammation of the Colon." The pain, in fact, seemed to occupy the ascending, transverse, and descending colon, but here all resemblance to "Colitis" ceased. I could not do otherwise than promptly decide that the case was *not* one of actual inflammation.

What then was the disease I was called on to treat? Originally a *simple spasmodic colic*, it had been irritated into an enteralgia, in which the primary disease hardly existed, or was complicated with several drug diseases, which, united with the original malady, had resulted in an "obstinate if not serious disorder." Dr. Inman* would perhaps decide that the case was originally one of *myalgia* of the abdominal muscles brought on by the excessive (because unusual) straining of those muscles in the act of throwing pebbles, and for its cure he would have prescribed only *rest*, a warm wet compress, tightly drawn around the abdomen, and a small dose of *Opium*, and it is not improbable that relief would have followed this simple treatment.

Viewed from the *progressive* Allopathic "standpoint," occupied by such men as Hammond, Trousseau, or Inman, how does the treatment of the above case appear?

In the first place the mother had given *Castor Oil*, which was the

* See Inman on Myalgia.

very best agent to remove any irritating substances remaining in the bowels—therefore the *Calomel* was altogether superfluous. Moreover, as there was no inflammation present, and as according to Allopathic authorities, *Calomel* “powerfully depresses the vitality,” its use must have been positively injurious.

The *Turpentine* was used continuously in disease-exciting doses, as witness the retention of urine, &c.

The constant use of opiates was not proper after it was known not to act as a curative agent, *i.e.* after the first day. “*Opium*,” says Stillé,* “causes torpor of the muscles of the bowels,” a very improper thing to do when gases collect in the intestines.

We are sure that not one of the above-mentioned Allopathic physicians would sanction a blister upon the abdomen in a case of spasmodic colic.

The *diet* of the patient during the nine days of Allopathic attendance, it must be recollected, was *gum-water*, and but little if anything else. We will ask what this had to do in preventing the recovery of the child. Let us inquire of the late Surgeon-General Hammond, whose bold conscientiousness in prohibiting *Calomel* and *Tartar Emetic* in the army, cost him his official head. No wonder the Allopaths look upon him with horror, as a heretic and apostate!

For the benefit of those who may not have perused Dr. Hammond’s “Memoirs” I will give an abridged statement of his experiment with *Gum Acacia*.

After detailing his experiments with albumen and starch, which showed conclusively that neither article would support life alone, Dr. Hammond writes concerning *Gum*:

“The chemical constitution of *Gum* differs from that of starch only in containing two additional atoms of oxygen. It is never found a component part of the bodies of animals, and of the vegetable substances ordinarily used as food by man, few, if any, contain it. It is, however, occasionally employed in the sick room, from an idea, formerly very prevalent and not yet entirely extinct, that it possesses great nutritive power, and it is sometimes met with as an ingredient of certain sweetmeats.

“Notwithstanding that it is exceedingly soluble in water, the recorded experiments of several physiologists tend to show that *Gum* is possessed of little or no nutritive value, or capability of supporting respiration, owing to its almost complete indigestibility.

* Stillé, *Mat. Med.*, page 659, vol. i.

Thus Boussingault fed a duck on fifty grammes of *Gum-arabic*, and found forty-six in the excrement; and Frerichs, Blondlot, and Lehmann found that neither the saliva nor the gastric juice exercised any digestive effect on this substance."

Dr. Hammond intended to continue his experiment ten days, as he did with *Albumen* and *Starch*, but "owing to the debility and great derangement of health produced," he was obliged to discontinue it on the *fourth day*.

Pure gum arabic was the article used in his investigations. It was ingested dissolved in water. At the time of commencing the experiment his health was good, and his weight 225.33 lbs.

The *first day* he took 8300 grains of gum.

At the end of twenty-four hours he had lost nearly one pound in weight; he had *severe colicky pains* in the lower part of the abdomen.

The *second day* the amount of gum ingested was 7250 grains.

At the termination of the twenty-four hours he had lost nearly one more pound in weight, pulse 90, and experienced a good deal of debility. The pains in the abdomen still continued. They became more severe after eating. "All night my sleep was strongly disturbed by unpleasant dreams, and I awoke in the morning with *severe headache and high fever*."

The *third day* 7300 grains of gum were taken into the stomach. At the end of the twenty-four hours, another pound in weight had been lost, pulse 110; the debility and hunger were extreme. There was also considerable febrile excitement; attended with heat and dryness of the skin, and headache. "I was too much indisposed to read any, and the physical exercise was likewise reduced. I was very much annoyed by the abdominal pains. At night I was restless and slept but little. In the morning awoke feverish and unrefreshed."

On the *fourth day* the amount of gum taken was 6900 grains.

At the end of the twenty-four hours he recorded a loss of over one pound in the weight of the body; pulse 103. The hunger, debility, and feverish excitement were very great. *The pains in the abdomen were severe, and lasted nearly the whole period of twenty-four hours.* There was also some tenderness of the abdomen on pressure. The *faeces* were ejected with a good deal of straining. "Fearful of inducing disease if I persevered with the experiment, and also, what was perhaps a more powerful inducement, unable longer to refrain from other food, I discontinued them at the end of this day.

"About 4 p.m. of the fifth day from the commencement, I felt

great weight and pain in the rectum, but was unable to pass anything at stool. I therefore took an enema of warm water, and in a few minutes ejected a large quantity of hard fæcal matter *streaked with blood*. I felt very much indisposed for several days after the conclusion of the experiment, but by care and prudence in diet, no very untoward result ensued."

In Dr. Hammond's *résumé* of his investigations, he writes:—

"That gum is altogether incapable of assimilation and therefore possesses no calorific or nutritive power whatever, but is on the contrary, a source of irritation to the digestive organs.

"That in consequence of the above fact, the solids of the urine during the immediately preceding researches were entirely derived from the waste of the tissues of the body, and the carbon exhaled by the lungs from the consumption of its fat.

"That gum, when used exclusively as food, from the irritation it causes in the intestinal canal, and the fact of its non-assimilation, induces more constitutional disturbance than either starch or *albumen*."

Who is not convinced by the above experiment, that had the gum been continued for a few days longer, an enteritis or dysentery would have resulted? Who doubts that gum is not a mechanical poison so to speak? Was its use not equivalent to starvation?

I regret to be obliged to cause the feeling of remorse to arise in the mind of any physician who may have prescribed gum-water to patients having dysentery, gastritis, or gastro-enteritis. How injurious must have been the irritation caused in such cases by the indigestible irritant, and, if given to the exclusion of food, how deleterious to the patient! Imagine, too, the injurious effect of this substance given in cases of pulmonary inflammation and phthisis, as has been practised and advised by the first authorities for many years! But we forbear following the subject further.

We can easily imagine what would be the comment of Dr. Hammond, Inman, and a few others of the old school, who have dared to progress.

We will therefore change to a homœopathic "standpoint," and see how the case appears at its onset, and also at the time of my first visit. We presume that any homœopathic physician would declare his ability to cure such cases at their onset with a few doses of *Chamomilla* or *Colocynth*, and it is probable the mother herself, had she been acquainted with the use of a few of our remedies, would have selected the same medicines and with them arrested the disease.

The drugs prescribed by the allopathic attendant—were given—according to the homœopathist—in pathogenetic doses, *i.e.* quantities large enough to cause diseased action. How much they may have aggravated the original symptoms may be seen by the following quotations from our “*Materia Medica*,” wherein the symptoms recorded as being caused by the drugs mentioned, were taken from various allopathic sources.

Calomel. This drug has caused, according to *Sunderlin*, “violent tearing in the bowels;” and according to *Richter*, “gnawing and burning in the stomach, spreading over the whole abdomen, which is distended and very painful to the least touch.” *Mercury* causes colic with inability to lie on the side; with distended and painful abdomen; with rumbling of flatulence, the emission of which gives relief; the pain sometimes comes on in paroxysms. Finally, *Mercury* and *Calomel* have caused acute and fatal inflammation of the bowels.

Turpentine seems to have been used persistently all through the treatment. It is doubtless prescribed partly as a vermifuge, but mainly for its power of stimulating the motor actions of the intestine and enabling them to get rid of the accumulating gases. But it was used in pathogenetic doses, and doubtless caused painful medicinal aggravations of the intestinal pains, besides the vesical irritation, which was very marked. *Oleum Terebinthinæ* has been known to cause the following symptoms in cases of accidental poisoning.

“Meteorism (distension) frequent colic and movements in the bowels. Swelling of the abdomen, afterwards in the right side. Constant cutting pain in the whole abdomen, both during rest and motion. Rumbling in the abdomen, with cutting pain, and protruding places here and there.” Finally this drug has caused death from inflammation of the bowels and urinary organs with previous convulsions and coma.

Quinine. It is difficult to give a rational explanation of the allopathic views which led to the administration of this powerful drug. Was it given as a mere tonic? Or was it given with the vague idea of arresting the periodically recurring paroxysms of pain? Or was it prescribed against a supposed miasmatic poison? The child was not debilitated sufficiently to call for the use of tonic. The paroxysms of pain were too frequent for *Quinine* to act upon them. It was not a neuralgia where it could act as a sedative; and there was not the least cause for the suspicion of a miasmatic origin

of the disease. Perhaps it was given from sheer routine, as *Quinine* is generally given by that school.

Quinine causes in healthy individuals—according to Wood and Stillé*—“manifest derangement of the stomach, causing a sense of depression and even pain in that organ; at the same time there may be dryness and bitterness of the mouth and a foul and pasty tongue. There are persons who experience colic and diarrhoea even from very small doses.”

Its pathogenesis proves it to cause cutting pain in the abdomen. Cutting in the epigastric and umbilical region with shifting of flatulence. Distension of the abdomen with pain on pressure, with incarceration of flatulence, *Flatulent colic*, Meteorism (tyimpanitis). Finally, old school authorities say it will cause inflammation of the mucous membrane of the bowels.

The usual quantity of *Quinine* allopathically prescribed for a child of six years of age, is one grain three or four times a day enough to arouse its pathogenetic symptoms in six or twelve hours. Some of the symptoms of the patient may have been due to this drug.

Opium seems to have been the “sheet anchor” used in this case for the alleviation of the pain. Yet how unsubstantial are its claims as a curative agent! It never cures a neuralgia, or any other “algia.” It may benumb the sensibility, while nature steps in and removes the pain and the opium-poisoning. Moreover, *Opium* is not guiltless of causing painful symptoms in the abdominal cavity. Its secondary effect is to cause an irritable condition of the previously torpid nerves and muscles. The collected symptoms of *Opium* show that it causes (secondarily) “Oppression of the abdomen, with a pressing puffiness, as if it would burst. Pain in the abdomen as if the intestine were cut to pieces. Distension of the abdomen, with accumulation of flatulence in the stomach and intestines. Abdomen is distended and painful. Constant formation of flatulence.” We may safely conclude that if *Opium* did not aggravate the disease, it must have retarded the cure. That it did no good was very evident.

The use of *Ether* which was resorted to as a palliative was a waste of time, for its effects are very evanescent, and it is of little value in any spasm or pain depending on local irritation.

The *blister* simply tortured the patient, and brought on urinary difficulties and effected no good whatever.

* Stillé's *Mat. Med.*, vol. i, page 428.

No other conclusion can be arrived at, in reviewing the above remedies used in the case narrated, *than that none of them were homœopathic to the disease described.* In other cases of colic, or irritation of the bowels, any of them might have been indicated.

Calomel would be indicated if the pain was nearly constant, or just before and at each stool, which would consist of bloody mucus. The abdomen would be distended and sensitive, but without much flatus. The pains would *not be spasmodic or paroxysmal.*

Quinine would correspond to oppression and pain in the stomach, dryness and bitterness of the mouth, foul and pasty tongue; cutting in the bowels with distension and emission of flatus—but the *pain is not spasmodic or paroxysmal.*

Turpentine would be homœopathic if the pains were lancinating and cutting; swelling of the abdomen from flatulence, and papescent diarrhœa, but the pain would *not be spasmodic or paroxysmal.*

Opium might be indicated if there was oppression and puffiness of the abdomen, distension, cutting pains, and formation of flatus—also involuntary diarrhœa.

Therefore, even if these remedies had been given in rational—i.e. homœopathic doses, they would not have cured the disease, because they lacked its *characteristic symptoms*, and did not correspond with the functional derangement or pathological condition upon which it depended.

This is the all-important requisite in homœopathic practice, and if the practitioner does not select his remedies in accordance with it, he will not succeed in effecting any notable cures. He may palliate, but the *vis-mediatricis naturæ* will have to remove the disease.

We will now return to my first visit to the patient. During the hour I was with the child, she was comparatively easy. The hop-fomentation seemed to alleviate the pain; such was the opinion of the family. Wishing to give the fomentation all the credit of the cure which might be due to it, I proposed that no medicine be given so long as the pain seemed relieved. After hearing the history of the case, and witnessing one or two paroxysms of pain, I had no hesitation in deciding that *Colocynth* was the remedy. Let us compare the symptoms of that drug with those of the patient. Constrictive feeling in the upper part of the abdomen *returning at short intervals*, and passing into a sharp gripping.

"Griping in the abdomen especially about the umbilicus, like a cutting or squeezing; worse on moving.

"Pain in the bowels like a colic, with some distension and emission of flatus.

"At each access of pain in the bowels, agitation all over the body.

"Gradually increasing constriction in the intestines, every 10 or 20 minutes.

"Bruised feeling in the bowels, with distension and tenderness.

"Feeling in the whole abdomen at intervals, as if the intestines were being squeezed between stones."

The following was the prescription, namely: *Two drops of Colocynth* 3rd dilution, in half a glass of water. One teaspoonful to be given after each paroxysm, until they ceased to return.

About half an hour after I left, the paroxysms of pain returned with increased violence, and with only one or two minutes' interval. The medicine was then given as directed. In an hour the intervals between the pains were longer, and in three hours the little patient was asleep! At 8 o'clock the next morning she awoke, *without pain*.

It may be asked: are there no remedies which might have been substituted for the *Colocynth*? *Chamomilla* and *Dioscorea* are the only near analogues of *Colocynth*. Either of them might have proved curative, and I should have given one or the other had *Colocynth* not been in my pocket-case.

I neglected to say that I ordered the immediate discontinuance of the gum-water, and prescribed instead a weak essence of beef, and rice-water. This diet was continued for several days with decided benefit. For three or four days slight paroxysms of pain would occur about once in three or four hours, and the *Colocynth* was therefore given as usual, after each pain. As is usual with cases taken off from allopathic hands, more trouble is experienced in removing the drug-symptoms, than the original malady. In this case I had to combat the gastric disorder, the canine hunger, furred tongue, indigestion, and flatulence caused by the *Mercury*, *Quinine*, and *Turpentine*; and the inflammation of the bladder and congestion of the kidneys caused by the latter drug, and also by the absorption of *Cantharides* from the blister.

To complete the cure I was obliged to use *Nux Vomica*, *Pulsatilla*, and *Cannabis*.

A good nutritious diet was continued from the commencement of my treatment.—*Med. Investigator*, October, 1865.

MISCELLANEOUS.

The Late Dr. Conolly. By Dr. RUSSELL.

In the *Times* of Friday, the 15th of March, there appeared a brief but just tribute of respect to the high intellectual, and moral qualities which have won for Dr. Conolly the confidence and esteem of the public. A similar testimony to his worth was borne in the recognised organs of medical opinion by those who were in the habit of continually acting with him in a professional capacity. There is one feature of his character, however, which was not made manifest in either of these obituary notices. Besides being a man of great intellectual attainment and culture, and of high moral elevation and refinement of sentiment, he was remarkable for unusual liberality in his bearing towards those who had adopted the heresy of homœopathy. At a time when the attention of the profession is again being directed to the subject of homœopathy by the *Lancet*, and by an able lecturer in Edinburgh, it may be of use to let the voice of the departed wise man be heard before he fades from public memory. About three years ago I was consulted in a case of insanity; the patient was a member of a family part of whom were firm adherents of homœopathy. The patient was brought to London and put under Dr. Conolly's care. As after some weeks there was no improvement, I was asked whether I would undertake the case. I replied that I should be too happy to contribute, if I could, to the treatment of the case in conjunction with Dr. Conolly, if he had no objection; but that I should be sorry to displace one who was well known to be so excellent an adviser in all that related to the general management of the insane.

The family communicated this to Dr. Conolly, and asked him if he had any objection to associate me with himself in the management of the case. To this request Dr. Conolly replied as follows:

LAWN HOUSE, HANWELL;

Monday Evening, Feb. 9th, 1863.

"MY DEAR SIR,—I never object to anything that can by possibility be useful to any patient under my direction unless I

think it sure to be mischievous; and in a case such as this the importance of what is done for the satisfaction of those dear to her cannot be overlooked. Instead, therefore, of troubling the patient with a call to-morrow, I would propose that Dr. Russell should see her quietly, and, if it seems desirable, *more than once*, and that, afterwards, I should have the pleasure of conferring with him anywhere and at any time that can be arranged. I am sure that this will be the best plan to pursue." This plan was accordingly adopted, and the patient remained under our joint care until the termination of her illness, certainly without any disadvantage to her, and with unshakable comfort to her family.

Feelings experienced while under the influence of a dose of Veratrum Viride. By Mr. P. M. RICE, Galway.

Having taken twenty minims of the *Tincture of Veratrum* in an ounce of water, nothing unusual occurred until about three hours after, when I went out to walk. I had not gone far when I experienced a sense of weariness in all the muscles of progression—this feeling particularly referrible to the gastrocnemius.

However, I can't altogether attribute this muscular soreness to *Veratrum*, inasmuch as I had taken some active exercise on gymnastics the day before. I remained out for about an hour, and was scarcely able to get home from muscular weakness. At this time I was in a profuse perspiration, and in a few minutes I was obliged to lie down. Pulse at this time slow (thirty per minute) and not perceptible at the wrist. I remained in this way for a quarter of an hour, and the cold perspiration pouring off, when my stomach got a little sick. Retching continued for three quarters of an hour, vomiting food, mucus, &c., not getting any relief until I threw off some bitter stuff with the characteristic taste of the *Veratrum*. My mind was perfectly calm all the time, and although I thought it probable I should die, I did not feel alarmed. The excruciating pain described by Dr. Edwards and referrible to the pit of the stomach, I must confess I did not feel; but an unmistakable tendency to cramp existed in my legs when touched or moved.

During all this time, if I assumed the erect position even for a minute dimness of sight and partial syncope supervened, which

obliged me to resume the recumbent posture again, showing the weakened heart's action and its inability to supply the brain with blood, and hence the above symptoms.

This inability to assume the erect position continued for an hour and a half; the extremities being quite cold, and the clammy perspiration gradually wearing off, after which I slowly recovered—a cup of hot strong coffee doing more good than anything else.

A synopsis of the effects of the dose on me would run thus:—muscular and nervous prostration, weakened and retarded heart's action, cold extremities, clammy perspiration, sick stomach, an unmistakable tendency to cramp in the legs, perfect calmness of mind, *unconsciousness not having occurred for a single instant*, with gradual and perfect recovery.

(Signed)

P. M. RICE.

GALWAY; March 16th, 1866.

On the Treatment of Gonorrhœa.

GENTLEMEN,—Like your correspondent Nemo I also have been disappointed with the action of *Merc.*, *Canth.*, *Cannabis*, &c., in gonorrhœa, as compared with the old treatment by *Copaiba* and *Cubebs*.

I believe it is generally acknowledged that these latter drugs are really more homœopathic to the disease than the former; the objection to their use being their nauseous taste, the gastric derangement they are apt to give rise to, and the large doses it is necessary to administer them in to obtain their remedial action.

During the last few years I have been in the habit of using *Copaiba* topically in the form of an injection with most satisfactory results. In the acute stage, when there is ardor urinæ and chordee, I give *Acon.* 3rd dec. dil. frequently in alternation with the same dilution of *Canth.*, and as soon as these symptoms have abated, prescribe the injection of *Copaiba*, consisting of—

Tr. *Copaib.* O, or what I think is better,

Liquor <i>Copaibæ</i>	.	.	.	3j.
Water	.	.	.	ʒviij.

to be used three times daily. The discharge soon becomes less in quantity and thinner.

After using the injection at this strength for a week, one half of the *Copaiba* should be withdrawn, and as the disease declines, it should be used less frequently. With this treatment I seldom find a case of gonorrhœa last more than a month. It is of the utmost importance that the quantity of *Copaiba* in the injection be lessened as soon as the patient improves, as in two cases where this was neglected it gave rise to very disagreeable symptoms.

In both cases the patients left town while using the stronger injection, and finding benefit from it, had it made up again. In a few days more the discharge had entirely disappeared, but when Mr. P— was beginning to congratulate himself on his speedy cure, hæmorrhage came on suddenly from the urethra, and after it had subsided, a thin gleet discharge remained, with scalding during micturition. In the second case also, the discharge ceased gradually, but the improvement was suddenly succeeded by such violent dysuria, that the patient alarmed ran off to the first surgeon he could find.

Mr. Wallis, house surgeon to the Homœopathic Hospital here, has, on my recommendation, used the lotion in three cases. Unfortunately, through some misunderstanding, *Merc. viv.* 3, gr. $\frac{1}{2}$ night and morning was prescribed at the same time, which robs them of some of their value; still I think they are worth mentioning. The first was of four months' standing, and had been under allopathic treatment previously. The second discharge had continued three weeks and had also been treated allopathically. The third was a case of two or three weeks' duration, but had not been treated before. Each case was cured within a month. I do not claim to have made any new discovery in medicine, as Pereira states that Velpeau used lavements of *Copaiba*. All I wish is to recommend this treatment to Nemo and other members of the profession as worthy of trial.

Yours obediently,

HENRY R. IRVINE.

BIRMINGHAM.

Extirpation of the Inferior Maxillary Bone.

By WM. TOD HELMUTH, M.D.

EXTIRPATION of the lower jaw, either entire or in part, is a procedure that of late years has become a standard operation. It has been found that immense tumours of the inferior maxillary bone may be successfully removed. Some years ago a considerable discussion was elicited among surgeons, as to who was the originator of the operation, and whose claims of priority were the best supported. In 'Velpeau's Surgery' there is an article entitled, "Claims of Dr. Mott as the *author* and *projector* of the operation of exsection of the lower jaw,"* and from the remarks of the editor, who is certainly a very ardent admirer of the venerable surgeon, we would be led to believe that Dr. Mott should claim seniority in the operation in question; but upon further research it is found that Rhazes speaks of exsection of this bone as 1509; and Palmi performed the operation of disarticulation as early as 1820. The question appears to be undecided on account of the disputants not stating whether the bone was exsected, whether *half* of it was disarticulated, or whether the whole bone was taken away—disarticulation being performed at both condyles. Now these are three very different operations. According to Velpeau, the credit of devising and systematising the operation should be given to Dupuyten, who amputated almost the *entire* BODY of the lower jaw "by a new method."

John Houston, M.D., M.R.I.A., in an introductory lecture delivered at the Park Street School of Medicine, Nov. 4th, and published on 28th December, 1844, gives the entire credit of the operation to Mr. Cusack.

The facts appear to be as follows, however:

That the operation of removing parts of the jaw was in vogue—*i. e.* had been practised on the continent from time to time for many years. That Palmi disarticulated the jaw as early as 1820. That Mott exsected a portion of the bone in 1821, tying the carotid artery as a preliminary step; and in 1823 exarticulated the right side of the jaw, and removed a portion of the body of the bone, sewing it through at the left side, at the second bicuspid tooth, in the case of the negro man, Prince. In this operation the common carotid was also tied. *The patient died.*

* Mott's Edition, page 882.

But Dr. Deadrick, of Tennessee, removed nearly one half of the inferior maxilla, on the 6th of February, 1810, for a tumor of the bone; and therefore to him belongs the credit of priority, certainly, among American surgeons.*

Mr. South says that in 1816 Antony White removed half a necrosed jaw from the socket; but Dr. Cardochan, of New York, in 1851, removed the entire jaw from a patient aged forty-three years.

* * * * *

The complete removal of the bone, by Dr. Carnochan, is well recorded, with plates illustrating the steps of the operation, in the first number of his contributions to 'Operative Surgery'; and in his remarks on the amputation of the *entire* lower jaw,† he brings forth quite conclusive evidence as to his claims of successful extirpation of the bone.

Velpeau himself doubted the practicability of this operation, for he says‡—

“It is, however, difficult to conceive that its *total ablation* would be actually followed by success, and permit the patient to be restored and preserve the faculty of swallowing.”

Since then the operation has been successfully performed a number of times, the records of the cases indicating that patients, after the removal of the entire bone, have been restored to perfect health.

Out of 160 cases of operations on the jaw, Velpeau records forty deaths.

* * * * *

With these few remarks, we proceed to the history of the case.

Charles Folitz, aged thirteen years, was admitted to the Good Samaritan Hospital some time during the previous year, to be treated for some disease incident to childhood, from which he fully recovered. Shortly after, a swelling was noticed in the neighbourhood of the parotid gland, which continued to increase until it was evident that suppuration was taking place. After a lapse of time pus was discharged, and the wound assumed rather an unhealthy appearance; the matter became thin, unhealthy, and fetid. Notwithstanding the administration of medicines, and the requisite attendance to diet and exercise, the tumour increased in size and a portion of necrosed bone came away from the fistulous orifice on the side of the neck. Finally several of the teeth were cast off, and

* *Eves' Remarkable Cases in Surgery*, p. 143.

† *New York Medical Journal*, May, 1852.

‡ *Operative Surgery*, vol. ii, p. 724.

sequestrae of larger or smaller size, from time to time, were removed, in hopes that healthy action might result, and save the patient from the terrors of an operation. The treatment, which had been conducted by several physicians of the hospital, had extended over nearly eighteen months without even an arrest of the disease; and it was resolved, after due deliberation, to remove half of the bone.

On the 23rd of February, 1865, the patient was placed on a bed facing a window, his shoulders well elevated, and chloroform administered by Dr. Vastine. Dr. Comstock made pressure on the carotid, and supported the head of the patient, while Dr. Fellerer assisted in other steps of the operation. With a strong and sharp scalpel, I made an incision from the vermilion border of the lower lip to the symphysis of the bone, continued it along the lower edge of the body to the ramus, and joined it by a vertical incision extending from the zygoma about a quarter of an inch in front of the ear. The passage of the knife divided the inferior coronary, the facial and the transverse facial artery, and for a moment or two there was considerable hæmorrhage. The labial vessel was arrested by compression, the facial by torsion with the forceps, in the hands of Dr. Fellerer, and the transverse facial immediately retracted in the substance of the tissues. The thickness of the cheek must have exceeded an inch and a quarter, and was of a semi-cartilaginous substance, of highly elastic character; otherwise the hæmorrhage could not have been arrested without a ligature. I think that Dr. Wood, of New York, relates a somewhat similar case. Having turned the flap upward upon the cheek, I pushed a double-edged knife behind the symphysis into the cavity of the mouth, and divided the genio-hyoid muscle; through this opening a chain-saw was passed, and the bone divided at its centre. With the left hand I then held the divided extremity, and divided in succession the anterior belly of the digastric, the mylo-hyoid and the genio-hyo-glossus muscles, when it was found that the disease had actually severed the bone at the angle, and had very nearly disarticulated the condyle; a few fibres of the tendon of the temporal muscle and the internal lateral ligament of the jaw only remained, and the whole was easily removed. The ramus, with its condyle and coronoid process, was much diseased, and entirely destitute of periosteum, while that membrane on the body of the bone was very much softened and infiltrated. The flap was brought down and carefully adjusted with eleven insect-pins and figure-of-8 suture.

The whole wound, excepting a small portion of its centre, healed

by first intention. On March the 3rd I extracted four pins, on the 6th four more, and in a day or two the remaining ones were taken away. The boy soon was about the hospital, but is very far from being cured of his affection, as both the superior maxillary and frontal bones are beginning to be affected with the disease; the result of which will be given the readers of this journal at some future time.—*Medical Investigator.*

Permanganate of Potash as an Antiseptic.

By M. W. WALLENS, of Woodstown, New Jersey.

During the past four years I have frequently found the *Permanganate of Potash* to be a valuable adjuvant to carefully selected homœopathic remedies. An article by Dr. Hale, in No. 48 of the *N. A. Journal*, contains many valuable suggestions; and the two following cases are presented with the hope of eliciting the further experience of the profession in its use. I have found it highly valuable as an antiseptic and deodorizer in sloughing and suppurating wounds; as an injection into deeply burrowing abscesses attended with discharge of offensive pus; and as an agent to remove the unpleasant fœtor of the hands while dissecting. A weak solution I believe to be of service as a local application in diphtheria maligna, characterised by extreme putridity of the throat. It is used in the proportion of ʒi , to water ʒjiv . with the most satisfactory results.

A few months ago a Mrs. P— was delivered of a still-born fœtus. Through the gross carelessness of the attending *physician* (?) the placenta was not delivered. About *eleven days* after the event I was called in haste to see her. Found the patient nearly exhausted by a profuse hæmorrhage, which the attendant (forgetful of the sound principle *tolle causam*) had been vainly labouring by night and by day to check. The odour of the room, and of the patient from absorption of the now putrid and decomposed after-birth was exceedingly offensive. *Ergot* in full doses was first given without effect. Then with the aid of *placenta forceps* many fragments were removed. While under the influence of ether, the remainder was removed by the introduction of

the hand into the uterus. The hæmorrhage ceased immediately. *Arnica* 200 was given; and the solution of *Potass. Permangan.* used as an injection into the vagina and uterus, three times daily. In less than twelve hours the offensive odour disappeared, and in a few days she was convalescent without an untoward symptom.

William W—, æt. 24, was wounded while gunning, November 17th, 1865. The muzzle of the gun when discharged being at the distance of about half a yard, the load entered the palm of the left hand at the wrist, plunged through its length and shattered all of the fingers. Both palmar arches were carried away, and I found immediate amputation of the ring and little fingers to be necessary. Compresses saturated with the solution of *Potass. Permangan.*, and renewed twice daily were my only local application. The extensive sloughs separated entirely by the ninth day, with the exception of the tip of the middle finger, which afterwards sloughed from the deficient circulation. During granulation, a flax-seed poultice saturated with the solution was used for a few days. No odour could be detected. There was no secondary hæmorrhage, and cicatrisation was complete by December 21st. At the present date, January 1st, he has entirely recovered with a hand nearly as useful as before the accident.—*North Amer. Journ. of Hom.*

Dawn of Reason in the "Rational" School of Medicine.

If this sort of thing is to go on, what will become of the druggists and drug-vending doctors?

"The loss of confidence in much vaunted remedies seems, in some respects, like a loss or diminution in our appliances—an abstraction from our powers, as it were. But, in my opinion, the correct view to take here is, that we are acquiring a knowledge of our own ignorance—that we are beginning to see that we have placed our faith erroneously. In short, that we have been taking honour to ourselves from that which has been justly due to Nature. We begin to see the difference between blind empiricism and natural processes.

"An astringent lotion—say a solution in water of sulphate of zinc, two or three grains to the ounce—is by most of us deemed

well-nigh specific; and so it in a manner seems to be when a sore is rapidly approaching the last stage of healing. The same may be said of various solutions and ointments. Yet dare one of us affirm that had water only, or dry lint only, been applied, or had nothing been used, the sore would have been an hour later in healing? Yet, so strong is faith in these applications that the practitioner just emerged from the schools is apt to take what he thinks will be the most rapid course, and so astringents are resorted to at once, and thus a raw surface is so teased and irritated that Nature takes twice the time to do her work of repair. A sore which, if let alone, or covered by some simple only, would have healed in a few days or weeks, may be so fretted as to endure for months. It must have frequently fallen to the lot of seniors to be consulted by patients and practitioners about sores which seem to have baffled all skill and every sort of application, and when the advice has been given to apply simple water—a bit of wetted lint—to do, as it were, nothing at all—the sore has rapidly healed. I know of no stronger test of confidence in my own humble skill which I ever incur with those who consult me than when, visit after visit, with reference to slow-healing sores, I say, go on with wet lint if you please! Yet I fancy it is the right course both for the patient and surgery. Occasionally some, under the impression that nothing is being done, will cling to the mysterious-looking black or yellow lotion—to the so-called specific alterative; even a month of slow poisoning with mercury may be preferred to the *laissez faire* system; but the generality of patients are satisfied with a reasonable explanation.”—*From a Lecture by* PROF. W. FERGUSON.

BOOKS RECEIVED.

The Cattle Plague, a disturbance of the Electric Force or Spirit of Life in the Blood.

A Day with the Rinderpest, by Two Members of the Medical Committee of the Cattle Plague Association, &c.

Fistula in Ano: a New and Successful Treatment, without

Knife or Ligature, by JOHN PATTISON, M.D. London: Turner, 1866.

Effets toxiques de l'Ammonite Bulbeuse, &c., par le Dr. E. HERMEL. Paris: Baillière, 1865.

L'Homœopathie dans les Hôpitaux. Paris: Baillière, 1865.

The Cattle Plague, its Pathology and Treatment, by A. C. POPE, M.R.C.S. London: Turner, 1866.

Diseases peculiar to Women, with a New and Successful Treatment for the same, without the use of Caustics, by JOHN PATTISON, M.D. London: Turner.

L'Acide Phénique, par Dr. JULES LEMAIRE. Second edition. Paris: Germer Baillière, 1866.

The Homœopathic World.

A few Comments on the Remarks on Homœopathy made by Dr. C. HANDFIELD-JONES, M.B. Cantab, by DAVID SCOTT SMITH. London: Edwards, 1866.

Valedictory Address delivered at the Eighth Annual Commencement of the Homœopathic Medical College of Pennsylvania, by ADOLPH LIPPE, M.D., Professor of Materia Medica. Philadelphia, 1866.

The Monthly Homœopathic Review.

The North American Journal of Homœopathy.

The American Homœopathic Observer.

The Western Homœopathic Observer.

The Chicago Medical Investigator.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Medico.

Neue Zeitschrift für Hom. Klinik.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

PURELY SYMPTOMATIC SELECTION OF
MEDICINES AND RADICAL CURE.

By Dr. V. MEYER.*

UNDER this title we have already published several cures of the above kind, and are now reminded to select two corroborative cases from our practice, by the excellent instances of cure communicated by our able colleague Doctor Lippe to the *American Homœopathic Review*, some of which have been republished in our paper, and more will be given hereafter.

1. In June, 1863, a young woman, æt. 19, consulted me on account of a violent headache. She visited me in the company of her mother, who related that her daughter, according to the opinion of their family doctor, was suffering from chlorosis, which, indeed, was evident at a glance. The catamenia had appeared for the first time when she was sixteen years old; and for about a year from that period she menstruated regularly every five or six weeks, although the discharge was never very high-coloured, and was rather deficient in quantity. Suddenly, however, menstruation stopped altogether, and the patient, who had hitherto enjoyed

* *Allg. Hom. Zeitung*, vol. lxxi, No. 25.

excellent health, and had got over all the complaints of childhood very lightly, became pale, lost flesh and appetite (formerly very good), and, in short, by little and little acquired all the usual symptoms of chlorosis. The best and most nourishing diet, a free exhibition of iron, and even a five weeks' course at a chalybeate spa, had improved her state but little, and that only temporarily; nor had the slightest trace of the menses reappeared for two years. But, continued the mother, it is not these complaints which have brought my daughter to you, for she has complete confidence in our family physician, and would cheerfully wait till he should succeed in curing her, if she could only be relieved in the mean time (her own words) from a malady that has plagued her almost daily for the last seven months, and renders her incapable of any occupation—namely, a very violent pain in the head. She had been told that homœopathy was good for this; and even her gallant family doctor, who had tried many remedies in vain, had approved of her resolution to come to me, with a sarcastic smile. So she had come to me, begging that I would remove her headache by homœopathic treatment, which being accomplished, she would trouble me no further, and again resign herself into the arms of allopathy.

During this speech I could not myself avoid a quiet smile; and as I knew that both mother and daughter would report my every word and movement to their physician, who considered himself amongst the *élite* of the profession, I examined the patient's gums with superfluous care, turned up her right and left eyelids, and finally applied the stethoscope to the jugular, and then replied that her request was rather a difficult one, inasmuch as there was an intimate connection between the headache and poverty of blood, and that, so soon as the latter should be removed, the former would disappear of itself. The mother replied that her physician had told her the same story; but she had heard that in such cases homœopathy was more successful than allopathy.

Next I made them describe the pain in the head circumstantially, and learnt as follows: the headache has appeared

several times nearly every week for more than the last six months. It begins soon after rising, and generally lasts the whole day. The pain itself is a sensation of tearing or rooting up, increased by motion, especially by walking in the open air, when every step is attended with a violent jerk in the head: this, however, is even worse on lying down.

It is most tolerable when sitting still, or else on walking about the room for a long time. At such times the head is confused, often too with a feeling of emptiness, almost destroying the power of thought. Any concussion, even loud speaking, increases the headache: on quickly moving the head, the patient is at times conscious of a feeling as if the brain were shaking in its bony chamber.

These were the most prominent characteristic symptoms, and they appeared to me sufficient to determine the choice of the proper remedy. I naturally excluded all pathologico-anatomical data, as it would have been a vain undertaking to open an attack on the chlorosis, there being no probability of successfully removing that complaint in fourteen days; and I do not think my new patient would have been constant to homœopathy longer than this period, if she had derived no benefit within the fortnight.

Of all the remedies which I compared, *Spigelia* appeared to me to possess the greatest number of analogous symptoms. It has amongst its pathogenetic characteristics the tearing and rooting pain in the head, aggravated by motion, walking in the open air, and lying down; alleviated by pacing the room: in short, almost all the above-described symptoms. I gave three globules *Spigel.* 30 in a sugar powder, with instructions to take it the same evening, and to report to me how she felt in eight days. The patient came at the appointed time, and informed me that, two days after the dose, a slight attack of no long continuance had come on, but nothing further. Gave *Sacch. lact.* Eight days later it was reported to me, with many thanks, that the patient still continued free from all pain in the head. About three months afterwards I met the young lady in the street, having the same chlorotic complexion. She related to me, with great joy, that during all

this time she had never perceived the slightest trace of the naughty headache, although her other complaints remained much the same.

I must admit that, in many respects, this cure gave me great pleasure, since the removing of an affection of six months' continuance with three globules of the 30th dilution is a greater triumph for homœopathy than the cases of typhus or pneumonia cured in the old dawdling way. Let the principle of "covering symptoms" be condemned as it may be by our rationalists, it is, nevertheless, so closely connected with the whole essence of homœopathy, that the latter would not now be in existence, had the principle been persecuted from the first as it is in the present day, I am sorry to say, by a great and intelligent party amongst our colleagues. Generalising is fatal to homœopathy; and Hahnemann's doctrine would assuredly hold a higher position in the present day, if we (I include myself) had not too conceitedly forsaken the road pointed out to us by our master and his immediate disciples. A return to it is very needful.

2. A man, æt. 30, suffered at times for eighteen months from a singular pain in the left abdominal region. Without any ostensible cause, or reference to time, a rooting, strangulating pain would commence in the place indicated, relieved indeed for the moment by feculent discharges, but speedily renewed with increased force. The patient occasionally fancied that some living creature was moving in the left side of his body, and had on this account previously used a vermifuge for tænia, but without success. The pain comes at irregular times, ceases sometimes for eight days, and is altogether independent of the food. The patient, who has always been a healthy man, knows of no cause for his sufferings. All the functions are regular; palpation and percussion of the body indicate nothing abnormal.

I prescribed *Spongia*, which so nearly possesses all the above-described characteristics, in the twelfth centesimal dilution, and directed the patient to take two drops every evening for eight days. The pain did not return; and the patient was, after more than a year, still free from it.

ON THE CAUSES OF THE DEARTH OF HOMŒOPATHIC MEDICAL RECRUITS.

By Dr. WATZKE, Vienna.*

THE fact is indisputable, for a considerable time but few young physicians espouse the cause of Hahnemann. For instance, the Austrian Association of Homœopathic Physicians for Physiological Proving has, within the last ten years, acquired but two or three young and zealous collaborators. (It is true that, here and there, first in one and then in another suburb of Vienna, certain practitioners emerge, of whom it is said that they *also* practise homœopathy. But we cannot recognise as belonging to us, or in general consider as any acquisition, such medical weather-cocks and crack-brains.)

The *proximate* causes of this dearth are :

1st. The immeasurable self-conceit and imperturbable self-sufficiency with which these gentlemen are provided on leaving school.

2nd. The distorted notion of homœopathy communicated to them by their professors.

3rd. The total ignorance in which they are kept respecting the ultimate aim and the essential object of the practical art of healing. They are of opinion that this problem is at once exhausted by the establishment of an accurate diagnosis ; therapeutics are with them a secondary matter, they are destitute of any belief in the positivity of the medical art. (As soon, however, as they commence practice, this view seems at once to change mightily. The few diseases which they consider amenable to medical treatment, as syphilis, chronic cutaneous affections, &c., they fancy they can subdue with a few remedies [mostly borrowed from the specific school], with which they not unfrequently go to work confidently enough. However, we sometimes see them gradually stripped of their

* From Hirschel's *Zeitschrift*, Febr

belief in the infallibility of their professors, and walking exactly in the path of the ordinary prescription writers.)

The more *remote* causes, and in reality the most productive and most lamentable of all, are :

4th. The weaknesses and paradoxes of the *Organon*, the psora monstrosity, the globule practice, the olfaction hyperbole, the mysticism of the high potencies, the marvellous homœopathic cures by the laity ! If firm conviction of the high value of the law of similars is requisite to preserve one from being led astray by these ugly excrescences, fanatical inventions and sorry appendages of the reformed school, it need not create any surprise if the homœopathic novice is made to stagger in his belief, to repent of the step he has taken, and to turn back when half-way ; whilst the physician who views homœopathy at a distance mistakes the garniture and appendages of the chair for the chair itself, throws the baby out of the bath with the water, and declares the whole of homœopathy to be mere charlatanry, and its cures to be a deception and a delusion.

5th. The large extent which homœopathic literature has gradually attained, the want of homœopathic training which might serve the beginner as a guide and conductor through its labyrinth, and direct the course and sequence of his studies of it.

6th. The superabundant and overwhelming materials of our *Materia Medica*, difficult even for an iron will to master.

7th and last. The want of theoretical and clinical professorships of homœopathy.

We distinguish here between theoretical and clinical professorships.

In regard to the former, the grounds of the evil so much complained of lie, according to my judgment, especially in the fact that young physicians, whose practice gives the time and leisure for such a professorship, are in general destitute of an enlarged acquaintance with the literature and history of homœopathy, and a solid knowledge of the *Materia Medica* ; whilst of the older and much-occupied practitioners there is rarely one in so fortunate a position as to be able to

interrupt or lay aside his practice and undertake so weighty a task. Moreover, mere good intention does not suffice here: that very rare gift of Heaven, the gift of speech; of extempore lecturing—the *ability of public teaching*—is a point quite independent of all this.

It is further to be observed that, if such a professorial chair would suffice for its task, the subject of the lectures, after the history and propædeutics of homœopathy, can (according to my humble opinion) be no other than the *Physiology of Medicines*; and that here a comparatively new path of science has to be opened. A new text-book would have to be prepared for the purpose. And, supposing the work to do credit to its author, could it be finished after less than months or rather years of hard study?

As to the *Clinical* chair, that would present no such difficult problem to the scientifically trained and experienced homœopathic practitioner. In fact, there exist here and there (for instance, in Vienna) such institutions in essence, if not in name and form. In this respect, we always could, and still can, help ourselves; we have not waited for the professorship privileged and endowed by Government, for the professor and his salary, but have just acted as our love of the subject and our zeal dictated.

Thus Dr. Wurmb, in the hospital of the Sisters of Mercy at Leopoldstadt, for many years gave very instructive lectures, of which *The Clinical Studies by Wurmb and Caspar*, (Vienna, 1852,) are a good proof. The lectures were attended by several young physicians.

Thus, too, my honoured friend Dr. Fleischmann, from the first year of his appointment to the Gumpendorf Hospital, exerted himself, though not in formal lectures, yet by occasional explanations of the reasons for selecting the suitable remedies, by practical hints and indications at the bedside of the patients, to facilitate to his pupils the comprehension of the new medical doctrine, and to lead them to the knowledge of homœopathic treatment. Out of his clinical school, where colleagues young and old, and from far and near, were to be found, proceeded in those days most of the homœopathic proselytes. Also from his successor in office, the strenu-

ous but unfortunately overworked Dr. Rothhansel, young practitioners may learn what is needful for them. (More than 100 sick poor often throng his daily dispensary receptions.)

The third, which is the largest homœopathic dispensary in Vienna, was founded by the municipality in Sechshaus, and is directed and managed by Dr. J. O. Müller. His oratorical talent, and intimate knowledge of the *Materia Medica* and literature of homœopathy, besides an extensive practice of many years, qualify him eminently for a clinical instructor. He is engaged in the hospital five to six hours daily. The young doctors, if they be willing, will not pass out of his dispensary untaught.

Thus, what the *New Year's Discourses* say of the want of homœopathic dispensaries does not at least apply to Vienna. Also the inference, drawn from the scanty supply of young homœopathic physicians, as to its diminished diffusion, and a decrease in its adherents amongst the population, proves to be as regards Vienna and most countries of the Austrian empire very problematical. The establishment of regular professorships, arranged and endowed in a manner analogous to those of the allopathic school, for both the theory and practice of homœopathy, where the teachers might make the study and advance of physiological therapeutics the exclusive object of their life, is not to be expected from the existing medical dynasty of Austria!

LARYNGITIS SYPHILITICA.

By Dr. MEYERHOFFER, of Nice.

Madame R— consulted me June 11th, 1859. She is 30 years old, of a dark sallow complexion and nervous temperament; married for ten years. She had two healthy children, but has lived for the last three years separated

from her husband. She was often subject to hysterical attacks, and underwent a course of treatment of cauterizations of the os uteri about a year ago, and from thenceforward had no return of nervous attacks, nor had she ever had any cutaneous affection. About a week since she began to complain of sore throat with soreness in the mouth. Gradually the deglutition became difficult and painful, and the voice, first husky, became at last quite hoarse. After having tried gargles without benefit, she decided on having medical advice.

Status præsens.—I perceive at once fissures at the left corner of the mouth, while inside the lips of the same side a large mucous patch, with irregular edges, of a reddish violet tint, encircles the upper and lower lip in form of a crescent, $\frac{1}{3}$ rd of an inch wide at its greatest breadth in the corner of the mouth. The appearance of this patch is like that produced by the application of nitrate of silver on the mucous membrane, cut in different directions in fissures. On the same side, a little farther behind, is another irregular roundish mucous patch of similar appearance, beginning in the furrow which unites the gums and the cheek, extending over the latter to the size of a shilling, and separated at its upper extremity by a small bridge from a third similar patch of a more elliptic form. Both tonsils are enlarged and excavated by deep jagged ulcers, the bottom of which is partly covered by a greyish white exudation; above the left tonsil is a fourth mucous patch in a state of ulceration, extending over the pillars of the velum towards the pharynx; the latter is of a dark red colour, covered in some places with patches of a viscid mucus. The gums are healthy, no salivation exists; the glands on both sides of the neck are enlarged and hard, particularly on the left side, and may be felt like a string of large beads. The voice of the patient is muffled, and, when she tries to speak aloud, quite hoarse; she complains of a dryness, burning pain, and a sensation of tightness in the larynx: moreover, she experiences great pain in the mouth when eating, so that for several days she has been obliged to abstain from solid food. The deglutition is very difficult and painful; for more than

a week she has been suffering from more or less continual severe headache, less in the day, increasing in the night, extending from the frontal bones all over the skull. She feels very weak and depressed, has no appetite, no eruption on the skin—nothing particular to mention of the different organic functions. This patient denies having had any sexual intercourse since her separation from her husband, or of any disease of the genital organs since she was cauterized a year ago; but, on close investigation, she mentioned having had a boil on the vulva two months before, which, according to her account, soon yielded to some hip-baths. On local examination, I found an indurated cicatrice on the margin of the left labium majus towards the inferior commissure; otherwise nothing doubtful was to be detected, although I examined with the speculum. The anus, too, is quite free of any lesion; but the glands in the left groin are enlarged and hard, of the size of large peas.

What was the nature of this disease? The patient denied, notwithstanding our repeated questioning, having had any connexion for the last two years. The absence of salivation, as well as the healthy state of the gums, excluded stomatitis mercurialis, and scurvy; aphthæ, more circumscribed, with the characteristic ulceration in the centre, are indifferently spread over the mucous membrane of the mouth, and particularly on the under lip and cheeks, last but a short time, and are very painful from the beginning: all these are symptoms of which we find no trace in our case. The buccal diphtheria invades every part of the mouth, but more particularly the gums; and if the diphtheritic exudation is removed, it leaves no trace of ulceration, unless it be in malignant diphtheria, where other symptoms concur to establish the diagnosis. Neither could the affection of our patient be mistaken for the thrush or muguet, this being an infantile disease, occurring in adults only after long exhausting diseases shortly before death. We have only to mention noma to exclude it at once. There remains, therefore, no other answer to our question than *constitutional syphilis* in its secondary form. The mucous patches with their fissures, the ulceration of the tonsils, the swelling of

the glands of the neck, the general progress of the disease, considered all together, confirm this diagnosis even if the indurated scar on the vulva did not exist. The denial of the patient as to having had any sexual connexion is easy to understand. It is true, she could have been infected otherwise, as, for instance, nursing a syphilitic child, or kissing persons affected in this way; but no such cause could be discovered.

Prescription.—*Nitr. Acid* 2, gtt. iij, ter die; the same as a gargle, 12 drops of the pure acid in six ounces of water; liberal but moderate diet.

Under this treatment the local affection in the mouth and fauces improved rapidly, so that on the 27th the mucous patches had disappeared, the ulcers of the tonsils were healed, and the voice was restored to its normal condition; the general state of health was so ameliorated, that Madame R— considered herself quite well. However, the swelling of the glands on the neck had undergone no change. The patient wished to spend a week in the country, and was left for that time without medicine. She only returned to me on the 15th of July, much distressed about a rosy exanthem very much like the measles covering her face—the trunk, and upper extremities, but more particularly the chest; at the same time, her nights were disturbed by a severe supra-orbital pain, which obliges her to leave her bed and walk about as the only means of getting relief from it: in the day the same pain returns as soon as she lies down. She attributes this eruption and headache to a cold bath she had been taking on the 12th. However, she began to remark a considerable falling off of her hair soon after she went into the country; the scalp is scurfy, and the hair very dry. She complained further of want of appetite, great weakness, and a general feeling of illness. The glands on the neck the same as before.

Prescription.—*Bin-iodide of Mercury* trit. 2, gr. i, ter die.

July 25th.—The exanthem has disappeared; she suffers much less from headache; glands diminished in size; the scalp in the same condition.

Continue medicine.

Gradually every constitutional symptom receded, so that towards the end of August the hair ceased falling, so that nothing remained of this disease but a slight alopecia and the scars in the buccal cavity. I have seen this patient twice since that time and at long intervals for slight indispositions: she enjoyed very good health, and I could detect no tertiary symptoms.

In this case the action of the *Nitric Acid* was a decidedly favorable one on the secondary affection of the mucous membrane: and we may observe here that generally this medicine will, in most cases of mucous patches on the mucous membrane as well as on the skin, and where there exist mucous tubercles, prove most efficacious, even before the patients have been treated with *Mercury*. *Nitric Acid* is, next to *Mercury*, one of the most important medicines in the secondary form at its proper place and in proper doses—1st and 2nd dilution from 6 to 24 drops pro die: its particular spheres are the mucous patches, mucous tubercles, general weakness of constitution, or when the system has been poisoned by *Mercury* or shattered by the disease itself. But for all that, *Mercury* remains the most powerful remedy for neutralizing syphilitic poison. If for any medicine the question of the quantity to be administered is always a serious one, it becomes one of vital importance with this remedy in its administration in the secondary form of syphilis: if the old school practice submits the patient to the influence of *Mercury* till salivation shows that the system is saturated with it, and does in this way incredible mischief, the other extreme, that of infinitesimal doses, does no less harm by pretending to cure a specific disease by their means, which, according to our experience, are utterly inadequate to effect it, however well the medicinal agent employed may be chosen. We know of no case of indurated chancre, or genuine secondary affection of the skin or the mucous membranes, being cured by the 12th or 30th dilution of *Mercury*. Our literature maintains a very prudent silence on this subject, or when some cases are quoted they are instances of soft chancre, which, with simple dressing

and cleanliness, would have been cicatrized in as short a time as that required by the treatment. Léon Simon fils quotes a case of indurated chancre treated with *Mercury* according to the usual system by an allopath, and where Simon fils was consulted: the ulcer was cicatrized, leaving behind an indurated scar and induration of the glands in the groins. He prescribed in succession *Lachesis* 24, *Merc. sol.* 18, *Lachesis* 18, *Sulphur* 30, and, again, *Lachesis* 12. The patient was under this treatment from July 20th till the end of November, 1851,* by which time the induration of the cicatrice and the glands had disappeared: it will not be superfluous to mention that the patient, while submitted to this course of medicine, was living nearly all the time in the country. We abstain from any commentary on this case. It is indeed curious to behold the contradictions to which the want of knowledge of the appropriate quantity of *Mercury* sufficient to neutralize the syphilitic virus, but still small enough not to produce the pathogenetic symptoms of this drug, may lead. The overdosing of *Mercury* has had for its consequence that a good number of physicians of the present time consider tertiary affections as productions of *Mercury*, and not of syphilitic virus.

But to understand the reasoning of the latter it is necessary to cast a glance on the questions which have preoccupied the syphilographers for the last fifteen years, with regard to the proper division of the secondary and tertiary manifestations of the venereal disease.

The chronological division had for long been the only guide of the physician, till Ricord combined it with other conditions, deduced from the tissue invaded by the disease, as well as from the importance of the local affection. According to him, secondary affections are no longer contagious, but hereditary; tertiary syphilis can also be transmitted to the offspring, but takes then the character of scrofula.† Ricord enumerates as secondary symptoms — indurated

* Léon Simon fils, *Maladies vénériennes*. Paris, 1860, p. 351.

† Ricord, *Traité pratique des malad. vénér.* Paris, 1838, p. 643. Since the publication of this work the views of Ricord have somewhat been modified in favour of secondary contagion.

chancre, secondary bubo, exanthemata, mucous tubercles; ulcers of the throat, the velum, and the nose; iritis, alopecia, and falling off of the nails. As tertiary—sarcocele, subcutaneous tubercles, lupus, dolores osteocopi, periostitis and ostitis, gummata and nodes; lesions of the muscles, the brain, the liver, &c. Secondary affections occupy the more superficial tissue of the skin and the mucous membrane; while the tertiary ones invade the subcutaneous, submucous, and fibrinous tissues, as well as the more profound and internal organs.

Independently of the error, so serious in its consequences, that secondary affections are not infectious, this division cannot satisfy either from the scientific or from the practical point of view. If nature had really drawn such an absolute line of separation between these two forms of accidents, the result in praxi would be that the medicinal agents must be different in both of these forms; but this is not the case. Ricord applies *Mercury* not only in the secondary, but also in the tertiary form; and in denying to the latter its virulent character, he thus gives to the opponents of mercurial treatment a motive for refuting the specific stamp of these lesions, and for attributing their existence to the effects of *Mercury*. He confesses himself, "an apparent confusion in this perfect order is only produced by the intervention of medicinal agents, so that one can say the most beautiful confusion is often the work of art."

Ricord was not aware that with this very phrase he characterised his own system, based only on a superficial clinical method. Syphilidology requires anatomical experiment as much as other branches of medical science. For the time when only the chronological accession of lesions in superficial organs were considered, clinical observation was sufficient; but when specific diseases of internal organs came into consideration, who was there that could determine at what moment the liver began to be affected in constitutional syphilis?

Bärensprung first introduced the anatomico-pathological division. According to him, secondary syphilis causes congestion and exudation of easy absorption, while tertiary

is productive of tubercles everywhere in its manifestations.

Sigmund, one of the most experienced and cautious syphilidologists, expresses himself with great circumspection upon the tertiary symptoms; he considers in his statistics all the symptoms appearing from the middle of the fourth month as tertiary.

This want of unity among specialists has afforded to the antagonists of *Mercury* the opportunity for attacking first partially, and then altogether, the reality of the tertiary form, and to consider the symptoms of the latter as pathogenetic of *Mercury*. Herrmann* was the first who declared all the consecutive accidents of syphilis as symptoms of *Mercury*; and he recognised in the secondary form as syphilitic only condyloma, exanthemata, and affections of the throat. He as well as Lorinser† stated, in support of this view, a very serious proof of conviction, viz., the detection, by Kletzinsky, of quicksilver in the urine of a patient with constitutional syphilis treated successfully with *Kali hydriodicum*. Bärensprung also joined the anti-mercurialist party with some little reservation. According to him, *Mercury* does not cure syphilis, but its constitutional effects hide the visible symptoms of venereal disease. Syphilis remains latent as long as the organism is under the influence of *Mercury*, to reappear again in another less favorable form, and this in direct proportion as the constitution of the patient has meanwhile been weakened and broken. But he does not go so far as to consider the tertiary symptoms as the result of *Mercury*; he recognises them as sequelæ of syphilitic virus in a constitution shattered by mercury or other causes.

Thus the opinions of those who, by their position, are entitled to take the lead in this serious question, differ so far that one hardly knows what are secondary and what tertiary symptoms, and if the latter are syphilitic or only the pathogenetic effects of *Mercury*. Thanks to the irrational administration of *Mercury* in syphilitic affections

* *Die Behandlung der Syphilis ohne Mercur.* Wien, 1857.

† *Wiener mediz. Wochenschrift*, 1858, No. 10—21.

this confusion has been brought on, and actually extremes meet. However, it is not difficult to find in the literature of syphilis a great number of cases where tertiary symptoms have been observed without the patient ever having taken *Mercury* (Ricord, *Traité*, p. 653). Fergusson (*Med. Chir. Trans.*, vol. iv, pp. 2—6), who accompanied the English army into Portugal, says—"The use of *Mercury*, when pushed to the extent that can at all constitute it a remedy in any stage, is actually unknown to the native practitioners, who, in that point of view, religiously abstain from its use, considering it with horror as one of the poisons which foreigners madly wield." On the other hand, it suffices to read the pathogenetic as well as the toxic effects in Christison's *Treatise on Poisons*, Orfila's *Traité des Poisons*, and Buchner's *Researches on the Physiological Action of the Bichloride of Mercury*, and last, but not least, the *Provings of Mercury*, by Hahnemann and his disciples, to understand how this confusion could arise, and that the anti-mercurialists are not altogether in the wrong.

It is really a calling providentially entrusted to the representatives of the homœopathic principle to bring to light the hidden truth, and to lessen the evils to which erring humanity is heir. It is not one of its least triumphs to have already shown that comparatively very small doses of *Mercury* are sufficient to neutralise syphilitic virus in primary and secondary affections without affecting the system otherwise.

I generally prescribe the second or third trituration from one to three, seldom four grains, pro die, with the best effects and without ever having observed pathogenetic consequences.

May we be allowed to quote the following case, merely as presenting some etiological interest?

Mrs. N— came to consult me on the 2nd instant for her baby, six weeks old, which was brought to me by its wet-nurse. The mother has been married ten years; is twenty-eight years old, of good moral conduct; this child is the first she ever had, nor has she ever had a miscarriage or any disease. Her pregnancy presented nothing worth

mentioning, and she was delivered at the full time of an apparently healthy female child. Being in service, she was obliged to give her child out to nurse in the country at some distance from Nice.

For about three weeks the baby continued to be well, and then began to decline and fall away; at the same time the lower extremities became the seat of an eruption. It appears that after a week this affection of the skin diminished, but only to break out again soon afterwards with more intensity. As neither the *saying of masses* nor the local application of pulverised common *Bark* benefited the child, her mother desired the nurse to bring it to town for medical advice.

Status præsens.—The baby is of the normal size and development of its age, but presents a peculiar physiognomy of premature age; the skin of the face is of a pallid sooty tint, particularly on the forehead, eyebrows, chin, nose, and cheeks; the whole body shows in a less degree the same appearance. Chest, back, and abdomen are covered with numerous roseola spots, some of which are beginning to take a yellow hue, while the inside of both legs, from their commissure down to the heels, is the seat of numberless confluent mucous patches, so that on first view it appeared like one large colouration with islets of whitish round patches such as would be produced on the skin by the prolonged application of poultices; numerous erosions, cracks, and superficial ulcers, which discharge a serous liquid of a peculiar odour, blend themselves with the white patches. The whole is separated from the healthy skin by a slightly elevated, irregular, roundish red border; the labia majora, the anus, and the buttocks are also affected in the same manner, while some cracks exist in the axillæ without any redness or other pathological symptom. According to all appearances, the child has been kept clean. The baby is moreover much emaciated; its voice when it cries has a peculiar hoarseness, and in sucking it is not able to swallow more than three or four mouthfuls without stopping and letting go the nipple, as if from want of strength: this last symptom has existed for the last five or six days. Nose,

mouth, and, as far as we could see, the fauces, presented nothing else anomalous than great paleness of the mucous membrane.

The wet-nurse complains of having had a sore on the left nipple for the last few days, on examining which I find an ulcer of a suspicious character at its inferior base. The most careful inspection of this person, as to other lesions, remained without any result. She is a peasant of about thirty-five years of age, of a bilio-nervous temperament and good constitution; has had several children, and was confined ten months ago; her last child, a fat healthy boy, was nursed by her till she took this nurse-child; she declares never to have had any fissures, though she has nursed, besides her own, a good many children of strangers.

The roseola determined my choice at once on *Mercury*, and to obtain a rapid result I prescribed the second dilution $\frac{1}{20}$ of the bichloride of this mineral, four drops a day for the child and six drops for the nurse. I cauterised, moreover, the ulcer on the nipple immediately with nitrate of silver; ordered the child to be nursed artificially and bathed daily.

April 9th.—The nipple of the nurse is quite healed. Notwithstanding my order not to give the child the breast, she continued to do so, and declares that the very next day after the child had taken the medicine, it could swallow easily and empty the breast without interruption. The change in the child was in every respect remarkable: the numerous patches, erosions, and ulcers have disappeared, leaving only slight marks behind; the vulva, anus, and buttocks show still some remains of the patches; no trace of roseola; the voice is more natural, and the child has already gained flesh; colour of the skin about the same. Continue medicine.

There could not be the least doubt about the nature of the cutaneous affection of this child; the peculiar ulceration of the skin, the roseola, the mucous patches, cracks, erosions, and ulcerations, as well as the results of the specific treatment, established it as the secondary form of syphilis. We abstain here from urging the proof of infection from the

child to the nurse, as, though we are morally convinced that the ulcer of the nipple was of specific character, it was not accompanied by other symptoms which would give that undeniable evidence that science requires.

The question here at issue is, through which channel has this child been infected?

The most thorough ocular inspection of the mother only proved her to be a very healthy woman, devoid of any specific taint; neither can we consider, as already implied, the nurse to be the cause of infection. On questioning the mother of the child closely if her husband had had any disease, we hear that he was suffering for a long time, more than a year ago, from sore throat and ulcers on the tongue, so that for some time he was not able to take solid food, from the pain caused by its contact with the tongue. I have not yet been able to see her husband; but as no other way of infection could be detected, this more than suspicious sore throat, with *ulcers on the tongue*, may well be considered as the cause of the secondary syphilitic symptoms in the child, directly transmitted in generation by the father.

But it will be objected, the throat affection of the father was not syphilitic, else how was it possible that in this case secondary syphilis could be communicated to the offspring without the mother being infected? is it at all likely that a wife can escape scatheless from cohabitation with a husband infected, as we consider this one to have been? It cannot be denied that in most cases the father is rarely affected with syphilis without communicating it to the mother, either before or during pregnancy, so as to render it often difficult to decide from which of the parents a syphilitic child has inherited the disease. This circumstance has led some writers to the erroneous conclusion that the power of the father to transmit syphilis to his child is much more limited than that of the mother; some even deny it altogether (Vassal, Bouchet). However, numerous conclusive facts confirm, beyond any doubt, the theory that syphilis can be transmitted from father to child without infecting the mother. Cedersehjold, Swediaur, Bertin, Depaul, Baehr, and others, quote cases in support of this

view, which stand the test of criticism. If our case is not as conclusive in its evidence, it contributes at least morally to corroborate the possibility of the direct transmission of syphilis from father to child.

ON THE RELATION OF PERUVIAN BARK (CORT. CHINÆ) TO INTERMITTENT FEVER.

By Dr. LANGHEINZ, of Darmstadt.

(Continued from page 232.)

THERE certainly remains, even then, the bare supposition that all the symptoms originate from a single prover, which I hold to be at least probable ; so here also there is a lack of information as to the experimenters and the size of the doses. In spite of these defects, we may be allowed to make the attempt with the symptoms of, 1st, Wislicenus ; 2nd, Hartmann ; 3rd, Meyer ; and, 4th, Wagner.

The results of the proving of Wislicenus are arranged chronologically as follows :

We may conclude from symptom 585, that early in the morning he took a dose of (*tinct.?*) *Chin.*, and probably a considerable one.

In a quarter of an hour, symptom 415—Pricking like needles over the right shoulder-blade, and on the left side of the chest.

In half an hour, symptom 83—A momentary contraction in the forehead, as if it drew the skin to a central point.

In an hour, symptom 394—Periodical dull stitches in the cavity of the chest from within outwards, whether at rest or moving, and without regard to respiration.

In two hours, symptoms 343 and 344—Increased discharge of urine with burning in the orifice of the urethra, continued burning there, with a sensation of soreness on the

edge of the prepuce ; both especially painful from the friction of the clothes.

In three hours, symptom 85—Pressure on the face, especially near the nose and cheek, with contraction of the eyelids, as if the upper and lower were drawn towards each other.

In four hours, symptom 627—Internal chill without perceptible external cold.

In six hours, symptom 103—The left lower eyelid twitching hither and thither.

In sixteen hours, symptom 585—In the evening, on falling asleep, awakened by confused dreaming visions.

In twenty-one hours (*i. e.*, not very long after midnight?), symptom 421—Painful wrench in the sacrum.

In twenty-four hours (early on the second day) symptom 378—Pressure outwards in the region of the lowest rib (right or left?).

In forty-eight hours (early on the third day), symptom 316—Abundant discharge of flatus, with a drawing-in the abdomen during a hard, difficult stool.

In seventy-two hours (early on the fourth day), symptom 474—Tearing in the thigh bones from above downwards, both at rest and when moving, by fits, for several days (consequently, no doubt, on the fifth day, of which no notice was taken).

After six days (on the seventh?), symptom 122—Pain on the left ear, on touching it.

After eight days (on the ninth?), symptom 154—Scraping on the palate, even without swallowing; and symptom 477—Painful sensibility of the skin on the thighs from the friction of the clothes, as if the skin were raw and covered with pimples.

After nine days, symptom 8—Confusion of the head like a cold (from the *China* taken ten days previously?); and symptom 354—Cold in the head, with sensitiveness of the nose, and a few pimples, sore to the touch, on the edge of the nostrils and the septum nasi. (Evidently an independent affection which has nothing to do with *China*).

Lastly, after eleven days, symptom 202—A feeling of emp-

tiness in the gullet and œsophagus (what is the distinction between "gullet" and "œsophagus?") With symptoms 127 and 596 no time of occurrence is added.

On a review of all this, there is (as the gentle reader will say to himself) only need of the very simple remark, that we have not before us the slightest indication of a typical process, or of an intermittent fever.

We subjoin the chronological review of the results of a proving by F. Hartmann, consisting of thirty-eight symptoms.

This work of Hartmann's seems to be decidedly the best of all that we have as yet found in the *Materia Medica Pura*; it seems likewise highly probable that Hartmann himself was the prover. From symptom 219, one may infer that the time of taking the medicine was the forenoon. The quantity is unfortunately not known.

The sequence of symptoms then is as follows :

Immediately after taking it, a bitter taste in the throat, obliging him to be constantly swallowing saliva (175) and eructate (204). In a quarter of an hour, pupils much dilated (110), yawning, and stretching of the limbs (597). In half an hour, a contraction in the *scrob. cordis* impeding the respiration (237). In three-quarters of an hour, pupils contracted (107), and with that the pulse slower and weaker, but gradually becoming quicker and stronger (686). In one hour, shuddering all over, with goose skin (623), and rigor universally, with icy cold hands and no thirst (633). This state either continued for two hours, or else, after a shorter duration, returned in two hours; the report of "one to three hours" unfortunately not being distinct.

In an hour and a half, the following group of symptoms were developed :

Dilated pupils (109); pinching stitches in the left hypogaster (254); pulse slower and more languid (685). Further, in two hours and a half, minute fine pricking pains in the upper molars on the right when touched; drawing in fresh air neither relieves nor aggravates. In three hours, as above, universal rigor with icy cold hands and no thirst (633). Further, in four hours, continued shooting

in the region of the liver, neither diminished nor increased by inspiration or respiration (256) ; at the same time, tightness of the chest, with difficult and sometimes rattling expiration (especially when walking), and rawness of the chest (368). In four hours and a half, universal heat, with swollen veins on arms and hands, but neither perspiration nor thirst (671). In five hours, jerking drawing in the upper back molar on the left side (142) : at the same time, violent stitches from within outwards in the region of the liver, only on expiration (257), and little stitches on the middle of the spine (416). In five hours and a half, cramp-like paralytic pain in the right thigh and knee-joint, on rising from a seat after sitting for some time, and on walking (481). In six hours, contractive pinching pain on the outer side of right foot, on the side of the sole (504). In eight hours, painful pressure and squeezing in the head towards the forehead, as if everything in it were too heavy and were going to be squeezed out ; relieved by strong pressure of the hand (31). In eight hours and a half, a pressing, fine stitch on the left side of the chest (386). In nine hours, drawing, tearing pain in the left shoulder-blade (413), and, at the same time, pressing, squeezing pain in the head, aggravated by fresh air (29). In nine hours and a quarter, pain in the head, a boring in the left side of the head when sitting (32). In nine hours and a half, very severe thirst, and thereupon burning heat all over, with throbbing in all the veins ; no sweat nor thirst ; violent burning in the ears and forehead, whilst the cheeks, hands, and feet are but ordinarily warm, and yet those parts feel too hot inwardly. This seems (663) to have continued till after ten hours and a half, and was then synchronous with painless pressure in the eyes, as if from weariness and want of sleep (99), which returned in an hour and a half (*i. e.*, after twelve hours in all), and, moreover, with (653) greatly increased heat in the whole of the face, the trunk and thighs, with cold sweat on the forehead, cold cheeks and feet. This, however, is not to be identified with symptom 663 : one must then suppose that one symptom or the other is given inaccurately, or else a misprint must have crept into the report of the time.

In twelve hours, along with the return (or continuance up to this period) of the above-named affection of the eyes, come languor and sleepiness after supper. If we take supper-time between 7 and 8, the medicine would be taken twelve hours before, and therefore 7 to 8 a.m.; which agrees with the direction in the *Organon*, according to which the medicine to be proved should be taken early and fasting. In twenty-three hours, and therefore certainly next morning (6 to 7), [stretching] pain in the sacrum, as if from a heavy burden, or after long stooping (422). Finally, in forty hours (and therefore before midnight of the second day—11 to 12 o'clock), digging in the upper molars (right or left ?), momentarily relieved (143) by masticating or pressing on them.

No time of occurrence whatever is attached to symptom 32, which may be merely a variation or more exact description of symptom 31, and would thus have occurred after eight hours: moreover, symptom 88, on which I have nothing positive to say; symptom 655, probably an incorrect repetition of 663 or 671: moreover 713, where no guess at the date is possible.

Symptom 99—Hunger at an unusual time in the afternoon, a symptom which I assign to the first day of proving; and also symptom 218—Weariness and indolence after dinner.

From this (still very defective) history of proving, we see, 1st, that *China* does indeed produce *fever* symptoms, as is indicated by the shivering chill that occurred in three hours, with icy hands, and the heat that set in an hour and a half later. The second attack of heat commencing nine and a half hours later is described in two symptoms, which, however, partly contradict each other, so that on that account no judgment can be formed upon it, except, perhaps, this—that the Hahnemannian plan is not so carefully carried out here as one may and must demand. Be this as it may, there is nothing contained in the reported fever symptoms indicating the intermittent character.

As for the toothache which commenced in two and a half hours, recurring somewhat modified in forty hours,

this is not to be considered as evidence of the presence of an intermittent malady (like a so-called "intermittens larvata"); for one would far more naturally view it as wholly independent of such a disease, knowing that in subjects predisposed to toothache, even every little cause brings it on; and we, having no account of the provers, take the safe side for the *Materia Medica Pura*, and suppose the simplest and most ordinary conditions.

The few symptoms of Fr. Meyer admit of being chronologically arranged. Concerning the prover, the doses, and their form, or the time of taking them, no account can be given.

Half an hour after taking the medicine, there occurred chill all over the body, with cold hands (619) [how long?]. In three hours, pressing pain in the occiput (20), and pressure in both eyebrows, outwardly increased mostly by moving the muscles of the forehead (90); half an hour later, chill all over, mostly inwardly (621). Again, half an hour after (*i.e.*, in four hours), a tearing that extended here and there, sometimes on the right forearm (where it passed off by rubbing), sometimes on the left (442). In five and a half hours, hard pressure on the occiput, as if the cerebellum was pressed out (30) [query, should not three and a half hours have been written here, instead of five and a half?]. Finally, in seven hours, violent pressure under the *scrob. cordis*, as if there was a raw place there, the same in all postures, and when touched; shortly afterwards violent diarrhœa, without alleviation of the pain (237); that night restless sleep, out of which from time to time he awoke frightened, and each time continued for some moments unable to collect his ideas (584). During the short period of proving, all food tasted uncommonly salt, afterwards bitter (180).

Meyer's proving, which terminates with this symptom, will not be doubted, as such; and most of the results agree with those of previous provings: but it is equally undoubted, too, that no kind of symptoms of intermittent fever were experienced.

Still more defective appears the last of the proving his-

tories to be adduced, viz., that of G. Wagner. Nothing but the idea of enumerating here, in connection, as many as possible of the symptoms of *Materia Medica Pura*, could justify or excuse its insertion here; for out of seventeen symptoms only nine have the time specified. Besides which, we know neither the condition of the prover, the dose, the form, nor the time of taking it! Much, therefore, is wanting, not to say *every* thing, that would enable us to compare an artificial disease with a natural typical one. In order, however, to escape the reproach of dismissing Hahnemann carelessly, let even this proving find a place here.—G. Wagner remarked :

Immediately after taking the medicine, a flying chill, especially over the back (615) [perhaps a mere shudder at the nasty taste of the medicine?]; a few minutes after, sharp cutting in the umbilical region, with cold sweat on the forehead for a quarter of an hour (250). Shortly after this had ceased (*i.e.*, in half an hour), a kind of pressure as if squeezed in the head, with sweat on the forehead (33). In three-quarters of an hour, eructation, as if provoked by disgust; and pain (206) in the gastric region, as if from pressure, always ceasing on rising from a seat, and returning when he sits down again; and this for two hours (430). In one hour (*i.e.*, a quarter of an hour after the pain in the stomach began), eructation, as if from a desire to vomit (207). In two hours (during the stomach-ache which lasted two and three-quarter hours), pressure-like fulness in the head, just over the eyes (34), and all the rest of the day languor in the legs whilst walking (463). With this should be ranged, if it was not even present still later, a chill during the whole afternoon, alternating with heat, and, at the same time, feebleness in the legs, all much aggravated by walking in the open air (648). The night must be appended: he could not get to sleep; and when he did, he soon awoke with sweat on the scalp and forehead, and rigor down the back (580); I do not venture to enlist the following symptoms: Some chilliness on pressing the abdomen (290); severe pinching in the abdomen, which disappeared on rising from his seat (304); then, on walking in the open air, rigor down the back; then heat in the back, with sweat breaking

out, immediately followed by a sensation of cold again and chilliness (646). Moreover, the pulse harder and quicker, with flying heat and chill alternating on the back, which was covered with cold sweat, as was the forehead also in a few minutes, without thirst or heat, for five hours (647). Finally, after the fever heat, and during the perspiration on the back and forehead, *thirst* (655), which contradicts symptom 647 immediately preceding!

The above eighty-five symptoms of four observers may be barely admitted to be histories of provings. There is, however, a residue of about 483 symptoms, of seventeen other provers, where the specifications of time are either entirely wanting, or are attached to so few of the symptoms, that any attempt at arranging them as histories of provings is impossible. This would not be so great a defect in many non-typical disorders (say hypochondriasis) as it manifestly is in the present case. The main diagnostic symptom of intermittent fever is, notoriously, its typical occurrence. When, therefore, Hahnemann teaches us that *Peruvian Bark* produces intermittent fever in healthy persons, it is fatal to his position that he, from the defective data in the *Materia Medica Pura*, does not put us in a position to prove his statement, because that would only be possible provided all the symptoms, or at least those relating to chill, heat, and perspiration, were accurately noted, according to the time of their commencement, duration, and disappearance. This, however, is (as a glance at the *Materia Medica Pura* shows us) very far from being the case; nor is any definite type (such as quartan, tertian, quotidian) specified, according to which the febrile symptoms came on in any one of the provers!

Now, suppose even that we refrain from testing the value of these observations of others; suppose we take them all as unimpeachable; yet they are, like those given by Hahnemann himself, quite unavailable for that purpose: it cannot be demonstrated in any way by them that bark can produce, or ever did produce, intermittent fever in healthy subjects. The second class of observations by others is (as above indicated) the group of symptoms

which Hahnemann borrowed from older and contemporary writers. Thirty-six writers were consulted, and out of them about 180 symptoms extracted. Let us go through some of the more important ones, in order to form a rational judgment on the value of these symptoms.

1. The symptoms marked "Fischer," Nos. 7, 79, 169, 266, 336, 346, 406, 503, 527, 538, 644, 666, and 689 (thirteen symptoms in all), are from *Hufeland's Journal*, iv, 4th part, where Dr. C. E. Fischer made remarks on the intermittent fever which prevailed at Lüneburg in the spring of 1797, and gives the history of three cases. The above symptoms are taken chiefly from the second case. A lady, æt. 50, living in a damp situation, already become dropical from the fever, took daily three doses of $\frac{1}{2}$ dr. and more of *Fever Bark* in powder (to which the note on symptom 689 refers), and the alterations of the disease which ensued are entered by Hahnemann as pure effects of *China!!* I beg my reader to excuse me from publishing the report in detail, symptom for symptom.

2. The symptoms marked "Schlegel," Nos. 130, 71, 210, 674, 687, 688, 690 (seven in all), the three last bracketed by Hahnemann, are found in vol. vii, part 4, p. 160, &c., of *Hufeland's Journal*, and are from a treatise by Dr. Schlegel, official physician at Ilmenau, entitled *A Case of Cure of Intermittent Fever by Mercury*. A laundress, æt. 47, suffered for four months from a tertian ague, which turned to a quotidian, with œdema of the feet, and yellow sunken countenance, diminished appetite, &c. She took, on the fourth day of Schlegel's treatment, a decoction of *Bark, Geum urbanum*, and *Spiritus Mindereri*, whereupon the paroxysms occurred about one hour earlier, and the above symptoms, which are collectively and severally worthless set in. What a proceeding on the part of a man who treated his opponents as Hahnemann did!!

3. The 661st symptom is recognised as "impure" in Hahnemann's text. Let us, however, read as much as is needful in vol. xiii of *Hufeland's Journal*, pt. 1, page 142,

since it is interesting, though utterly unavailable for a *Materia Medica Pura*.

Professor J. V. von Hildenbrahd, of Lemburg, in an article *On the Use of Sulphuric Acid in Nervous Diseases*, communicates the history of a hypochondriacal man who suffered from an obstinate quotidian, was very weak, and took *Bark* (p. 142). "However, under the largest doses the disease was aggravated, so that to the febrile fits there was added a symptom of which I never yet met with an instance in my practice, and which must have been as dangerous as it was distressing. His thirst during the cold and heat of the fever was so violent and insatiable, that the patient kept his tongue hanging into a vessel of water constantly, like a lapping dog, as his only possible relief; a sight which one could not witness without commiseration."

He took *Acid. sulph.* in water with syrup, of which he speedily drank six quarts. From the next day, improvement set in, and ultimately he recovered.

Let us also take a short review of the *China* symptoms quoted in the *Materia Medica Pura* from the various volumes of *Miscellanea curiosa Academiae natur. curios.*

1. Dr. Daniel Krüger, physician in ordinary to the elector of Brandenburg, published in *Decuria* iii, annus 3, p. 364, observation 148 (a short treatise), some observations on the extremely pernicious effects of *China* when used at an improper time: first, in the case of a physician who, after the fifth fit of a tertian, took one drachm of the powder before the sixth, with evil results; for symptoms 132, 456, 555, and 557 set in, so that he only recovered gradually by the copious use of wine.

In a girl, seven years old, who also was cured of an intermittent fever by *China*, symptoms 284 and 499 followed.

It may be proper to remark here, that after the remarks in this essay of Krüger's, which was known to Hahnemann, it was simply a wilful untruth to say, in the Introduction to *China*, p. 98, that it has been considered "not only as innocuous, but also in almost all morbid conditions, especially where there is debility, as a wholesome and most universally wholesome medicine."

In annis 9 and 10 of the same Decuria, there occurs, in p. 201, under observation 109, a short treatise on the fatal use of *China*, by Dr. J. W. Romberg, palatinate hospital physician.

In the summer encampment established near Mannheim, in 1699, by the princes of Sax-Meiningen, nearly forty soldiers fell ill of tertian ague, which a surgeon tried in vain to cure with more than a drachm of *China* per day. In a short time they all became dropsical (534), lost all appetite (192) and all strength (543). They were cured by Romberg with *pills of Extract. cathol. Resin. Jalappæ, Calomel*, and other medicines.

Another observation by Dr. J. Fr. Bauer, of Leipsic, August 24, 1731, in *Acta natur. curios.*, vol iii, observation 70, p. 218. A man, past forty, who had suffered some months from a quartan ague, received, by his advice, an electuary mixed with about two ounces of *Bark*, with directions to take as much as would lie on the point of a knife every four hours, on the days free from fever. He, however, took more, and got quit of the ague, but (215) incurred continual vomiting, fearful colic (280), with total obstruction of the bowels (335), so that, if possible, he would have recalled the disease. After four days of martyrdom, he got cured by suitable remedies. Romberg also here adds the warning—"By this example it is clear that *Peruvian Bark* cannot with impunity be given immoderately or taken too greedily in treating fevers, and yet Hahnemann asserts the contrary of the physicians in bold terms !

We find a further voucher in the same work, vol. ii, p. 287, observation 129 (Nuremberg, 1747), by Dr. J. A. Limprecht, consulting physician to the Duke of Wurtemberg, in an article on excruciating pain in the bowels of an old man after taking a powder consisting entirely of *Peruvian Bark*.

In 1675, Dr. Schacht, a pupil of the celebrated Sylvius, gave *Bark* in powder before the fit to an old fellow, past sixty, who had long suffered from a quartan in Leyden Hospital. Whereupon he was tortured with so frightful a pain in the abdomen, that he would rather have undergone

the fever for a whole year than such agony (symptom 285).

Also the highly celebrated Dr. M. Ettmüller observed "dolores tensivas" from the use of *Bark* (symptom 528, the source of which is to be sought here).

As the friendly reader sees, our search after "pure" symptoms of *China* under the observations of other physicians quoted by Hahnemann have hitherto given only a negative result; we are, therefore, not encouraged much to continue our examination. Let us then, in conclusion, review the symptoms borrowed from Murray's *Apparatus medic.*, ed. 2, auctore L. Ch. Althof. This industrious and intelligent author has, in vol. i, pp. 834 to 952, an extremely creditable essay on *Bark*, adorned with a very copious literature, of which Hahnemann has made much use. Let us, then, examine the symptoms taken from Murray's text. We read there, p. 856, "Many chronic maladies occurring after these fevers, have been ascribed to *Bark*, though they happened long before it was discovered; an error from which not even Boerhaave himself was free. To this class belong—phthisis (531); arthritis (525); cachexia (532); hydrops (534); obstructions of the liver (260) and spleen (255): for which diseases, resulting from intermittent fever, *Bark* gets the chief discredit [præcipuam paginam absolvit], as numerous observations testify." And may not one well be angry when all these diseases are ascribed to *China* as pure effects on healthy subjects, in defiance of Murray's express words? This is a sad abuse of Murray's excellent work. Moreover, Murray says, in p. 857, "Again they erroneously contend that the evacuations are allayed" (334). Symptom 555, viz., fainting, I do not find.

Amongst the many writers whom Murray introduces, partly in his very numerous notes, partly in the text, let us first notice Alpini *Histor. febr. epidem.*, p. 93 (compare symptom 328 in Hahnemann). There Alpinus informs us that "*Bark* stops urine (345), profuse and universal perspirations (675), bilious stools (328), and sometimes hæmorrhoids (338) and menses."

Beyond a doubt, Hahnemann has borrowed these symptoms

from Murray, p. 857, without the slightest guarantee that the effects were observed on healthy persons!

The same is true also of the first symptom, from Percival's *Essays, Medical and Experimental*, vol. i, p. 109. According to this, Murray teaches us that a weak stomach cannot bear the *Bark* in powder.

Whether this depends, according to Pringle, on a fermentable property in the *Bark*, or, as Percival says, upon its insolubility, from whence arises a sense of weight and oppression (symptom 266), Murray, p. 864, may remain doubtful. Beyond all doubt, however, symptom 266 is of no use in the *Materia Medica Pura*.

Immediately upon this, Murray adduces from Friborg's *Dissert. de usu Cort. Peruv.*, 1773, as evidences for Percival's notion, the instance of a patient who, at the end of a week, threw up (symptom 214) his *Bark* quite undigested, (symptom 230), although it had conquered the fever. What a muddle!

Symptoms 371, 556, 694, and 695, taken from Joh. de Koker, Hahnemann himself points out as "impure," because they originate from *Bark* given during the cold fit of an ague.

It is true that there remains a considerable number of *China* symptoms borrowed from medical works, which, however, I believe I may pass over after the preceding evidence for the purpose in question, since a strictly critical sifting of Hahnemann's working out of *China* is not here either our view or object, and those symptoms have hardly any importance for our purpose, because they amount, for the most part, to individual local sufferings.

With the examination of the references in the *Materia Medica Pura*, we have done with Hahnemann's writings, and may pass on to the sifting of the result. This result, however, can, according to the above investigation, be no other than the following:

The alleged power of *Bark*, when taken inwardly to produce intermittent fever in healthy persons, cannot at all be proved by the experiments of H. and others that have been hitherto considered. One must rather admit that most

of the provings as yet spoken of most decidedly teach the *contrary*.

With this, however, it is not asserted that *China never can* produce intermittent fever; one can only say that Hahnemann, according to his experience, was not justified in making the above-quoted assertion. He had never seen intermittent fever from *China*. C. G. Neumann is so far right in calling Hahnemann's assertion an untruth, though Neumann's evidence on this point cannot be considered as sufficient, since this writer, in his *Remarks on the most frequently used Medicines*, Berlin, 1840, says, p. 36—"In the case of wounded men who were anything but fever patients, I have administered *Bark* in all shapes very often, and for a long time, in large doses, and effected better suppuration and retardation of the pulse, but never fever."

Neumann's results, viz., the improvement of the suppuration and retardation of the pulse, cannot be doubted; but it is just as clear that wounded men who needed both these results (or else why give *Bark*?) cannot be considered as healthy subjects.

Some would fain enlist, as a concession of the power of *China* to produce intermittent fever, an expression of Griessinger's in his excellent articles with which he has delighted and obliged the medical public in Virchow's *Handbuch der Speciellen Pathologie und Therapie*, ii B.: viz., "that it is a fact that sometimes workmen in the quinine manufactories get obstinate intermittent fever."

With this I cannot agree; whoever reads the passage *loc. cit.*, p. 49, in its connexion, will admit that it must be interpreted thus: that the effluvia of the *Bark* or of the *Quinine* in the manufactories cannot always secure the workmen from intermittent fever.

If these manufactories lie in the neighbourhood of brooks and streams (as, where steam-power is not employed, is necessary, to obtain the moving power of water-wheels for grinding the *Bark*), then, the propinquity of the water which constantly wets the side of the building turned towards the wheels, furnishes a cause for the occurrence

of a fever that especially makes its appearance in moist localities. There could be no talk about *China* being a probable exciting cause of fever unless intermittent fever were peculiarly present in all Bark mills. This, however, Professor Griessinger by no means asserts.

Much to the purpose are the communications of Dr. A. Garms in his *Eröffnung eines neuen Weges zur sichern Indication der Arzneimittel*, Leipzig, 1853, p. 407.

Dr. Garms had devoted himself to the elucidation of the question whether in *Quinine* manufactories, and particularly in that of M. Zimmer, of Frankfort-on-the-Main, the workmen are frequently exposed to intermittent fever; and he obtained from Mr. Mettegang, who had for many years been the overseer of this manufactory, the following information: "There are two diseases which the manufacture of *Bark* induces in the workmen. The first is the so-called 'Quinine Fever,' to which those only are subject who work in the Bark mill, and are much exposed to the dust of the Bark. This manifests itself in chill and heat, like an intermittent. But according to all our experience it always comes to an end with one violent fit, without the use of any medicine whatever; and it is remarkable that the workmen who have once got over this single fit can ever after expose themselves with impunity to the *Bark* dust; only a few, however, incur the risk, the greater part preferring to give up the employment. This Bark fever attacks all the workmen, with very few exceptions, who inhale much of the *Bark* dust. By a suitable construction of our new mills they have nothing more to fear from the dust.
* * * The second disease is an eruption from which many suffer during the early period of their service, who are occupied with the further elaboration of the medicine. In some cases this eruption spreads all over the body, so that they have to leave off work, whereupon rapid improvement occurs; but as soon as they resume work the eruption reappears, and then nothing remains for them but to leave off the employment altogether.

"In a few individuals this eruption was very serious, in which cases the sexual organs were swollen. As a rule,

however, the affair is trifling, and disappears entirely in some time, so that ultimately they can attend to their work in the various operations without any inconvenience, and feel quite well at it. Whether the cause of this disease lies solely in the action of the *China* and also of the *Quinine* on the skin, and not also in the exposure to steam, heat, acids, spirit, &c., I do not venture to decide. Yet the former has most probability on its side, since the eruption shows itself in every operation of the manufacture without exception, even to the packing up of the medicine. The degree of susceptibility to it varies much in individuals. The inhaling of the dust is never followed by the eruption, but always exclusively by the *China fever*. We know of no prophylactic for the eruption, and the workmen who are attacked are as sober and well-living in other respects as other folk. Our men have never suffered from diarrhoea which other manufacturers, especially in Paris, have observed among their people."

Now, that the inhaling of *Bark* dust can produce a peculiar fever must be a fact according to the above undoubtedly credible observations; only this can by no means be called intermittent, since it is expressly remarked that the disease causes but a single paroxysm, and there ends. Thus there is wanting the most important characteristic of the intermittent, viz., as already remarked, the periodicity of the fits.

In vol. xxii of *Griesselich's Hygea*, Carlsruhe, 1847, this author reports two cases of intermittent, which are said to have been produced by the internal administration of *Quinine*.

1. A well-informed man of the highest class, æt. 50, strong and hardy, got wet through, which brought on inflammation of the right great toe. The doctor thought he recognised gout here, though the patient never had it before. Leeches were applied, and all sorts of medicines prescribed for a series of weeks. At last our friend fancied he discovered something typical in the affair, which by the patient's account, however, could not have been the case. *Sulph. of Quinine* was given; but scarcely had he taken a few grains, when he had a regular attack of fever, with

violent rigor, followed by heat and profuse sweat; the fit recurred at the very same hour next day, but it was but a feeble one, and on the following day only a small trace showed itself. Nothing else had acted on the patient which could be looked upon as the cause of the intermittent fever. *Hygea*, loc. cit., p. 301.

I attach less importance to the second case recounted in the same work, which, according to Griesselich, is borrowed from *Rust's Magazine*, 1846, B. 65, Heft 3, as follows:

2. An officer was suffering from a rheumatic bubo, fistulous ulcers were formed, and in the course of the disease œdema of the legs set in, with gastric symptoms. It was gradually observed that the œdema increased every afternoon at 5, considerably, along with shuddering and drawing in the spine, where several vertebræ felt very sore to external pressure; urine dark and scanty. *Quinine* was given; immediately increased urination set in, and in three days the œdema, which had also appeared in other parts, was removed. But in four days after the *Quinine* an attack of fever set in *in optimâ formâ*. The *Quinine* was continued and no more fever occurred.

This latter case seems to me less important. Both have this feature in common, the medicine was acting not on the healthy but the sick. Also the disease in the first case was probably not true arthritis, but acute rheumatism, which in serious cases may last fifty or sixty days (Vogel, in vol. i of Virchow's *Handb. der Spec. Path. and Ther.*). Nor is it stated what medicines were used in the long interval, and lastly, it is admitted that in the course of the rheumatism exacerbations and remissions frequently occur, which, however, seldom run a regular course, and whose cause can still seldom be ascertained (Vogel, loc. cit., p. 481); nor is this case pure and perspicuous enough to give a definite judgment; yet I cannot quite set it aside, but must first seek out other similar cases; and then, from the comparison of as many as possible, strive to attain a more or less probable decision. Pyæmia could not have had anything to do with this case.

The second case seems to me still less suited for the decision of so weighty a question. It was evident that, besides fistulous ulcers and œdema, there was spinal irritation, *i. e.*, a malady which of itself accompanies a great variety of diseases, and forms one of the most essential elements of the general irritation in what is called fever (Wunderlich, *Spec. Path. und Ther.* iii, A., p. 30). So complicated a condition, however, cannot be used for the elucidation of a questionable phenomenon. At most these two cases can only make it probable that in many patients such a modification of their disease may be induced by the internal use of *Quinine*, that feverish symptoms supervene where such were either absent or only very trifling. It will be time to attempt an elucidation of this conjecture when it shall be proved to be a fact, and not till then.

To these two cases I subjoin a third, which Dr. Garms relates in page 404 of the above-cited work, after Assmus (*Ueber die Heilwirkung des Chinin in der Lungenschwindsucht*, Königsberg, 1842, p. 40). A consumptive man was treated by Assmus with eight grains of *Sulph. Quinine* daily. "After taking one drachm, an intermittent set in such as one seldom sees. The chill of three hours duration was so severe that the rattling of the bedstead was heard far off, and the patient was thrown back and forwards several inches. Then followed heat for twelve hours, with but little sweat. By continuing *Quinine*, only one weak fit occurred after; the favorable effect upon the hectic fever could not be disputed, and it improved from day to day and soon disappeared entirely."

This case, however, is not pure, observes Garms, as the observation was made on a phthisical subject, and hectic fever so often exhibits marked remissions and even intermissions with pronounced chill, heat, and sweat, that one fancies it to be intermittent fever.

I have nothing of consequence to add nor to oppose to this view of Garms.

In the *Handbook of Homœopathic Materia Medica*, by Drs. Noack and Trinks, vol. i, top of p. 511, under "Proofs of the Fever-exciting properties of *Quinine*" (all of which

we shall examine), there is a reference, amongst others, to *Alph. Merard, Frorieps's Notizen*, vol. 6, No. 19, p. 304. It will suffice simply to quote Frorieps's words :

“Dr. Alphons Merard warns us against the use of *Sulphate of Quinine* in too large doses, from his own experience, that only from six to eight grains, and never more than fourteen, are beneficial for adults in remittent and intermittent fever, and that larger doses, though they do for a time suppress the ague fits, at the same time give rise to fresh attacks.”

Another case adduced by Noack and Trinks as evidence for the fever-exciting power of *Sulph. of Quinine* appears in vol. 61 of the journal published by Hufeland and Osann, in the 6th part for December, 1825.

A girl, æt. 7, who had already suffered in her fifth year from a tertian ague, was cured by suitable treatment; but then, through errors in diet, had ten relapses, which had been cured at first by various preparations of Bark, and at last with the *Sulphate of Quinine*, which had, in the mean time, come into general use. Now, in her seventh year, she was seized with tertian intermittent fever. At first no aid was sought; afterwards the child was, by solvents and evacuants, prepared for the use of the sulphate. Shortly after, however, comatose symptoms appeared with each paroxysm. Upon this was prescribed *Sulph. Chin.*, 1 gr., *Pulv. aromatic.*, 2 gr., *Sacch. albi*, $\frac{1}{2}$ scrup. m. f. *Pulv. D.S.* One powder every two hours when free from fever.

N.B. “*Pulv. aromat.*” consists, according to the Prussian Pharmacopœia, ed. 5, of *Cassie cinnamon pulv.* 2 oz., *Cardamom. min. exkort. pulv.*, 1 oz., *Rad. Zingiber* and *Piper. albi*, aa. $\frac{1}{3}$ oz., m. f. *Pulv.* (page 220).

The child took the first and second powder without any inconvenience, but had hardly taken the third, when there occurred suddenly shivering and chill for fifteen or twenty minutes. Then heat extending over the whole body, which, however, passed off in half an hour, with gentle perspiration, so that the patient could leave her bed. These changes the parents took for the paroxysm, which they had not expected till the following day, and were only surprised at

its short duration. But after the fourth powder the same symptoms set in; the parents, with some hesitation, continued giving a powder every two hours; every time the cold and hot fit followed. Next day Dr. Hirschel (who communicated the report) himself witnessed such an attack, which, however, was slighter than the day before. He says: "The patient was pale, and complained of chill and shivering; the lips and nails became bluish; the pulse spasmodically contracted, but little altered as to frequency. This state continued perhaps fifteen minutes, when a moderate heat followed, generally diffused; the face and lips grew red again, the pulse stronger and fuller; the patient often longed for drink; at last general perspiration appeared, and in three quarters of an hour the little girl was quite well again.

"The expected intermittent paroxysm set in at the right time, but slighter, and without coma.

"After this the powder was continued; the Bark Fever occurred, however, more slightly each time, and by next morning disappeared entirely. The intermittent paroxysm that was expected in the evening stayed away, and thenceforward the child was well.

"The facts here adduced seem to me worthy of notice, inasmuch as with every exhibition of 1 gr. of *Sulph. Chin.* (*i.e.*, every two hours) they show us as it were a miniature intermittent within the larger cycle of the paroxysms of an ordinary tertian ague."

The causes of this phenomenon Hirschel considers difficult to assign; whether it was determined by gastric impurity already existing, or whether *China*, which was, perhaps, employed a little too soon (which, however, seemed needful), or, lastly, whether the case spoke for the therapeutic principle of homœopathy, he does not venture to decide.—*Huf. Journ.*, *loc. cit.*, pp. 141—143.

I might reckon the above case, like that previously cited from Griesselich, amongst the more important ones, though neither prove the production of intermittent fever by *Quinine* in *healthy subjects*, as the child was already suffering from an intermittent, besides which there were also

gastric derangements already existing. We shall revert to this case presently.

With this case is to be classed another, observed by Dr. E. Osann himself, at Berlin, and published in the Twelfth Annual Report of the Royal Polyclinical Institute, in *Huf. Journal* Supplement of A.D. 1825, pp. 97 and 98, as follows: A woman, æt. 45, was suffering from typhoid fever, along with her husband, æt. 72; in the latter the disease assumed rather the form of *febris nervosa stupida*, but in the wife *versatilis*. She could only bear the *Nervina* in combination with *Sal essent. tartari* (= tartaric acid), and got better. She had to take for the removal of an extraordinary amount of debility during convalescence "moderate doses" of *Sulph. Quinine*, but "after each dose the patient had a well-marked fit of ague. When quite free from fever, and suffering merely from great weakness; took $\frac{1}{2}$ gr. of *Sulph. Quinine* in the morning, and the same twice in the evening. In about one hour there occurred a fit of shivering chill for one hour, then a hot fit, and afterwards a sweat of several hours. The medicine was discontinued at once, and no fit appeared till ten days after; when, on the supposition that she could better bear the bark, a decoction of $\frac{1}{2}$ oz. *Cort. Chin.*, with 6 oz. *Colat.*, was administered. A single dose, one and a half tablespoonful, was sufficient to produce a fit precisely as before. On leaving off the use of Bark no fever appeared afterwards." The man being in a more torpid state, bore both the *Sulph. Quinine* and the decoction extremely well.

I judge of this case just as of the preceding, and we will consider them all further by and by.

From the exhaustive treatise of Dr. F. S. Wittmann, consulting physician, '*Sulph. Quin. considered as a Medicine*,' Mentz, 1827, for which I am indebted to the liberality of Dr. Kälb, librarian of the Mentz public library, I will first bring forward a case, not cited by Noack and Trinks, which seems to me to be relevant to our subject. It is as follows: *loc. cit.*, pp. 98, 99.

A man from Amsterdam, more than 50, was suffering from an inveterate quartan ague when on a journey to

Swabia, which was attended with many privations. He had to be brought to the Mentz Hospital. The fever was contracted, he said, in Holland; in Mentz his death seemed imminent. By good nursing he survived; yet, as a sequela of the long illness, anasarca was formed, and at last hydrothorax too, at times with great danger to the patient. The intermittent fever had quite left him. Because *Bark* in substance could not have been endured, the author gave *Sulph. Quin.* 3 gr. for a dose, four times a day. *The fever set in afresh.* Dr. Wittmann took this as a good sign, and the result confirmed his view. By continued use of the medicine enormous diuresis set in; first the hydrothorax disappeared, then the abdomen subsided. The legs recovered their natural dimensions, the fever went away, and within two months the man proceeded on his journey. On his return he called, perfectly well, to thank the doctor.

This case, too, I cannot pass over, nay, I must rather consider it amongst those most weighty for our purpose. But because the greatest possible amount of analogous cases appear very desirable, nay indispensable to the forming of a tolerably solid judgment, we will, after recounting all procurable phenomena of the kind, reconsider them collectively.

The following observation also may be inserted here as not irrelevant:

A woman, of 30 odd, of lymphatic constitution, nervous temperament, mother of several children, after a premature labour fell into a violent continued fever, which, in spite of several bloodlettings and other means, exhibited no definite amendment. Night sweats and bloody diarrhoea threatened to finish the patient, whilst her head was quite unaffected. At first fixed pain in the left hypochonder made it painful to lie on that side. Cough trifling; in the morning sometimes expectorating yellow frothy phlegm, streaked with blood. Pain in the side relieved by local remedies. Yet the pulse continued quick and irritable; sometimes hard. Almost daily a white sediment in the urine during an illness of ten weeks.

The suspicion of an inward suppuration which might be looked for with most probability in the abdomen could not be verified.

Experimental administration of *Sulph. Quin.* 2 grs. daily, 3 doses.

“The pulse seemed little altered thereby. On the other hand, on the fifth or sixth day (when we had already desisted again from the medicine), there occurred a most violent fit of fever with severe shivering, evidently threatening the patient’s life.”

By a procedure which was on the whole rather expectant than remedial, the diarrhœa gradually yielded to *Decoct. Columbæ* with *Gum Arabic*. A cough came on with considerable expectoration very like true pus, diminution of the fever, appetite and gradual restoration of strength. At last prescribed nothing but nutrients, *Sacch. lactis*, *Gum Arabic*, and *Myrrh*. The expectoration and fever ceased entirely, and the patient recovered perfectly.

The author believes that he may suppose, with probability, that the *Quinine* may have given rise to the above case of fever, and that the fortunate metastasis of the expectoration is to be considered as a result of the energy which the fever attained. “If I were, otherwise, an orthodox homœopath, which I am not, it would cost me but little effort to derive great support for that theory from this observation.” Wittmann, loc. cit., pp. 133, 137.

Dr. Wittmann himself made three experiments on healthy men, and communicates the results in the article already quoted, pp. 18—20.

1. A healthy young man, æt. 24, of sanguine temperament, took one morning, fasting, six grains of *Sulph. Quin.* in powder. He felt not the least disturbance of stomach, nor any alteration of his general health or stools, only next day his urine was a little turbid.

2. A healthy youth, æt. 18, of nervous temperament, took four grains of *Sulph. Quin.* fasting. Not the least suffering of a gastric character; a little chill; rather quicker pulse; urine and stool normal.

3. A healthy strong peasant, æt. 20, of lymphatic constitution, took six gr. of *Sulph. Quin.* with six oz. of peppermint water, two table-spoonsful every hour. The mixture was taken in one day, but had no perceptible effect.

Next day three doses were given in powder, each six gr. of *Sulph. Quin.*, and taken within nine hours. Thus, in less than twenty-four hours twenty-four grs. were taken, yet without perceptible effect.

Towards evening (after three powders, six grs. each) rigor, with the pulse rapid and frequent (*celer et frequens*); dryness of the mouth set in, with thirst; restless night, and urine next day with copious sediment like brickdust. Not the least effect on the digestive organs. From these experiments, which are not abridged in any essentials, Wittmann derives the following results :

1. That *Sulph. Quin.* possesses no narcotic properties.
2. That in small doses it does not disturb the digestive apparatus, in larger doses but slightly.
3. "That it does, especially in larger doses, produce effects similar (homœopathic?) to the fever, as the third experiment showed, and as the very indefinite expressions of Majendie and Elliotson seem obscurely to confirm, viz., a certain degree of uneasiness and a higher degree of excitement, with confusion of the head."

In page 63, Wittmann says, "This medicine produces, as I have found, an excitement similar to the fever itself."

As to result 3 of the above experiments, Dr. Garms, in page 407 of his work already cited, says, "These expressions (of Majendie and Elliotson) are quite too indefinite, and it would be going too far to find in these or in the experiments instituted by Wittmann himself, a resemblance to intermittent fever in the effects of *Quinine*."

As to the instances adduced by Elliotson, they are by no means results of provings on the healthy, and are never once extracted from Elliotson, but are quoted by Elliotson as Majendie's remarks. Majendie has these passages in his *Formulaire pour la préparation et l'emploi de plusieurs nouveaux médicaments*, Paris, 1822, p. 49, as the reader can

soon convince himself in J. Elliotson's essay, *Investigations on the Medicinal Powers of Quinine*, in vol. xxxi of the *Sammlung auserlesener Abhandlungen zum Gebrauche praktischer Aertze*, Leipsic, 1823, pp. 466—488. Elliotson, therefore, cannot be used as a witness for the fever-producing power of *Quinine*; Majendie's work I have not by me at present.

Still we may adduce an experiment of the talented Wittmann, in which he made use of this probable power of *Quinine* to produce fever, l. c., p. 41.

“In the case of a woman who had suffered for a year from disturbance of her intellect, I hoped to produce amendment by exciting an artificial fever. For this purpose I applied fontanelles (setons), and at last tried *Quinine* in pretty strong doses, yet without the least effect.”

Now, taking all Wittman's accounts collectively, I must insist on the view that *Sulph. Quin.* has by no means produced *intermittent fever in the healthy*.

According to Wibmer (see his work *The Effects of Medicines and Poisons in Healthy Animals*, 2 vols., Munich, 1832, p. 332, &c.), only a few experiments with *China* have been made on the healthy.

Those of interest for our purpose are—

1. Caventou, during the preparation of *Quinine*, constantly experienced an effect which he compares to the excitement produced by taking coffee.

2. A series of experiments by Wautl with *Cort. Chin. fusc.*, which I shall communicate by and by from the fuller account in the *Allgemeine Hom. Zeitung*, vol. 20, p. 67.

3. The observations of Rust on *Quinine* and *Cinchonine* must be consulted in the original *Rust's Mag.*, 12, as it does not appear from Wibmer's reference whether the observations were made on healthy or diseased persons. The other provings related by Wibmer from Friend, Rauschenbusch, Majendie and Härtl refer to lower animals, and as such have a high value, yet without being available for our purpose.

As further evidence for the alleged powers of *Bark*, Dr. Noack and Trinks adduce the following cases :

Auber, *Revue Médicale*, 1840, p. 461.

As the work in question was not at hand, I asked my respected friend, Dr. E. Roth, of Paris, to copy these and some other passages for me, and give me information respecting them.

In regard to the case in question, Dr. Roth writes to me—"In alluding to a book by Piorry and Lhéritier (*Traité des altérations du sang*, 1 vol., 8vo), Dr. Ed. Auber (*Revue Médicale*, 1840, vol. i, p. 461) says:

"Piorry denies that *Sulph. Quin.* can produce intermittent fever in a healthy person. However strange this effect may seem, we can nevertheless assert positively that we have seen several instances of it, and we are happy to be able to corroborate our assertion by the authority of Hippolyte Gondorp, one of our most distinguished army physicians. It appears from experiments which he made on himself in 1828, that *Sulph. Quin.* produces actual fits of intermittent fever in healthy persons."

So far Dr. Roth's communication pertains to our subject.

I cannot question the veracity of Drs. Auber and Gondorp, but I cannot help wishing, for the interests of science, which can and must accept nothing short of well-proved facts, that the experiments which they both made were communicated *in extenso*; till which time the conclusion drawn from them is not to be accepted as definitive.

The above notice does not suffice to illustrate the experiments in question; we cannot even take for granted that there has been some error or some misconception, and accordingly no confirmation of this dictum, "*Quinine excites ague fits in the healthy*," is found therein.

It might be to the purpose to conclude with the conclusive experiments which Dr. Böcker, of Bonn, has adduced, and which are published *in extenso* in the *Medicinisch Zeitung Russland's*, An. 1859, particularly as this work seems to have become known in Germany, only all attempts to procure the said periodical have been unfortunately as yet fruitless.

Meanwhile, while waiting to see whether ordering it directly from Petersburg will have any better success, I refrain from

reporting Böcker's experiments until the second part of this essay, and close this first part with the history of some experiments by Piper and Walzl in Munich.

October 6th, 1838, p.m.—Dr. G. O. Piper took an injection containing 1 oz. *Pulv. Cort. Chin.* In five minutes nausea and hot rising from the stomach; soon after, the taste of *Bark* quite manifest, extending from the root of the tongue over the whole cavity of the mouth; some confusion of the head with tensive pain in the forehead and orbits of the eyes; movement of the eyes painful, with a feeling of mechanical hindrance; nausea; such active disturbance in the abdomen that he was obliged to eject the clyster in ten minutes. During the evacuation, delayed by tenesmus; the pain in the head suddenly ceased, and the patient saw the chamber, in which the candle was burning, all in a dazzling sulphur yellow light, but in a few minutes the whole place looked glittering with rosy light. On returning to the parlour which was still somewhat bright, this illusion passed off and did not recur on going repeatedly into the chamber again. Pain of the eyes and nausea in a slighter degree till he fell asleep. No further symptoms. *Allg. hom. Zeit.*, 19 B., p. 202.

The same author gives in his *Dissert. Inaug. de Exploranda Medicamentorum Naturâ*, some provings of *Sulph. Quin.* on himself.

The symptoms observed are enumerated in vol. 13 of the *Allg. Hom. Zeit.*, by Gross, Hartmann, and Rummel, No. 23, p. 368, as follows:

Took a quarter of a grain of *Sulph. Quin.*, early fasting, without effect. Next day took half a grain twice. Afternoon.—Distension and tension of the abdomen, painful to the touch; some contraction of the chest; pressive pain in the forehead and about the orbits; languid movement of the eyes; lassitude of the whole body; laziness.

Evening, took three quarters of a grain more. Quiet sleep at night. Next day a certain lassitude with constant inclination to gape; frontal headache as on the previous day, lasting three days, increased by turning and bowing the head; diminution of the tension of abdomen; fatigue

in the thighs ; copious, turbid, loaded urine ; general numbness and trembling of limbs for three days.

The same experiment repeated some time afterwards gave a similar result.

After two grains *Sulph. Quin.* taken fasting :—Great tension of abdomen ; the flatus was not discharged ; the stool was altered (how ?). Headache as before ; peculiar dryness of the eyes ; dimness of vision, as if through a net, once like a dark cloud before eyes ; fatigue of thighs.

Waltl has also furnished some provings of *Cort. Chin. fusc.* (*Allg. Hom. Ztg.*, Bd. 20, p. 367). "I took daily two drachms of the powder. The first three days I experienced nothing unusual, not even derangement of the digestion. On the fourth and fifth days an unusually good appetite came on, so that during the time I took the *Bark* I ate twice as much as usual. At the same time the motions were easier. At last I got to take half an ounce of the tincture daily. The appetite continued the same, but I felt no other unusual symptoms."

(To be continued.)

CHELIDONIUM MAJUS, L.

By Dr. O. BUCHMANN, of Alvensleben.

(Continued from p. 205.)

July 1st.—Morning sweat after good sleep and disagreeable dreams. At 1 p.m., ten drops in water ; from 3 to 7 p.m., heat in face ; at 9, rigor ; sleeplessness from 10 to 11.

2nd.—At 6 a.m., ten drops in water. At 11.30, shooting on inside of left lower eyelid ; burning in lower eyelids ; at 2.45 p.m., pain in nasal bone ; stuffed cold ; at 5 p.m., dazzling before eyes.

3rd.—At 11 a.m., ten drops in water. Immediately afterwards pain in right shoulder ; ringing in ears ; at 1 p.m., aching in chest under both arms, constriction as

though the chest were tightly bound ; itching in perineum ; at 5 p.m., burning in tips of ears ; dull aching in right temple drawing towards vertex ; from 7 to 8 p.m., rigor with chattering of teeth.

4th.—At 8 a.m., ten drops. Constant rigor.

8th.—At 2 p.m., ten drops. At 5 p.m., tensive pressure below left scapula ; aching in temples ; ringing in ears ; burning in the left ear, whilst the right is quite cold ; at 6 p.m., aching in sacrum, which slowly rises to below the scapulæ, and lasts till 10 p.m. ; itching in the point of the nose.

9th.—At 10 a.m., ten drops. At 8 p.m., itching under the left great toe ball, and shooting under the left little toe ; falling out of the hair continues ; at 9 p.m., aching under right scapula ; burning in forehead ; about 10 p.m., pain in occiput, in the midst of which I fell asleep.

10th.—At 1 p.m., ten drops. At 5, shooting on the border of left ribs ; at 5.15, aching pain in right thumb ; at 5.30, shooting in frontal bone, right over the left eye ; thereafter on the left side of occiput. At 6 p.m., ten drops. At 7, shooting in right heel ; ringing in right ear ; dryness in throat ; great weariness.

11th.—Dream of a journey at night. At 6 a.m., six drops. Roughness and dryness of throat ; swollen belly ; at 8.45, burning in the right thumb ball ; about 10 a.m., sleepiness, dazzling before eyes, shuddering. At 1 p.m., ten drops. At 1.30, violent throbbing in the temporal arteries, with headache ; aching pain in right temple, then in right parietal bone, lastly, close over the right eye ; itching in left ear ; viscid ear wax of a whitish colour, like flour paste ; at 6 p.m., burning in left ear, whilst the right is cold.

14th.—At 11 a.m., ten drops in water. From 3 to 4 p.m., burning in cheeks ; shooting in inside of right eyelid ; aching in right temple and itching in right ear.

15th.—At 10 a.m., ten drops in water. At 4 p.m., general dry heat, with pulse 100 to 110 ; cold ears ; pain behind right ear, in the forehead and vertex.

16th.—At 9 a.m., five drops. At 11, dryness and itching

in left nostril; from 1 to 2 p.m., tearing in the meatus auditorius and temporal bone; at 8, aching pain in right molar bone; at 10, itching in left toes, at 10.15 over right ankle.

17th.—At 8 a.m., five drops in water. At 10, itching in right sole.

22nd.—At 10 a.m., five drops. Itching on the sacrum; at 1.30 p.m., shocks on the inside of the left lower eyelid; dryness in throat and nose; at 1.45, drawing in left great toe; at 2, pain in right molar bone and below left scapula; at 4, short jerk in upper incisors; pain in left ankle, especially when walking.

23rd.—At 6.30 a.m., five drops; at 11, five drops; at 4 p.m., five drops. At 1 p.m., itching in anus; at 4.30 cold ears; dry nose; hot forehead, with headache; constriction of stomach; at 4.45, itching in second joint of left middle finger; at 7.30, itching of point of nose; at 7.45 itching in anus; at 8, heat in nose; from 10 to 11 heat and burning in ears, point of nose, malar bones, and forehead; itching in right sole.

24th.—At 8 a.m., five drops. From 10 to 11, pain in sacrum; shooting pain in left parietal bone. At 11, five drops. At 12.30 pain under right scapula; at 1.15 p.m., pain in left side of chest; shooting pain in right parietal bone; itching in left nostril; pinching pressure below left clavicle and up the neck; flying heat of face. At 3, five drops. Restlessness in bed till after 11 o'clock.

25th.—At 9 a.m., five drops; at 11, five drops. At 12, itching in left nostril; at 12.15, shooting in left index; wandering pains throughout the body; ringing in both ears; at 12.30 aching dull pain below right scapula; aching in stomach; at 3, pain in right upper eye-tooth; till about 6 p.m., pinching in back, extending round left ribs; at 6, shoots in left index.

18.—ON DISTRICT SECRETARY P.

On the 19th November, 1861, in the afternoon, the
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homœopathic Dr. X— gave me a small teaspoonful of a bitter medicine with which I was unacquainted, and he wished me to tell what I felt after taking it.

In a short time I had eructations without any particular taste, and a discharge of flatus. Later, sudden shooting in right upper eyelid, which soon went off. Then there came on a rush of blood to the head and chest, which lasted some hours; I felt heat in the face and burning in ears; a certain but not great degree of anxiety of chest, during which the arms and legs were rather cold, particularly so towards evening. The next day the fever recurred about the same time, but did not last so long. Later, no particular symptoms except a better appetite.

I am 34 years old, of middle size, rather delicate constitution, and, as my habits are sedentary, I have suffered much for many years from colds, which, however, of late years have not been so troublesome, owing to diligent washing with cold water, and in summer cold bathing. I am also bothered with a weak digestion, at least, I suppose so, as I have often heartburn, especially at night, but also by day; I have also piles, which rarely bleed. Hitherto I have seldom suffered from cough, but have often a considerable amount of expectoration (without cough). My temperament has not much of the phlegmatic in it, but is rather restless and passionate. My manner of living is regular; it may happen that I sometimes eat more than I ought; I am moderate in drinking; I seldom touch spirits, and then only in small quantities, never in the house; I take Bavarian beer several times in the week, on an average two pots. For some time during last summer and autumn I had slight epistaxis after taking beer. At present I am quite free from symptoms. From the 10th December, 1861, I have taken the medicine given me by Dr. X—, by drops, in a cupful of water.

Dec. 10th.—In the evening six drops. Thereafter eructation and transient formication in the forehead.

11th.—In the morning six drops. Soon afterwards dull headache; drawing in shoulders; transient cutting belly-ache and drawing in left meatus auditorius; fluent coryza.

12th.—In the morning six to eight drops. Cramp-like belly-ache betwixt navel and scrobiculus, not lasting long, soon after taking the medicine.

13th.—In the morning six to eight drops. Pain in the bowels as on the 12th, but not so severe. In the evening six drops, followed by stitches in the chest.

14th.—In the morning six to eight drops. Ringing in left ear; no other symptom observed.

15th.—In the morning six to eight drops. No effects observed.

16th.—In the morning six to eight drops. Some belly-ache and transient sacral pain; eructation; soon after taking, bowels opened, not diarrhœic; I have had this regularly each time after taking the medicine.

17th.—In the morning six to eight drops. Headache and fluent coryza. After taking the medicine in the evening deep-seated pain over the pubes.

18th.—In the morning six to eight drops. Rumbling in bowels and some diarrhœa; a disagreeable cutting feeling in the urethra during and after urinating.

19th.—In the morning six to eight drops. Rumbling in bowels and some belly-ache; at night and the following day pains in left side.

20th.—In the morning rumbling in bowels and diarrhœa; in the evening at first no effects, afterwards tearing in left side of occiput, over the ear and towards the front; eructation; coryza. When not otherwise indicated I took six to eight drops in a cupful of water.

I now made a pause until January 6th, on account of violent catarrhal fever.

January 6th.—In the morning six to eight drops. No effects.

7th.—In the morning six to eight drops. Violent painful tearing in right arm and head; paralysed feeling in right arm.

8th.—In the morning six to eight drops. In the morning no effects; in the evening itching in rectum, then tearing in right arm and paralysed feeling in it; itching and shooting in different parts of the skin.

16th.—Took it regularly every morning without any particular effect except itching of skin of back, calves, and shins. On the morning of this day some distension of stomach and abdomen, and much itching in the skin all over the body.

17th.—In the morning twelve drops. Itching of skin; shooting on different parts of skin, especially on back, arms, and legs; stomach-ache, alternating with violent headache from nape to forehead and temples, which returns. In the afternoon ill-humoured, cross; repeated attacks of violent throbbing pains from nape to occiput and forehead. I have dreamt much since taking the medicine, but not slept badly.

20th.—In the morning eight drops. Violent itching on calves and shins, also on back and forearms, the sides of the hips to the axillæ, also on the ribs, particularly in the afternoon and towards evening, so that I scratched my calves till they bled.

21st and 22nd.—I went on a journey, and took no medicine. The itching on the forehead and temples continued.

23rd.—In the morning eight drops. Itching of skin.

24th.—In the morning eight drops; in the evening six drops. The same.

25th.—In the morning eight drops. The itching of the skin continues; single pimple on the back and loins. Immediately after taking the dose, itching on the belly.

26th and 29th.—I was away and took no medicine.

27th, 28th, 30th.—In the morning eight drops. Itching of skin.

31st.—In the morning fourteen drops; in the evening sixteen drops. The itching here and there on the skin continues, and I scratched my arms till they bled. In the evening transient aching pain in left scapula; call to stool; eructation previously. On the whole I feel much better after taking the medicine; I have a better and heartier appetite than before; feel stronger and more vigorous, and complain less of cold feet, from which I used to suffer so much in winter.

On April 5th I recommenced the proving. In the interval I felt quite well. At 7 a.m., ten drops in a cup of water. Soon afterwards pressure in the abdomen and urging to stool, without diarrhoea; the pressure in abdomen in the umbilical region lasted an hour; thereafter, itching in skin of abdomen, breast, and ribs on left side.

6th.—At 7 a.m., twelve drops. Itching of skin; single small shooting pustules in different parts of skin.

7th.—At 7 a.m. five drops. Soon afterwards dull pains in forehead; ill-humour; stool brown and watery; continued pains in the teeth, which obliged me to leave off the proving.

21st.—At 7 a.m., twelve drops. Weariness all day.

22nd.—At 7 a.m., ten drops. Soon afterwards eructation; pain in bowels and gastric region; discharge of flatus; call to stool without diarrhoea; weariness all day.

23rd.—At 7 a.m., nine drops. Itching of skin and small pustules on various parts; weariness.

24th.—At 7 a.m., twelve drops. Increased itching all over the body.

25th.—At 7 a.m., nine drops. Sleepiness; aching pain in forehead and itching of skin all day.

26th.—At 7 a.m., nine drops. Until noon fluent coryza; in the afternoon, tearing pains in the forehead; heartburn, which went off immediately after taking three drops.

27th.—At 7 a.m., twenty drops. Until noon, perspiration on the upper part of the body, and ill humour; about 9 a.m., transient pain in left side of chest. At noon twelve drops; at 7 p.m., twenty drops. Thereafter dull headache until bedtime; sweat at night, also towards morning.

28th.—At 7 a.m., twenty drops in water. Soon afterwards pain in bowels, in umbilical region; frontal headache and itching of skin; at noon digging pain in gastric region, lasting after eating. At 7 p.m., twenty drops. The pain above navel comes on immediately after taking the medicine; transient pain in left meatus auditorius; shooting and itching of the skin in various parts; dull frontal pain; sweat towards morning; three soft stools.

29th.—In the morning twenty-two; at noon ten; in the

evening twelve drops. Each time after taking, eructation ; all the forenoon pain as before in the umbilical region, and itching in the anus ; in the evening, after taking the drops, transient pain in left side of chest, and frontal headache ; perspiration towards morning.

30th.—At 7 a.m., twenty drops. Soon afterwards eructations ; violent pressing cramp-like pain in umbilical region for a second only, but often recurring ; in the afternoon the pain is more constant, cramp-like ; during the day three soft stools mixed with mucus.

May 1st.—At noon fifteen drops. Half an hour after itching of the skin ; tearing pain in right shoulder ; thereafter pains in left side of chest ; itching in anus and great weariness ; after two hours shooting in forehead under the skin, followed by dull frontal headache ; eructation and constant itching of skin till evening. At 7 p.m., twenty drops. Soon afterwards tearing in right arm ; sweat towards morning ; stool as yesterday ; good sleep, with dreams about ordinary things.

2nd.—At 7 a.m. twenty-four drops. Throughout the forenoon confusion of head ; pressure in forehead and temples, especially the left ; shootings in left side of chest. At 3 p.m. aching pains close above navel, drawing up to left side of chest ; tearing in right arm ; frequent discharge of flatus ; in the evening twenty drops—thereupon pains in umbilical region and dull pain in forehead.

3rd.—At 7 a.m., twenty-four drops. Immediately afterwards, eructation ; tearing in right shoulder and dull frontal headache ; on awaking, on blowing the nose, thick black blood appeared among the nasal mucus (I had been rather subject to epistaxis). Repeated bleeding of gums in the forenoon ; at noon, fifteen drops. In half an hour eructation, itching of skin, tearing in right shoulder, and shooting in skin here and there.

4th.—At 7 a.m., twenty drops. Soon afterwards transient pains in right side of chest.

5th.—At 7 a.m., twenty drops. Immediately eructation and pain in side, like yesterday ; aching pains right over the navel. At 2 p.m., twenty drops. Soon after again the

same belly-ache and pains, first in the right and then in the left side; severe fluent coryza. At 6 p.m., twenty-five drops. Soon afterwards tension and swelling in gastric region; shootings on inside of left arm near elbow-joint, frequently recurring, also on inner side of left thigh; same in left side of chest; took nothing more till May 19th, and felt no symptoms.

19th.—At 7 a.m., eighteen drops. Soon afterwards pain in right side of forehead; later still pain all over forehead; drawing in left meatus auditorius; itching of skin on different parts of the trunk. At noon eighteen drops; at 6 p.m., twenty drops. No symptom except itching of the side.

20th.—At 7 a.m., ten drops. Soon afterwards rumbling in bowels, and two hours after, until noon continued dull frontal headache; in the afternoon, rigor. At 6 p.m., twenty drops. Many dreams and sweat towards morning.

21st.—At 7 a.m., twenty drops. Rigor, and itching of skin all day.

22nd.—At 7 a.m., twenty drops. In an hour painful feelings in the glans; frontal headache; drawing pain from left scapula to left upper arm, followed by painful drawing in back of left hand. At 6 p.m., twenty drops. Immediately afterwards drawing pain from left ear to left upper teeth.

23rd.—At 7 a.m., twenty drops. Soon afterwards rumbling in bowels, followed by dull frontal headache; and later burning shooting pain in the right metatarsus and bones of toes; in the afternoon no symptoms. At 6 p.m., 20 drops. Whereupon the pain in the third toe of right foot recommenced.

24th.—At 7 a.m., eighteen drops. Soon afterwards aching pain in gastric region, and pain in fourth and fifth toes of right foot; after this drawing from left meatus auditorius to left temple; dull frontal headache; five hours afterwards severe tearing in right then in left temple; tearing pain in thigh; no symptoms in afternoon.

25th.—At 7 a.m., eighteen drops. In half an hour tearing in left upper arm and drawing in left hand;

transient pain in right side of chest ; dull frontal headache ; repeated attacks of pain in right foot drawing towards toes ; drawing in left side of nape and left meatus auditorius ; drawing rheumatic pains here and there all day.

June 2nd.—As the drawing pains lasted all yesterday, I took no more of the medicine till to-day. At 7 a.m., twenty drops. Soon afterwards pains in right side of chest, and frontal headache ; urging to stool. At noon, twenty drops. Soon afterwards rumbling in bowels. At 7 p.m., twenty drops. Violent pain in left side of forehead towards left temple, soon passing off.

3rd.—At 7 a.m. and 7 p.m., twenty drops. Tearing and shooting all day, here and there ; worst in right leg, drawing from above downwards.

4th.—At 7 a.m., twenty-five drops. Soon afterwards transient violent shooting pain in the belly right over the navel. At noon, twenty-five drops. Great weariness after dinner ; in the afternoon tearing in right shoulder. At 7 p.m., twenty drops. At night perspiration and many dreams.

5th.—In the morning, twenty-five drops. Soon afterwards violent toothache in the left side of both jaws, which occurs and lasts several minutes ; aching pains in both temples ; about noon, heartburn and great weariness. At noon, twenty-five drops. Repeated tearing in the teeth of the left side in the afternoon ; the pains draw into the left meatus auditorius ; sweat bursts out when the pains come on. At 7 p.m., twenty drops. Continued toothache all night long.

8th.—The toothache continued, with few intermissions, till yesterday, wherefore I took no medicine. At 7 a.m., twenty drops. Soon afterwards toothache in the right side lasting till morning ; violent but transient shoots in the right side of the chest. At 7 p.m., twenty drops. The toothache again passes to the left side.

9th.—During the night the toothache extended to the whole left cheek, but was occasionally also felt in the right side, in consequence of which I took no medicine to-day.

18th.—Until the day before yesterday still frequent

attacks of toothache, now on the left now on the right side, alternating with flying stitches in left side of chest. At 7 p.m., twenty-four drops. Soon afterwards drawing in left ear and molar teeth.

19th.—At 7 a.m., twenty-four drops. Soon afterwards confusion of head; in the course of two hours two stools of ordinary character.

20th.—At 7 a.m., twenty-four drops. Soon afterwards tearing in right arm; drawing in left teeth and left meatus auditorius.

23rd.—In the morning, twenty drops. Soon afterwards pinching in bowels and rumbling; cough caused by irritation in glottis, soon going off; drawing in left meatus auditorius.

July 4th.—From to-day I took the drops without water. At 7 a.m., five drops. Immediately afterwards violent aching shooting in right eye, soon afterwards in left eye; drawing in molar teeth and in left meatus auditorius, afterwards in left knee; slimy taste in the mouth; eructation; thereafter drawing in teeth first on the right side then on the left.

10th.—Morning and evening twenty drops without effect.

11th.—At 7 a.m., fifteen drops. Itching in rectum; tearing in teeth here and there.

22nd.—At 7 a.m., twenty drops. Immediately after heat in head; eructation. At 8, twenty drops. Immediately afterwards shooting in left eyelid. At 2 p.m., twenty drops. Warmth and restlessness in whole body; eructation; sweat in axillæ; transient toothache, first on the right then on the left side; itching in left palm; shooting in a corn on right foot; paralysed feeling in left forearm; dull aching frontal headache; itching in anus; tearing in left teeth. At 7 p.m., twenty drops. Shooting and tearing in teeth, first on left then on right side.

23rd.—Early in morning tearing in teeth on right side; dazzling before eyes, and vertigo lasting more than a quarter of an hour. At 7 a.m., 10 drops. Soon afterwards violent drawing pain in left upper jaw and cheek-bones, with heat in cheek up to the eye.

25th.—At 7 a.m., fifteen drops. Immediately afterwards shooting in anus and left thigh. At 11, twenty drops. Immediately afterwards eructation. At 7 p.m., twenty drops. Drawing pains in teeth; fluent coryza.

26th.—At 7 a.m., twenty drops. The coryza continues; itching in anus; aching frontal headache; transient pain in right side of chest; continued drawing in teeth all day.

27th.—On awaking continual drawing in teeth; took no medicine.

28th.—At 7 a.m., twenty drops. Some flying shoots in right side of chest; drawing in both cheekbones and left meatus auditorius. At 9, thirty drops. Soon afterwards tearing in shoulders and left arm. At 11, thirty drops. Periodical toothache; in the afternoon frequent tearings from right ear into right teeth.

29th.—Toothache like yesterday. At 7 a.m., twenty drops at once. The toothache extends into cheekbones; tearing in left arm; violent shooting in a decayed right molar.

30th.—The pains returning periodically all night as yesterday, and are still to-day troublesome.

31st.—At 7 a.m., one hundred and sixty drops at once. Throughout the day violent toothache, especially after eating warm food; sweat every morning for five weeks past.

August 3rd.—Periodical toothache on the 1st and 2nd; last night little sleep on account of violent toothache on left side.

7th.—Toothache not gone yet; frequent tearing in left ear and left upper arm; flying stitches in side and pains in throat.

22nd.—For the last fortnight the toothache has never left me for the whole day; the appetite became bad, so that I could eat but little; the pains were worst last night; they extend into left temple and forehead, with heat in left side of forehead; the pain is periodical, tearing also in left ear; as the pains were insupportable they gave me *Arsen.* 30, whereafter the pains became better; emaciation; pale sunken countenance; hypochondriacal humour.

29th.—The toothache, which always extended into the left

temple and forehead, where also continuous violent tearing was felt, recurred almost every day; I have no relish for food; I feel languid and disinclined for all work; the motions are, on the whole, looser, and occur several times daily; the spirits have been very low for some weeks; I feel very unhappy and have no disposition to talk.

30th.—Until the 16th I suffered daily from toothache periodically occurring, which, however, after returning from a three days' excursion into the Harz hills on the 17th, did not recur; my countenance has again a fresh appearance, and my spirits are cheerful; my appetite also has returned.

14.—ON PRIVATE SECRETARY R.

Name: Frederick Augustus R—, private secretary, æt. 54, very thin, five feet eight inches high, strong bones, muscles moderate. Diseases undergone: besides the ordinary children's diseases, scarlatina and measles, a typhus in 1816, rheumatism of head in 1845, caused by getting the feet wet in snow water, which ended with an eczematous humid swelling, first of the right then of the left dorsum of the hand. In September, 1861, I had a low rheumatic fever, with pneumonia; skin white; complexion pale; hair blond, thin, soft; eyes blue; appetite very good, sometimes almost morbid, continuing after a meal; fond of vegetables and animal diet (poultry, beef, game), less so of veal; fond of sugar; dislike puddings; I have given up beer and cigars, as they are very injurious to my throat, causing dryness and a choking sensation. Character: very easily excited to anger, soon repented of; after a fit of vexation, loss of appetite; easily affected by the sufferings or sadness of others, or by reading sad stories; of a yielding sympathetic disposition, cheerful; love of music (not noisy music) and song and cheerful society; make up mind rapidly; courageous. Other peculiarities: rheumatic sufferings before and during wet weather; damp, cold, and draughts of air cause suffering; dry wind in the open air agrees; dry cold or heat are not disagreeable; easily tired with standing,

or with mental or bodily efforts, the later readily producing perspiration ; being in a newly scrubbed room, and the smell of newly washed linen, very disagreeable, headache and vertigo caused thereby.

January 20th, 1862.—At 10 p.m., ten drops of the 1st dilution taken in place of the mother tincture by mistake ; slept from 11 till 8 without dreaming.

21st.—At 11 a.m., ten drops of mother tincture. At 10 p.m., fifteen drops. At 8 a.m., a tensive feeling on right side of head from right temple to middle of forehead ; at noon, yawning ; stretching ; drowsiness, as after a sleepless night ; disinclination for work ; laziness all day ; ill humour ; dizzy heaviness and tension on upper part of head, especially in vertex, which pains as if raw when touched, unaltered by rest, motion, warmth or cold, only aggravated by thinking ; on combing the hair pains in the roots of the hair, as if ulcerated ; a gurgling or quivering movement in the front of the neck above the larynx, without pain, lasting some seconds and returning in a few minutes, all day long ; bowels, as usual, regular.

22nd.—At 10 a.m., twenty drops. At 5 p.m., twenty-five drops. At 9 p.m., twenty-five drops. Undisturbed sleep ; dreams of funerals and corpses ; on rising from bed vertigo, with inclination to fall forwards (for a minute) ; all the symptoms of yesterday unchanged. At 10 p.m., the tensive heavy feeling in the top of the head extended into the occipital protuberance, and the head feels as if surrounded by a band ; in throat and windpipe a choking feeling, increased by breathing, as from taking beer in former days, or strong cigars ; an eruption on the dorsum of the left hand, which was there sixteen years ago, and only showed itself every year by a slight desquamation of cuticle, comes back in increased intensity ; the back of the hand is somewhat swelled ; red reticulated patches appear which gnaw and itch without exuding, and then scale off ; constipation.

23rd.—At 10 a.m., thirty drops. At 5 p.m., twenty-five drops. At 7 p.m., thirty drops. Slept from 11 till 4 undisturbed ; wide awake from 4 till 5, then sound sleep

without dreams till 9 a.m.; no vertigo on rising, but the symptoms of yesterday continue unchanged; a fixed pain as if raw in the left lung, which was inflamed four months ago, the pain increased by deep breathing; motion hard, knotty, and passing with difficulty, with sore pain in anus.

24th.—At 11 a.m., forty drops. At 3 p.m., forty drops. Again sound sleep in the night; dreams of cemeteries and funerals; drowsy laziness, yawning, stretching, cross, ill-humoured; still like a band round the head; pain of hairs' roots; tenderness of vertex; choking in throat and wind-pipe; quivering in the neck near the larynx; the pain in left lung less; constipation.

25th.—At 8 a.m., thirty-five drops. At night pretty sound sleep without dreams. The other symptoms continue; at 5.30 p.m. there occur, in addition, intoxicated vertigo with nausea till 9 p.m., and warm perspiration on the face, neck, and chest, with internal and external heat, regular pulse and no thirst, for half an hour; vertigo and nausea unaltered by walking, sitting, lying, in the open air or in the room. At 6 p.m. a stool, very hard, knotty, difficult, with cutting pain in anus and rectum; after stool rumbling in bowels, with sensation of deranged stomach, lasting an hour and a half; the pain in left lung again felt, increased by coughing and sneezing; at 9 p.m. a kind of prickling in the feet as after a long walk; at the same time internal and external rigor, with great weight in occiput and drawing in nape from above downwards; at 10.30 p.m. in bed, which had been warmed, increased rigor and chattering of teeth for about half an hour; then sound sleep with few unremembered dreams; pulse regular.

26th.—At 9 a.m. Giddy weight in upper part of head, like a band round the head; tenderness of vertex and of hair; rheumatic drawing pain in nape, worse when turning head to right or left; choking sensation in throat and larynx; quivering in neck; increased pain in left lung; anorexia; nausea with pasty taste; prickling in feet continues; rigor or heat not noticable; at noon slight rheumatic pains in left hip and left knee for five hours, and in

right elbow-joint until 10 p.m. ; constipation ; at night very quiet sleep without dreams.

27th.—The giddy weight in head diminished, but the feeling of a band round the head is still there ; moreover, the sensations in throat and lung are less ; rheumatism in nape scarcely observable. Gone are : rheumatism in hip, arm, and elbows ; nausea and bad taste ; the quivering in neck only occurs every three or four hours ; stool, at first, rather hard, then passed more easily and without pain ; great thirst for cold water, which when slaked, always returned ; from 11 p.m. till 3.30 a.m., no sleep (this, however, was attributable to a cup of coffee drunk late).

28th.—The symptoms of yesterday are milder ; the vertex, when touched, feels as if a wound was healing below it ; the head still feels bound round, but with a looser band ; hardly any pain in the lung ; the choking in throat less, but still there ; the quivering in neck occurred only a few times during the day for an instant ; the eruption on the left hand gone ; bowels regular without effort, not hard ; sleep quiet, dreamless.

29th.—In the morning still some oppression of head, and in place of the choking feeling, rough and scrapy feeling in throat ; no other symptoms observed ; great thirst for cold water ; mind freer, more cheerful, increased inclination for work.

Addenda.—1. During the proving, the mind and spirits were more passive, depressed. 2. The desire for cold water went off, and a wish for warm drinks came on. 3. The pulse even in the febrile states was always normal. 4. No perceptible effect in urine and genitals.

Before commencing the next proving, I observed myself attentively for more than a week, but noticed nothing peculiar that could be confounded with the symptoms caused by this medicine ; moreover, I have not reperused my former proving of this medicine, in order to protect myself against the influence of the imagination, and I believe I have recorded all that happened to mind and body truly and faithfully. Although several symptoms, especially the affections of the mind and spirits, were ex-

tremely disagreeable and troublesome, and though my body to this day feels the effect, still I made the proving with pleasure and enthusiasm.

June 16th.—At 2 p.m. slight confusion of upper part of head; at 5 pressing sensation in top of head; the scalp is tender and hot to the touch, also heat in upper part of head; after taking some mild beer increased heat of head; painful sensation in eyeballs on looking up; no stool; profound sleep without dreams.

17th.—Diminished aching in head; sore feeling of upper part of scalp, and heat is to be felt; the aching extended into occipital protuberance; a shooting pain and heat in index and middle fingers, which had been sprained by a fall eight weeks before; the pain in eyeballs less felt to-day; at noon, choking sensation in larynx and surrounding parts (as formerly after taking beer and cigars); tongue white, furred; slight nausea without loss of appetite. At 6 p.m. drowsiness; dimness of eyes; after rubbing them a little, burning feeling in them, in the lids and the surrounding parts.

18th.—At 8 a.m. the pressing sensation in vertex and occiput moderate; scalp tender and hot; drowsiness; dimness of eyes; burning in them and the lids; slight pain in eyeballs on moving them; the choking and pressing in larynx more felt; the shooting and heat in fingers continue; tongue furred, white; slight transient nausea; diminished appetite. At 6 p.m. still giddy weight in forehead; very sound sleep from 10 p.m. to 7 a.m. uninterrupted, dreamless.

19th.—At 8 a.m. the whole head heavy; aching in forehead and temples extending to nape; on moving eyes pain in eyeballs and feeling of sand in eyes; drowsiness; itching of borders of eyelids; scalp painful and hot to the feel; on combing the hair, the roots of the hair are painful; on moving the head the neck is stiff on both sides, and painful on taking a deep breath; feeling in left lung as if a wound was there; frequent yawning and thereupon pains in sternum just over the *scorbigulus cordis*; shooting in index and middle fingers as yesterday; saliva viscid and slimy;

skin since commencement of proving dry, no rigor, rather warm; difficulty of thinking; inclined to anger and peevishness; sound dreamless sleep.

20th.—Almost all the symptoms are in abeyance, those in the head only are still perceptible, but milder; there is, however, weariness, unstrung feeling and stretching in the limbs; yawning. At 1 p.m. irresistible sleep, which lasted uninterruptedly till 4.30; after that the weariness still continues, and there is a bruised feeling in all the limbs as after a long walk. At 6 p.m. all the head and throat symptoms return as yesterday at 8 a.m., only in slighter degree; but the lung symptoms are not felt; these symptoms last till night; restless sleep with tossing about and unremembered dreams.

21st.—At 7 a.m. feeling as if had not sleep enough; cross, peevish disposition; dull weight in head; incapacity for thought; the scalp pains on being touched, is hot; stiffness in nape worse when moving; weariness less felt. At 4 p.m. the symptoms of head and throat as also the choking feeling in larynx worse; the left lung is again painful; drawing pain from neck over right shoulder into right wrist, intermitting for a few minutes, then recurring, worse when using arms, especially when writing; in the evening, weariness.

22nd.—In the morning dull empty weight in head; cross, peevish, taciturn disposition; the sensations in upper part of scalp, in nape, and cervical vertebræ as yesterday, also the choking feel in larynx; the lung pain quite gone; the rheumatic pain in the upper right side from neck to wrist no longer intermits, but lasts all day; in the evening early drowsiness; sound sleep at night.

23rd.—At 2 a.m. painful sensation of interior of throat in neighbourhood of glottis worse when swallowing food and drink, or even the saliva, it feels raw; the œsophagus feels swollen and constricted, at the same time a gurgling choking, with scraping feeling in it. (In former days I have frequently felt this after taking cold, especially in the feet, for weeks at a time, which used to be often increased by drinking beer and smoking cigars; but it often came on

without assignable cause.) The cross, peevish humour—the dull weight in head, the sore and hot feeling in the scalp, continue: on the other hand, the rheumatism in the right side of neck, shoulder, arm, and wrist is scarcely felt; the lung is quite painless; irregular sleep, with unremembered dreams.

24th.—The inflammation of the throat to-day more painful; swallowing food and drink more difficult than yesterday; choking and scraping in throat worse; tongue furred, white; little appetite; insipid, nauseous taste: at the same time, very cross, quarrelsome disposition: feelings in head and scalp as yesterday; rheumatism gone; restless sleep, disturbed by the sore throat and inclination to cough.

25th.—The throat and other symptoms precisely the same as yesterday; pretty sound sleep, without dreams.

26th.—The throat symptoms somewhat better; the throat is still painful on swallowing, scraping and choking are still there; tongue but slightly furred; appetite and taste better; head not so heavy as yesterday; the feeling on the scalp, too, is better; no trace of rheumatism; quiet, sound sleep, without dreams.

27th.—The throat much better; swallowing is no longer difficult, only choking and scraping are present in a slight degree; tongue clean; appetite and taste good; head still somewhat heavy, with little discomfort on the top of the head; sleep quiet and sound, no dreams.

On account of urgent affairs calling me away, I omitted the provings for some days.

July 4th.—In the morning, as though had not slept; still sleepy at 8 a.m.; slight confusion of head, worse towards evening, with the feeling as if there was a lump in the brain; cross, peevish humour. At 3.30 p.m. such an uncommon good appetite that I ate nearly twice as much as usual, and drank some glasses of beer; sound sleep at night.

5th.—At 7 a.m. still desire to sleep; dull weight in head. At 4 p.m. the weight in the head extended over to the right side of head; then a rheumatic drawing goes into

the right side of the neck, shoulder, arm, and wrist, involving the two sprained fingers; a rheumatic drawing is also felt in the right side of chest, its seat not seemingly in the lung, but in the flesh, as it is not aggravated by breathing.

Here again occurred an interruption of several days' duration.

10th.—At 4 p.m. dull weight in forehead; noise in the ears for a quarter of an hour; flying rheumatic shoots in left upper arm for a few minutes; then increased aching in forehead, extending right and left towards the temples, and about 6 p.m. involving the occiput. At 10 p.m. a hoarse roaring in ears like a distant storm of wind; the aching in forehead stretches to the orbits, which pain, as if raw, when the eyes are moved; restless, dreamful sleep.

11th.—At 7 a.m. the weight in head somewhat diminished; on the other hand, the scalp on the vertex is very tender; on brushing the hair, their roots feel as if gathering; in the eyes, an itching as if from taking too much spirits; tongue furred, white; insipid taste; pain in right middle finger (the sprained one); sleep pretty tranquil, dreamless.

12th.—At 7 a.m. an aching weight of the whole head as if tightly bound and pinched in; stiff neck, most felt on turning the head; aching in eyes as from sand; scalp still painful; roots of hair as if gathering; peevish, irritable humour; difficulty of thinking. At 9 p.m. noises in ears, like a storm of wind, which continued in bed; deep sleep as if stupefied until 7 a.m.

13th.—Head to-day somewhat lighter, the pressing feeling in it still there; pain in orbits, especially on moving eyes, as if had not slept enough; stiffness in nape; scalp and hair-roots as if gathering; tongue but little furred; appetite and taste good; better humour than yesterday. At 2 p.m. the weight in head increases, with feeling of undulation in brain and upper part of scalp. At 4, after taking some small beer, the undulation and weight in the forehead, extending over upper part of scalp and towards the temples, is very painful and disagreeable. At 8 p.m. there comes on, besides, roaring in left ear, like the wind howling,

till sleep came on, which it did late; then undisturbed sound sleep till 7 a.m.

14th.—In the morning, only aching pain in top of head, forehead, and temples (no undulation). Stiffness in nape; pain in nape on turning head right or left; tongue still furred, whitish; taste and appetite good; orbits painful, worse on moving eyes, and drowsy aching in them. In the evening, early tired and sleepy after walking two hours; sound sleep without dreams.

15th.—In the morning, aching in forehead, worse on turning eyes; at same time, pain in orbits and aching in eyes, like sand; stiffness in nape slight, but still perceptible; tongue whitish, with normal taste. At 6 p.m. the aching in forehead diminished somewhat, when walking in open air; at 8 p.m. it is again as before. Great weariness and uninterrupted sleep at night.

16th.—Aching in forehead less, also the pain in orbits. The pain in eyes as from sand is, together with the tenderness of scalp and hair-roots, unaltered; drowsy stretching, yawning; tongue whitish; taste and appetite good; nape still stiff, almost worse than yesterday; a rheumatic drawing in right shoulder to right side of chest, also drawing in right upper and fore arm to wrist, ceasing a few minutes, then recurring. At 4 a.m. slight rheumatic drawing comes on also in left upper and fore arm; it only lasts a few minutes, and returns after long intervals; quiet, sound sleep, without dreams.

17th.—The head is pretty free, and a dull aching is perceptible about the middle of the head. The feelings connected with the scalp, hair-roots, and rheumatism are gone; the stiffness of the neck is scarcely felt; the tongue bright red; taste quite pure; appetite very good; cheerful, happy disposition; desire for work.

18th.—Weight in head quite gone, also stiffness of neck; no other symptoms felt.

19th.—Quite free from symptoms. Cheerful humour; comfortable feeling of health and inward strength.

21st.—At 5 p.m. aching in top of head, extending to right side of forehead and left side of occiput; aching in

eyes and orbits, worse on moving the eyes, as if had passed a sleepless night. At 9 p.m. roaring in left ear like wind; at night, pretty good sleep, with dreams of falling and bloody wounds.

22nd.—In the morning, the whole head as if bound with a band, inwardly a pressing heaviness. At 11 a.m. undulating feeling in head; anorexia; nausea; white, furred tongue. At night, deep stupefied sleep.

23rd.—As if had not slept enough; all the limbs as if bruised; weight of whole head, with undulating feeling in it, worse on moving eyes; pain in orbits, aching in eyeballs as from sand; tongue white, furred; disagreeable taste; little appetite; rheumatic drawing from right shoulder to upper arm; sore pain in left lung, worse on breathing deeply; early drowsiness, sound sleep until 8 a.m.

24th.—In the morning, as if had not slept; cross, irritable humour; low spirits; confusion of head, most on left side from forehead to occipital protuberance; left side of neck stiff on moving; rheumatic drawing pain from left shoulder to upper and fore arm and wrist; in left lung feeling of an unhealed wound, especially when breathing deeply; tongue furred, white; disagreeable taste; no appetite. At noon, rheumatic drawing pain in right shoulder, upper and fore arm, as far as wrist; the drawing in left side somewhat abated. At 4 p.m. rheumatism at one time in the right, in another in the left side of the upper part of the body, alternately, till 10 p.m.; sound sleep.

25th.—In the morning, drowsiness, as though he had not slept all night; dizzy weight in head, undulation in it towards the forehead; tenderness of scalp; painful hair-roots; stiffness of neck as if paralysed on turning head. The rheumatism in shoulders and arms not present to-day; on the other hand, the larynx feels swollen, with a choking gurgling in it; nothing perceptible to the external touch. Left lung as yesterday; tongue furred, white; taste disagreeable; without appetite; early fatigue, drowsiness; restless sleep at night, with great weariness.

26th.—At 4 a.m. sound sleep first came on, lasting till 8 a.m.; bruised feeling of the whole body as after walking

for many hours ; the head still heavy, but the weight fixed more in the middle of the head, without undulation. Symptoms of neck, larynx, lung, scalp and hair-roots as yesterday ; tongue somewhat cleaner, also appetite and taste somewhat better than yesterday : on the other hand, cross humour ; indisposition to work, especially to think deeply. Fell asleep late with great weariness.

27th.—In the morning, great weariness, ill humour, laziness ; dull weight in the middle of the head ; aching in orbits and eyeballs, as from sand in eyes ; neck still painful on moving head, on both sides, as if paralysed ; the choking in throat is much better ; the pain in the lung as yesterday, also in scalp and hair-roots. At 10 a.m. rheumatic drawing in right upper half of body, shoulders, upper and fore arm, and wrist ; humour as yesterday ; tongue clean ; appetite and taste good. At 4 p.m., after taking small beer, the weight in head worse, and there occurs an undulation in it ; the left lung also is painful ; the rheumatism and other symptoms continue. Restless sleep, full of dreams.

28th.—In the morning, weariness and bruised feeling continue ; head heavy as if bruised ; aching in orbits and feeling of sand in eyes. The pain in neck on moving it to the left still there ; the choking in throat gone, the lung free ; the rheumatism in shoulder is quite gone. Sleep quiet and sound.

29th.—In the morning, weariness and bruised feeling, especially in the lower extremities, knee and ankle joints ; trembling and fatigue of whole body, as after a long walk. Head still heavy, but less so than yesterday ; the pressing sensation quite gone ; better humour ; desire for work. Sound, quiet sleep.

30th.—Great lassitude of body, as after a severe disease ; lower extremities and joints tired and bruised as after a long walk ; in the head some dull weight, nothing more. Sleep sound and tranquil.

31st.—The whole body still languid as yesterday ; unhealthy look, with deep-set eyes, surrounded by blue rings ; weariness of lower limbs ; head quite free ; no other symptoms. Cheerful, happy spirits ; appetite, and good taste

of the food; has disinclination for movement. [The prover has omitted to mention the doses of the medicine taken during his last proving.]

15. ON MRS. R. (Wife of the above).

Mrs. R. (no further particulars concerning her) took, on the 25th of January, at 9 a.m., ten drops of the 1st dilution. About 10, dizziness in head; painfulness of vertex on touching it; shooting in left side of vertex, going off and recurring at short intervals; frequent yawning, stretching; disinclination for work; vertigo, as if she should fall forwards; she would like to lie down and shut her eyes, as if she was intoxicated with alcoholic drinks; the ears feel too full. At 1 p.m., shooting, tearing, here and there in the head, all over it; duration of the symptoms until 10.30 p.m., then sound sleep and many dreams, which she cannot remember.

26th.—At 8 a.m. the same symptoms, with the exception of the tearing on the left side, which has gone off [no mention of it before this], continue; and at 9 there occurs also nausea, no appetite for food; and at 10.30, vomiting of potatoes eaten yesterday, with a sharp, sourish taste, and scraping in the throat. Neuralgia in the face, coming on in consequence of a cold caught, cut short the proving.

16. ON THEODORE WISCH.

I am 44 years old, stout, delicate, pale, blue eyes, blond hair; easily excited to anger, but easily appeased; of sensitive disposition. I am more disposed to constipation than to diarrhoea.

February 15th, 1852.—At 5.45 a.m. took 100 drops of the medicine. At noon, confusion of head, especially in forehead; in the afternoon the headache went off; on the other hand, I had cough with constant tickling in larynx.

16th.—No symptoms.

17th.—Discharge of blood during coitus. (It once occurred

before, and lasted about four weeks: I took homœopathic remedies for it, and until to-day it never happened again.)

18th.—At 5 a.m. I again took 100 drops, as I observed no symptoms on the 16th and 17th. This time I had no headache, but the irritation of the larynx causing cough, which became so bad in the evening that the tears ran out of my eyes.

19th.—Still cough, but not so frequent; I had no cough at night, but very healthy sleep.

20th.—About noon, headache in forehead; towards evening, with shoots on the left side.

Till the 26th, no symptoms.

27th.—At 5 a.m. I took 40 drops.

Up to the 30th, no symptoms.

31st.—At 6 a.m. 80 drops.

Up to the 3rd March, no effects; therefore I took on the 4th the remainder, amounting to 70 drops, but I found no effects from this either.

17. ON MRS. S. (Sergeant's Wife).

Æt. 39; temperament sanguine; constitution weak; muscular system, inclining to thinness; hair reddish brown; has nursed five children, which always made her very weak and exhausted. Diseases: two years ago she suffered for fourteen months from the consequences of articular rheumatism, and in autumn, 1861, for three weeks from expectoration of bloody mucus from the throat, without cough. Since then she has felt quite well, and careful observation does not enable her to notice any particular symptoms.

April 26th, 1862.—At 3 p.m. ten drops of mother tincture in a cup of water; of this she took the third part: immediately, oppression of the chest and stomach; after an hour and three quarters, stool at the regular time; hammering sensation in ears; eructation and yawning. At 6.30 p.m. took the second third: immediately, oppression of the chest and stomach for ten minutes; constant eructation

and yawning; slight headache and aching in eyes; in an hour, sensation of weakness in legs. At 10 p.m. the last third.

27th.—Sound sleep in the night, with sweat towards morning; cheerful spirits; good appetite; discharge of much flatus. At 9 a.m. three drops in water; the same at 12, 3, and 8 p.m. Cheerful spirits all day; urging to urinate oftener than usual.

28th.—At 6 a.m. three drops; at 4.30 p.m. five drops: in a quarter of an hour, shoots in right side; five minutes later, in right shoulder, also in right meatus auditorius; aching in sacrum and abdomen. At 8.30 p.m. five drops: immediately, oppression in stomach, yawning, and eructation; shoots in right shoulder; drawing in teeth; feeling of warmth in stomach; cheerful spirits.

29th.—At 8.30 a.m. five drops; the same at 2.30 p.m.: increased appetite; cheerful spirits; frequent discharge of flatus all day.

May 2nd.—At 4 p.m. eight drops: oppression, with yawning and eructation, immediately after taking the medicine, as before; in half an hour, shoots in right shoulder; twitching now and then in head, with headache; jerks in teeth; noise in ears.

3rd.—At 10 a.m. eight drops: immediately, yawning and eructation; discharge of flatus; stool very hard and dark brown; in an hour and a half, alleviating rumbling in stomach, as if air-bubbles rose into it and burst.

4th.—At 9 a.m. eight drops: cheerfulness; increased appetite.

5th.—About 5 p.m. ten drops: the same.

6th.—At 8 a.m. ten drops: inward uneasiness. At 10.30 a.m. ten drops: precordial anxiety; discharge of much flatus. At 1.30 p.m. ten drops; precordial anxiety; in a quarter of an hour, cutting in stomach; constant yawning for ten minutes; jerking in sternum and right shoulder. At 6 p.m. ten drops: trembling in limbs, with eructation and yawning; in half an hour, shooting in left hand. In three quarters of an hour, shoots in left shoulder-joint; five minutes later, shoots in left hand; ringing in left ear. At

8 p.m. shooting boring in left tibia ; both ears as if stopped up ; shooting between shoulders.

7th.—At 7 a.m. ten drops. Shooting pains everywhere in head and shoulders ; shoots in right side behind ribs ; shoots in left leg ; cheerfulness and increased appetite. At 11 a.m. ten drops. Immediately, headache, with shooting in ears and vertigo ; drowsiness ; stiffness in nape ; cutting in stomach.

8th.—At 7 a.m., ten drops. Drowsiness ; weariness in legs ; watery stool. At 2.30 p.m., drowsiness, yawning, and eructation ; shooting in neck and right shoulder ; vesicles here and there in mouth and lips ; shoots close under right scapula.

10th.—At 7 a.m. fifteen drops. Immediately, inward uneasiness ; shooting here and there in throat and head, soon passing off. At 2 p.m. fifteen drops. Oppression and anxiety at stomach immediately ; shooting in chest, shoulders, and head ; on account of the catamenia, left off the proving.

16th.—The shootings formerly mentioned have recurred every day till now in head, chest, shoulders, &c. ; to-day stitch in chest, with difficulty of breathing.

22nd.—At 7 a.m. twenty drops in water. Immediately, yawning and eructation ; in half an hour, stitches under right scapula ; languor of whole body, and restlessness ; dull pressure in vertex. At 1.30 p.m. six drops. Immediately, yawning and eructation ; stitches under left scapula. At 5 p.m. ten drops. Immediately, yawning and eructation ; shooting pain in left calf towards foot. At 6 p.m. ten drops. Immediately, yawning and eructation ; discharge of much flatus ; shoots in right shoulder and right side of occiput ; water runs from the nose ; dazzling of eyes and dimness of vision ; shoots in left upper arm and cardiac region, with dry cough. At 7 p.m. ten drops. After a quarter of an hour, shoots in right shoulder up to neck ; pain in lumbar vertebræ. After two hours, toothache in a right upper tooth for a quarter of an hour.

23rd.—On account of some dull headache, took nothing : shoots in head and shoulders ; frequent fits of coughing.

27th.—At 8 a.m. twelve drops. After five minutes, yawning and eructation ; after a quarter of an hour, stitches in border of left ribs ; languor of all the body ; shooting in fourth and fifth right toe. At 10.30, eight drops. Immediately, yawning and eructation ; after ten minutes, shoots in right side, behind ribs ; dim sight ; roaring in right ear ; increased appetite. At 2 p.m. ten drops in water ; took the half of it. Immediately, yawning and eructation ; after a quarter of an hour, drawing all over the body ; pressure in vertex ; heat in cheeks ; about 3 p.m., great drowsiness, so that I could hardly keep awake. At 4.30, took the remaining half. After ten minutes, yawning and eructation ; aching pain in vertex ; stitches close under the heart ; drawing in head, teeth, jaws, and shoulders.

28th.—In the morning, disgusting sweetish taste of blood, with blood-streaked mucus in throat, on account of which I took no medicine ; shooting in right shoulder, also in left.

June 12th.—The taste of blood, and bloody mucous expectoration from throat, every morning until to-day ; ten drops in a cup of water, taken at three times—in the morning, noon, and evening. In the morning, immediately after taking it, yawning and eructation ; pain in sternum just above the scrobiculus ; redness and heat in the cheeks. At 2 p.m., toothache in left side ; discharge of much flatus ; stitches just under the right scapula at every breath, lasting ten minutes ; discharge of much flatus ; anxiety and sleeplessness. At 5 p.m., labour-like pains from lumbar vertebrae over the hips down into the pelvis for a quarter of an hour. At 8 p.m., immediately after taking the medicine, yawning and eructation.

20th.—Sound sleep all night, with sweat on waking, after many dreams : sweetish taste of blood in the morning ; at the same time I felt so disturbed and restless that I could take no medicine ; hawked up mucus streaked with blood ; palpitation of heart for an hour ; fatigue and weariness in legs ; falling out of hair ; alternate heat and redness in face ; aching in vertex ; cross, sad, anxious humour, as if I had done something bad, that will allow me no rest ; stitches under left scapula ; much thirst ; dryness in throat ; constant

shivering; shooting pain in vesical region, with frequent calls to pass water.

25th.—Till yesterday the above symptoms gradually declined. At 8 a.m. three drops. Immediately, a violent stitch in the cardiac region, six times repeated; violent palpitation of heart, with anxiety and restlessness. At 2 p.m. three drops. Immediately, five or six violent stitches in rapid succession in the cardiac region, as in the morning; at 4 p.m., heat and redness of face, and burning in eyelids, till about 8 p.m.; aching in vertex; occasionally violent pains extending from vertex to nape, compelling me to raise the shoulders involuntarily, shut the eyes, and tread softly when walking; no stool.

26th.—At 8 a.m. ten drops at once. Soon afterwards, heat in face and burning in red eyelids; aching and drawing in head, like yesterday. At 5 p.m., drawing pains from lumbar vertebræ over the hips into the pelvis, as before.

27th.—Stitches in vesical region, with frequent desire to pass water; urine for three days reddish, of a sharp, sourish smell.

28th.—At 8 a.m. three drops in half a cupful of water; a tablespoonful every three hours. Yawning and eructation. At 9, burning in cheeks; anxiety and restlessness; heat in eyelids. At 1 p.m., stitches in vesical region; at 2, dryness in throat, with thirst; at 5, pressure in bladder, discharge of flatus; from 6 to 7 p.m., periodical toothache; at 8.30 p.m., dull shooting in cardiac region; at 8.45, shooting pain in right hip, just above the ankle; at 9.15, again toothache.

29th.—Sound sleep; dry lips in the morning; heat in eyelids; at 9 a.m., cold finger-points and feet. At 10, five drops in a cup of water, a tablespoonful every three hours; at 2 p.m., stitches in right side, just under mamma; at 4 p.m., the same, with empty eructation; at 5, the stitches went from the right side to the cardiac region; at 7, burning in cheeks and eyelids; constant increased appetite.

30th.—Took the medicine as yesterday: at 1 p.m., shooting in right kneepan; at 1.30, shooting in right wrist;

at 2, shooting in right hip ; at 3, toothache in lower teeth, left side ; at 4.30, shooting in right kneepan ; from 5 till bedtime, swollen lips, the skin of which peels off ; palpitation of heart.

July 1st.—On awaking, burning of eyes and cheeks ; paralysed feeling in legs ; cold finger-points. At 9 a.m. ten drops in a cup of water ; a tablespoonful every three hours. After ten minutes, anxiety and trembling of hands ; at 9.45, trembling in knees ; at 10, urging to urinate ; at 10.30, shooting in right wrist, afterwards in left forearm towards wrist ; eructation. At 10.45, boring pain in right knee and in front of ankle ; at noon, shooting in left forearm, also from left ear to nape ; cough ; at every cough the abdomen contracts painfully. At 1 p.m., stitches close under heart ; at 2, stitches in right forearm and heat in cheeks ; the shooting pains felt sometimes in the arms, sometimes in the legs ; at 2.30, pain in lumbar vertebræ, over the hips down into the pelvis ; at 3.30, boring pain in right ear ; eructation and yawning till bedtime ; stitches here and there in body.

2nd.—Confused dreams at night ; in the morning, stitches like yesterday, lasting all day, now in the arms, now in the legs.

3rd.—At 8 a.m. five drops at once in water : in an hour, heat in cheeks ; at 2 p.m., stitches right under mamma ; painful contraction of abdomen on coughing.

4th.—At 8 a.m. I took five drops at once ; this day I experienced nothing but twitching now and then in various parts.

5th.—In the night I dreamt of a great procession through the town with music, so distinct that I was awakened by the kettledrum. To-day I took none, owing to a visit intervening : twitching in legs and arms.

6th.—Took none : drawing all over the body ; gnawing itching in the legs, obliging me to scratch.

7th.—Same sensations.

8th.—At 10 a.m. took ten drops at once : in five minutes, eructation ; in two hours, an unusual stool ; at 2 p.m. pricking in the right arm (the under side) ; at 5,

pricking in the region of the liver ; at 9, heat in the cheeks and burning in the eyes.

9th.—At 10 a.m. ten drops at once: shortly after, flaccidity ; pricking in the region of the heart ; at noon, heat in the cheeks ; continued falling off of the hair ; at 8 p.m. pricking on the ribs (right side).

10th.—At 10 a.m. took ten drops at a time in water : at once eructation ; in three minutes, buzzing in the ears ; twitching in the eyelids ; palpitation of the heart ; at 11, burning in the cheeks and ringing in the ears. At 1, took ten drops in water : immediately, eructation and yawning for ten minutes ; pricking in the right hip, and pain from the right upper arm on the inner side, drawing towards the fingers ; roaring in the ears ; toothache, drawing up towards the eyes ; at 2.30, pricking in the right middle finger ; at 3.45, pricking in the third right toe ; continued pain in the foot, close under the right inner ankle ; pain on the inner side of the right upper arm, drawing towards the lower arm ; then on the inner side of the left lower arm ; pricking in the left hip ; a quarter of an hour after, twitching on the left temple ; pricking in the right side on the ribs, felt on drawing each breath ; pricking pain in the left knee. At 6 p.m. took ten drops : at once, yawning and eructation ; twitching in arms and legs ; feeling ill all over.

11th.—On awaking out of disturbed dreams after sound sleep, with perspiration and dry lips ; abdomen distended ; scraping feel in the throat. At 7 a.m. took ten drops in water : in half an hour, twitching on the inner side of the thigh, in the feet, and the whole back ; pricking in the head, over the left eye, with twitching of the lid ; pricking between the eyebrows towards the right eye, in the left temple, and over the left ear ; weight in the head, with pricking here and there. At 12.30, took ten drops in water : in a quarter of an hour, pricking in the right shoulder, and on the fore side of the right upper arm ; at 1, pressure on the crown ; heat in the cheeks ; pricking pain in the left clavicle, then in the right lower arm and close under the right shoulder-blade ; pricking in the right eye ; at 1.30, pricking in the back, and continued pricking, boring pain

in the crown, with twitching of the eyelids; twitching in the left clavicle; yawning; pricking in the left lower arm over the wrist; yawning and eructation; at 1.45, pricking in the right ear, drawing up towards the crown; a quarter of an hour after, in the left ear. About 8 p.m. menstruation commenced, four days earlier and more copious than usual, an hour after an attack of vertigo and reeling had occurred; the twitching in the limbs unabated; the twitching and pricking in the left clavicle was very painful.

12th.—I took no more. Since I took the medicine, the usual perspiration of my feet ceased, and my feet remained permanently dry; the pricking and twitching, and also vertigo, go on as yesterday: besides, I feel myself much excited.

13th.—Pricking in the head on coughing.

14th.—Pricking in the right arm, the head, and hip; cough; dryness of the hands.

15th.—As yesterday.

16th.—Ditto.

17th.—Felt no symptoms.

18th.—P.M., violent pain in the head, clavicle, and limbs; pricking pains between the shoulders; drawing in the teeth; twitching pain in the temples.

19th, 20th, 21st.—I took none.

22nd.—Pricking in the right side of the chest, and on the inner side of the left upper arm.

24th.—Drawing through the upper incisors; p.m., above the left eye-tooth, a swelling formed rapidly in the gums, from which blood flowed, whereupon it disappeared.

25th.—Toothache at night.

26th and 27th.—Took none.

28th.—At 7 a.m. took five drops in water; at 12.30 took the same: at once, shuddering; pricking in the left hip; at 1.15, weight in the head, paralysis in the legs; at 4 p.m. pricking here and there in the chest; palpitation of the heart; at 4.30, pricking in the *scrob. cordis*, then in the back, then in the left and next in the right cheek-bone, towards the temple; at 5, pricking in the right wrist, then in the right foot—first on the inner, then on the outer ankle.

At 5, continued yawning and eructation ; pricking in the upper part of the chest.

29th.—7 a.m. took five drops in water : at once, shivering ; in an hour, pricking on the inner side of the right thigh ; at 8.30, great anxiety and oppression. At 11.30, took five drops. In ten minutes, pricking on the inner right ankle ; anxiety and restlessness, with palpitation ; yawning and eructation. Between 2 and 3, pricking in the right wrist ; towards evening, pricking here and there in the chest ; perspiration at night.

30th.—At 9 a.m. took five drops in water. In half an hour, pricking in the right middle finger ; at 10, pressure in the upper half of the left thigh. At noon, took five drops. At 2, pricking below the inner right ankle ; at 2.30, pricking and boring pain in the left cheek-bone, alternating with pain in the left upper eye-tooth ; itching at the tip of the nose ; at 4, water flowed from the nostrils. At 6, took five drops : all evening, pressure on the temple, and pain in the left cheek-bone, and the upper teeth on the left.

31st.—Dreamt that my husband and I were burying two men alive ; pricking as yesterday in the cheek-bone on awaking. At 11, took five drops : at 12, pricking in the left foot and thigh, in the right thigh and right foot ; at 3, pricking high up in the sternum and the left leg ; yawning and eructation.

August 1st.—No suffering.

2nd.—Morning, pricking close under the left clavicle and in the cheek-bone.

3rd.—Ditto.

4th.—Twitching in left eyelids ; pricking in the inner right ankle ; pricking and boring in the teeth. Next day I had no striking symptoms.

18.—ON MISS N—, AT N—.

I had sent Mr. N—, of N—, a bottle with about twelve

drachms of *Tinct. Chelid.*, he having, at my request, undertaken to prove the medicine on himself. He had given the tincture to his wife, remarking, by way of caution, that she must shut it up carefully, because it was Poison. Various engagements prevented him from at once commencing the proving.

This lady, generally calm and intelligent, 38 years old, the mother of seven children, on the 17th of December, 1862, after her husband had left the house in a rage owing to her reproaches, drank, in a fit of jealousy, every drop of the tincture, intending to commit suicide.

Being informed of this, I received about four weeks afterwards (at my own request to Mr. N—) the symptoms which he had observed in his wife and had obtained from her, written out as follows :

During the first three days, great excitement of mind, with quarrelsome and peevish humour. For four days, constantly in the forenoon and afternoon, violent burning in the vagina; lasting each time a full hour; this till the eighteenth day.

From the eighth day after the poisoning, constant pricking and burning, as if from a grain of sand in the inner corner of the left eye, which had not quite disappeared in fourteen days. At the commencement of the pain, the inner corner of the eye was red and inflamed, with a feeling of great heat there.

After fourteen days, the eye was still weak and watery; during this time she complained of pricking in the left side when sitting, and was often sleepy; at other times in constant excitement. Often, in the evening, violent palpitation, lasting some hours, which at other times commenced earlier after dancing. For several days she complained of violent pricking in the throat, as if from a fish-bone. With this came on, also, hoarseness with dry cough, which at times threw up clots of mucus; besides soreness in the nose, and sometimes redness and flying heat in the face.

At various times, severe pain in the crown and left temple; the former so serious as to deprive her of the power of thinking. Ever since the poisoning, thinking

has been difficult to her, and she easily forgets what she is going to do or has done.

On the eighteenth day, a fit of chill and nausea; great tightness of the chest; headache on the crown and left temple: the shortness of breath lasted an hour. On the next evening, pain in the head returned, with chill; oppression and cramp of the chest, with nausea. These sufferings continued till morning; at noon, after eating, the sufferings returned, except the chill; instead of which came inward heat, with internal burning between the chest and shoulder-blades.

On the following days, no more symptoms occurred.

REVIEW OF THE PHYSIOLOGICAL EFFECTS.

To a certain extent, the physiological action of *Chelid.* on individual organs and systems expresses itself so clearly by the very symptoms, that all explanations are superfluous; but besides I have to revert frequently to the physiological action in the third chapter: so that, although *Chelid.* to a great degree combines in itself the action of several of our principal medicines, yet a few short remarks will suffice here.

The power of exciting the whole arterial and capillary system is possessed by *Chelid.* in common with *Aconite*, as appears from the great similarity of the febrile symptoms; but it does not agree with the *transient* character of the action of *Aconite* on the vascular system.

This is especially evident from its effect on the vena porta and its functions; inasmuch as it calls forth all the phenomena of fully-developed abdominal plethora. This effect is always, for the most part, produced by defective circulation in the liver, and continued catarrhal excitement of the mucous membrane of the abdominal viscera, to which I shall presently revert. There is no room to doubt that the attacks of palpitation, the slowness of pulse (fifty per minute), the distension of the veins of the hands, with paralysis,

weight, and stiffness of the limbs—the coldness of the extremities, the œdematous swelling of the legs, the dull pain in the head, the vertigo, the confusion of the head, the pressure in the occiput, the pains in the back and sacrum—the weariness, indolence, indisposition to work, irritability and ill humour, the alternation of diarrhœa with costiveness, the fits of colic—the itching and creeping in the rectum, on the perinæum, scrotum, and glans—the urgency to urinate, the itching of the skin, the cutaneous eruptions, the yellowish-gray colour of the skin, the renewal of the symptoms on change of weather, and many other symptoms observed after taking *Chelid.*, are, for the most part, to be referred to congestive retention of blood in the portal system, and the hyperæmia thereby determined in the abdominal organs.

In the cutaneous system it is primarily the mucous membranes on which this medicine acts, by exciting catarrhal inflammation. We have, accordingly, observed catarrhal inflammation of the eyes, nostrils, larynx, and bronchial tubes. Nor are there wanting symptoms of catarrhal affection of the stomach and the rest of the alimentary canal. Even the mucous membrane of the female sexual organs does not appear to be excluded from its influence. The catarrhal inflammation extends at the same time to the mucous lining of the canals in which the gall and urine flow; whereby also the secreting glands are drawn into sympathy.

As for the fact that many secretions and excretions are observed to be at one time increased, at another time suppressed, after *Chelid.*, we look upon these symptoms not as contradictory (the reproach cast upon our provings under similar circumstances by our opponents), but as phenomena, physiological and pathological, grounded partly on individual constitution, partly on the degree of excitement produced by greater or smaller, and by more or less frequent doses.

Thus we find, after taking *Chelid.*, three different conditions called forth by alterations in the secretion and excretion of gall.

1. Diminished secretion. We find, *e. g.*, light grey or

yellowish-white stools without deposit of biliary colouring matter in the skin, and without separation by the urine.

2. Suppressed excretion, with resorption into the blood.

3. Absorption without stopping its escape into the intestinal canal.

It seems obvious that we should seek for the cause of suppressed excretion in a narrowing or stricture of the ductus hepaticus and choledocus, in consequence of catarrhal inflammation induced by *Chelid.*; because, elsewhere, crucial experiments on jaundice produced by other causes, though not wholly satisfactory, have, however, taught us that, in consequence of a ligature on the ductus choledocus, a yellow colour of the skin has shown itself in three days. Thus *Chelid.* has the additional power of calling forth the symptoms of acholia and polycholia, just as in the mucous membrane of the nose, it produces at one time increased secretion (fluent coryza), at another time diminished (dry coryza); for we have observed not only a deposition of biliary colouring matter in the skin without light stools, but also light stools without any symptoms of jaundice.

Excepting some *Chelidonium* symptoms, such as the slow pulse, languor, ill humour, vertigo, itching of the skin, which find their explanation at once in the detention of blood in the abdominal veins, we cannot ascribe any of its other *nervous* symptoms to the dyscrasia induced by absorbed bile, since, in jaundice from other causes, no symptoms occur but those above enumerated, and no disturbance of nervous action was induced by Frerich's experimental injection of bile into the blood. From the appearance of biliary pigment in the blood, it would seem to follow that it would also be found in the urine. Now only once have I ever observed urine dark brown and somewhat frothy, whose colouring might also have proceeded from hæmorrhage of the kidneys, as urine passed a few hours later had recovered the normal colour. I also saw the napkins of my youngest boy coloured reddish-brown by the urine. Dark, brownish, and greenish urine is quoted by the Vienna physicians as a frequent symptom, though not one of them examined the urine to find Biliverdine or Cholepyrchin.

Unfortunately, I was unable to analyse the dark-brown urine, because, in spite of prohibition, the servant had thrown it away; however, I did submit to chemical and microscopic analysis urine which, soon after it was passed (by my wife), was turbid and of lemon-yellow hue.

Reaction: smelt strongly sour, and reddened litmus paper, just like a powerful acid. The turbidity was removed by heat. Muriatic acid coloured it brownish; when boiled with that acid, it became dark brown; after longer boiling, a vapour was given off, smelling like stale urine. *Ammonia* gave a precipitate of *Phosphate of Ammonia and Magnesia*; *Chloride of Barium* gave a precipitate of *Sulphate of Baryta*; *Nitrate of Silver* did not produce immediately, as with normal quantity of chlorides, a caseous precipitate, but at first only a milky cloud. Evaporation of the urine, supplied with equal parts of *Nitric Acid*, yields crystals of *Nitrate of Urea*; by treating it with *Muriatic Acid*, there was thrown down *Uric (Lithic) Acid*, in orange crystals; on adding *Nitric Acid*, a brown colour is produced; and when the mixture is boiled, brown, hard, little masses are to be seen, which are transparent at the corners.

Under the microscope could be seen, in the urine thus boiled, barrel-shaped crystals of *Uric Acid*, bright colourless needles of *Hippuric Acid*, and organic residuum. Besides this, the microscope showed, in the recent urine, numerous cells of epithelium and urinary cylinders as regular, brownish, finely granulated tubes.

Next, as regards the alteration of colour produced by *Nitric* and *Muriatic Acids*, we do not find at all those various shades which are usually exhibited by the biliary pigment of urine when treated with *Nitric Acid*; and one may be tempted to seek for the brown colouring by these acids in dissolved Hæmatoglobuline, as no blood-globules could be discovered; whilst it is established by more recent experiments that the biliary pigment often undergoes, up to its excretion by the urine, several stages of alteration, and the altered pigment, by treatment with *Nitric Acid*, gives a colour quite different from the ordinary change of

colour, and not always like itself. (Frerich's *Klinik der Leberkrankheiten*, Brunswick, 1862.)

The analysed urine was not only overcharged with *Uric Acid*, which soon settled as a reddish-yellow precipitate (as is often seen when the liver is affected from other causes), but the turbidity itself was occasioned by an overcharge of acid urates; a fact which is evident from the clarifying of the water by heat.

In intimate connection with the increased acidity of the urine we find diminution in the acid of the stomach, which we also observed as a result of the proving. So Bence Jones has found, by many careful experiments, that the secretion of the stomach and that of the kidneys vary universally in respect of acid reaction; since that of the stomach exhibits the maximum of acidity when the urine contains the minimum, and *vice versa*. Roberts also observed a diminution of free acid in the urine during digestion.

Now, that the acidity of the gastric fluids is diminished by *Chelid.* we infer from the following facts:—

1. The heartburn, which on one occasion set in during the proving, disappeared immediately after a few drops of the tincture.

2. The female prover had, whilst her urine was highly acid, a great fondness for vinegar, as I myself had for sour wine during my proving.

3. My wife and myself had a strong dislike to cheese (alkaline food). Even on attempting to eat it we found the taste repulsive, though this was not owing to any bad quality in the cheese. Also the analysis of the reddish urine with reddish slimy sediment, where the turbidity had commenced rapidly, yielded a great surplus of acid urates, but a mere trace only of chlorides.

Now, it is evident that after taking *Chelid.* arose a greater need of nourishment, to prevent the disturbance of assimilation which was to be apprehended from a change of chemical action in the system. Under the continued action of *Chelid.* the stomach refuses to perform its office, where it is not in general qualified to digest larger quantities of food, on account of the deficiency of the gastric acid necessary to

digestion, and disturbance of the functions of the liver; loss of appetite and rapid emaciation are the necessary consequences, which two latter we observe in other cases where the urine is deficient in chlorides.

Thus we cannot overlook the fact that *Chelid.* calls forth every phenomenon of catarrhal inflammation in the mucous membrane of the stomach and of the intestinal canal.

By a post-mortem examination of a dog poisoned with *Chelid.*, Orfila found the mucous membrane of the stomach red and inflamed throughout its entire extent. In the human subject we infer catarrhal inflammation in those organs from the following *Chelid.* symptoms:—

Tongue slimy, coated white or grey; also (at times) dry; bad odour from the mouth, and collection of water there; loss of appetite, disgust, nausea; insipid, bitter, pappy taste; eructation, hiccough, vomiting, heartburn; pressure on the stomach, with distension; feeling of anguish in the pit of the stomach; hawking up lumps of phlegm; slimy stools; diarrhoea, alternating with constipation; uncomfortable feeling and fulness of the abdomen, which is distended; rumbling and rattling, pinching and cutting, in the intestines; frequent discharge of flatus, &c.

Very clearly is inflammation of the kidneys produced by *Chelid.*; evidence being furnished by microscopic examination. The symptoms 913 to 925* declare on that head that not only the mucous lining of Bellini's tubes, but also the parenchyma of the kidney is drawn into participation in the inflammation. As for the ureters, it appears from symptoms 821 to 825, that they are not exempted from the irritation either. And taking into account the symptoms of the bladder and urethra, there is no doubt that the urinary passages, throughout their whole extent, are affected by *Chelid.*

Since violent pains in the direction of the ureters always preceded the passing of turbid urine, it is not improbable that the irritation of the urinary passages, during the provings, may proceed partly from an excess of uric acid in the urine.

* The figures refer to the schema, which we shall give in a future number.—Eds.

The *Chelidonium* catarrh in the air-passages manifests itself by dry cough. The laryngeal symptoms, however, point to an affection of the tissues, not confined entirely to the mucous membrane, and thereby irritating the nerves of the larynx in a way not hitherto observed in the case of any other medicine.

As to the lungs, the symptoms of the thorax and the distress of the respiration permit us to infer considerable hyperæmia. Also the post-mortem examination of three dogs poisoned with *Chelid.* exhibited, according to Orfila, partial infiltration of the lungs.

As regards its action on the serous membranes, *Chelid.* is surpassed by no other medicine in the number and variety of painful sensations which we have observed in the pleura and pericardium. Besides the sufferings induced in the thorax, we must take into account the symptoms below the shoulder-blades, mentioned among the symptoms of the back. Most clearly is the pain felt in the serous membrane of the knee-joint, so that even the separate surfaces of the joint were indicated as painful.

In general, the knees show many symptoms which we do not find in the case of medicines which in other respects have a similar action.

On the external skin *Chelid.* brings out eruptions of various kinds, which must be examined more closely and at greater length below. Its action on the nervous system can be viewed apart from the symptoms which might be brought under the category of impeded circulation, and of the pressure of the distended vessels upon the nerves, merely to explain thereby that *Chelid.* directly excites the nerves of sensation and motion, and affects their nutrition.

In the motor nerves its action (not to speak now of the vaso-motor nerves) shows itself by trembling of the head and limbs; by twitching of individual muscles on the head, of the eyelids, and especially the extremities; by involuntary muscular movements; and by tonic spasms in the flexor muscles of the fingers and toes.

Under the nerves of sensation, those of the brain and its membranes first exhibit a wide array of symptoms caused by

the irritation produced there. This also extends to the nerves of the galea aponeurotica, as we infer from the pain on the scalp when touched, and the sensation as if the head were screwed together and pressed.

The nerves of the special senses also partake of this excitement, as is indicated by illusions of the sense of feeling, hearing, and smell. In the trigeminus we observe abundant symptoms from *Chelid.*, which arise from a hyper-æsthesia of the ramus ophthalmicus and maxillaris superior.

The action upon the vagus and the plexus supplied by it is common to *Chelid.* and many other medicines.

In the spinal nerves, the irritation of the first four is indicated by singularly well-marked symptoms in the nape and occiput.

In the region of the plexus brachialis, manifold neuralgic pains supervene, with paralysis, trembling, and jerking of the muscles. Also in the intercostal nerves, and especially in the seventh and eighth pair, the irritation shows itself by pains which are aggravated by the least movement or touch of the parts affected, and combined with a sensation of cold there. The irritation of the crural nerves corresponds entirely with that of the *plexus brachialis*, and is especially indicated by knee-symptoms.

The symptoms in the nerves of sensation are extremely numerous and various. From no other medicine does the feeling of *constriction* occur in so many parts of the body: we find it in the forehead and temples; in the muscles of the nape; in the larynx, cesophagus, throat, thorax, *scrob. cordis*; over the navel, and in the anus.

Chelidonium further causes—

Shooting pains and stitches in the forehead, crown, occiput, eyes, ears, nose, face, lips, tongue, tonsils, throat, stomach, liver, spleen and umbilical region, intestines, anus, kidneys, bladder, urethra, larynx, lungs, pleura, cardiac and clavicular region, nipples, back, axillæ, shoulders, shoulder-blades, and joints of the extremities.

Drawing pains in the crown, occiput, temples, ears, teeth, upper jaws, hypochondria, umbilical region, hypogostrium, inguinal region, testicles, seminal cords, thorax, nape, back, and extremities.

Tearing pains in the forehead, temples, occiput, bones of the face, eyes, ears, nostrils, teeth, intestines, nape, back, and extremities, with a feeling as if the parts were torn out; also in the eyes and in the intestines.

Heaviness in the forehead, occiput, nape, stomach, pelvic region, upper extremities, legs.

Pressure in the head, forehead, temples, crown, occiput, eyes, ears, nose, face-bones, stomach, liver, hip-bones, region of the kidneys, bladder, cervical muscles, larynx, sternum, cardiac region, perinæum, axillæ, nape, back, lumbar vertebræ, shoulder, thumb, forefinger, thigh, knee, leg, ankle.

Pressing in the occiput, navel, anus, perinæum, bladder.

Tension in the occiput, face, hypochondria, hypogastrium, perinæum, penis, testicles, thorax, muscles of the chest, back, shoulder-blades, inguinal region, legs.

Burning in the forehead, temples, scalp, eyes, ears, nose, face-bones, cheeks, lips, tongue, throat, hypochondria, intestines, anus, urethra, larynx, in the skin, on the clavicle, *scrob. cordis*, hip-joint, wrist, heels, palms, and soles.

Pain like a wound in the crown, scalp, eyes, lungs, ribs, dorsal and cervical vertebræ, knee-joints.

Pain like dislocation in the cervical vertebræ, shoulder-blades, lumbar vertebræ, hips, knees.

Pain like a fracture in the occiput, lumbar vertebræ, shoulders, knees.

Pain like a contusion in the left hypochonder, ribs, back, shoulder, thigh, and joints of the hip, knee, and ankle.

Sense of swelling in the eyelids, face-bones, in the region of the hip-bone, the larynx, hands, and legs.

Cramp pain in the eyes, stomach, region of the navel and groin, intestines, kidneys, bladder, urethra, sternum, shoulder-blades, and calves.

Pinching in the occiput, stomach, region of the navel and groin, and shoulder-blades.

Jerking pains in the temples, crown, zygoma, teeth, and sternum.

Boring in the ears, knee, leg-bones, and ankles.

Cutting in the stomach, hypochondria, intestines, anus, and urethra.

Throbbing in the forehead, temples, occiput, upper jaw, *scrob. cordis*; region of the liver, lungs, and sacrum.

Paralytic pain in the arms, shoulders, nape, wrist, meta-carpal bones, lower extremities, thighs, knees, and legs.

Pain on touching and pressing in the eyelids, eyebrows, region of the upper jaw, teeth, ribs, shoulder-blades, lumbar vertebræ; region of the kidneys, stomach, and liver; arms, knees, and calves.

Pain on movement in the inguinal region, and that of the kidneys, ribs, nape, dorsal vertebræ, scapula, shoulders, upper arms, wrists, knees, and ankles.

The pains often change their place rapidly, disappear after dinner for a few hours, prevent sleep till midnight, awake one between 4 and 5 a.m., and are felt on awaking at the usual hour.

The prolonged use of *Chelid.* increases the sensibility to its action.

Its symptoms combine a great part of those of *Bryonia* and *Arsenic.* *Bry.* differs from it in provoking hæmorrhage from the ears and nose, and hæmoptysis; and also gastric sufferings, as pressure on the stomach, abdominal pain and distension, bitter taste, and vomiting of food immediately after eating. The cause of the commencement of gastric sufferings directly after eating, under *Bryonia*, is perhaps to be sought especially in the fact that *Bry.* peculiarly causes acid in the stomach, whence the following symptoms: acid eructations after eating; collection of acid water in the mouth; burning eructation, with pricking pain in the throat; rancid, nasty taste in the throat, according to Hahnemann's proving: also such symptoms as rancid and scraping feel in the stomach, heartburn, and heartburn after wine, according to the Vienna proving.

Also in regard to the colour of the stools there is a great difference between the two medicines. After *Bry.* the stool is at first dark brown, greenish, acrid, corrosive, bilious. After *Chelid.* there are in the case of one prover, greenish evacuation, and brown ones only where bright

yellow ones have preceded. Besides, the strong bad odour of *Bry.* stools is wanting in those after *Chelid.*

Chelid. has, with *Arsenicum*, (besides other symptoms common to many medicines) trembling; twitching; fainting sensations; emaciation; jaundice; itching of the skin and eruptions; falling off and matting of the hair; weariness; restless sleep; fits of chill; coldness of the limbs; heat; slow pulse; anxiety; unpleasant mental excitement; dizziness; vertigo; inflammation of the eyelids; pale, yellow, sunken countenance; dryness in the mouth and throat; flow of saliva; sensation of constriction in the œsophagus and larynx; thirst; loss of appetite; nausea; eructation; hiccough; vomiting; constriction of the stomach and abdomen; escape of flatus; stool; red, yellowish, turbid urine, with clayey sediment, deficient in chlorides, containing epithelium and renal cylinders. The *Chelidonium* urine differs from that of *Arsenicum* in its excess of uric acid and uric salts; whilst the cough, the tightness of chest, the palpitation and pain as of bruising in the back, the œdema of the feet, &c., are common to the two medicines.

Allied medicines, besides the three already noticed, are *Arnica*, *China*, *Nux vomica*, *Ledum*, *Thuja*, *Acidum nitricum* and *sulphuricum*.

FORM AND DOSE.

The observations of the old physicians are of value to us also in cases where, as has frequently happened, they had recourse to the fresh juice, or the extract made into pills with the powder. Of the extract, comparatively large doses are generally taken, because the effect is weakened by inspissation; notwithstanding which, many symptoms are reported to us which arise from augmenting the dose, are also associated with general aggravation of the disease, all of which will be found among our proving-symptoms.

The tincture employed by Rademacher and his school is prepared after Hahnemann's prescription, as Rademacher

had convinced himself of the uncertain action of the extract. We must then ascribe the same value to the symptoms procured by the use of the pure tincture as to our own provings. But not only Hahnemann's *form*, but also the *minute doses* (infinitesimals) have commended themselves to Rademacher and his school as a necessity, in order to enable them to prevent aggravations and effect cures by *Chelid.*

Rademacher asserts it to be a *peculiarity of Chelid.* that the smallest doses effect the quickest cure. This information, however, is only a confirmation that these cures took place according to the principle *Similia similibus*; a fact which clearly comes out in all cases on comparing the morbid symptoms with those of the proving.

If diarrhœa was present in the epidemic observed by Rademacher, the dose of one drachm in twenty-four hours had to be diminished to one scruple, with *Gum Arabic* and *Poppy Oil*, in eight ounces of water. Even with this diminution the diarrhœa was not always removed; and seven years after, Rademacher was convinced the best way of removing the diarrhœa was to give the medicine in *much smaller doses* than heretofore. The concomitant chest symptoms indicated by moderate stitch in the side, short breathing, and anxiety, were so much increased by one drachm of the tincture daily, that in one case he was obliged to lay aside the tincture entirely.

A jaundiced patient who called in the aid of Rademacher had previously taken a thimbleful of the juice of *Chelid.* four times a day as a domestic medicine, and the disease was thereby so much aggravated that the bright yellow of his skin had turned to dark yellow, and the tension of the upper abdominal region was greatly increased. Fifteen drops of the *Tinct. Chelid.* per day restored him without further trouble. Subsequently he was troubled with chronic liver complaint, which he had to cure with two or three drops taken four or five times a day.

A grown-up girl who had violent cough, with diarrhœa and tenesmus, after a sharp attack of fever, was cured in five days by giving her a *single drop* of the tincture in half

a glass of water four times a day. Rademacher, upon this, thought it necessary to defend himself from the charge of a leaning to homœopathy: meanwhile the homœopaths themselves do not hesitate, under certain circumstances, to give the mother tincture in doses of a *whole drop!* Now, must not our opponents grant, after the above statements on their own side, that cases may occur where *a single drop is too large a dose?* and can a strict line of demarcation be drawn where the physiological proving teaches us that the millionth dilution of a drop can produce *objective symptoms* in a healthy person?

Nothing further remains but to make some remarks on Rademacher's account of combining *Muriate of Lime* in solution with the *Tinct. Chelid.* This is a combination from which neither a decomposition of the *Chelidonic Acid* nor of the two alkaloids ensues, and whereby hardly any other action can be attained—for lime is already contained in abundance in *Tinct. Chelid.* both as *Malate* and *Chelidonate of Lime.*

Rademacher's followers admit that they have often seen no effect, and even aggravation, after giving *Tinct. Chelid.* in *too large doses*; whilst by a mixture of the tincture with a solution of *Muriate of Lime* in the proportion of half a drachm to an ounce, given in doses of a few drops (corresponding to the first homœopathic dilution), the bad effects have been avoided.

The ill consequences of the strong doses of *Tinct. Chelid.* when employed, *unconsciously*, by the opponents of our small doses according to the law of similitude, we find capitally described in the very words of Thienemann, which I will therefore quote.

He had cured his wife of a bilious dysentery in the middle of August, 1846, with a few drops of *Tinct. Chelid.*, after the unsuccessful employment of *Carduus marianus* and *Nux vomica*; and thereupon he says (*Zeitschrift für wissenschaftliche Therapie*, 1862, p. 487), "The case was a striking one, and I would have employed *Chelid.* immediately after in other cases; but the *too large doses* led me again into error, until at last I began to prescribe univer-

sally the mixture of *Tinct. Chelid.* and *Muriate of Lime*: then, for the first time, I saw general and radical curative effects (see page 488). I thus came to the clear knowledge of this epidemic only in November, though I am of opinion that the first cases from Observation 1 onwards (May 16) belonged to it. Had I then, from the first, given the mixture with *Mur. Lime*, or at least *very small doses of Chelid.*, I should, according to my later convictions, have spared myself the interregnum of five months. In February, 1847, the supply of *Tinct. Chelid.* came to an end from the great consumption of it; no roots could be dug up on account of the frost, and I was obliged, until spring, to make use of the extract: this also succeeded. Whether the addition of *Mur. Lime* was necessary in all or most cases, or whether the *Chelid. alone, in minute doses*, would have sufficed, I have not made the needful experiments to determine; I was delighted to see a decidedly rapid cure, and looked no further. *Chelid.* belongs quite decidedly to the remedies which develop their curative action in very small doses, and this action is only interrupted by augmenting the dose." He considers the excessive amount of the dose as the main cause why this fine remedy has become almost entirely obsolete; and he is convinced that without the addition of *Nitre* it acts as an antiphlogistic.

If Thienemann required half a year to find out the remedy for an epidemic, how difficult must it be, amongst the intercurrent diseases of such epidemics as do not find their remedy in *Chelid.*, to discover the cases suitable for that medicine! I therefore hereby challenge the adherents of so-called scientific therapeutics to employ this drug according to the principle of *sim. sim.*, without combining it with *Lime, Soda, Magnesia, Copper, Nitre, &c.*, carefully comparing the symptoms objective and subjective, which my physiological provings will enable them to do; let them give it in small doses, and publish their observations openly and honourably; and thereby a light will arise to them, against which they have hitherto closed their eyes, satisfied with what the old Hero of Goch has done for them, and intimidated by the difficulties from realising at the

bedside the value of the remedies which have been so hardly earned by the toil of physiological provings. It must, and will, ultimately be evident to them that, notwithstanding the undeniable advantages which they, in their strivings after blood and organ remedies, have gained over the old school of indirect cure, they are creating but a tottering edifice for want of the foundation of physiological proving, and of the universal recognition of the *ὁμοίον*; an edifice which the storm of the next epidemic in a different direction is sure to overthrow, which ensures no protection whatever against many diseases, and compels them, when such diseases appear, to seize the old weapons which they themselves had broken, and to employ the old abjured formulæ in which they have lost all confidence, unless they prefer letting nature take her course.

Can our principle be expressed in clearer words than Kissel's, when he says (*loc. cit.*, page 7), "The medicines exercise, as is more and more established as a fact, their curative influence in those organs which they affect when taken by healthy persons. So from the symptoms, subjective and objective, which they produce in the healthy, the objective ones being as yet unfortunately little known (? 1) it is possible to draw a conclusion as to the sphere of action of a given medicine, in order to employ it experimentally on the sick when the same organ is diseased."

Is not, then, the sure way of recognising *Chelid.* as a remedy for suitable cases clearly pointed out to them beforehand, when they find the symptoms of the epidemics in which *Chelid.* has, often after long testing, certified itself as a curative agent, indicated in general verbatim in my list of symptoms, so that it might appear as if I had compiled it *ex post facto*!

I beg they will accept my hearty congratulations for the candour with which they make no secret of the failure of their method; but let them not shirk the unpleasantness and toil of proving this medicine (which they have so often misemployed), not only on others, but *on themselves*; and then with the same candour and honesty compare the results of diseases treated on the homœopathic principle

by the light of these provings on the healthy with the results of their own previous treatment: by this means they will undoubtedly find that, in the very first case of an existing epidemic, they can recognise *Chelid.* as a remedy, instead of taking, as formerly, weeks, or even months, about it, thereby giving the epidemic time to subside before the remedy can be discovered; more especially if they disturb the pure observations on *Chelidonium*, by combining it with the other medicines above enumerated. They will then also acknowledge that *Chelid.* is directly curative of many other diseases which do not commence epidemically with internal affection of the liver; and that it is also, under certain circumstances, a remedy for affections of the kidneys, the intestines, and the circulation. Moreover, they will find, by studying the *Materia Medica*, that there are other medicines which act on the interior of the liver, as *Aconite*, *Bryonia*, *Mercury*, and *Arsenicum*; and also that there are internal diseases of the liver for which *Chelid.* does no good. I myself for some years practised Rademacher's method of cure; and have had to rejoice in many a direct cure, and especially in the results of his antigastric method, compared with the comfortless, indirect method: but his method of experimenting in order to discover a remedy for the epidemic does not satisfy me, however "interesting" it may be; and I thank God daily for having enlightened Hahnemann to the discovery of a better method. I hope my list of cures by *Chelid.* will also be considered as direct artistic cures.

They were also effected by infinitesimal doses, being for the most part not in the sixteenth dilution of the tincture (as in the *Tincture Chelidonii composita*), but in the millionth, without my having occasion to try previously other blood and organ remedies. It is true that aggravations also took place, not, however, such as to "mislead me," but such as were followed by rapid cures, and those cures founded solely on physiological experiment. What avails their acknowledging the utility of physiological experiment for the discovery of curative action, if they never strive to realise the result of those experi-

ments practically, but continue for ever "proving" their medicines only on the sick? Can such a method ever create a *Materia Medica Pura*? Never! They consider the physiological experiment as "insufficient" forsooth. No wonder, since they have hitherto never made any but "insufficient" physiological experiments.

I have most frequently employed the sixth decimal dilution in globules; but I believe that in diseases of infants we must proceed to higher dilutions: nay, in the proving of my youngest son, even the sixth dilution produced violent results. The sad experience of Rademacher's school with the undiluted tincture in disease makes it appear necessary to abstain, as far as possible, from using it.

GENERAL INDICATIONS.

Ever since the time of Dioscorides, *Chelid.* has been used for certain forms of disease, in which it must have frequently proved itself curative according to the law of similitude. It has also, no doubt, effected cures in individual cases in which our list of symptoms presents us no indication for the choice of *Chelid.* Moreover, there are many morbid states, such as various tumours and ulcers, to which we shall never be able to find even remote resemblances in our physiological provings. Besides which, those patients possibly presented other additional symptoms which would have pointed to the choice of *Chelid.*, but which were considered by the practitioner too unimportant to be noted.

The physiological provings justify us in asserting that *Chelid.* suits every age, sex, and temperament. On account of its rapid action, it can be employed in the most acute cases; and where it is suitable, according to my experience, a few doses, which may be repeated every one to three hours, suffice, in violent inflammatory fever, to calm the excitement in the circulating system, amendment being shown by diminution of the pulse, heat and thirst, and by gentle perspiration and quiet sleep. In consequence of its after-effects of five to six weeks' continuance, and of

its marked action on the vegetative sphere of the organism, we have, however, through symptoms obtained by my provings (which correspond with certain common forms of disease more precisely than almost any other medicine), acquired a remedy which will often show its curative power in chronic diseases, and is calculated to fill up some gaps in our *Materia Medica*.

In patients who have been speedily benefited by *Chelid.* several symptoms have struck me as especially frequent.

Though we must in general admit that the symptoms which have most frequently arisen during provings are at the same time the most important, yet, for all that, it is unquestionable that the physician is often led to the cure of a disease which has long defied all efforts, by looking back at one *peculiar* symptom that was but once observed. Besides, the symptoms that are most frequently observed are generally common to too many medicines to allow us to attach great value to them in cases where the choice of a remedy is difficult.

The observation of those symptoms only which are *often* observed in various forms of disease corresponding to some one remedy in cases where it has effected a speedy cure, seems to me to be of the greatest use in clinical observations, so far as these symptoms are pathogenetic ones of the remedy. It is by these that the peculiarity of the remedy is best characterised, even to the beginner; and where it is a newly-proved remedy, they facilitate the survey and choice to the much-occupied practitioner. In regard to *Chelidonium*, the following symptoms, according to my experience, come under this category:—Vertigo; stumbling; dizzy confusion of the head; trembling and twitching in the limbs; greyish yellow (sallow) sunken countenance; increased secretion of the Meibomian glands; inflamed sebaceous glands; and so-called worms in the face: heat in the face; fits of rigor in the evening; cold extremities; restless sleep before midnight; dreams about corpses and funerals; sweat in the morning; being terrified out of sleep by the usual sufferings; cessation of the sufferings after dinner; drowsiness in the day; shortness of breath; and

anxiety relieved by eructation: a feeling of constriction, tension, and sensitiveness in the *scrob. cordis* and right hypochonder; dryness in the throat; nausea; dislike to flesh-meat; bright-coloured slimy stools; sour-smelling, turbid, and reddish urine. From a glance at the physiological effects, it is sufficiently clear that *Chelid.* will be especially indicated where, in spare subjects, there exists a disposition to abdominal plethora, cutaneous disease, catarrh, and neuralgia.

According to my observations, I can but corroborate Teste's experience that *Chelid.* acts with special effect upon persons of blond complexion: it thus forms, in cases which point to *Bryonia*, a proper substitute for that remedy, which is more suitable to persons of dark complexion.

ANTIDOTES.

Acids, wine, and coffee, as articles of diet, restrict the action of *Chelid.*, and must therefore be avoided during the exhibition of that medicine. Aggravations caused by *Chelid.* which are betrayed by excitement in the circulating system are best removed by *Acon.* *Chelid.* will prove an antidote to aggravations from *Bryonia* such as we often observe.

In cases where all the symptoms are not removed by *Chelid.*, *Arsenicum* will often be suitable after it.

(To be continued.)

OBSERVATIONS ON THE TURKISH BATH.

By HENRY R. MADDEN, M.D.

WHEN visiting Sydney in December, 1865, I took advantage of the opportunity afforded me by the excellent Turkish bath possessed by that city, to examine thoroughly into the effects of this powerful agent. I may premise that the bath at Sydney is under the control of our colleague

Dr. Le Gay Brereton, formerly of Bradford in Yorkshire, and that he has spared no pains in rendering it as perfect as possible for all remedial purposes. During my stay in Sydney I took the bath almost daily, making careful observations of its effects upon myself. I likewise watched its effects on the numerous patients whom I met there, and, moreover, held repeated and lengthened conversations with Dr. Brereton upon the subject. It is not my intention here to occupy any space in describing the bath, which has already been so well done by Dr. Scriven in Vol. XVIII of this Journal; neither shall I make any lengthened reference to any of the works which have been written upon the subject. All that I intend to do is simply to state the results of my own observations and inquiries and reading, to examine into the physiology of the process, and thence draw a few practical conclusions respecting the morbid conditions which it is likely to benefit.

During the month which I spent in Sydney I took twenty-six baths. I generally weighed before and after each, and in this way ascertained that I lost on an average from 1 lb. to 2 lbs. on each occasion; while at the same time my powers of assimilation were so much increased, that I weighed $1\frac{1}{4}$ lbs. more after the twenty-sixth bath than I did when I commenced the series. I need not say anything of the feelings of comfort, refreshment, and elasticity produced by the bath—neither need I refer to the peculiar and exquisite feeling of cleanliness imparted to the skin by this process, as these have been so fully discussed elsewhere. I will therefore at once enter into an examination of its action on the various functions of the body.

Action on the Skin.

1. *On the perspiration.*—If the bather has an inactive skin, and if perspiration occurs with difficulty or not at all, he is sure to experience much discomfort on first using the bath. The head will become full and congested; the respiration and circulation also will be much oppressed,

and the patient will feel as if on the verge of a fit. The first object, therefore, in such cases is to compel the sweat-glands to act, since without that no benefit can accrue from the process. It fortunately happens, that by the judicious employment of hot and cold water, frictions, &c., in a manner well known to the experts at the Turkish bath, it seldom occurs that the skin resists their appliances for any length of time. I saw a case of this kind, where no degree of natural or artificial heat, and no amount of exercise, had even moistened the skin for fourteen years—where, also, hydropathic packing had entirely failed to relieve,—and yet in ten minutes, under Dr. Brereton's directions, the sweat was streaming down the patient's back ; and so great was the change produced in this case, that in the third bath the sweating began as freely and readily as if the sudiparous glands had always acted well.

2. It is of great importance to remember that when once the bath has restored the action of the sweat-glands, the skin retains its perspiring power when no longer under the influence of this artificial stimulus, so that exercise and warm weather will much more readily cause moisture of skin than heretofore, and the patients will thus be relieved of the heat, tension, and throbbing by which they had formerly been oppressed by summer sun or muscular effort.

3. The free perspiration caused by the bath, however, does not weaken the sweat-glands ; on the contrary, persons who habitually perspire too freely on the least exertion find that their skins become toned, and that they "break out" less readily after the use of the bath.

4. On first using the bath, especially by persons who have not been in the habit of sweating freely, the perspiration will be found to be loaded with saline matter ; so that if any finds its way into the eyes, it will cause considerable smarting, and occasionally give rise to conjunctivitis. Mr. Urquhart refers to this, and advises that the sweating process should be continued until a drop placed in the eye causes no discomfort.

5. Many diseases impart a peculiar odour to the sweat, which an experienced shampooer readily detects and recog-

nises. Others, again, impart a sticky, gummy, or greasy feel which is very appreciable to the initiated.

6. So susceptible of change is the sweat, that a simple attack of dyspepsia will modify the secretion markedly on the day following the faulty digestion.

7. *On the epidermis.*—No part of the body is so materially influenced by the Turkish bath as this outer covering of our skin. Under ordinary circumstances, especially in persons who do not excite perspiration by exercise, the epidermis remains for an indefinite time attached to the cutis; and since our carefully and softly clothed skins are but little exposed to friction, no great demand is made for its renewal. When we come to examine into the physiology of the skin, we shall find that a most important function is thus checked, and a fertile source of disease established. The habitual use of the bath, however, with its accompanying frictions and shampoings, secures the complete removal of all the dead skin, and stimulates the *cutis vera* to the secretion of fresh epidermis, and in this way produces a softness and smoothness totally unknown to those who do not enjoy this luxury.

8. *The complexion* undergoes a very remarkable change in those who habitually make use of the bath, assuming a clearness, freshness, and transparency which is in many instances very striking; indeed, one's friends can often detect with certainty whether the bath has been taken or omitted by a single glance at the face.

9. *The hair* also evidently feels the effects of the bath. Where it has formerly been dry and brittle, it becomes soft and silky; and if it is falling out, this will often increase on first using the bath, but will be followed by the growth of a fresh crop of a more healthy character. Mr. Urquhart, in his 'Manual of the Turkish Bath,' refers to a case where grey hair gradually resumed its original colour during the continued employment of the bath.

10. In many cases of disease, however, the skin is apt to be visited by various eruptions ere it assumes a truly healthy condition. It not unfrequently happens that persons suffering from chronic disorders will, after a few

baths, experience pains in the skin over the affected organ ; which pains will be followed by more or less marked eruptions in the same spots. Dr. Brereton tells me that he has seen cases where the eruption thus induced in cases of lung disease exactly mapped out the extent of the malady as detected by the stethoscope. In other cases a general crisis in the form of boils will occur while chronic disease is being removed by the use of the Turkish bath.

11. One of the functions of the skin, or more correctly of the cutaneous nerves, is to take cognizance of changes of temperature ; and we all know how many persons in low health become far too susceptible to every alternation of heat and cold, and are thus led to the injurious habit of over-clothing themselves. Under the systematic use of the bath, the unpleasant sensations caused by changes of temperature are so completely removed, that all regular bathers prefer being lightly and thinly clad.

Action on the Mucous Membranes.

12. The effects of the bath on the inner, though less direct, is scarcely less powerful than upon the outer skin, owing, of course, to the close interdependence and reciprocity of action between the mucous and cutaneous surfaces.

13. Among common ailments, the tendency to catarrhal affections is certainly one over which the bath has almost unbounded control. Habitual bathers seldom take cold ; and those who have got a chill, and feel that a catarrh is imminent, can almost always cut it short by a good long bath. When the susceptibility to catarrh is very strongly developed, the bather must be cautious how he exposes himself to drafts *after he is dressed*, at which time the probability of his catching cold is much greater than during the cooling process while most of his body is nude ; and all such persons must most carefully avoid dressing themselves until they are thoroughly cooled, and the cutaneous circulation fully reduced to its normal condition.

14. *Action on the muscles.*—All persons acquainted with

the Turkish bath have noticed the increased tension and activity of all the muscles occasioned by its use ; in fact, it has all the effects of steady and regular exercise, so that persons get into training without the necessity of a daily constitutional. This is now so fully recognised, that the bath is an acknowledged institution in racing stables. An inquiry into the physiology of the process will at once explain the cause of this.

15. *Effect of the bath on the adipose tissue.*—Whether a person will become fatter or thinner by a course of Turkish baths, will depend entirely upon his condition at the commencement of the series. If he is emaciated, he will undoubtedly fatten ; if he is fat and flabby, he will with equal certainty reduce in size ; while upon hard and wiry frames no apparent change of contour will be discernible. Nevertheless, in all these different cases there will be an increase of weight, consequent upon the improved condition of the muscles referred to in the previous paragraph.

16. *On the appetite* the effect varies much in the same way as upon the fat. Small eaters usually find the appetite increased ; moderate eaters observe no change ; while those who have inordinate appetites lose their craving for food, and are satisfied with smaller meals. The effect which is common to all, is an increased keenness of relish, and of that peculiar bodily satisfaction which accompanies rapid and perfect assimilation of food.

17. *Thirst* is often great while in the bath, and should be slaked by copious draughts of pure water ; but it does not seem to be affected in any marked way at other times.

18. *The urine* is usually largely increased in quantity during the early period of a course of Turkish baths. I have not, however, met with any analysis of the fluid to ascertain whether the solids are in any excess, or whether its constituents are in any way modified.

19. *On the fæces* the effect is sometimes striking : not only do the stools become more regular, but they often increase in quantity, and change materially both in appearance and odour.

20. *On the rectum.*—In cases of abdominal congestion,

blood will frequently be passed at stool by bathers, even although they have not formerly suffered from piles; while those who have hæmorrhoids will frequently find them more troublesome at first, though they will be much benefited, or in many cases cured, by the continued use of the bath.

21. *On the uterus* the effect of the bath is very marked: deficient menses are increased, menorrhagia is restrained, the pains of dysmenorrhœa are removed; leucorrhœa is often cured, and the sufferings of childbed are greatly modified; and last, not least, some of the causes of sterility are removed.

22. *On the circulation*.—While in the hot-room the heart's action is considerably increased, and hence many physicians were afraid of ordering the Turkish bath in cases of cardiac disease. Dr. Brereton assures me, however, that many persons labouring under various heart complaints have visited his bath with great benefit, expressing their feeling of surprise that the over-action, so far from distressing them, was not unpleasant, and was followed by a great sense of relief.

23. *On the respiration*.—Many persons feel their breathing oppressed when they first enter the bath—a discomfort which can usually be relieved by a few deep inspirations; but most people feel decidedly strengthened in chest, and that they become “longer winded” by bathing. In lung disease of various kinds, as bronchitis, acute and chronic asthma, and especially phthisis, the beneficial effects of the bath are highly extolled by those who have had the best opportunities of arriving at a just conclusion as to its merits.

24. *On the nervous system*.—When one enters the cooling-room after the earlier stages of the bath have been gone through, the first sensation is one of drowsy satisfaction, a desire to be left entirely undisturbed, with a feeling as if sleep would soon overtake you. As, however, the circulation regains its balance, every symptom of languor departs, and you feel as brightened and cleared in intellect as your skin is freshened and your muscles toned, so that the fagged brain can once more assume its labours with pleasure and satisfaction. Diseases of the nervous system of all kinds, from

mania or epilepsy down to neuralgia and paralysis, have been far too frequently benefited by the bath to leave any doubt whatever of its powerful influence upon this most important system.

25. *Effects of a first bath.*—Persons who have never yet used the Turkish bath must bear in mind that the first bath—indeed, occasionally the first few baths—may cause unpleasant sensations, such as headache, languor, weakness, and the like; and these often deter them from continuing the process; whereas the best plan is to repeat the bath daily for several days, when it almost invariably happens that these discomforts cease.

26. *First effects in cases of chronic disease.*—Another very important point to remember is, that the effect in chronic disease will differ very much according to the condition of the patient when commencing the process. For example, take a case of gout. If the patient is undergoing an acute attack, the bath will mitigate his pains and shorten the paroxysm. If, on the contrary, his enemy is dormant, he will probably find himself in a few days the victim of a fresh outbreak, which, if it should unfortunately drive him from the bath, will probably prove very difficult to subdue. In constitutional syphilis this is still more apt to be the case, the first effect of the bath being to light up all the latent fire of the poison, and thus for the time add greatly to the patient's sufferings.

Let us now glance at *the physiology of the process.*

a. The functions of the skin are chiefly three, viz., the formation of epidermis, sweat, and sebaceous matter, of which the two latter are universally recognised as excretions, while the epidermis is considered as part of the skin itself. In the broad sense, however, taking the blood as the starting-point, Mr. Paget is quite right in viewing every tissue as an excretion; and in this respect we shall find that the epidermis bears a very important part in the economy.

b. It must never be forgotten that the blood consists of the formative material for to-day's use, the products of yesterday's destruction of tissue, and the imperfectly assimilated chyle for to-morrow's consumption.

c. No solid material can be received by any organ except through the blood, which may thus be viewed as conducting the whole import and export trade of the body; and, consequently, unless these balance each other, the composition of the blood must be modified to adjust the difference.

d. From this it follows that if any product, solid or fluid, be diminished in quantity, some other product must be increased, or the blood must become loaded with the excess thus left upon its hands.

e. If we examine the epidermis in connection with the *rete mucosum*, we must conclude that it was intended to be abraded rapidly and abundantly, seeing that it is everywhere associated with such an active agent for its reproduction. In highly civilised nations, however, the greatest care seems to be taken to guard against all abrasion of cuticle, and hence the formation of epidermis is reduced to a minimum, and, as a consequence, the mucous membranes have imposed on them the duty of depurating the blood from excess of material which should have been worked up by the *rete mucosum*. *Query*—Is not this one of the chief causes of the prevalence of diseases of the mucous membrane, and especially of blenorrhœas, in the luxuriant and self-indulgent who toil at nothing and wrap themselves in soft clothing?

f. Activity of function depends upon two things: a good supply of normal blood, and an abundance of nerve-power.

g. The supply of blood is regulated by the two sets of nerves which now receive the names of *trophic* and *vaso-motor* respectively.

h. These two sets of nerves are directly antagonistic to each other. A trophic nerve in action *attracts blood* to the organ, while an active vaso-motor nerve contracts the small arteries, and thus markedly *reduces the supply*.

i. Nerves, like all other organs, are toned by having their functions rendered alternately active and passive. This will be shown presently to be a very important item in our argument.

k. *Heat* is indirectly a tissue excitant in virtue of its being a direct vaso-motor depressant. That is to say,

whenever a part is heated, its vaso-motor nerves are depressed, and, in consequence, the small arteries relax and admit more blood to flow through them; and this increased flow of blood gives rise to exalted functional activity.

l. Cold acts in a precisely opposite way. It stimulates the vaso-motor nerves, and thus causes the arteries to contract; and by this means diminishing the amount of blood flowing through an organ, the activity of function is depressed or checked.

m. There is reason to believe that the nerve-power of the body is at any given time as much a fixed quantity as its muscular power, or the volume and weight of the blood, &c. Consequently, any measures which increase the nerve-power of one part will proportionately increase that of the whole body; whereas any increased demand for an expenditure of nerve-force in one direction will equally reduce the total amount possessed by the system at large.

n. Viewing these last three paragraphs together, it will be at once apparent that heat alone, or cold alone, will ultimately weaken the whole body, while the alternate action of the two must prove decidedly tonic.

Let us now apply these data to explain the action of the bath. The Turkish bath consists of the following processes:

1st. Exposure of the uncovered body to the action of *hot dry air*, causing a large increase of perspiration and melting of sebaceous matter.

2nd. *Shampooing and friction*.—Causing removal of old epidermis and sebaceous matter, and increasing the activity of the circulation through all the adjacent tissues, viz., skin, muscles, adipose and connective tissue.

3rd. *Cold washing*, causing reaction in the vaso-motor nerves.

4th. *Gradual cooling of the exposed skin*, causing a restoration of the natural equilibrium of all the parts acted upon.

Translated into the language of physiology, therefore, the Turkish bath consists of—

1. Depressing the vaso-motor nerves of the skin by heat, and thus increasing the flow of blood through it.

2. Augmenting greatly the action of the sudiparous glands.

3. Rendering the thick sebaceous matter fluid by increase of temperature.

4. Removing dead epidermis and melted sebaceous matter by rubbing.

5. Stimulating all the subjacent tissues by friction and shampooing.

6. Causing powerful reaction of the depressed vaso-motor nerves by cold washing.

7. Restoring the general equilibrium by gradual cooling.

There are, doubtless, many other minor influences at work connected with the electrical condition of the artificially heated air—the direct action of the air on the uncovered skin, &c. ; and there are also numerous indirect effects traceable to the influence which one increased function exerts over all the others: but the above seven palpable effects will suffice to explain generally the beneficial action of the bath.

A careful comparison of the known effects of the Turkish bath recorded in the beginning of this paper, with the physiological explanations given above, will demonstrate that this process is at once a powerful depurator of the blood, and also a strong tonic to the vaso-motor system of nerves; a combination of powers rarely met with, since most depurators of the blood depress the vaso-motor nerves, and thus leave the whole system weakened and enervated, and to that extent less capable of resisting any fresh cause of disease.

For example, who has not seen the debilitating effects of all evacuants, whether sudorifics, diuretics, or purges? And that they must be so is self-evident, seeing that they increase to an abnormal extent the function upon which they operate, and then leave the organ in the state of depression that alternates with this over-action. Precisely for the same reason, if, as soon as a patient had been well sweated in the hot-room of the Turkish bath, he simply wiped his body dry, dressed, and departed, he would undoubtedly find himself weakened and depressed by the

process, and its frequent repetition would soon produce the general adynamia characteristic of a residence in hot climates. But we have already seen that the complete Turkish bath includes various stimulating processes by which all tendency to depression and exhaustion are not only removed, but an actual surplus of stimulus supplied, so that the result is toning as well as purifying.

Let me now draw a few practical conclusions as to the conditions in which the Turkish bath will prove useful. This is so large a subject, that a full development of it would fill a moderate octavo: I must, therefore, at present content myself with a few hints.

The Turkish bath will prove useful in all the following conditions:

1. When the mode of life is such that full perspiration rarely occurs.
2. When exercise and warm weather induce a hot, dry skin.
3. Where very little exertion and very slight rise in temperature cause perspiration.
4. Where the skin is harsh and rough.
5. Where the skin is greasy and spotted with acne, &c.
6. When any eruptions exist.
7. When the brain is overtaxed, while the muscles are but little used.
8. When there is blenorrhœa of any kind.
9. In all cases of internal congestion.
10. In all hæmatic diseases, acute and chronic.
11. In all the various dyscrasiæ.

Of course, it must not be supposed that I consider that the Turkish bath will be sufficient to cure all these diseases without the aid of specific drugs, or even that the majority will not be more quickly cured by the simultaneous use of homœopathic remedies than by the bath alone. All I maintain is, that in every one of these conditions the use of the Turkish bath will prove a most valuable and potent auxiliary.

NEW HOSPITALS FOR THE SICK POOR OF LONDON.

TEN years ago* we drew public attention to the whole hospital system of London, including both the charitable hospitals and the workhouse infirmaries. We instituted a comparison between these two classes of hospitals very much to the disadvantage of the latter. We showed, from the data then in our possession, that whilst the hospitals supported by the charitable endowments of benefactors of past ages, or by the voluntary contributions of charitably disposed persons of the present day, and managed by active committees of philanthropists and salaried officials, were magnificently and even extravagantly ordered, abounding in comforts for the sick treated in them, with ample provision of ventilation and fresh air, with the best of food, the most careful and well-paid nursing, and the most renowned medical and surgical aid, the infirmaries or hospitals supported out of the parish rates, and managed by that great British institution, the parochial vestryman, in his beatified state of guardian of the poor, were precisely the reverse of all this; the patients being stinted of air, wholesome food, proper medical comforts, competent nurses and doctors, and, in fact, of everything calculated to ensure recovery from the maladies for which they came to be treated; so that, in fact, they had but small chance of ever leaving the lethal wards of these dens of impurity and infection, except "feet foremost," to use a vulgar but significant phrase.

In that paper we further made a comparison of the whole hospital system of London with that of two of the chief capitals of Europe—Paris and Vienna; and we showed that the Londoners, with all their smug complacency respecting the superior excellence of their treatment of their poor fellow-citizens, and their deeply-rooted belief in its infinite superiority to anything done abroad, had much to

* See *British Journal of Homœopathy*, vol. xiv, p. 209.

learn from these two despised foreign towns. We showed that in both these cities the quantity of hospital accommodation for their sick poor was comparatively much greater than in London; that, on the whole, they were better housed, had a greater allowance of air, medical attendance, and competent nursing, than our London hospitals, taking charitable and parochial hospitals together. But we must refer the reader to the paper in question for the details on this subject; for though ten years have elapsed since the paper was written, no alteration has taken place in the hospital management of the three towns compared to change the general results then stated and the inference then drawn from the comparison—to wit, that London is vastly inferior in its provision for its sick poor—or what changes have taken place have only served to render the comparison still more disadvantageous to London.* We shall confine ourselves, on the present occasion, to the treatment of the pauper sick of London only.

Since our article of ten years ago was written, the subject of the treatment of the sick in the workhouses has been allowed to slumber until quite recently, when some monstrous cases of workhouse mismanagement and neglect having come to light, the happy idea occurred to the editor of our weekly contemporary, the *Lancet*, to send what he calls a “sanitary commission” to examine and report on the state and management of the London workhouse infirmaries.

The revelations of this commission, which fully bear out all that we stated in 1856 respecting the total unfitness of the workhouse infirmaries for the proper treatment of patients, roused the attention not only of the public, but of the Government. By the former an “Association for the Improvement of the Infirmaries of Workhouses” was started, with many influential men among its members; by

* The statistics of the hospital accommodation for the pauper sick of London which we gave in our article written ten years ago were derived from a Parliamentary Report issued in 1848. During the eighteen years that have elapsed since then, the number of beds for the sick in the London workhouses has been more than doubled, in some cases, we presume, by the opening of new wards, but in many others by overcrowding the existing wards, and distributing the sick among the wards properly belonging to the healthy.

the latter the president of the Poor Law Board was made to order an official investigation.

The result of these movements, and of independent inquiries, has been to show that the state of things in the London workhouse infirmaries was even worse than had been supposed. Not only are few, if any, of these infirmaries fitted by their original construction for the treatment of patients, but even such slight advantages of air and space they may have at first enjoyed, have often been altogether neutralised by the mismanagement of the guardians of the poor. Thus, the Strand workhouse possesses a yard, into which the windows of the sick wards look; and here the guardians, with a laudable desire to turn an honest penny, have suffered to be established a carpet-beating business, "filling the air from morning till night with clouds of poisonous dust, which rise to the windows of the wards, and compel them to be closed even when ventilation is most needed, and causing an uproar of noise which must inflict torments on those who are severely ill, and to whom repose is so necessary" (*Lancet Sanit. Com.* p. 75). The pretty little sum of £600 per annum, which this carpet-beating business brings in, fully outweighs in the minds of the guardians the discomfort to their sick poor from the noise and dust it occasions. The nurses—mostly unpaid paupers—of these hospitals have been proved to be utterly useless for nursing purposes. Their humanity was illustrated by stealing gin from dying patients, their tenderness by the infliction of corporal punishment on the helpless sick, and their carefulness was recently displayed by laying out for dead a living child. Pauper nurses, pauper cooks, and pauper laundresses—the appointed officials of the workhouse hospitals—were shown to be drunken, incompetent, and swarming with vermin. In short, the whole management of workhouse hospitals was proved to be the very opposite of what it ought to be; and the exposure of these dreadful abuses has served to convince all reasonable men that the parochial guardians of the poor are utterly unfit for providing for the necessities of their sick clients.

The question that arises to be considered is what ought to

be done to abolish, at once and for ever, all these horrors, and to put the treatment of our sick poor on a proper footing? In the article published ten years ago, so often alluded to, we recommended "a complete and thorough separation of the proper workhouse for the reception of paupers in health, and the hospitals for the reception of the sick poor." "The accommodation, ventilation, and medical care of the latter should be of the very best description." "There should be a fixed minimum space for each patient." "A sufficient number of paid medical officers should be appointed to take care of the patients, and they should not, to use the words of a Parliamentary Report, have their duties and their interests placed in very unfavorable contrast by a disgraceful contract for the medicines used in the hospitals;" and we pointed out the cruelty of appointing any but trained and paid nurses. We further recommended that these hospitals should be supported by a special hospital tax or rate, that the commission of management of the hospitals should be immediately under Government control, but the ratepayer's interests should be represented in it. "The example of France," we said, "in the matter of local hospital administration is worthy of being followed."

We are gratified to find that not only have the deficiencies and imperfections of the present system of providing for our sick poor, which we expressed in our article of ten years back, been fully endorsed by the *Lancet* Commission, the Association for the Improvement of the Workhouse Infirmaries, and the recent investigations of the Poor Law Board, but that the identical reforms we then proposed have been recommended by these authorities. Thus, the chief medical men connected with the Association just alluded to, having been requested to express an opinion of the principles which should guide any efforts to improve the state of treatment of the sick poor in workhouse infirmaries, stated that any scheme, in order to be satisfactory, should be based upon the following principles :

"1. The sick poor should be separated from the able-bodied paupers, and their treatment should be placed under

a distinct management. 2. In lieu of sick wards annexed to each workhouse, consolidated infirmaries should be provided, where the following rules of hospital management should be adopted under skilled supervision. They are those generally accepted in this and other European countries.

“ I. The buildings should be specially devised for the purpose, of suitable construction, and on healthy sites. The rules laid down by the Barrack and Hospital Commission may be consulted with advantage on this subject.

“ II. Not less than 1000 (and for particular classes of cases 1200 to 1500) cubic feet of air should be allowed to each patient.

“ III. The nursing should be conducted entirely by a paid staff, and there should be not less than one day nurse, one night nurse, and one assistant nurse, for each fifty patients.

“ IV. There should be resident medical officers in the proportion of not less than one for each 250 patients.

“ V. The medical officers should not have any pecuniary interest whatever in the medicines supplied, nor should they be charged with the duty of dispensing them.

“ VI. A judicious classification of patients should be strictly observed: the epileptic and imbecile, the acutely sick and the aged and infirm, being treated in separate wards.

“ VII. The aged and infirm, the chronically sick, and the convalescent, should be provided with day rooms, separate from the dormitories.

“(Signed) THOMAS WATSON, M.D.,

“ President of the College of Physicians.

“ GEORGE BURROWS, M.D.,

“ President of the General Medical Council.

“ JAMES CLARK, M.D.

“ WILLIAM JENNER, M.D.

“ EDWARD SIEVEKING, M.D.

“ WILLIAM FERGUSSON.

“ JAMES PAGET.”

The Association further proposes that the present workhouse infirmaries should be done away with and six large new hospitals constructed, each to contain 1000 beds; that

the funds for these new hospitals and their support should be raised by a general rate raised from the whole metropolis; that these six hospitals should be under the management of a central board, in which each parish should be represented by a delegate, the whole to be placed under the control of the Poor Law Board. The French system of hospital administration is strongly commended.

In an article expressing the views of the Association, by Mr. E. Hart, proprietor (we believe), and one of the commissioners of the *Lancet*, nothing is said about the existing voluntary hospitals, except that they would not be interfered with by the new workhouse hospitals. In our article of ten years ago we proposed a kind of amalgamation of these voluntary hospitals with the new workhouse hospitals, and gave our reasons for this, which we need not repeat here, but which seem to us to have lost none of their cogency.

The British vestryman would not be true to himself, his imaginary vested rights, and his perverted principles, were he to hear of a proposal for remedying an evil with which he is connected and not utter a howl of indignation. Accordingly the plan now proposed for withdrawing the helpless sick poor from his cruel mercies, and placing them so that they may have a few more chances of recovery than at present, is denounced by this wonderful specimen of British doggedness, ignorance, and conceit, as a mere scheme of the doctors to get more hospitals and pay, as an architect's job, a secretary's job, an interference with the rights of self-government, that integral part of the British Constitution, though, as to that, we think the principle of self-government is violated if the sick poor have no voice in determining the manner in which they are to be treated. The circumstantial exposure of the horrors of the workhouse hospital is held up to public execration as "a desire for sensational obscenity on the part of some prurient grey-beards," or something to that effect.

In spite of the British vestryman's frantic screams the indignation of the public who are not vestrymen has roused the poor-law authorities to make inquiries into the actual management of the workhouse hospitals, though how, with

their inspectors constantly reporting to them, they should have been ignorant of the workhouse mismanagement, it is difficult to understand,* and, if not ignorant, why they should have permitted the continuance of this mismanagement is still more incomprehensible.

In the mean time we heartily wish success to the main scheme proposed by the association for the establishment of half a dozen or more large well-ordered hospitals in place of the thirty-nine or forty-one miserably managed workhouse infirmaries that disgrace our age and outrage our charitable feelings. But we think that in establishing such new hospitals some plan should be adopted for securing the best medical care, differing from the time-honoured British system of making such appointments a mere matter of votes given by persons utterly incapable to decide as to the respective merits of candidates. Here, if anywhere, the principle of competitive examination should come into play, and the best man should bear off the prize, as in the French *concours*. To the voluntary hospitals may be left the silly practice of appointing the man who, by dint of hard canvassing, can collect the greatest number of governors' votes. The government hospitals should be the reward of real merit, the prize of superior acquirements. And to make this prize worth contending for, the right of a medical man to be well paid for his work should be recognised and acted on. Were the state hospitals conducted on these principles the voluntary hospitals would be compelled sooner or later to conform to them also, and we should cease to see the present eager canvassing of rival candidates for the barren honour of a hospital appointment obtained not by merit generally but by persevering pushing.

Another point well worth the consideration of the Government in regulating these hospitals would be to

* Mr. Farnell, C.B., chief inspector to the Poor Law Board, has recently explained this mystery, by stating that he trusted entirely to the reports of the paid officials as to the state of the workhouse hospitals, though one would have thought that his chief, if not sole duty, as inspector for the Poor Law Board, should have been to inspect these same paid officials and see that they performed their duties. It could scarcely be expected that these officials would expose their own delinquencies to this easy-going inspector.

inquire which of the rival systems of medicine is the most successful and the most economical, and if it should turn out on inquiry, as we know it will, that the homœopathic system is the most economical, both of life and money, the hospital administrators should not hesitate to insist on its introduction into their hospitals. In the event of the Association scheme for new workhouse hospitals being carried out, some representative body of London Homœopaths should be prepared to urge upon the Government the claims of Homœopathy to have a share in the treatment of the sick poor in the proposed new hospitals. We would recommend this to the serious consideration of the British Homœopathic Society, which, by its connexion with the London Homœopathic Hospital, is most favorably situated for impressing the authorities with the advantages of the homœopathic treatment.

NOTES ON CAUSTICUM. By FRANCIS BLACK, M.D.

Few symptoms present themselves so frequently in winter and spring as cough, and hardly one medicine in the *Materia Medica* is to be met with which does not contain its pathogenesis. But this *embarras de richesses* is most puzzling to the practitioner, especially to those commencing practice. There is no portion of Hahnemann's *Materia Medica* where the want of the detailed proving is so much to be regretted as in the thoracic sections. The lack of the journal of the proving renders many symptoms of little or no *à priori* value, so that clinical experience is necessary to assign to them their proper place; but clinical information is but an imperfect substitute for the full proving, for there alone can be found the order and connection of the symptoms, and on these depends their diagnostic value. In the schema of Hahnemann the including of pulse under the head of fever, and separating it from heart and pulmonary system, diminishes the value of the proving. Again, among the multiplicity of coughs, pains, and disorders of the respiration, often detailed with a painful minuteness, the in-

quirer is totally at a loss to know their connexions or their value; whether they are due to the thoracic parietes, to the pleura, to the bronchi, or to the pulmonary tissue. How many inquirers turn away unable to find well-marked groups which impress themselves on the memory, like descriptions of pneumonia, pleurisy, and bronchitis.

But to the schema of *Causticum* these criticisms are less applicable, for the derangement of the respiratory organs are well marked, and at once it is evident that here there are well-defined symptoms resembling influenza, affections of the lungs, trachea, and large bronchial tubes. How is it, then, that this remedy is comparatively so little administered, and its mention occurs so rarely in our publications? I believe this is due to the doubts as to the chemical composition of *Causticum*. What is *Causticum*? Hahnemann believes it to be the substance on which depends the caustic properties and the solubility of lime, and he considers that it can be separated by distillation.* The following is the formula he prescribes:—

“Take about two pounds of recently burned *Lime*, after having slaked it with distilled water. Two ounces of this powder, mixed in a porcelain mortar with an equal quantity of *Bisulphate of Potash*, previously fused at a high heat, forms, with two ounces of boiling water, a thick mass, which is to be placed in the alembic; it is then distilled until nearly dessicated.”

Now, the result of such a process ought to be distilled water, whereas Hahnemann states “the product to be about an ounce and a half of a transparent liquid, very astringent, smelling like pearlash; it produces a burning in the throat, and accelerates the putrefaction of animal substances placed in it. Tests give no evidence of its containing *Lime* or *Sulphuric Acid*.”

In order to satisfy my doubts I requested Mr. Wheeler, the Homœopathic chemist in Clifton, to carefully prepare

* This opinion does not appear to have been confined to Hahnemann. In *Mérat's Matière Médicale*, I find the following: “*Causticum, acidum pingue*, nom donné par Méyer à un prétendu principe de la causticité des alcalis, aujourd'hui reconnu pour chimérique.”

Causticum according to Hahnemann's formula. The product looked and tasted like distilled water. I forwarded this specimen (marked No. 1), together with three other specimens of *Causticum*, 1st dec. dilution, to a skilled analytic chemist for examination. These specimens were (No. 2), the preparation of *Causticum*, 1st dec., from which my prescriptions had been prepared for some time by Mr. Wheeler. No. 3 was a similar dilution procured from Messrs. Turner and Co., and No. 4 the same, furnished by Messrs. Leath and Ross.

No. 1, the mother liquor of *Causticum*, proved to be a very diluted solution of *Potash*, but so very diluted that it was with great difficulty that any *Potash* was detected. Nos. 2, 3, 4, treated with *Chloride of Platinum*, gave very distinct evidence of being solutions of *Potash*, but not of the same strength.

Finding, then, that the preparation which I had for some time prescribed corresponded much more with the description given by Hahnemann than that prepared according to his formula, I rejected the latter and continued to use the former.

In Hahnemann's process the *Sulphuric Acid* combines with the *Lime* and sets free a portion of *Potash*. The result of distillation ought to be distilled water, with perhaps a small portion of *Potash* carried over mechanically, but if the heat be increased more or less *Potash* is volatilised, so that the product may then be a solution of *Potash* of an uncertain strength.

I believe the preparation I have been prescribing is a dilution of the solid *Hydrate of Potash* (*Potassa fusa*), but which from keeping had deliquesced. There are various points in our Pharmacopœia that require revision, and a proper formula and fixed strength for *Causticum* is one of them. It is evident that the substance which Hahnemann describes is a solution of *Hydrate of Potash*, and I propose to continue using dilutions made from the *Liquor Potassæ* of the London Pharmacopœia.

The *Causticum*, such as Hahnemann procured it, may have been more akin to Brandish's alkaline solution than to the officinal *Liquor Potassæ*, for the former is a stronger

solution than the latter, and is contaminated with some soluble alkaline salts, sulphate of potash, and chloride of potassium.

Doubts as to the chemical composition of *Causticum* having long tended to prevent me, as they have many other practitioners, from giving a full trial to *Causticum*, I was led some years ago to give the medicine a more careful study, from observing its very good effects in a case of aphonia.

A young lady, of a strumous habit, had, thirteen months before consulting me, an attack of acute laryngitis, for which she was very actively treated. She consulted me for inability to speak, except in a whisper, and the attempt causes pain. She complains of a sense of rawness and weakness extending from the larynx down under the sternum. In the morning she expectorates little hard plugs of mucus, but, if she eats sweet things, this is constantly followed by expectoration during the day. The thorax is deformed, owing to curvature of the spine. Perspirations are very readily excited. Aching and weakness of the spine, affecting principally the left side. In three weeks, under the use of *Hepar* 6, and then 3, the pain in larynx and down under the sternum had disappeared. The other symptoms remained unchanged.

From October to March *Phos.* 3, and then 1, *Brom.* 1, were given, and also *Sil.* and *Bar. carb.*, the two last more specially for the spinal symptoms, which had increased. By this time the general health had much improved, but the aphonia was complete. A cold caught in March excited fresh irritation in throat and larynx, which soon yielded to *Bell.* 3, but, unfortunately, the spinal irritation increased very much. *Mang.*, *Merc. corr.*, and *Cocc.*, were the remedies given until August, when the general health and the spinal irritation were very much better, but still the inability to speak, except in a whisper, remained. Some time after this, when I had ceased to prescribe, the patient came under Mr. Watts' care, and regained her voice under *Causticum*.

Had the case been one of pure nervous aphonia I should have attached less importance to the *Causticum* being the remedial agent, for such ailments do not unfrequently

recover independently of any medicine; but this case was evidently due to disease of the larynx itself, though the condition of the spinal system aggravated the original disease.

When I gave some clinical notes on cough, hoarseness, weakness of voice, in this *Journal*,* I was not then familiar with *Causticum*, but I now can give it a high rank in such affections.

E. g.—In a very chronic case of tubercular disease of the lungs, where the lady was subject to attacks affecting the larynx, causing great pain and a most distressing cough, I found *Causticum* of great benefit. At first I used it after such remedies as *Iod.*, *Brom.*, *Hep. s.*, *Kal. bich.*, and *Stron.*, failed to relieve; but in after attacks I gave it at once, with marked benefit, and continued it for months with apparently great good. The rallies which this patient made from time to time were very marked. She sank under the disease, which lasted nine years.

A young lady, otherwise healthy, suffers from a granular affection of the throat, slight hoarseness, and frequent inability to sing; these symptoms had been of some standing. During some months I prescribed *Hepar*, *Iod. Merc.*, with decided good, especially to the throat, but with less effect on the husky voice and impaired singing power. I tried *Nit. Ac.*, but with little good, but a month's use of *Causticum*, 1st. dec., was followed by excellent results.

I have found *Causticum*, given in frequently repeated doses of from the 1st decimal to the 3rd centesimal dilutions, of great service in violent fatiguing cough, which is referred to irritation in the larynx or root of the trachea, preventing sleep, and during the day harassing the patient.

During this spring cases of influenza, which have been numerous, and often severe, have afforded me frequent opportunities of testing the action of *Causticum*, and the results have been very favorable. This class of symptoms are well marked in the pathogenesis of *Causticum*, such as violent coryza, cough, often most violent, pains in the chest and limbs, chilliness, and restless nights. I think *Causticum* is less indicated in ordinary idiopathic bronchitis, and

* Vol. xv, p. 222. 1857.

that its curative effects are more marked when the cough can be referred to the larynx and trachea than to the bronchial tubes. I have had no experience of its action in pneumonia and pleurisy.

I shall briefly report three cases, independent of influenza, which illustrate the kinds of cough it seems well calculated to relieve.

A lady, æt. 80, is liable to attacks of a violent, loud, ringing cough, which exhausts the patient during the day, and prevents sleep at night. The cough is referred to great irritation at the root of the trachea. There is no expectoration, or if any, very scanty; and there are no abnormal physical signs in the lungs; the pulse is normal. In a few days the general health suffers, there is loss of appetite, pains in the hepatic region, and profuse cold night sweats.

In general, *Bell.*, *Hep.*, *Iod.*, *Kal. bich.*, *Hyos.*, or *Con.*, have, during several years, given relief, sometimes marked, more rarely the contrary; and then nothing but change of air had any effect. This spring, for an attack which came on quickly and severely, I gave the above remedies for ten days without any effect; the patient then, of her own accord, took *Chlorodyne*, but without effect; change of air was tried, but the cough increased, and the general health was seriously suffering. I then gave *Caust.* 1st decimal dilution, two drops in six tablespoonfuls of water; of this a teaspoonful was to be taken from every half hour to four hours, according to the relief. In twenty-four hours the cough was much diminished, and by the end of the second day it had wholly ceased.

A lady of a gouty habit catches cold very readily, there is no coryza, but at once a severe, short, but violent and fatiguing cough, which harasses her night and day; it is attended by scanty expectoration, and is referred to tickling in the larynx. The urine becomes scanty, loaded with urates, and it escapes involuntarily with every cough; this adds to the distress from the excoriation produced. Whenever the cough comes on, the chronic gouty pains which affect the left side from the eye to the heel cease, and are

in abeyance until the cough disappears. In three different attacks *Causticum*, 1st dec. dil., has given very marked and speedy relief; a few doses arresting a cough which otherwise would last two to three weeks.

I have met with another case where a violent and fatiguing cough, attended with more or less expectoration, excited this escape of urine. The pulse was quick, and there was subacute bronchitis, and irritation of the digestive organs. Here the administration of *Caust.* 1st centesimal dil. was followed by speedy relief.

In a case where a convulsive cough had existed for three weeks, and for the relief of which the patient was advised to try change of air to Clifton, symptoms of acute inflammation of the larynx and trachea set in, owing to getting drenched in rain. The cough was incessant, hoarse, and ringing, causing great pain in the windpipe. With the cough there was escape of urine, which was pale and very copious. *Caust.* 1st dec. dil., was given every hour until symptoms were less, and then it was administered every three or four hours. In twenty-four hours there was considerable relief, and the third day the pain and tenderness of the windpipe, with most of the cough, had disappeared, and with this the escape of urine. After about thirty hours' comparative quiet, a violent convulsive cough, with nausea and vomiting, set in; this proved to be whooping cough, and the enuresis returned.

In the proving of *Causticum*, S. 476, there is involuntary emission of urine in coughing and sneezing, and Hahnemann in his introductory notes records this as one of the indications for *Causticum*.

I do not report instances where *Causticum* has failed, and where it was apparently well indicated; the cases now given are more to illustrate its sphere of action, and fully bearing in mind the circumstance of occasional failure, I regard this medicine as one of our most important in such ailments.

Of its efficacy in other ailments, as, for instance, rheumatic and arthritic affections, I have not had sufficient experience to enable me to express a decided opinion.

REVIEWS.

On Cholera. An Historical Sketch with a practical application. By J. RUTHERFURD RUSSELL, M.D. Leath and Ross.

Cholera Prospects: compiled from personal observations in the East. By TILBURY FOX, M.D. Hardwicke.

Notes on Cholera: its Nature and its Treatment. By GEORGE JOHNSON, M.D., F.R.C.P. Longmans.

THE above are three of the latest and most notable publications which the threatened return of the cholera to these shores has evoked.

Dr. Russell's lecture has been read by most of us in the Annals of the Homœopathic Society and Hospital, whence it is reprinted. It is an able *résumé* of former epidemics, contrasting allopathic blunders and failure with the large amount of success which has resulted from the application of the law of similars to the treatment of this pestilence.

The pamphlet of Dr. Tilbury Fox derives its value from containing many observations made personally during the last year's epidemic of cholera in the East. These observations go to show, in his own words, "(a) how unreasonable is the theory of spontaneous development; (b) that the source of cholera poison is India; (c) the influence and great power of the transporting agencies,—man, ships, and currents of air; (d) the line of investigation required by the International Sanitary Commission; (e) the action of good food as a preventive—a word for the poor, and a warning to ourselves; and lastly (f) the plan of prevention and treatment found to be the most successful of late." Of these points, the first and the last are of most interest to us. The argument drawn from the outbreak of cholera

among the Mecca pilgrims in favour of its capability of spontaneous generation is satisfactorily disposed of. The channel of communication by which the disease travelled from India to Arabia is shown to be very obvious; and we are left confirmed in our previous belief that the only fountain of cholera is India. The sketch of treatment is preceded by a sentence which is very gratifying to our ears. "Diarrhœa is a symptom of many diseases, and amongst others, of cholera; but I would here insist upon that which has been amply proved by Indian physicians, and by the large experience of the recent outbreak, that *diarrhœa is not by any means necessarily an early stage of cholera.*" In the East, Dr. Fox states, "there appeared to be no scientific principle guiding the therapeutical plans." The only novelty consists in the free use of *Nux vomica* and *Strychnine*. "There is a large amount of experience to show that in cases of collapse and frequent spasm the best possible results are to be obtained from the use of *Strychnine.*" From one twelfth to one fourth of a grain is to be given frequently. Again, "in Egypt *Nux vomica* was freely exhibited to control the sickness, as well as to check the spasms. So great was the demand in Alexandria, that one chemist alone dispensed his six months' stock of extract in less than a fortnight." The homœopathicity of *Nux vomica* to certain forms of cholera, especially where spasms predominate, is too obvious to require comment.

Dr. Johnson's lecture has excited, and well deserves, considerable attention.

When cholera first appeared in Europe, the profuse vomiting and purging which generally characterise the disease naturally attracted most attention. When collapse supervened, it was readily set down to the drain of fluid which had been going on. Upon this theory two indications for treatment at once presented themselves. The first was to check the evacuations by astringents and sedatives; the second, to rouse the sinking vitality by stimulants. Opium and brandy accordingly were the types of cholera remedies in the epidemic of 1831-2. The mortality was frightful.

In 1849 another invasion of the pestilence occurred. The evacuations still engrossed attention; and the pernicious doctrine was in the ascendant that cholera always had a preliminary stage of diarrhœa, and might be readily arrested in that stage by astringents and sedatives. If cases were wicked enough to go on to collapse, it was supposed to be in spite of the remedies employed.

The epidemic of 1849, however, found the medical profession in Great Britain in a very different state from that in which it encountered the epidemic of 1832. We do not mean that in most of the large towns there were physicians practising homœopathically, though this has had an important influence on the theories about cholera. But a new generation of medical practitioners had grown up, with minds fashioned by the scientific culture, and quickened by the inquiring spirit of this age. They were little likely to rest in the rough and superficial doctrine about cholera which then obtained, and which did not even lead to successful practice. Many were the novel theories started, and the innovations introduced into the treatment of the disease. It would be useless to enumerate these; they have served their purpose in breaking up the ground, in dispelling a false satisfaction, and stimulating to farther inquiry. We are only at present concerned with the doctrine and practice of one of these physicians, Dr. George Johnson.

In 1849 Dr. Johnson was a student at King's College. During the early part of the epidemic of that year all the cases of cholera admitted into the College Hospital were treated by liberal doses of brandy and opium. "Under this mode of treatment," Dr. Johnson writes, "the mortality was very great. The treatment was then entirely changed; brandy and *Opium* were discontinued, and large quantities of salt and water were administered. The effect of this treatment was to excite frequent vomiting, and certainly not to check, but rather to increase, the purging; and the result was a much larger proportion of recoveries than under the previous mode of treatment. I was also deeply impressed by observing that, during that epidemic, the arrest of

the purging by opiates was in several instances *followed* by the worst symptoms of collapse; and a painful question arose in my mind whether the collapse in such cases was not a direct result of the arrest of the purging."

Such thoughts and observations as these seem to have led Dr. Johnson to the study of the disease in the writings of Indian practitioners, who see it in its original birthplace and highest intensity. Here he learnt to abandon altogether what may be called the European doctrine of cholera, and to mature a totally different mode of treatment. The epidemic of 1854 found him assistant-physician to the hospital; and, during the absence of the physicians in the autumn, in chief charge of the medical wards. It will be remembered how he astonished the profession and the public by announcing that he was treating all his cases, and with more than the average amount of success, by castor-oil. In a volume published subsequently, and now more concisely in the book before us, he states the grounds of his change of practice.

In the first place he points out, as Dr. Russell in his treatise on Cholera had pointed out in 1849, that there is no relation whatever between the severity of the collapse and the copiousness of the evacuations of Cholera; that in the worst cases of collapse, indeed, there is little or no vomiting or purging at all. He concludes "that the evidence of there being an inverse rather than a direct ratio between the degree of collapse and the loss of liquid by vomiting and purging is fatal to the hypothesis, so generally received and acted upon, that choleraic collapse is caused by the drain of liquid from the blood."

Next, he inquires "whether the symptoms of collapse are such as an excessive drain of fluid from the blood would be likely to produce?" This section is original, and very well worked out. He points out that the symptoms of loss of fluids are those of *syncope*, while the phenomena of choleraic collapse far more closely resemble *asphyxia*. The collapsed patient can stand and even walk; while for one exhausted by drain of liquid the very attempt would produce faintness. In the latter cases recovery is always gradual, in the former

it is often sudden, so that "a man may be standing at his door on Wednesday who on Monday was in perfect collapse." So again with the effects of remedies. Stimulants are invaluable in exhaustion from loss of blood or other fluids: they are useless and even injurious in choleraic collapse; while, on the other hand, venesection, so preposterous in the one case, seems often to relieve and cure with magical rapidity in the other. Our strong objections, now subscribed to by allopathic authorities in general, against bleeding in such affections as inflammation and fever, must not prejudice us here. "A patient will be brought in in a cot, unable to move a limb, and, but that he can speak and breathe, having the character, both to touch and sight, of a corpse; yet will he, by free venesection alone, be rendered, in the course of half an hour, able to walk home with his friends." This is the testimony of an Indian practitioner, and the following striking case is narrated by Sir Ranald Martin: "On visiting my hospital in the morning, the European farrier-major was reported to be dying of cholera. I found that during the night he had been drained of all the fluid portion of his blood;* his appearance was surprisingly altered; the respiration was oppressed; the countenance sunk and livid; the circulation flagging in the extremities. I opened a vein in each arm, but it was long ere I could obtain anything but trickling of dark treacly matter; at length the blood flowed, and by degrees its darkness was exchanged for more of the hue of nature. The farrier was not of robust health, but I bled him largely, when he, who but a moment before I thought a dying man, stood up and exclaimed, 'Sir, you have made a new man of me.' He is still alive and well." We have no intention of recommending, on the strength of such facts, venesection in cholera. We believe we have better remedies. But the effects of venesection hint at the character of the remedies we should use, and certainly give great force to Dr. Johnson's argument.

Having thus fairly established his negative, Dr. Johnson

* This, of course, is a hypothetical statement of Sir Ranald. He simply means that the man had been vomiting and purging profusely.

proceeds to expound his own theory of the nature of cholera. That the symptoms result from the morbid poison entering the blood through the lungs or through the intestinal canal, he assumes as generally admitted. The vomiting and purging he maintains to be *eliminative* in intention, and analogous to the cutaneous eruption of variola. The choleraic collapse he considers to depend upon arrest of circulation in the right side of the heart and the pulmonary arteries.

The leading arguments on behalf of the eliminative intent of the choleraic vomiting and purging are these:—1st. The characteristic “rice-water” evacuations consist almost entirely, as to their solid constituents, of *epithelial cells*. The only rational explanation of such an enormous development and desquamation seems to be, that a morbid poison is being eliminated thereby. 2nd. No sufferer from cholera was ever known to get well without more or less of vomiting and diarrhœa. 3rd. As far as statistics go, they seem to prove that a far larger number of cases of choleraic diarrhœa pass into collapse when treated by *Opium* and astringents, than when let alone or treated by purgatives. Of these the first is the most forcible, and seems, as far as it goes, pretty conclusive. Happily, however, the interest of the question to us is speculative rather than practical. The principle upon which we select our remedies is unaffected by the *intent* of the symptoms. If we can cover the whole series, we shall extinguish the disease in its totality by striking at centre and periphery at once.

Dr. Johnson’s doctrine of choleraic collapse requires more lengthened consideration. The cardinal fact is this—that in post-mortem examination of patients who have died collapsed, “the right side of the heart and the pulmonary arteries are filled, and sometimes distended, with blood; while the left cavities of the heart are generally empty, or contain only a small quantity of blood; the auricle being partially and the ventricle completely and firmly contracted. The tissue of the lungs is, in most cases, of pale colour, dense in texture, and contains less than the usual amount of blood and air.” There is an arrest of circulation, accord-

ingly, on the farther side of the pulmonary circuit, resulting in venous plethora, arterial emptiness, and non-aëration of the blood. On this hypothesis is explained the small pulse, the shrinking of the integuments, the collapse of the features, and sinking of the eyeballs, which would naturally result from emptying of the arteries. A further evidence of the existence of this condition is the fact that arteries of considerable size—the temporal and even the brachial—have been opened during life without the escape of blood. The defective aëration of the blood accounts for the coldness and blueeness of the surface—for the thick, black, treäcly character of the blood itself, and for the suspension of the functions of the liver and kidneys. The formation of bile and urine requires a large supply of oxygen; hence, in its absence, these secretions cannot appear. That this is the true cause of the suppression of bile and urine in collapse, appears further from the fact that the secretion of milk continues apparently undiminished. The chief constituents of milk—casein, sugar, oil, and water—may be obtained from the blood without the addition of oxygen.

This is a very pretty theory as it stands. But Dr. Johnson goes further, and endeavours to assign the explanation of the arrest of the blood in the lungs as follows:—"The blood contains a poison whose irritant action upon the muscular tissue is shown by the painful cramps which it occasions; the blood thus poisoned excites contraction of the muscular walls of the minute pulmonary arteries, the effect of which is to diminish, and in fatal cases to arrest, the flow of blood through the lungs." That an irritating quality of their contents does cause the arteries to contract and impede the circulation, is shown by the difficulty of injecting the arteries after death; the much slower progress through an artery of cold-water, decoction of bark, and brandy than of warm water (Hale's experiments); and the arrest of circulation on the right side of the heart induced by injection into the jugular vein of solutions of nitrate of silver and of salts of soda (Blake's experiments.) The great temporary relief resulting from the injection of a hot saline solution into the veins is also readily explained by the

hypothesis, that collapse depends upon a spasm of the pulmonary arteries which such a solution would for a time at least relax.

Such is Dr. Johnson's theory of choleraic collapse. In its negative aspect, as against those who suppose the symptoms to result from drain of fluid from the blood, we think it unassailable. But the more we reflect upon its positive side, the less tenable do the hypotheses appear.

Let us think about this spasm of the pulmonary arteries, on which the whole theory hangs. It is a matter of faith, and not of sight, for there is no evidence of its existence after death; and, indeed, the pulmonary arteries are said to have been found distended. Why should the irritant poison select the muscular coat of these arteries in particular for its contracting influence? If, as the cramps are supposed to indicate, it irritates the muscular tissue as such, the vessels would contract, and the circulation be arrested close to its point of entrance into the blood. Now, the poison confessedly enters either through the lungs or through the gastro-intestinal mucous membrane. If it enter through the lungs, it will be received by the pulmonary capillaries, and carried by the blood-current away from the pulmonary arteries through the pulmonary veins to the left side of the heart. If the stomach or intestines imbibe it, it will have to pass through the portal vein, which is almost arterial in its muscular structure as in its distributive functions, and would certainly cause delay of the circulation there. In neither case, therefore, would the pulmonary arteries be the scene of the primary influence of the poison, and hence of the arrest of the blood-stream. So that Blake's experiments, in which the poison was injected into the jugular vein, have no bearing on the present question.

We also question very much whether such asphyxia as on this theory should be present, would not cause more oppression of the cerebral functions. Dr. Johnson, indeed, speaks of torpor and drowsiness in a variable degree as present in collapse; but Dr. Watson writes, "Even in the extreme state of collapse, the intellect remained quite clear;

the patients would continue to talk rationally to the last moment of their lives."

We would suggest that the true clue to the nature of choleraic collapse is to be found in the study of the phenomena of ague. Let us set side by side Dr. Johnson's list of the symptoms of collapse with Dr. Watson's sketch of the cold stage of ague.

Watson.

He begins to sigh, to yawn, to stretch himself; and he soon gets chilly, particularly in the back along the course of the spine; the blood deserts the superficial capillaries; he grows pale, his features shrink, and his skin is rendered dry and rough, drawn up into little prominences, such as may at any time be produced by exposure to external cold, and presenting a surface somewhat like the skin of a plucked goose; hence it is called goose's skin, and in Latin *cutis anserina*. Presently the slight and fleeting sensation of cold, first felt creeping along the back, becomes more decided and more general; the patient *feels* very cold, and he acts and looks just as a man does who is exposed to intense cold, and subdued by it; he trembles and shivers all over; his teeth chatter sometimes

Johnson.

Shrinking of the features, with a corpse-like sinking of the eyeballs.

Coldness of the skin.

so violently that such as were loose have been shaken out ; his knees knock together ; his hair bristles slightly, from the contracted state of the integuments of the scalp ; his cheeks, lips, ears, and nails turn blue ; rings which before fitted closely to his fingers become loose ; his respiration is quick and anxious ; his pulse frequent sometimes, but feeble ; and he complains of pain in his head, back, and loins. All the secretions are usually diminished ; he may make water often, though generally he voids but little, and it is pale and aqueous ; his bowels are confined, and his tongue is dry and white.

Blueness of the skin.

More or less hurry and difficulty of breathing, with a short dry cough. Great diminution of the volume and force of the pulse.

More or less suppression of bile and urine.

A peculiar feebleness of the voice.

Coldness of the tongue and breath.

Sensation of burning heat in the epigastric region.

Great thirst.

Vomiting and purging of a rice-water fluid.

Torpor and drowsiness in a variable degree, but without delirium.

Cramps in the muscles.

After all differences have been allowed for, it would still be a just thought if, on looking at a case of choleraic collapse, we said, "This patient is in the cold stage of a malignant intermittent, with certain peculiar symptoms."

If we proceeded to open a vein, our diagnosis would be confirmed. "The black, thick, treacly appearance of the blood is not peculiar to the collapse of cholera. It has this character during the cold stage of a severe ague-fit. Dr. Macintosh and others, who have bled patients during the cold stage of ague, describe the blood as flowing from the arm at first in a slowly trickling stream, being of a dark colour, and not coagulable." (Johnson). Still more convinced should we be of the correctness of our opinion if the patient rallied; for in the "consecutive fever" of cholera, we should recognise the hot stage of our intermittent. Finally, if we inquired as to the original home of this fell disorder, we should find it to be the marshy tracts formed by the Delta of the Ganges; in fact, that it was a result of malaria.

We do not desire to press too far this striking analogy between ague and cholera. The use we would make of it is to show how unnecessary is the hypothesis of "spasm of the pulmonary arteries" to account for the phenomena of collapse. The same essential phenomena, in a less violent degree,—the arterial emptiness, the venous plethora, the treacly blood,—meet us in the cold stage of ague; and no one supposes them to depend upon "spasm of the pulmonary arteries" there. Indeed, the tendency of modern pathology is to look upon the nervous system, and especially its sympathetic portion, as the starting-point of the series of chill, heat, and sweat, however varied their individual and relative character.

We have left ourselves little space to speak of the treatment recommended by Dr. Johnson, on the strength of his novel theory. He begins with a sneer at the only direction where a gleam of hope appears. "I have not the faintest hope or expectation that a specific remedy for such a disease as cholera will ever be discovered. The number of really specific remedies which we possess for any disease is, unfortunately, very small. Those who believe in specifics are, in general, ignorant of the nature of disease, and of the true methods of cure; and this ignorance renders them quite incompetent to estimate the influence of treatment."

The inconsequence of the thinking here would be amusing if it were not painful. We then find that the celebrated castor-oil is supposed to act simply as an aperient; *e.g.*, "not to increase excretion from the blood into the stomach and bowels, but to assist in the expulsion of the morbid secretions from the digestive canal." If this is all that medical science can do to help a patient attacked by cholera, the presence of the physician at the sick-bed is a mere form. However, in severe collapse Dr. Johnson recommends venesection to be tried. He condemns brandy and alcoholic stimulants, thinks ammonia sometimes useful, points out well the absurdity and injury of trying to *feed* a collapsed patient, has little opinion of warm or hot-air baths, and of course objects to ice or iced water, since they check the vomiting, which upon his theory is eliminative.

If, then, Dr. Johnson be right, the great bulk of cholera treatment hitherto practised in Europe has been not only not curative, but positively injurious. It has been so, because based upon a false theory of the nature of the disease; and the only chance of improvement for the future is to discover the true theory, and to base our treatment upon it. It is not surprising that we turn from such a picture to the contrast presented by our own beloved system, which needs no theory of disease, but from the symptoms themselves is guided by an infallible rule to the discovery of the specific remedies.

It is needless to recapitulate the victories gained by homœopathy over cholera. In Russia and Germany in 1831-2, in Liverpool and Edinburgh in 1849, in the Golden Square Hospital in 1854, the disease was studied, encountered, and to a large extent vanquished. We probably formed our theories about the nature of the disease, as did our allopathic brethren; but we never allowed them to influence our treatment. We met cholera, as all other diseases, by remedies selected according to the law of similars. Hahnemann gave us *Camphor*, *Veratrum*, and *Cuprum*; to these later students of the *Materia Medica* have added *Arsenicum* and *Secale*; and these are the remedies which every one of us uses against cholera. Such

unanimity is rare, even amongst homœopaths. And what is the result? Can we honestly say, like Dr. Johnson, that "there is no remedy which has the slightest pretensions to be considered a cure for cholera; no drug or agent which, so far as we know, will neutralise the poison or lessen its virulence"? We certainly cannot. On the contrary, we can all echo Dr. Russell's confession of faith made in 1849. "It is our firm belief, from all that we have seen and heard, that *Camphor* is an almost infallible remedy for cholera, if given at the very outset of the attack." Later experience, as we shall see directly, has even extended this statement, and declared that there are no bounds to which we must limit the power of *Camphor* to rescue the cholera-patient from death. We cannot, indeed, use equally strong language about *Veratrum*, *Arsenicum*, and other medicines. But no one who has used them in suitable cases of cholera can doubt that they exert a decided modifying influence over the symptoms, and often conduct the most unpromising cases to recovery.

So far, then, we have every reason, as regards cholera, to be gratified at the success of our system in the past, and to be hopeful for the future. But we should be wrong to think that we have attained perfection in this matter. We boast of only losing our 26 per cent. of cases of cholera; but this is a frightful mortality positively, whatever it may be comparatively. It is our bounden duty, as each epidemic of cholera threatens us, to review our means of offence and defence; and while we burnish and sharpen our old weapons, to see if we cannot add yet more effective instruments of warfare to our armoury. There are two proposals now before our body which have for their object the diminution of our mortality from cholera.

It is advised that we should rely more exclusively upon *Camphor* in our treatment—that it should be given in full doses and frequent repetition in all forms and stages of the disease. This proposal comes from our esteemed Italian colleague Dr. Rubini, to whom we owe the *Cactus grandiflorus*. It is supported by alleged success of the most unique character, some 592 cases having been treated by this

method without a single death. One is of course disposed to think at the first blush that very few of these cases could have been real cholera; they must surely have been diarrhoea, more or less choleraic in character, occurring during the raging of the epidemic. No doubt many of the cases were of this kind, but it is extremely improbable that all were so. For instance, in one of the certificates appended to Dr. Rubini's pamphlet,* the colonel of a Swiss regiment states that he had 183 of his soldiers attacked with cholera; that seventeen were sent into the Military Hospital, of whom fifteen died; that the remaining cases were kept in the infirmary of the corps, and submitted to Dr. Rubini's treatment, and all recovered. If the impression we receive from this certificate be correct—that the first seventeen cases which occurred were sent to the hospital, and all subsequent ones placed under Dr. Rubini, the inference is plain that he must have had his proportion of severe cases. Another certificate seems to imply that out of 200 cases treated fifteen were in collapse. Even apart from direct statement it is incredible that out of so many cases coming before a single physician (Dr. Rubini himself treated 377 in the epidemic of 1854) a fair proportion should not have been severe; and the unqualified success is most striking and satisfactory. It will, at any rate, strengthen and extend our confidence in this great remedy, *Camphor*. We have always believed it the specific for the stage of invasion; but if Dr. Rubini be right, we should not leave off its use because the disease makes progress, or choose another medicine because we encounter it in a more advanced stage. Wherever cholera is, he says, there let *Camphor*, and *Camphor* only, contend with it, and the victory is sure.

It must be confessed that this has not been the experience of British homœopathists hitherto. Dr. Rubini says, however, that we do not give our *Camphor* in sufficiently strong doses. If we are to test his method, it seems we must redistil our spirits of wine until they are so much over proof as to dissolve their own weight of *Camphor*. Of this

* We take the account of it given by Dr. Bayes in the June number of the *Monthly Homœopathic Review*.

solution, which is five or six times the strength of our ordinary tincture, we are to give from four to twenty drops every five, ten, or fifteen minutes.

If this prove to be the most satisfactory treatment of cholera, we must of course adopt it at all hazards. But that there are hazards cannot be denied. We mean that practice of this kind does not *seem* homœopathic. We ourselves know very well that the application of the homœopathic law is altogether independent of dose; and we see in the provings of *Camphor* a pretty faithful picture of at least the early stage of cholera. But there is no doubt that our use of the material doses of *Camphor* which seem indispensable *looks* like a loss of faith in our wonted infinitesimals when real danger confronts us. And, moreover, the general impression prevalent in the old school about *Camphor*, that it is a "stimulant," to be ranked with *Alcohol* and *Ether*, makes it impossible for them to see that its success in the treatment of cholera is a triumph of the law of similars. So that a set of cases cured by *Arsenicum* or *Veratrum* would do much more good to the cause of homœopathy, and so to suffering humanity, than another set in which *Camphor* was the curative agent.

There is, moreover, one condition met with in cholera epidemics in which *Camphor* could hardly be of any service; it is that in which collapse comes on very rapidly, with little or no premonitory illness, and unattended by copious evacuations. *Arsenicum* is the medicine generally prescribed in such cases, but again we must say that a mortality of 26 per cent. means that we should seek for better remedies still. We would suggest that *Aconite* is the right medicine here. The spheres of *Aconite* and *Arsenic*, though so widely different, intersect and overlap each other in one spot; and the picture here presented closely corresponds with that of simple choleraic collapse. Let a few cases of acute poisoning by *Aconite* be read with this thought in the mind, and the resemblance will seem striking. We have the intense chill, even the cold tongue; the blueness; the difficult respiration; the almost imperceptible pulse; the cramps and tendency to tetanus. After death the arterial

system is found empty and the venous full. And if, as far as homœopathicity goes, our choice between *Aconite* and *Arsenic* is balanced, the greater rapidity of the action of the former medicine must turn the scale.

This is not the first time that *Aconite* has been recommended for cholera. A French physician has lately communicated twelve severe cases cured by this remedy alone, in drop doses of the mother tincture. But we desire to call attention to its claims to our notice as one of the most hopeful directions in which to look for the perfecting of our treatment of this deadly malady.

Transactions of the North-Western Provers' Association of Hahnemann College, Chicago, Vol. I. Halsey, Chicago.

The most infallible sign of life in the homœopathic body must always be the putting forth of new provings. To prove a medicine on your own person is a plain testimony of your belief in the doctrines you profess, and of your willingness to make sacrifices on their behalf. At the same time there are conditions under which provings can hardly be expected, and where their absence implies no dormant vitality. Such conditions exist at present in our own country, where the demand for practitioners so far exceeds the supply, that we are all of us hard at work at actual practice, and have no leisure in which to make ourselves ill and note our abnormal sensations. England has nevertheless added two medicines at least—*Kali Bichromicum* and *Naja Tri-pudians*—to the list of thoroughly proved drugs.

In America, on the other hand, the conditions are reversed, and we have a right to look for new provings. Nor have we been disappointed. The volume given us by the American Institute, the numerous provings carried on under the auspices of Dr. Hering, and those collected in Dr. Hale's *New Remedies*, are goodly contributions to the *Materia Medica*; and now, in the Association whose first year's Transactions head this notice, we have a new vein

struck which ought to bring in rich returns. The Association consists of students of the Hahnemann Medical College of Chicago. Under the presidency of their worthy professor, Dr. E. M. Hale, they have arranged to prove systematically several drugs in each year; already experiments have been made with fourteen medicines, most of them plants indigenous to the American soil. The funds of the Association are as yet too meagre to allow the publication of these provings in full in their yearly Transactions; some have been sent to the *United States Medical and Surgical Journal*, and all but one will appear in the second edition of Dr. Hale's *New Remedies*, which is now on the eve of publication.

In the mean time a list is given of the drugs proved, with a brief mention of the most characteristic effects induced. Among these we get such symptoms as "blowing sound of the heart," "jaundice," and "purpuric patches," which look as if the experiments had been carried fairly far. We are glad to see that auscultation and chemical analysis have been brought to bear when needed. Altogether, the new Association seems to have been as fruitful in action as it is hopeful in character; and we look for much new information at its hands. May we suggest that, besides the vegetable treasures of their own country, the members should unite at least once a year to re-prove one of the medicines already much in use, but whose pathogenesis is either imperfect or unreliable? We would instance the mineral acids—*Muriatic*, *Nitric*, *Phosphoric*, and *Sulphuric*,—*Aurum*, *Conium*, *Guaiacum*, *Kali Chloricum*, *Kali Hydroiodicum*, *Kali Nitricum*, *Millefolium*, *Dulcamara*, and the whole series of "anti-psorics," save, of course, *Sulphur*.

Transactions of the Homœopathic Medical Society of the State of New York for the year 1864. Albany.

This volume also comes from America, but does not consist of provings. It is made up in the main of a series

of papers, theoretical and practical, read before the County Medical Societies of New York State. Many of these have appeared in periodicals; a few cases which we have not seen elsewhere we have transferred to our "Clinical Record" in the present number of the Journal. Altogether, the articles are of a high order of merit, and do credit to American Homœopathy.

We notice in a paper on Invermination, by Dr. M. M. Gardner, a course of *Santonine*, *Ipecacuanha*, *Veratrum*, and *Lycopodium* in succession strongly recommended. It would have been only fair had the author mentioned to whom he owed (omitting the *Santonine*) this curious course of medication. It is one of Teste's eccentric prescriptions, and certainly has a marvellous effect in many obstinate cases of trouble from ascarides.

CLINICAL RECORD.

Secondary Syphilis affecting the Anus, &c.

By WILLIAM V. DRURY, M.D., M.R.I.A.

Cases treated successfully by one medicine are generally considered the most instructive and attract the greatest number of readers; but others treated by several remedies are not without their value. As there may be reasons for each selection that will bear investigation, or should the treatment not meet with general approbation, the very criticism it provokes may prove of value.

The following case, whether rightly or wrongly, was treated by more than one remedy. It did well, and the improvement followed the last medicine, though how far those given before it may have secured a better action for it is difficult to determine.

Mr. B—, æt. 35, first consulted me December 11th, 1863. He had been out of health for the previous three months. The symptoms were—itching and soreness of anus, the last being less after a good action. Stools at times loose, at other times lumpy; the looseness he attributed to having taken rhubarb pills, as he

suffered from habitual constipation. He complained of debility and aching in the back. There was acidity of stomach and nausea, which was worse after a meal. Tongue furred and dry of a morning. Painfulness of scalp. Was suffering, the day before his visit, from debility, violent headache, and chilliness.

Had taken some *Nux vomica* with benefit. *Ignatia* 3-12 (small pilules), 1-9th every four hours. To continue for a few days.

1864, March 31st.—After taking the *Ignatia* he got much better, and did not feel it necessary to call till this date.

Is now suffering from a dry scabby soreness of lips; at one side there is an appearance of an almost warty-looking eruption. Round the anus there is an eruption of pimples, attended with much irritation and redness. There is nausea, heat in forehead, and vertigo. Urine thick; stools light-coloured. *Thuja* 7-30 (globules), 1-9th four times a day.

April 7th.—Lips much the same; still very sore. The eruption around anus causes much irritation. *Merc.* 2-12 (pilules), 1-6th twice a day for six days; then a pilule night and morning, dry on the tongue.

15th.—Much the same. He informs me that three years ago he had the venereal disease, and took *Mercury Acid. Nit.* 3-12 (pilules), 1-9th three times a day.

25th.—Lips better; soreness of anus continues. *Acid. Nit.* as before.

May 21st.—Lips much better. No improvement of anus. Continue *Acid. Nit.*

June 18th.—Lips much the same as at last visit. No improvement; if anything, indeed they are sorer and more disposed to crack. Anus the same. Dizziness of eyes, which he has felt coming on for the last six months. *Acid. Nit.* 7-200 (globules), 1-7th three times a day, and continue.

In about a fortnight felt better, and in three weeks considered himself well.

On the 15th of January this year I had a visit from my patient, who came up to town about a member of his family who was ill; this gave me the opportunity of hearing of his own recovery. On closely questioning him (at a subsequent visit), I found that, unless some slight itching about anus felt occasionally, and which may be due to any accidental circumstances unconnected with his former ailment, he has continued well.

The change from a comparatively low to a high dilution appears to have been of use here. I believe the reverse will also be found useful at times. Those cases of gonorrhœa that have yielded quickly and satisfactorily under high dilutions, but which have not quite disappeared, a small stain, perhaps not larger than a fourpenny piece, showing itself on the linen for some time, after all acute symptoms are gone, but continuing in spite of medicine, and causing annoyance from the feeling that the cure is not complete, are, I believe, best treated by an entire change of the strength of the medicine.

Pulsatilla in Chronic Phlebitis.

On the 31st March, 1855, the subject of this report, a married woman, the mother of five children, aged about thirty-five years, of dark complexion and enfeebled constitution, applied to me for the treatment of her left leg, covered with ulcers, which she said had been in that condition for five years.

The history of her case she related as follows:—About six years ago she had been delivered of a healthy living child, and was progressing favorably after her confinement, when, thinking herself capable of doing her own family work, being in necessitous circumstances, she arose from bed before the usual time. For a few days she went along with her work very well, when she took cold, which, she said, confined her to bed for many days, and ended in symptoms of milk-leg. She was daily attended by her physician, and the swelling somewhat subsided; but the veins in her limbs continued distended and painful, apparently yielding to rest and treatment, and returning on use of her limb.

This state, she said, continued for a long time, and then the veins burst, as she called it, growing into bad sores, which all she had done for it could not heal.

The leg, on examination, presented the following appearance:—The left thigh and leg were swollen to twice their natural sizes, the thigh looking flushed, and the leg, from the knee down to the ankle, of a crimson colour, deepening to a livid hue as it neared the toes, which were just discernible under the swollen and overlapping instep. The veins were "varicosed." From the knee to the instep there were several ulcers vegetating; two of the largest were about one inch and a half in diameter; the lesser ones about one inch, and the smaller and smallest from half an inch to the

size of a pea, giving out a sanious discharge, and very tender to the touch. The limb was difficult to move, from its size and weight, and occupied with a dull, aching pain, keeping the patient in a state of chronic misery, which was depicted in her countenance. Her general health was much impaired, her appetite bad, her sleep restless, and strength much reduced.

I gave her *Pulsatilla* tincture, twenty drops in a pint of clarified lukewarm rain-water, to be applied through a piece of old linen cloth spread all over the limb, and kept wet for half an hour at a time twice a day, and to take three globules of the 15th decimal potency of *Pulsatilla* night and morning. Diet nutritious.

April 4th.—The swelling and discoloration of the limb has subsided, leaving it nearly of its natural size. The ulcers look cleaner, and discharging less than before treatment; pain in the limb diminished; appetite and sleep better. The *Pulsatilla* solution was now repeated night and morning, and to take three globules of *Pulsatilla* of the 15th decimal potency every night at bed-time.

13th.—The limb has returned to its natural size, the pain abated, and locomotion easy. The ulcers look clean, and are granulating; appetite good; sleeps well. Treatment as before. Diet invigorating.

24th.—Is progressing very satisfactorily. The limb looks natural in size and colour; is moved without pain or distress; the ulcers are healing fast. General health much improved, and spirits cheerful; eats and sleeps well. *Pulsatilla* tincture, five drops in a pint of rain-water, as before, and used once a day; three globules taken at bed-time every night of the 30th decimal potency of *Sulphur*.

May 11th.—Since last report she has been on a visit to a sister in the country, when she was able to bear a garter on the left foot—a circumstance unusual to her for the last six years. The limb is quite restored to its former condition, and she is now in the enjoyment of perfect and robust health.—*Dr. Hornby, in 'Transactions of New York State Homœopathic Society.'*

Conium in Mammary Cancer (?)

On the 22nd October, 1855, I was consulted by the subject of
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this report, a married lady, of sanguine-lymphatic temperament, for the treatment of a scirrhus breast. She reported as follows:

Is thirty-eight years of age; has had six children at their full terms. Six weeks after her last confinement (which was on the 15th April, 1855) she was taken with what she supposed to be an inflammation of the left breast, and was treated for such by her allopathic medical adviser, and went through the usual course of allopathic applications and medications, which was continued without success for two months. Her physician, suspecting matter to be in the breast, made an opening into it, from which gushed a full stream of blood, half filling an ordinary wash-basin. The opening, she said, was filled with cotton and lint, and in a week another one was made, with a similar result. Then, after a long and unsuccessful treatment, amputation was proposed to her, which she refused. The breast was hard and lobulated, and twice the diameter of the healthy one; the skin was discoloured, looking like marble; an inch from the areola, on the upper surface of the breast, was a cancerous ulcer, leading into a fistula, discharging blood and creamy matter of a sickening odour. The nipple was drawn inward, and, like the areola, was of a dark-red colour. The patient looked dispirited and worn with pain; had little or no appetite, and restless nights from lancing, stinging pains in the breast, for which she had been freely drugged with *Morphine*.

I ordered all former applications and medications to be discontinued, and to take one teaspoonful night and morning of *Hepar sulphuris*, 3rd decimal potency, in half a pint of clear rain-water. Diet light.

October 30th.—The discharge from the breast is thin and colourless; the breast remains the same. Ordered to take three globules of the 30th decimal potency of *Mercurius solubilis* every night, and omit the *Hepar sulphuris*.

November 7th.—Has had much pain in the breast since last report; in all other respects she is the same as before. Decided to alternate the *Mercurius sol.* with three globules of *Conium maculatum*, 30th decimal potency, every second night.

13th.—Slight improvement in the breast, the marbled discoloration subsiding; so is also the hardness; her general health is better. Medicines continued as before.

22nd.—The pain in the breast gradually subsided, and the swelling diminished, measuring one fifth less; the breast feels softer. Medicine as before.

28th.—The breast has decreased one third its former size, the marbled discoloration dispersing; the fistula is filling up, and the ulcer granulating. *Conium mac.* every second night; the *Mercurius sol.* omitted; and generous diet.

December 14th.—The swelling and discoloration have entirely dispersed; the breast feels soft; the ulcer nearly healed, and her general health much restored. Continued the *Conium* twice a week.

January 2nd.—The breast has returned to its normal condition. Since last report to the present the patient's breast has been, and is now, apparently quite healthy.—*Ibid.*, in *ibid.*

Pulsatilla and Conium in Sarcocoele.

In November, 1859, I was consulted for the cure of sarcocoele by the patient, who reported that a month before he had had inflammation in the left testis from a cold, which had been treated by his allopathic attendant with leeching, fomenting, and purgations, &c.

The testicle was large, hard, and knotty, and the spermatic cord thickened, along the course of which he felt occasional shooting pains, aggravated on rising on his feet and moving about. In other respects he was well. He was directed to suspend the testicle, and take one teaspoonful night and morning of *Pulsatilla*, 12th decimal potency, six globules in half a pint of clear rain-water.

On seeing him three days after, I found him better; the pain less; the swelling and hardness diminished, and the testicle feeling softer to the touch. He was directed to take *Conium mac.*, 30th decimal, in alternation with *Pulsatilla*, 12th, every other night; three globules for a dose. In a fortnight he reported himself "well."

He was desired to apply in case of recurrence, but, not having been heard from since, I am led to consider his a permanent cure.—*Ibid.*, in *ibid.*

Thuja and Cantharis in Prostatitis.

In February, 1856, I was summoned into the country to visit a farmer labouring under prostatitis, aged about fifty-six years, of

dark complexion and feeble constitution. On examination externally, the prostate presented the size of half a hen's egg, felt hard, and gave pain on pressure. Internally it felt the same, and pressed upwards against the bladder. The patient has difficult urination, with constant and irrepressible desire to void it, which came away in small quantities. He was emaciated and exhausted; slept little, and ate less. I gave him *Thuja occid.* mother tincture, one drop in eight ounces of clear rain-water, one teaspoonful every six hours; and *Cantharis* 12, three globules every night; and in one week he was restored, and up to the present time has had no return of the disease.—*Ibid.*, in *ibid.*

Treatment of Gonorrhœa.

I am not about to recapitulate all that the authors have published on this subject in medical literature. I would only mention the treatment pursued by one of my colleagues in acute and chronic gonorrhœa.

I.—J. P. Tessier usually prescribed for acute gonorrhœa *Sulphur* 3, *Merc. corr.* 3, and in alternation.

One of our Parisian colleagues at first adopted the same treatment; then, wishing to do still more, he prescribed an injection of *Merc. corr.* into the urethra, instead of giving it internally, as Tessier had recommended. Our colleague advised his patients to inject, three or four times a day, the following solution:—*Merc. corr.* 1 to 2 centigr., water 120 grains.

By means of this treatment he cured twelve to fifteen cases of acute gonorrhœa, the majority within a week, the others within a fortnight. He observed an aggravation every time that he gave the injection with 3 centigr. of the *Merc. corr.* to the above quantity of water; so that he afterwards reduced the strength of the solution to 1 or 2 centigr., or even 1 decigr. of the 1st trit. He sometimes saw aggravations from even 2 centigr. of the *Merc. corr.* In such cases he gave a few doses of the 3rd or 6th dil. of *Acon.*, which twice not only removed the aggravation but the discharge itself. It is, therefore, prudent to prescribe the *Merc. corr.* as an injection at first in the strength of 1 centigr., and afterwards, if required, 2 centigr. to the 120 gr. These two latter solutions, containing respectively 1-12,000th and 1-6000th part of *Merc. corr.*, are equivalent to the 2nd dil.

II. In the treatment of chronic gonorrhœa the same medical

man prescribed *Zinc mur.* 3rd, internally, and with success. By means of the remedy in this diluted form he cured in three or four weeks a *military gleet* that had lasted twelve years. Two other cases of shorter duration also yielded to the same remedy.

But our colleague on several occasions obtained a more rapid success in this disease by injection of the same remedy—1 decigr. of the 1st trit. of *Zinc mur.* to 120 gr. of water. This solution, containing 1-12,000th part of *Zinc mur.* was about the strength of the 3rd trit.

These injections of infinitesimal strengths of medicine must be very efficacious, seeing that the allopaths, in spite of their horror of Hahnemann's posology, make use of them. For instance, I remember the following injection used by Dr. Rodet in chronic gonorrhœa:—1 centigr. of *Nit. Argent.* to 120 gr. of water. This solution, equivalent to our 2nd dilution, was prescribed by Dr. Rodet in his venereal wards at the Hospice de l'Antiquaille (Lyons). And, if I am not mistaken, one of his successors in this hospice imitates his example in this respect, and probably with the same success.—Gallavardin, *Art. Medical*, April, 1866.

Cannabis in Gonorrhœa. BY DR. BAIKIE.

In answer to the Queries propounded by Nemo at p. 170 of the January No. of this Journal, in regard to the Homœopathic treatment of Gonorrhœa, I may state that when in practice at Tunbridge Wells some years ago, I had occasion to treat several cases of gonorrhœa, and was almost uniformly successful in curing them within a few days by the use of *Tincture of Cannabis Sativa*, 1, in doses of 1 drop three times a day. I generally, at the same time, recommended rest and abstinence from stimulants of every kind.

Neuralgia. BY DR. TUTHILL MASSY.

Miss L. D.—æt. 32, sallow, delicate-looking, tall, and slight, took cold while standing on damp grass, on the 9th of last January, causing the period which had not quite ceased to terminate. On the evening of the following day she was quite ill with a severe pain in the right side of the head, extending down the spine as far as the last cervical vertebra, accompanied with fever furred tongue, quick pulse, &c.

Aconite 3 was prescribed. A warm hip-bath, with frictions to the spine while in it.

Next morning there was no improvement, although our patient had a good night. The fever went on increasing day by day with the pain, which would scarce allow her to raise her head from the pillow; sometimes with weight, at other times with a beating or hammering.

About the tenth or twelfth day the sympathetic fever diminished and the case became one of pure neuralgia, terminating with strabismus and diplopia. I have made no notes, nor had I any intention of putting the case on paper, until I received a very interesting communication from Dr. Mac Swinney, of Galway, on the new treatment in rheumatic and neuralgic diseases by *Atropine* or *Morphia* in solution, introduced into the cellular tissue under the skin with the syringe and puncture needle. As I have permission to publish these cases, I give the above as a contrast and introduction, for it has many points to interest the physiologist as well as the physician; viz., during the third week she invariably saw each person in the room appear double. My hand when held up before her eyes, and about from eight to eighteen inches distant, had a second or unreal hand to the right, and about two feet distant from the real hand so great was the squint in the right eye; it was drawn inward, consequently the single object or image could not fall on the corresponding points of the two retinas. This theory was clearly illustrated on the third and fourth weeks as the muscular contraction diminished in the rectus internus, and the eye reached its natural position, the false hand approached the true, and the vision became perfect on the morning of the 7th of April. Towards the evening of that day there was a slight return of the double vision from fatigue, but next day and up to the date of my writing (May 7th) she is in perfect health and much stronger than before this illness. I must not forget to mention that by closing either eye during the progress of this long suffering, vision was perfect and objects were seen natural by the single eye. I have often heard a physician who has reached a very high position say that "we see by sight and not by perception," and prolonged his argument by the laws of reflection where the angles of incidence and reflection are always equal. However, here we have an interesting fact to prove that the image having failed to strike the corresponding points in each eye, a confusion was caused by a second image, due to the want of harmony of action in both eyes. Why should this slight deviation from the exact points of the nervous expansion produce such

result? If the eye had not recovered its position, would this double vision have continued, or would mental reason and eye training have educated that part of the retina which was previously unaccustomed to act in concert with the perfect eye? I have no doubt but this would have been the case, as we learn from the history of some of the successful cases of squint operation where the reverse to the above takes place.

One day I was led to test both eyes with that interesting experiment of Professor Sömmering by which images are made to vanish when brought opposite the yellow spot in the retina, or at the entrance of the optic nerve; this was done after the pain had ceased and vision was nearly restored. The results were as in ordinary eyes.* The case has led me into this line of thought and action, which, though a deviation from the treatment, is not one from the most interesting points in its character.

For the first week the case was studied systematically under the following medicines:—*Pulsatilla*, *Belladonna*, *Chamomilla*, *Arsenicum*, *Bryonia*, and *Glonoine*, without affording any real relief. I felt weary at the oft-repeated words "no better," when shampooing occurred to my mind, and it was carefully performed by the operator, who frequently plunged his hands into hot water and carried them quietly, but firmly, over the forehead and temples, through the hair and down the back of the neck: this action was repeated frequently for about fifteen minutes, when all the pain ceased, and the patient had a good night. Towards the evening of the next day the pain returned, when *Arsenicum* 3 was prescribed with some slight benefit. After a day or two *Quin. Sul.* appeared indicated by the intermittent symptoms and debility; a grain every three hours. In truth, I gave up all hope of recovery until the period would return, which it did in due course, but without bringing with it any permanent relief. *Acet. Morph.* 1st trit., gr. 1, 2nda q.q. hora, was given with some benefit, together with nourishment of the very choicest kind. Claret and port were given on a few occasions without any marked results.

* For those who may have forgotten, I shall repeat the experiment. "Two black spots are made on a card about four or five inches apart. Close the right eye and fix the left eye on the right-hand spot. Move the card from and towards the eye, at a distance of from twelve to eighteen inches, until the left-hand spot vanishes, although it reappears when the points are brought nearer or removed farther off.

Lycopodium towards the end was indicated, and appeared to give much benefit; but I cannot make any brilliant remarks on any of the remedies prescribed. The case appeared to pursue its course, and was conducted through all its obstinacy to health.

Now I wonder very much if this case would have been cut short by a single injection of *Atropine* solution into the cellular tissue on the back of the neck, and the results would have told as well as the following cases by Dr. McSWINNEY :

Two Cases of Sciatica, treated by Hypodermic Injections of Morphine. By Dr. McSWINNEY, of Galway.

CASE I.—*Sciatica*.—F. Long, farm-labourer, æt. 40, of a pale and anæmic appearance, was brought, lying in a cart, to my door, on the 16th of February, 1859. He was so totally helpless that several strong men were required to assist him into my surgery. Got a great wetting some days before; complained of sharp shooting pain in the region of the sciatic notch, worse by pressure, and in damp weather. Scarcely slept for several nights previously to my seeing him. Was treated with *Guaiacum Sulph.*, *Iod. Kali*, vesicants, &c., but without any beneficial results.

Was in a pitiable condition from pain and suffering.

I injected into the region of the sciatic nerve 15 minims of an aqueous solution of *Morphine*, containing half a grain of that alkaloid, and sent him home. He slept well that night, and, *mirabile dictu!* required no further treatment.

This was the first case treated by me on the Hypodermic plan, and I must add I was well pleased with the happy result.

I have this day met with Long's landlord, and that gentleman states he has been free ever since from sciatica.

CASE 2.—John Cohen, æt. 50, carpenter, suffered from a severe wetting during the month of July last. Stated that he had for ten days before application to me so much acute pain in the lumbar region and hips, that he could not move in the bed without great suffering; so much so that assistance was required to shift him about in it. Was unable to work for some weeks; underwent all kinds of general treatment, counter irritants, &c.

August 24th.—I injected into the cellular tissue at the back of his neck half a grain of *Morphine*, at 8 p.m.

25th.—Passed a good night, says he has not been so free from pain since he first lay down.

28th.—Having got a slight return, I repeated the narcotic injection.

29th.—Slept well last night, and is now quite free from uneasiness.

September 1st.—Relief complete, pains all gone. Slept well.

3rd.—Convalescent.

Two injections only were employed, the first of which gave prompt relief, the second removed the remaining pain and tenderness. He can now walk with ease, and is able to return to his work.

The dose and preparation of *Morphine* that I use is as follows :

℞ *Acet. Morphicæ* grana duo,
Acid Acetic, gutt. iv,
Aquæ destillat. ʒij. Solve, et
 filtra per chartam.

Of this solution I charge the hypodermic injection syringe with $\text{m} \times$, which quantity, in the first instance, should never be exceeded; $\text{m} \times$ are equivalent to 1-6th *Morphine*, and, as a rule, unless in cases of "delirium a potu," when the quantity may be commenced with one grain, it would be best to err on the side of caution.

Two Cases of Acute Rheumatism treated with the Subcutaneous Injection of Atropine. By Dr. McSWINNEY.

CASE 1. 1859, October.—Rev. J. O. H—, a strong, healthy man, was visited by me on 4th October, 1859. Slept in a damp bed a few days before, and was seized with shivering and had an attack of acute rheumatism; has pain in all his limbs, which are swollen and red, both the upper and lower extremities; had no sleep for several days before.

I injected the thigh with the 24th part of a grain of *Atropine*, which, after producing its characteristic effects in the system at large, subsequently removed all pain, so much so that in a few days afterwards he was convalescent, and required no further treatment.

CASE 2.—W. C—, æt. 60, a healthy man of temperate habits,

much exposed to wet and cold, became a patient of mine in November last, suffering from an attack of acute rheumatism; disease affecting the wrists, elbows, and extremities; came on sharply, attended with general feverishness and profuse perspiration.

Four *Atropine* injections, in the space of fourteen days, completely restored this man to perfect health and strength.

These four cases will be sufficient to indicate that the injection of the cellular tissue, *in any part of the body*, however remote from the seat of pain, will remove the morbid condition of nerves so often productive of irritation and suffering.

A Case of Traumatic Tetanus successfully treated with Prussic Acid. By GEORGE MOORE, M.D.

On February 27th last, J. H., joiner, æt. 20, sent for me.

History.—Whilst in good health he got his feet and legs, below the knees, severely scalded; the skin was removed when his stockings were pulled off. Surgical aid was obtained and matters progressed favorably until, as nearly as I could ascertain, the sixth day after the injury. The patient then began to feel some stiffness in the neck and above the throat, which was at first attributed to "cold;" this stiffness and a feeling of general uneasiness gradually extended to the tongue and muscles of the jaws; and there was some difficulty of swallowing. Speedily the lower jaw became fast, and the surgeon diagnosed "lock-jaw." The stiffness gradually crept over all the voluntary muscles; a gloomy prognosis given; and my assistance was sought.

Present symptoms.—The patient has the true "tetanic grin," which needs no description. His jaws are firmly fixed; the masseters hard. He lies on bed, with the head fixed and thrown backwards, and the legs fixed and rigid; there is no distinct bend backwards or sideways of the trunk and legs. The abdominal muscles are firmly contracted and hard as a board. He suffers greatly, especially at night when dropping off to sleep, from severe spasms of all the muscles, during which the breathing becomes hurried and laboured; he feels on the verge of suffocation, and his powerful father is hardly able to keep him in bed. These attacks came on without any apparent provocation even in the daytime; he dreads their approach; and they leave him prostrate with exhaustion and apprehension. He could sleep, he thinks, but for the fear of these attacks seizing him just as he closes his

eyes. He has not had sound sleep for several days. He can swallow fluids when they are poured into the mouth by separating one cheek from the side of the corresponding jaws, but the act is difficult and painful. The pulse is 80. The bowels have not acted for four days; the urine is natural in quantity. The injured legs are suppurating and otherwise doing well.

Progress.—It would be wearisome and unprofitable to give the details from day to day. I shall therefore content myself with a summary of the treatment and results. I enjoined perfect quietness in the house and in the movements of the attendants, and had the room darkened and warmed. *Acon.* and *Bell.* were given for the first forty-eight hours without any effect whatever; the spasms, on the contrary, were more numerous and violent, and the patient much more prostrate. I then gave one drop of Prussic acid (Scheele's) in a teaspoonful of water every two hours, the first result being that the following night the patient slept some minutes and had fewer spasms, and these less severe. The acid was steadily continued in the same way for a week, when the patient was able to sleep soundly for some time, and the muscles of the trunk and extremities had lost much of their rigidity and hardness. The same dose was then given four times a day, and later twice a day until the stiffness had wholly disappeared. The locking of the jaw was the last to yield. I considered the patient out of danger after the first week. A simple salve was applied to the legs. When I last saw the patient, six weeks after my first visit, he was dancing a polka on the pavement to show me how well he was.

Iris Versicolor in Skin Diseases. By J. D. BUCK, M.D.

My attention was first called to this remedy by Dr. S. Rogers, who has used it for a number of years; and during the past year I have made repeated clinical provings of it in skin diseases, and with a degree of success which I think will bear recording.

At first I used it in alternation with other remedies, being anxious to effect a speedy cure, and not having the necessary confidence in the *Iris* to trust it alone, without knowing more of its pathogenesis.

C. W—, æt. 18 months, light complexion, nervous-sanguine temperament, father of scrofulous tendency, had been affected

for about five months with *Impetigo figurata*. The eruption covered the entire hairy scalp, extending to the ears, face, and portions of the neck; was confluent soon after its first appearance, very moist, the scabs of a gray or slate colour, with inflamed base, and the little patient exceedingly irritable and troublesome. *Hepar* 6th was given at night, and *Iris* 3rd in the morning. A decided improvement was soon manifested, and the medicine was continued at longer intervals for about one month, when all symptoms of eruption had disappeared. Of course it would be impossible to tell in this case which remedy performed the cure; but in the following cases the *Iris* was used alone, and they are not by any means the only ones in which it has served me well.

In another case, age about the same as first, the eruption had been of longer standing, appearing but a few weeks after birth. The family were filthy; mother decidedly scrofulous; child scrawny,* impoverished, and of small cerebral development. Eruption like first, except more *dry* and *distinct*, and of darker hue, extending to the lips, limbs, and posteriors. *Iris* 3rd was given, six pills once a day, and an occasional bath ordered. The case recovered quite as readily as the first, and the child appears much improved every way. The same medicine and dose were given to the mother.

I treated two other cases in one family, one case a year old, and the other of five years' standing, curing both with the same remedy in a different form, *Irisin*. The oldest had been troubled from infancy, the eruption sometimes confined to the head; but when I commenced the treatment it extended in patches over the whole body, being worse on the *knees* above and below the patella.

I by no means believe *Iris* to be a "*panacea*" for skin diseases; but nevertheless believe it has a range of action which, when fully developed, will be of much service to the profession. I design making a proving of the drug at an early day, meantime shall use it according to the light I have, for I have no sympathy with those who decry a *part* because they have not the *whole*; who swear by "*provings*," which are not always reliable, and denounce *clinics*, which are at least *practical*.—*Am. Hom. Obs.*, January, 1866.

* An American word, meaning, according to Webster, *meager, wasted*.—
[Eds.]

Apocynum Cannabinum in Dropsy and Chronic Diarrhœa.

By Dr. D. W. ROGERS, of Cold Water, Mich.

A middle-aged lady who had been an invalid many years, and suffered much from the combined effects of disease and the doctors, applied to me for the relief of a thin, watery diarrhœa, with discharge of undigested food. *Pulsatilla* and *Arsenicum* removed the lienteric character of the evacuations and the frequency of the stools, but the diarrhœa was otherwise the same.

The patient was a thin, spare woman; has had prolapsus uteri for a long time. For many years she has been troubled with alternate constipation and diarrhœa. The latter commencing in the spring and lasting continuously until cold weather commences, when obstinate constipation sets in and continues until warm weather the next season.

With the diarrhœa she now had ascites. This and other symptoms led me to prescribe *Apocynum cann.* in the 2nd dilution, two drops every two hours. She had only one diarrhœic stool after the second dose of the remedy; since that time the evacuations have been normal; the size of the abdomen is rapidly decreasing; from being low-spirited and morose she has become cheerful and hopeful—says she never experienced such prompt relief from any other medicine.

I report this case to call attention to the *Apoc. cann.* in dropsy complicated with diarrhœa. According to Dr. Hale (New Provings), it is as homœopathic to the one condition as to the other.—*Med. Investigator.*

Clinical Experience with Sanguinaria Canadensis.

By S. B. PARSONS, M.D.

CASE I.—*Incipient Phthisis Pulmonalis, following Amenorrhœa.*
—Maggie C—, æt. 16, of lymphatic temperament, quiet disposition, applied to me for treatment on the 21st of March, 1865. Had her courses for the first time in December, 1864, since when they had never reappeared. Present symptoms: loose, stringy, sometimes flocculent expectoration, attending a severe cough, which seemed to rack her whole frame during the paroxysm; darting pains through both lungs, more especially the apex of

left lung; cough worse at night in bed; evening exacerbations of fever, with burning of palms of hands and soles of feet; debilitating night-sweats; paroxysms of excruciating frontal headache; dulness of percussion in left supra- and infra-clavicular regions; fine whistling and long expiratory sounds heard on auscultation on same side in the top of the lung, which are not observed in the right lung, but the bronchial tubes in middle and lower parts of both lungs contain much mucus; pulse 114, easily compressed; anorexia; insomnolency; thirst; bowels regular; urine changeable in colour and less in quantity; emaciation was quite marked—the cheeks hollow, limbs and body small and bony, eyes sunken and presenting a glassy appearance. For this train of symptoms *Phos.*, *Ars.*, *Nitric Acid*, *Puls.*, were tried in succession without relief, excepting from the night-sweats, which were controlled by *Nitric Acid*, when I determined to give *Sanguinaria*, according to the rules contained in Hale's *New Homœopathic Proving*s. *Sanguinaria* was given with immediate good results, in checking the cough, restoring the abnormal condition of the respiratory mucous membrane to a normal action; exciting the digestive functions and stimulating the whole vegetative sphere of life. The remedy was given alone for two weeks, at lengthened intervals, as improvement continued, and then stopped for one week, improvement still going on, when *Calc. Carb.* 30th was substituted every third night, bringing on the menses in two weeks later, or just five weeks from commencement of treatment. I have seen the patient frequently since, and find she is and has been regular ever since.

CASE II.—*Anæmia consequent upon Amenorrhœa*.—Adele L—, æt. 15, of French extraction, nervo-lymphatic temperament, applied for treatment, February 3rd, 1865, having been under allopathic medication for a year without material benefit, and lately condemned by the same authorities to a premature consumptive grave. I found her with the following symptoms: great emaciation; perfectly bloodless skin; had never menstruated, but twelve months ago there was a slight discharge and pains in loins, at which time she commenced to fail; severe, painful cough, with profuse expectoration of thick, stringy mucus, yellowish-white in colour; cough and expectoration worse at night; night-sweats; soreness of the chest to pressure; auscultation and percussion did not reveal any organic lesion of the lungs, but that the respiratory murmur was faint, and covered

in some parts by mucous râles; the bronchial tubes seemed filled with mucus, a hypersecretion of the debilitated respiratory mucous membrane. There was shortness of breath; headache; evening fever; burning in feet; dryness of throat; anorexia; pulse 100, soft and quick; alternation of constipation and diarrhoea; urine high-coloured and foul-smelling; sleeplessness at night; shooting, erratic pains through the body, and especially the chest; great exhaustion. Having had such good success in the treatment of similar cases with *Sanguinaria* before, I immediately prescribed it in the third dilution, ordering at the same time a good nutritious diet. Improvement began in the first six hours, and did not cease until the patient was up and about in good health. But one other medicine was used in the case, *Sulphur* 30th, which I gave for an irritation of the eyelids. I discharged the patient on the 3rd of March, one month from the date of the first visit, and on the 17th her courses appeared, lasting three days.—*West. Hom. Obs.*, May 15th, 1866.

Bismuth in Gastric Affections.

A young lady, æt. 20, of lymphatic-nervous temperament, dark eyes and hair, chlorotic; subject to headache, palpitation of the heart, sense of faintness at præcordia; had attacks of gastric pain, which usually came on soon after breakfast, lasted from one to three hours, were sometimes of great severity, when they were attended by cold sweats and vomiting. I prescribed for these symptoms from time to time, for about a year, with only occasional and partial relief. *Bismuth* 3 was given ineffectually. Crude *Bismuth*, in two-gr. doses, before eating, relieved at once, and, as I have not heard from the patient since I gave her the second prescription of it, some three months since, I have no doubt permanently.

Another case in which crude *Bismuth* was of marked efficacy was as follows: Mrs. E. J., æt. about 30, mulatto, childless, tall, well-formed, leads a dissolute life; drinks strong coffee, and smokes, but doesn't drink spirits. She first applied to me for a distressing feeling in the throat, of a pressing, choking character. It was doubtless hysterical, as she was weak and nervous, had leucorrhœa, too frequent and profuse menses; and had also bleeding piles. *Platina*, third decimal, relieved the symptom she

complained of, and the menses became more regular. Afterwards, during the summer and fall, she came to me from time to time, complaining of a weak, sinking feeling at the stomach, which depressed her very much, physically and mentally. She also had pain after eating; a feeling as though she could not get a long breath; palpitation of the heart upon slight excitement or exertion; headache, particularly in the morning. For this group of symptoms I prescribed for five months, with varying, but on the whole discouraging, results. Some improvement had followed the abandonment of coffee and tobacco, while *Nux* 1 and *Arsenicum* 3 had at times appeared to give partial relief. Still, the main symptoms continued to trouble and depress her very much, and she was getting thin, when, Nov. 28th, I gave her *Bismuth* (crude), as in the other case. The relief was immediate and decided. At the date of my last prescription in this case, Jan. 29th, 1866, she reported very much relieved; general health improving; is gaining flesh.—Dr. H. B. Clarke, in *New England Med. Gazette*, vol. i, No. 3.

Iris Versicolor in Prosopalgia.

In the proving I made of the *Iris Versicolor* I suffered intensely with facial and dental neuralgia of the *right* side. I saw a case two weeks ago in a lady, who had agonizing pains in the course of the same nerves upon the *left* side. I prescribed *Iris Vers.*, 1st, and she was relieved in two or three hours.

The idea here occurred to me—have not the two symmetrical halves of the human body some kind of male and female relation to each other? Will not a drug which produces and cures a neuralgia on the right side of the male face, produce and cure neuralgia of the same nerves on the left side of the female face?

Singularly enough, a few days after, a clergyman called on me for some medicine for severe facial neuralgia, involving especially the dental nerves, for both himself and his wife. The only difference, in the cases, was, he said, that his neuralgia was on the *right*, and his wife's on the *left*, side of the face. I prescribed *Iris Vers.*, 1st, for them both, and they reported well next morning.—Dr. Holcombe in *Medical Investigator*, May, 1866.

MISCELLANEOUS.

*Fragmentary Provings of Drugs in various Potencies conducted during the year 1862.** By H. W. ROBINSON, B.A., L.R.C.S., Formerly on the Medical Staff of the London Homœopathic Hospital.

Aconite.

In a young female, fr. gl. $\frac{1}{2}$ (L. & R.) at a single dose, in a wine-glass of water, and allowed to act. After a few days: Much lowness and *depression of spirits* (c.); *disposition to weep* (c.); great excitement and *restlessness at night* (c.); both her *eyes* became very *bloodshot* (c.). This experimenter could almost always tell when *Aconite* was given to her, so highly susceptible was she to its influence.

In a middle-aged female, fr. gl. $\frac{1}{6}$ (L. & R.) in 8 oz. water, w. the addition of a few drops of spirits of wine, a dessert-spoonful every half hour for three doses. Shortly after: She felt quite *drowsy* (c.); she feels herself *sleeping, while still awake* (c.); extremely prostrated, and *as if beaten all over* (c.). This experimenter was also very sensitive to the action of this medicine, and recognised at once that *Aconite* had been given to her.

Dulcamara.

In a young female, fr. gl. $\frac{1}{4}$ (L. & R.) at a single dose, in a wine-glass of water. After a few hours: Vertigo; she *staggers and reels* (c.); nausea, w. *inability to bring up anything* (c.); sharp shooting pains in *l. toes and thumb* (c.); fearfully *confused dreams*.

* *Explanation of Abbreviations, &c.*—(L. & R.), medicines prepared by Leath and Ross. (E.), medicines prepared by Mr. James Epps. (aft.), after. (c.), confirmatory symptom. (The absence of (c.) after a sy. indicates that its authenticity has not been determined.) (l.), left. (r.), right. (fr.), from. (w.), with. (gl.), globules. (tr.), tincture. (gtt.), drop or drops. (pil.), pilule. (after $\frac{1}{2}$ h.), after half an hour. (grs.), grains. (trit.), trituration. (m.), much. (sec. eff.), secondary effect. (alt. eff.), alternate effect. (im. eff.), immediate effect.

She has to get up at night and walk about the room; sinking sensation all over; she fancied she would sink through the bed (c.).

In the same, fr. gl. $\frac{1}{1000}$ * (E.) in 8 oz. water as before, a tea-spoonful night and morning. After three days: *Bursting pains* extending fr. the forehead to the bridge of the nose (c.); sensation of pain in all her limbs (c.).

Graphites.

In a young female, fr. gl. $\frac{1}{200}$ (L. & R.), in 8 oz. water as before, a dessert-spoonful every second morning. After five or six days: A sound in the vertex, like the ticking of a watch (c.); lumpy patches on vertex, red and painful (c.); nightly toothache, tearing pain in the teeth, warm food increases the pain (c.); feeling as of a plug in the throat, at times much difficulty of swallowing (c.); hot things disagree with her stomach (c.); r. upper arm sore, tender and swollen (c.); legs and feet unusually heavy; they swell much; she thought her feet must burst; ankles and feet much puffed, looking as though she had walked many miles (c.); sometimes her feet are icy cold, again quite burning (c.); at night she perspires much, a very sour and offensive sweat (c.).

[At this period (1862), soon after my first introduction to the new system of medicine, not being sufficiently familiar with the right method of drug-proving, I omitted to direct the prover's attention to the observance of the exact order and succession of the symptoms, a matter which, if not of extreme importance, is unquestionably one of much scientific interest.—H. W. R.]

Hepar.

In a young male, fr. gtt. $\frac{1}{2}$, at a single dose, in a wine-glass of water. After half an hour: Severe stitches in occiput and in both temples, as if a plug or nail was being driven in (c.).

In a young male, fr. gtt. $\frac{1}{30}$ (L. & R.), night and morning. Aft. sev. days: All his teeth feel loose, and the gums tender (c.); dry cough, w. tightness of chest and sore throat (c.); excessive shivering, followed by feverishness (c.).

In a young female, fr. gl. $\frac{1}{1000}$ (E.), in 8 oz. water as before;

* These high potencies were obtained from Dr. Rentsch, of Wismar, and are said to be the celebrated preparations of Jenichen, but it is extremely doubtful if the numbers attached to them indicate their degree of dilution; or rather it is pretty certain that they only refer to the number of succussions they received, 100 succussions counting as one degree of potency.

a teaspoonful four times a day. Aft. three days: Sensation as of drops of hot water in l. chest (c.).

In a young female, fr. gl. $\frac{1}{300}$ (L. & R.), in 8 oz. water as before. A dessert-spoonful each morning: Constant sense of heartburn (c.).

Ipecacuanha.

In a middle-aged male, fr. gtt. $\frac{3}{4}$, three times a day. Aft. seven or eight days: His appearance became quite yellow (c.); urine became bloody (c.); pains shooting as it were from r. kidney down the thigh of same side to the knee-joint, like cramp (c.); chilly, feverish and thirsty (c.).

Kali Carb.

In a middle-aged male, fr. gtt. $\frac{1}{2}$ (L. & R.), three times a day. After five or six days: Scraping sensation in the throat, it feels dry, parched and rough (c.); he felt as if there was no air in his chest, and he could not breathe (c.); violent throbbing and palpitation of the heart on the least exertion (c.).

Lachesis.

In a middle-aged male, fr. a drop of the 6th potency, a sixth part four times a day. After six or seven days: Erysipelatous swelling of the face, the r. eye is almost closed up (c.).

In a middle-aged female, fr. gl. $\frac{1}{300}$ (L. & R.), in 8 oz. of water as before, a dessert-spoonful every third morning. After two doses: intolerable colic (c.); a feeling as of incarcerated flatus (c.); excessive griping, as though about to have diarrhœa (c.).

In a middle-aged female, fr. pil. $\frac{1}{30}$ (L. & R.), night and morning. After three days, agonizing cutting pain in r. side of abdomen, throwing her into fainting attacks (c.); painful distension of the abdomen (c.); sensation of incarcerated flatus (c.); urging to urinate, but inability to do so, except at long intervals (c.); desperate fits of suffocation; she must sit up in bed (c.); icy coldness of the feet (c.).

Lycopodium.

In a young female fr. gl. $\frac{1}{1000}$ (E.), in 8 oz. water as before. A teaspoonful every third morning: her temper became very m. affected, at one time she was excessively merry, and laughed

at the simplest things; again, she was *melancholy* and *low-spirited* (c.); great *loss of memory*; she talked confusedly; her friends laughed at her and could not understand her altered manner; she was quite unable to write; having written a letter she burnt it because she could not read it (c.); *scalp* became exceedingly *scurfy* (c.); *dazzling mist* before her eyes (c.); profuse and fluent *coryza* (c.); *looseness of the front teeth*, they feel as if too long and are *painful on chewing* (c.); *soreness of the throat*, w. *difficulty of swallowing* (c.); *sour dry taste*: on taking anything to moisten her mouth, it leaves a clammy taste (c.); *pressure* at stomach, as though she had eaten too much (c.); *dryness in the windpipe*, w. hoarseness. At first she had a peculiar *dry cough at night*, which was afterwards followed by a sensation as if she had too much phlegm in the chest, and lastly a thick yellow expectoration (c.); *axillary glands m. swollen*; *bruised aching pains* in both *shoulders*, worse when at rest (c.); her feet felt as if dead or asleep (c.); *dreadful horrid dreams* (c.).

Note.—The order and succession of the above symptoms were unfortunately not observed.

In a middle-aged male, fr. gtt. $\frac{1}{8}$ (L. & R.), three times a day. After several days, *dryness* of the mouth (c.); aching pains in the bowels, w. *cold shivers*; *acute griping pains*, more confined to l. *hypochondrium* (c.); *urging to urinate*, but inability to do so, w. *constant bearing-down feeling* (c.).

In a middle-aged male, fr. gtt. $\frac{1}{2}$ (L. & R.), three times a day. After three days: constant but *ineffectual urging to stool* (c.); he cannot bear to sit down, so painful are the *protruded varices* (c.); continual *burning pain in the rectum* (c.); *hard stools* (c.).

Mercurius Sol.

In a middle-aged female, fr. gl. $\frac{1}{30}$ (L. & R.), in 8 oz. water as before. A dessertspoonful every third morning: *Irritability* and *ill humour* (c.); *diarrhœa*, w. m. *wretchedness and dejection of spirits* (c.); pain in the *sinews* of l. *thigh*, which are sore to the touch (c.); *feverishness*, w. considerable *chilliness* (c.); *hard glandular swelling in upper pt. of l. thigh*, which afterwards *suppurated* (c.); *itching pimples and watery vesicles* over the arms and different parts of the body.

In a young female, fr. gl. $\frac{1}{10}$ (L. & R.), in 8 oz. water, as before. A dessertspoonful every second morning: her *head feels*

bound round as w. a cord (c.); it feels *heavy and swollen* (c.); her *eyes* are hot, a kind of *dry heat* (c.); shooting *diarrhœic* feeling in *lower bowels* (c.).

In a young female, fr. gl. $\frac{1}{30}$ (L. & R.), in 8 oz. water, as before. A dessertspoonful every third morning. After two doses: profuse *bleeding fr. the nose* (c.); painful *inflation of abdomen*; *rumbling* sensation in the bowels (c.); involuntary *twitching* and a kind of *spasmodic adduction of legs and thighs* (c.).

In a young female, fr. a drop of the 5th potency, a sixth part four times a day. After five to six days: *chilliness* while at stool, *ceasing after the evacuation* (c.); discharge of *clotted blood* mixed with the *fæces, but without any straining* (c.); *dry sore throat* and wheezing at the chest (c.); peculiar *sour-smelling sweat*; her fingers became all shrivelled, and a *cold damp* bedewed her *feet* (c.).

In a middle-aged female, fr. gl. $\frac{1}{30}$ (L. & R.), in 8 oz. water, as before. A dessertspoonful every two hours. After several doses: *intolerable itching* all over the body, afterwards assuming the appearance of *nettle-rash* (c.).

Mercurius Bin.

In a young female fr. grs. $\frac{3}{21}$, three times a day. After four days: intense *shivering, followed by feverishness* (c.); pain on *pressure* at *epigastrium* (c.); painful *swelling of tonsils*, and *sub-maxillary glands* (c.); *distension of abdomen* about the navel, *w. pain* at that part on *pressure* (c.); loud and *bitter belchings* (c.); *hot perspiration* (c.); *nausea, while passing a diarrhœic stool* (c.); *frightful dreams* (c.); *aching pains fr. hips to ankles*, as though she had walked many miles, felt *more particularly in the bones* (c.); *catching pain under r. breast* oppressing the breathing (c.); *urine thick and dark, on being passed* (c.); *frequent desire to urinate*; she cannot hold her water for a moment (c.); *bitterness of taste* (c.); *profuse flow of saliva*, and aching pains in teeth of lower jaw (c.); swelling; hot and *inflamed state of r. side of nose, w. coryza* (c.); sensation in *frontal region, as if her head was bound round w. a tight cord* (c.); *pains in the bones of the head, chiefly the occipital* (c.); *low-spirited*, and disposed to cry (c.); excessive giddiness, *everything seems to reel round her* (c.).

Note.—The above symptoms were registered in the exact order of their occurrence.

(To be continued.)

Cause of Goitre.

M. Maumené is led, from his observations and experiments, to believe that the cause of goitre is the presence in drinking-water of fluorides. These, he asserts, are peculiarly abundant in the water of goitrous districts. M. Maumené gave, for a period of five months, fluoride of potassium to a dog, at the end of which time a swelling similar to goitre appeared in the neck. The dog then made his escape, but three years afterwards was again discovered with a swelling, which appeared to M. Maumené to have all the characters of goitre.—*Med. Times and Gazette*, May 5th, 1866.

Citric Acid as an application in Cancer.

In the *Lancet* of May 5th, 1866, Mr. Richard Willis writes—“In your Journal of the 26th ult. is a report by Mr. J. Denny of three cases of cancer where citric acid had been applied to soothe pain, with good results. Having a case of cancer, which commenced some years since as an enlarged submaxillary gland, supposed to be caused by a carious tooth, but which has proved malignant, and, from its size and situation, not removable, and the pain at times excessive, I prepared a lotion of *Citric acid*, one drachm to eight ounces of water, and ordered it to be brushed over the tumour, and the mouth to be rinsed out with it as often as he pleased. It has afforded perfect relief from pain.”

Another correspondent sends, *apropos* of the subject, the following cutting from the *Times* of August 23rd, 1865:—“Dr. Brondini, of Florence, finding by accident that a lemon, called for in her agony by a patient suffering from cancer of the tongue, assuaged the pain, tried a gargle composed of four grains of crystallized *Citric acid* to 350 grains of common water. He now uses a pledget of lint saturated with this solution to treat other affections, with instantaneous relief. He does not put it forward as a cure.”

Local Anæsthesia.

Since the publication of Dr. Richardson's method of producing local anæsthesia by an ether spray, Dr. Henry J. Bigelow, of Boston, has published, in the "Boston Medical and Surgical Journal," an article on the same subject, in which he claims to have discovered, that a petroleum naphtha, which he proposes to call "rhigolene," is better adapted to the purpose of local freezing than ether. He says:—

"When it was learned here that Mr. Richardson, of London, had produced a useful anæsthesia by freezing, through the agency of ether vapour, reducing the temperature to 6° below zero, F., it occurred to me that a very volatile product of petroleum might be more sure to congeal the tissues, besides being far less expensive than ether. Mr. Merrill having, at my request, manufactured a liquid of which the boiling-point was 70° F., it proved that the mercury was easily depressed by this agent to 90° below zero; and that the skin could be, with certainty, frozen hard in five or ten seconds. A lower temperature might doubtless be produced, were it not for the ice which surrounds the bulb of the thermometer. This result may be approximately effected by the common and familiar 'spray-producer,' the concentric tubes of Mr. Richardson not being absolutely necessary to congeal the tissues with the rhigolene, as in his experiments with common ether. I have for convenience used a glass phial, through the cork of which passes a metal tube for the fluid, the air-tube being outside, and bent at its extremity so as to meet the fluid-tube at right angles, at some distance from the neck of the bottle. Air is not admitted to the bottle, as in Mr. Richardson's apparatus, the vapour of the rhigolene generated by the warmth of the hand applied externally being sufficient to prevent a vacuum, and to insure its free delivery: 15° below zero is easily produced by this apparatus. The bottle, when not in use, should be kept tightly corked, a precaution by no means superfluous, as the liquid readily loses its more volatile parts by evaporation, leaving a denser, and consequently less efficient, residue. In this and in several more expensive forms of apparatus in metal, both with and without the concentric tubes, I have found the sizes of 72 and 78 of Stubbs's steel-wire gauge to work well for the air and fluid orifices respectively; and it may be added, that metal

points, reduced to sharp edges, are preferable to glass, which, by its non-conducting properties, allows the orifices to become obstructed by frozen aqueous vapour.

“Freezing by rhigolene is far more sure than by ether, as suggested by Mr. Richardson; inasmuch as common ether, boiling only at about 96° instead of 70° , often fails to produce an adequate degree of cold. The rhigolene is more convenient, and more easily controlled, than the freezing mixtures hitherto employed. Being quick in its action, inexpensive, and comparatively odourless, it will supersede general or local anæsthesia by ether or chloroform, for small operations, and in private houses. The opening of felons and other abscesses; the removal of small tumours; small incisions, excisions and evulsions, and perhaps the extraction of teeth, may be thus effected with admirable ease and certainty: and for these purposes surgeons will use it, as also, perhaps, for the relief of neuralgia, chronic rheumatism, &c., and as a styptic, and for the destruction, by freezing, of erectile and other growths. But, for the large operations, it is obviously less convenient than general anæsthesia, and will never supersede it. Applied to the skin, a first degree of congelation is evanescent: if protracted longer, it is followed by redness and desquamation, which may possibly be averted by the local incisions; but if continued, or used on a large scale, the dangers of frost-bite and mortification must be imminent. It may be superfluous to add, that both the liquid and the vapour of rhigolene are highly inflammable.”

Mineral Waters of Vals (Ardèche).

We have had the opportunity of examining, tasting, and applying in practice some water from one of the springs in the above source. The particular specimen which fell under our notice was from the spring named Magdeleine; but there are five others, St. Jean, Précieuse, Désirés, Rigollette, and Dominique, derived from the same locality. The last-named differs completely from the others. It contains 1.33 parts of free sulphuric acid to the litre, with a very appreciable quantity of arsenic in combination with iron. It is said to have been found useful in intermittent fever, as well as in scrofulous, syphilitic, and skin affections. From

its composition it would seem well deserving of trial in such disorders. The other springs differ amongst themselves in the proportion of contained salts; but they agree in the presence of free carbonic acid, bicarbonate of soda, potash, lime, magnesia, iron, chloride and sulphate of soda and lime, and silicate of alumina. The properties are therefore akin to those of the Vichy sources. The amount, however, of free carbonic acid and of iron is larger than in the last-named. Contrasting the Magdeleine of Vals with the Célestins of Vichy—each, in general terms, the strongest and most useful of its kind—we find the former more effervescent, containing about double the quantity of carbonate acid, and therefore more agreeable to the taste. But it is especially in the nature and proportion of the mineral ingredients that the Vals claims the superiority, more particularly in those limited quantities to which various considerations (including economical ones) restrict the use of such mineral waters when imported into places far from their source. The bicarbonates of the alkalies and alkaline earths far exceed those of the Célestins, rising to 1 and $1\frac{1}{2}$ for the soda base, 7 for the potash, $1\frac{1}{2}$ for the lime, 2 for the magnesia. The chloride of sodium of the Vals is only $\frac{1}{3}$ to $\frac{1}{4}$ of the Vichy water. The ferruginous constituent of the Vals is stated at 7 times that of the Vichy. To sum up, the Magdeleine appears greatly to surpass the Célestins in the quantity and quality of its alkaline and alterative ingredients, and claims a far greater tonic power. The Vals waters may be obtained of Messrs. E. Gallais & Co., Margaret Street, Regent Street.—*Lancet*.

Quinine a Natural Constituent of the Body.

By HENRY BENCE JONES, M.A., M.D., F.R.S.

No imagination could have anticipated that the line of research into the rate of passage of substances into and out of the textures would lead to the supposition that man and all animals possess, in every part of the body, the most characteristic peculiarity of the bark of the cinchona trees of Peru. After determining the rate of passage of lithia and other mineral matters into and out of the body, Dr. Dupré and I proceeded to endeavour to trace the rate of passage of *Quinine* into and out of the textures of animals. We

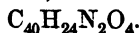
chose *Quinine* because of that splendid test which led Professor Stokes to the discovery of the change of refrangibility of light.

A guinea-pig was given *Quinine*, and for comparison another guinea-pig was killed at the same time, having had no *Quinine*. In the pig that had taken *Quinine*, each organ was heated in a water-bath with very dilute sulphuric acid. This extraction was repeated over and over again. The acid extracts were mixed and filtered after cooling, neutralised with caustic acid, and repeatedly shaken up with their own bulk of *Ether*. The residue left after evaporation of the *Ether* was taken up by dilute sulphuric acid, filtered and tested for fluorescence. The pig that had taken no *Quinine* had each organ treated in a precisely similar way. To our great disappointment, at first, we found that not only had the pig that had taken the *Quinine* a fluorescent substance in the textures, but that an almost exactly similar substance was extracted from the organs of the pig that had taken no *Quinine*. Every texture was examined, and in every one this fluorescent substance occurred. We then endeavoured, in every possible way, to find a means of separating the natural from the induced fluorescence. And as every method failed, and we were compelled to recognise the close similarity of the substance that exists in the textures to *Quinine* itself, we for a time dropped the original inquiry, and proceeded to a more complete investigation of the natural fluorescent substance in animals.

Having obtained solutions, we were able to compare them with solutions of *Quinine* in their actions on the spectrum. And first, the solution of the natural substance begins to fluoresce a little before the solution of *Quinine*; but on carrying it on through the spectrum it ends where *Quinine* ends. The fluorescent light of the natural substance is a little more greenish than the fluorescent light of *Quinine*. If a quartz cell containing this fluid is interposed between the source of light and a solution of *Quinine*, no fluorescence takes place in the *Quinine*; and if *Quinine* is interposed between the light and this natural solution, scarcely any fluorescence is observed in it. When a solution of salt is added to the naturally fluorescing substance, it is almost entirely destroyed, as happens with *Quinine*. If the natural solution is boiled with permanganate of potass, it does not lose its fluorescence, nor does *Quinine*; but when permanganate with excess of *Alkali* acts upon this substance or *Quinine*, the fluorescent substance is entirely oxidized. Hence this substance by the mode of

its extraction and by its remarkable action on light is very closely related to *Quinine*; and this led us to apply the chemical tests for *Quinine* to this natural fluorescent substance, after extraction from the body. The different tests for alkaloids like *Quinine*, as *Morphia*, *Strychnine*, *Veratrine*, *Atropine*, are as follows:—First, *Quinine* gives a precipitate with iodine in iodide of potassium. Secondly, iodide of mercury in iodide of potassium also gives a precipitate. Thirdly, phosphomolybdic acid also gives a precipitate. Fourthly, bichloride of platinum gives a precipitate. Lastly, terchloride of gold causes a precipitate, and this precipitate is soluble in alcohol. Now each and all these different reactions are obtained with these same reagents acting on the fluorescent substance that is extracted from animals. So that here again we have chemical proof that this substance is an alkaloid, and that it is closely related to *Quinine*. We have named it *Animal Quinoidine* because we have not as yet been able to crystallize it nor to obtain enough for analysis. What, then, is the meaning of this widely-diffused substance in animals which so closely resembles *Quinine*? At present we are far from a perfectly clear answer. It is not thirty years yet since the presence of ammonia in the products of distillation of coal was considered "curious," because nitrogen was thought to be the characteristic of an animal substance, and absence of nitrogen was considered as the distinctive mark of vegetable creation. Gradually, year by year, each substance that has been thought to be the special property of the vegetable world has been found to occur in animals. Thus sugar, starch, woody fibre, vegetable colouring matter as indigo, albuminous substances, are common to animals and vegetables; and at length we have arrived at the fact that no distinction can truly be drawn between the three kingdoms of nature. In the body, salt and phosphate of lime and phosphate of soda are animal substances as much as fibrin and albumen. Sugar is as much an animal substance as albumen is a vegetable substance, and no separation can be made by chemical analysis between animal, vegetable, and mineral. The processes which take place in the three different kingdoms are, however, very different. The vegetable generally from carbonic acid, ammonia, and water can synthetically build up acids, neutral hydrocarbons, fats, alkaloids, and albuminous substances; whilst the animal generally from albumen analytically produces alkaloids, fats, neutral hydrocarbons, acids, and ultimately water, ammonia, and carbonic acid.

From this point of view, then, our so-called animal *Quinoidins* is descended from albumen, and its ultimate progeny are carbonate of ammonia and water, out of which substances the cinchona-tree, under favorable circumstances, is able to build up *Quinine*.



From the large number of carbon atoms in *Quinine*, it may be regarded as one of the early substances produced in the downward passage of albumen; and from this we shall very probably find the key to the question how *Quinine* acts in the body.

When *Sulphate of Quinine* is taken, like the lithium and other substances which I brought before you last year, it rapidly passes from the blood into the textures. Even in a quarter of an hour, after 4 grains of *Sulphate of Quinine* the fluorescence may rise to 75 grains to 103 litres. It is found in greatest amount in the liver and kidney; rather less in the blood, urine, and muscles; still less in the brain, nerves, and bile; and is, perhaps, even in this time increased in the lens of the eye. In three hours the maximum effect of the *Quinine* may be reached. It amounts, then, to from 100 to 200 grains of *Quinine* in 100 litres of water; and it occurs to this amount in the liver, kidney, bile, blood, brain, and muscles. The nerves and aqueous humour show much less increase, and the lenses show the least increase of all the textures.

Thus, then, the *Quinine* goes everywhere; and wherever it goes it meets with the natural fluorescent substance like *Quinine* which most probably is constantly forming and undergoing oxidation. The incoming *Quinine* causes a temporary excess of *Quinine* in the textures. Probably it causes a stoppage of the fresh formation of *Quinine* from albumen; a temporary arrest of the changes going on; a transfer of action probably to the *Quinine* introduced, so that with large doses deafness and great prostration and almost imperceptible pulse are produced in man, whilst in guinea-pigs death even is caused by the extreme prostration. In small doses, *Quinine*, probably like alcohol, gives an immediate stimulus when the first chemical action takes place; but soon the *Quinine* retards the chemical changes in the nitrogenous substances, just as alcohol, by its secondary action, retards the chemical changes in the hydrocarbons in the different textures. Possibly the increased resistance to changes in the textures and in the blood produced by excessive doses of *Quinine* or alcohol is analogous to that state well known to medical men under the very indefinite and probably incorrect name of uræmia.

From these experiments two hopeful prospects of possible discovery arise: 1st, as to the explanation of the cause and cure of ague; 2nd, as to the treatment of diseases in parts of the body external to the bloodvessels.

1. Assume that a substance like *Quinine* exists, in health, in the textures, can its rapid destruction and removal through the action of marsh miasm give rise to ague? Does *Quinine* cure ague by furnishing a substance which retards the changes which go on in the textures? and in the well-known property of *Arsenic* to preserve organic substances have we also the explanation of its power in curing ague?

2. If the chemical circulation can carry alkaloids even into the non-vascular tissues, is it not reasonable to suppose that medicines pass through the blood and act on the textures? and is it not most probable that they take part in every chemical change that occurs outside the bloodvessels, as well as in the blood itself? Still further, may we not expect that among the multitude of new substances which synthetical chemistry is now constantly forming, some medicines may be discovered which may not only have power to control the excessive chemical changes of the textures in fevers and inflammations, but may be able to remove the products of insufficient chemical action even in those diseases which affect the non-vascular textures, as, for example, in cataract and in gout?—
Lecture delivered at the Royal Institution.

Nature and Origin of Vibrios.

In a work recently published in America by H. J. Clark, Professor of Zoology in Harvard University, entitled *Mind in Nature, or the Origin of Life and Mode of Development of Animals*, we find the following theory as to the origin and nature of those minute forms of animated entities called *Vibrio*:

A discovery which I made on the 20th of March may not be uninteresting, as it has more or less relations in its nature to the theory so earnestly advocated by Pouchet. There are certain well-known bodies described as animals by Ehrenberg under the name of *Vibrio*. Their peculiarity consists in that they are composed of a single row of globular bodies, resembling a string of beads, more or less curved, and move in a spiral path with great

velocity, even faster than the eye can follow in many cases. They have always been spoken of as developing around decaying animal and vegetable matter. I was very much surprised to discover the manner in which they originate from such substances. I was studying the decomposing muscle of a *Sagitta*, when I noticed large numbers of *Vibrio* darting hither and thither, but most frequently swarming about the muscular fibres. I was struck with the similarity of these bead-like strings to the fibrillæ of the muscle, and upon close comparison I found that the former were exactly of the same size and had the same optical properties of the latter. Some of these appeared to be attached to the ends of the flat, ribbon-like fibres, and others at times loosened themselves and swam away. I was immediately impressed with the daring thought that these *Vibrios* were the fibrillæ set loose from the fibres; but as this was a thing unheard of, and so startling, I for the time persuaded myself that they must have been accidentally attached, and subsequently loosened. However, I continued my observations until I found some fibres in which the fibrillæ were in all stages of decomposition. At one end of the fibre the ultimate cellules of the fibrillæ were so closely united, that only the longitudinal and transverse striæ were visible; further along, the cellules were singly visible, and still further they had assumed a globular shape; next, the transverse rows were loosened from each other, excepting at one end; and, finally, those at the extreme of the fibre were agitated, and waved to and fro as if to get loose, which they did from time to time, and, assuming a curved form, each revolved upon its axis, and swam away with amazing velocity. The number of ultimate cellules in a moving string varied from two to fifty; the greatest number of strings were composed of only three or four, often six to eight, and rarely as high as fifty. Very rarely the fibres split longitudinally, and in such instances the fibrillæ were most frequently long, and moved about with undulations rather than a wriggling motion. A single ultimate cellule, when set loose, danced about in a zigzag manner; but whenever two were combined, the motion had a definite direction, which corresponded to the longer diameter of the duplicate combination; and if only three were combined, the spiral motion was the result of their united action. What it is that causes these cellules to move I do not profess to know, but certainly it is not because they possess life as *dependent beings*. This much is settled, however: that we may have pre-

sented to us all the phenomena of life, as exhibited by *the activity* of the lowest forms of animals and plants, by the ultimate cellules of the decomposed and fetid striated muscle of a *Sagitta*. I do not pretend to say that everything that comes under the name of *Vibrio* or *Spirillum* is a decomposed muscle or other tissue, although I believe such will turn out to be the fact; but this much I will vouch for, that what would be declared by competent authority to be a being living, and accounted a certain species of *Vibrio*, is nothing but absolutely dead muscle.

On the Effects of Absinthe.

M. D. Decaisne, on the question of the effects of absinthe, arrives at the following conclusions :

1. Absinthe, in the same dose and of the same degree of alcoholic concentration as brandy, produces more disastrous and more strongly-marked effects on the economy.

2. In an equal dose absinthe produces intoxication much more rapidly than brandy. The conditions that have been described under the names of acute and chronic alcoholism are much more readily developed under its influence. It must, however, not be forgotten, that the amount of alcohol in absinthe is generally very great.

3. The effects of absinthe on the nervous system are more marked than those of brandy; and closely resemble the effects caused by a narcotic-acrid poison.

4. One of the greatest dangers of absinthe consists in the adulterations to which it is subjected.

5. Absinthe, of good quality, in moderate doses (a glass or two daily), is never unattended by danger, but always produces, in time, disorder, especially of the digestive functions.

6. Absinthe ought to be entirely banished as an article of consumption.

It has been stated by many writers that there is a poisonous principle in the officinal absinthium. This opinion has not been fully accepted; but there can now no longer be any difference on the subject. M. Marcé has laid before the Academy of Sciences a communication which seems to prove positively the existence of such a poison. A series of experiments on dogs and rabbits, which animals were made to take by the mouth the essence of wormwood, showed that this plant possesses poisonous properties. The essence, in doses of two or three grammes, produces in these

animals trembling, stupor, sluggishness, insensibility, and all the signs of great terror. In doses of from three to eight grammes, it produces chronic epileptiform convulsions, with involuntary evacuations, foaming at the mouth and stertorous breathing. These symptoms are transient, and do not lead to death. These results prove, according to M. Marcé, that the liquor known as "absinthe" has a double poisonous action on those who take it in excess—viz., the action of the alcohol and that of the essence of the wormwood, the latter being characterised by stupor, sluggishness, terrific hallucination, and intellectual weakness, all setting in with great rapidity. According to the same author, the liquor sold as absinthe contains about five drachms of essence of absinthium in one hundred quarts of alcohol.—*Social Science Review*.

BOOKS RECEIVED.

Epidemic Cholera, by G. S. WALKER, M.D. St. Louis, Mo., 1866.

Homœopathy: two Letters, by DAVID SCOTT SMITH. London, Edwards, 1866.

Lectures publiques sur l'Homœopathie, par A. IMBERT-GOURBEYRE, Professeur de Matière Médicale à l'École de Médecine de Clermont Ferrand. Paris, Baillière, 1865.

The Anatriptic Art, by WALTER JOHNSON, M.B. London, Simpkin, 1866.

Cholera: its Prevention and Cure, by G. E. SHIPMAN, M.D. Chicago, 1866.

How I became a Homœopath, by W. H. HOLCOMBE, M.D. Chicago, 1866.

The Hahnemannian Monthly, No. 11. (Only three numbers of this journal have been received; we have ordered a copy of ours to be sent in exchange.)

The New England Medical Gazette.

The Monthly Homœopathic Review.

The North American Journal of Homœopathy.

The American Homœopathic Observer.

The Western Homœopathic Observer.

The Chicago Medical Investigator.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Medico.

Neus Zeitschrift für Hom. Klinik.

LONDON: J. E. ADLARD, BARTHOLOMEW CLOSE.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

CHELIDONIUM MAJUS, L.

By Dr. O. BUCHMANN, of Alvensleben.

(Continued from p. 451.)

CATALOGUE OF SYMPTOMS.

I HAVE not admitted the symptoms derived from observations on the sick, nor those extracted by Hahnemann out of Horn's *Archiv*.

I thought I ought to exclude the symptoms given by Trinks (*Handbuch der Hom. Arz.* 1847, p. 488). "Vertigo with nausea and phantasies in a half waking half dreaming state" (from Kneschke's *Summarium*, 1836, p. 217), because they occurred after taking a mixture of *Extr. Taraxaci*, *Chelid.*, *Sal amar.*, and *Aq. Menthæ pip.*, so that it is impossible to determine what share the rest of the mixture had in the symptoms.

No more have I inserted the symptoms recorded in the *Hygea* (*Neue Folge*, 1 Bd., 2 Heft. *Excerpt aus Journal d. l. m. Hom.*, Mai, 1847) of a man who, in order to prevent the attack of a prevalent typhoid fever, had taken a decoction of *Chelid.*; for I considered that the sufferings which Dr.

Cumyn there records at the commencement of the medication, as symptoms of a slight bilious fever, show in the sequel that they were a positive disease.

As regards the Vienna provings I could not procure a copy of the detailed provings recorded in the organ of the Society; and therefore am only able to borrow the symptoms from the scanty abstract printed in the Society's journal. The tincture prepared from the fresh juice was proved from the 19th to 30th of June, 1844. The provers took daily a dose beginning with 5 drops, and increasing gradually to 200. The "*Extr. aquos. and spirituos.*" were also proved.

Schneller endeavours to attain by the provings an insight into the *modus operandi* of the medicines upon definite organs and systems, but hardly promises himself practical advantage therefrom, and says it is going too far to look for salvation only in the minute observation of the healthy organism during medicinal provings, and to draw our therapeutic conclusions exclusively from the *Materia Medica Pura*.

Obs. If Schneller had informed himself more precisely on the subject of homœopathy, he would have learnt that homœopaths too attach great importance to the clinical test, and that it was there they first learnt that they were upon the best and shortest road to success. But the *colossal error* into which men have fallen by *mere observation of the therapeutic action without the guidance of physiological experiment*, shall be pointed out below. When Schneller further says, "However, in order to obtain a hint for the treatment of such diseases, especially when chronic, as have hitherto resisted so many attempts at cure, the medicinal provings on healthy persons are not quite useless, for this very reason, that by them we can learn many local specifics." Evidently herein is implied a recognition of the homœopathic therapeutic principle. We also, like him, learn by the provings to know the point of attack of the medicine; but we hold a more minute observation than he approves of to be incumbent on us for that purpose.

The abstract presented to us is unfortunately not calcu-

lated to forward our *Materia Medica* much, malgré the eleven provers.

We have before us a preliminary account of the performances of the proving committee, an abstract of the symptoms obtained by Schneller (especially on himself), and then a summary by Flechner amongst the contributions to the physiology of the action of the medicine. In this last account, many symptoms are wanting which are given in the first. Only those are given which were considered important for judging of the medicine, which are often, however, so grouped that it is impossible for us to construct from them an *exact* picturé, in order to decide upon the action of the medicine; when, for instance, we read, "Pressure or transient pains in the orbital region, the muscles of the forehead, the cheek bones and teeth, under the skull, and even inside the brain."

Besides, the symptoms observed by individual provers are only given exceptionally. From the eleven days' provings of the eleven provers, the conclusion is drawn that *Chelid.* acts neither on the circulating nor the portal system. But would not such action seem to be indicated by such symptoms as the following: "Increased warmth, burning and redness in the face, papular exanthema on a red base, redness and swelling of the uvula and tonsils?" and again, "turbid brownish or greenish urine?" I have not introduced into my catalogue the symptoms from the proving with the extract. A special instance of symptoms from the watery extract which were not observed after taking the tincture is "Tension of the membrana tympani, and exaltation of the hearing," and from the spirituous extract, "salt after taste, taste of copper, vomiting after each dose, eructation with after-taste of cod-liver oil, redness and swelling of the uvula and tonsils for thirty-six hours."

The last symptom seems to me worthy of notice, because it may easily be overlooked by other provers, and it also appears amongst the symptoms of disease cured by *Chelid.* The symptoms repeatedly observed are printed in small capitals; those printed in italics are symptoms which have also been *cured* by *Chelid.* For the sake of retaining

symptoms in their natural association, I have departed from the customary order now and then.

Where provers have previously suffered from symptoms similar to those produced by the medicine, this fact is specially noticed.

When only a part of the recorded symptoms is printed in small capitals, then that part refers to the several provers named just after, in order to facilitate the inspection of the symptoms.

EXPLANATION OF THE LETTERS.

a. To denote previous provers.

R.A. Hahnemann's *Reine Arzneimittellehre*, ed. 2d, 1825.

Sch. Dr. Schönke (*Practische Mittheilungen der correspondirenden Gesellschaft hom. Aerzte*, 1827, p. 5—7).

Ng. Nenning (Hartlaub and Trinks, r. A. m. d. 1 Band, 1828, 2 Band, 1838.)

Lk. Dr. Liedbeck, Stockholm (*Allg. Hom. Zeitung*, Bd. 45, S. 26, &c.)

Le. Dr. J. Lembke, Riga (*Allg. H. Z.*, Bd. 45, S. 26, &c.)

T. Dr. Teste, Paris (from *Systematisation pratique de matière méd. hom.*, Paris, 1853.

W.Pr. Doctors Flechner, Haller, Herzog, Hummel, Kluky, Kron, Moos, Schneller, Wotzelka (*Zeitschrift der k. k. Gesellschaft der Aerzte zu Wien*; Bericht von Dr. Kluky in *Jahrgang*, I, Bd. 2, 1845, xv, xvi). Dr. Schneller im *Jahrgang* II, Bd. 2, 1846, S. 405; Dr. Anton Flechner, im *Jahrgang* IV, Bd. 1, 1847, S. 174.

b. To denote the provers obtained by the author.

A.H. Miss Auguste Hamann.

A.X. The author's son, Adolph.

F.R. Mrs. Richter, wife of the private secretary.

F.S. Mrs. Serjeant-major Sinder.

F.X. The author's wife.

Gs. Pastor Gueinzius.

- H. Pastor Hamann.
 Hs. Mr. Hermes, teacher.
 K. Miss Kranke.
 Kch. Mr. Koch, hotel-keeper.
 L. Mr. Laudahn.
 N. Mrs. N—, of N.
 P. Mr. Patze, secretary of the department.
 Rr. Mr. Richter, private secretary.
 R.X. Reinhard, the author's son.
 S. Serjeant-major Sinder.
 W. Mr. Theodore Wisch.
 X. The author.

GENERALITIES.

Apoplectic insensibility and benumbed feeling of the whole body, with trembling, the pulse being unaltered. R.A.

WEARINESS AND INDOLENCE OF THE LIMBS. R.A., X., L., K., Kch., F.X.

It is impossible for him to move a limb quickly; with yawning and sleepiness. R.A.

AFTER FOOD VERY *great distaste for work, and laziness with sleepiness.* R.A., X., Rr., F.Rr.

5. *Great distaste for mental occupation.* W.Pr.

GREAT DISCOMFORT; HE IS NOT AT ALL WELL, WITHOUT KNOWING WHAT EXACTLY AILS HIM. R.A. (in $\frac{1}{2}$ h.), Ng., (in $1\frac{1}{2}$ h.), X.

HE IS OBLIGED TO LIE DOWN, YET CANNOT SLEEP, and finds everything intolerable. R.A., X.

A DISPOSITION TO LIE DOWN without being sleepy, or able to sleep, R.A., F.Rr.

INVINCIBLE DISLIKE TO MOVING (in 6 h.), T., Rr.

10. *Prostration, exhaustion and languor.* T., X., Kch., (in $2\frac{1}{2}$ h.), F.X.

Languid, lazy, and prostrate, with yawning. Afternoon 2 o'clock. Ng.

Languid on walking in the open air; when sitting, he only feels languid in the legs (in $\frac{1}{2}$ h.). Ng.

Weakness in walking. X.

Relaxation of the whole body. F.S.

15. WEARINESS and *exhaustion of all the limbs*, AS IF AFTER A LONG WALK. Rr.

Great exhaustion of the whole body, as if after severe illness. Rr.

Lazy, prostrate and sleepy; all this goes off in the open air (in $1\frac{1}{2}$ hour). Ng.

Languor and listlessness. W.Pr.

LANGUOR AS IF HE COULD NOT STAND UP (in $\frac{1}{2}$ hour). F.S., K.

20. *Feeling ill, as if with influenza.* X.

You can't get him to sit or lie down, he must be constantly carried (a child). R.X.

General stupefaction and somnolence (in 6 hours). T.

Anguish and oppression (immediately after taking it). X.

Apathy. T.

25. *Loss of consciousness.* R.A.

Long continued fainting with cold extremities (in 6 hours). F.X.

Comfortable feeling of health and internal strength (5th day after the last dose). Rr.

In the evening actively disposed. Ng.

SLIGHT RHEUMATIC PAINS IN THE NAPE, SHOULDERS, AND ARMS. T., Hs.

30. Afternoon; the wandering pains are more on the left side. Hs.

Drawing pains through the whole body (in $1\frac{1}{2}$ hour). X., L., F.X., Kch., F.S.

Drawing pains through the muscles of the chest, as far as the umbilical region. X.

Wandering pains in the joints of the extremities, especially on the left side (generally only when resting); also in the forehead, the sides of the nose, and upper jaw-bones. L.

Shooting pains first in the arms, then legs; also in the sacrum, with heat in the cheeks. F.S.

35. He cries as soon as any one moves his left leg or touches his left side (a child). R.X.

Congestion of blood to the head, throat, and lungs. T.

Feeling of numbness of the muscles in the region of the

liver, and in the muscles of the head, throat, and face on the right. T.

Trembling of the head and hands (in 4 hours). T.

Trembling of the limbs. T., F.S.

40. Trembling of the hand in writing (for 4 days). X.

Trembling of the upper extremities. F.X.

TREMBLING ALL OVER, with faintness, nausea, and anxiety. F.X., Rr.

On awaking, slight *twitching in the muscles here and there*. X., F.S.

Twitching in all the limbs, with great anxiety. Kch.

45. *Twitching in arms and legs*, and in the head on moving the arm. F.X. (See also "Extremities.")

Staggering gait. F.S.

INCLINATION TO MOVE AND CHANGE HIS PLACE. R.A., T.

SUDDEN RESTLESSNESS OF ALL THE LIMBS, COMPELLING HER TO MOVE; she cannot stand still, and on trying to do so steps with her feet. She must move her arms. F.X.

She must get up instantly and walk about, could not sit still for all the world; on trying to do so she raises her legs involuntarily. F.X.

50. She involuntarily grasps her arms with her hands and presses her hands together. F.X.

After having for a few minutes been obliged to walk about, the fit passes off; while it lasted, she could not prevail upon herself to speak of her condition. F.X.

Great emaciation, with total loss of appetite. F.X.

AFTER DINNER THE SUFFERINGS PASS OFF FOR 2 OR 3 HOURS. X., A.X., F.X.

AFTER EATING ANYTHING ACID FOR DINNER, THE SYMPTOMS USUAL AT OTHER TIMES KEEP AWAY. Kch.

55. Anxiety, vertigo, and heat of the head drive her into the fresh air, where she feels better. F.X.

Comfortable feel by keeping the room very warm. F.X.

After being quite well for 5 days the sufferings return on the commencement of chilly weather. X.

Rapid change of weather aggravates the symptoms. F.X.

MENTAL SYMPTOMS.

1. *The Spirits.*a. *Exaltation.*

UNUSUALLY CHEERFUL SPIRITS. R.A., X., H., Hs., S., Sch., Rr., F.S.

60. Great calmness of spirits and cheerfulness (the 2nd day), T.

b. *Depression.*

EXTRAORDINARY DEJECTION; FULL OF SAD THOUGHTS about the present and future, even to weeping. R.A., P.

She thinks she must die (6 hours after the medicine). F.X.

She would like to die. F.X.

SHE IS IN A SORROWFUL MOOD, and dreads losing her health by the proving. F.X., K., F.S., P.

c. *A mixture of exaltation and depression.*

65. DISINCLINATION TO SPEAK. Hs., Rr., P.

IRRITABLE TEMPER, with inclination to weep (the 5th day). F.X., Rr., Hs., P., N.

ILL HUMOUR. T., Rr.

Restlessness and uneasy conscience, as if she had committed a great crime and could find rest nowhere; and as if she must run away (in $2\frac{1}{2}$ hours). F.X., F.S.

Terror at the least noise as if he had a bad conscience, and could not but fear. Kch.

70. She gets up full of anxiety, and tears the clothes from her neck and breast (in 6 hours). F.X.

2. *Intellect.*

Great tendency to talk much in company for several weeks. H.

Distraction and forgetfulness. X.

Difficulty of thinking. Rr.

She believes she cannot think, and *is losing her senses* (in $2\frac{1}{2}$ hours). F.X.

75. *Thinking becomes difficult to her, and she easily forgets what she wants to do or has done.* N.

3. *The Will.*

VEXATION AT EVERY TRIFLE, AND VIOLENT OUTBREAKS OF PASSION. F.X., Kch.

For a whole week temper much excited, and daily fits of passion. F.X.

She longs to beat the children, and trembles with passion that she has no excuse for doing so. F.X.

TEMPER INCLINED TO ANGER AND VEXATION. Rr., Kch.

80. QUARRELSOME MOOD. Kch., N.

SLEEP.

1. *Sleepiness in the day-time.*

Sleepy condition. W.Pr.

Lethargy in the day-time. T.

GREAT WEARINESS AND SLEEPINESS ON AWAKING IN THE MORNING. R.A., X., F.X., Rr., Kch.

Yawning, as if not having slept enough (in $\frac{1}{2}$ hour). Ng.

85. SLEEPINESS, WITH YAWNING, AND STRETCHING, and languor, as if after sitting up all night. Rr., F., Rr., N.

UNUSUAL SLEEPINESS TOWARDS EVENING. Hs., S.

Weary, yet unable to sleep. P.

GREAT WEARINESS, WITH FREQUENT YAWNING. F.X., A.X.

His eyes close from sleepiness (in $1\frac{1}{2}$ hour). Ng.

90. *She falls asleep as she sits.* F.X.

She sleeps when in the hot fit, but when the chill commences she always awakes. F.X.

Towards evening her eyes close after sitting down. F.X.

Unconquerable sleepiness at 3 p.m. F.X.

Unconquerable weariness, followed by sound sleep till $\frac{1}{2}$ -past 3. Rr.

95. A long sleep at noon. X.

When awakened she falls asleep again directly. F.X.

FREQUENT YAWNING and stretching. X., S., F.S.

Wandering of thoughts, as if when half asleep (in 6 hours, and lasting 1 hour). T.

Violent pain in the head, after starting in terror out of a siesta. R.A.

2. *Disturbed sleep at night.*

100. No sleep all day (a child). R.X.

Screaming all night, especially on being handled (a child). R.X.

From 10 till midnight, *phantasies in a half waking state without meaning or connection*, and images of death and soldiering. Kch.

Restless sleep, full of dreams. R.A., P., Rr., W.Pr.

RESTLESS SLEEP, WITHOUT ANY PARTICULAR DREAMS. R.A., T., Kch.

105. Directly after the medicine, towards midnight, his weariness goes off, so that he cannot get to sleep. X.

She cannot get to sleep for a long time, then sleeps well. Ng.

She awakes several times before midnight; after that sleeps quietly (the 1st day). Ng.

Restless sleep till midnight. Kch.

Frequently *in the evening, in bed, restlessness and excitement till towards midnight, preventing sleep.* S.

110. *She cannot get to sleep for a sensation of numbness and coldness in the lower extremities.* F.X.

Sudden awaking with pressive headache. X.

UNWONTED AWAKING TOWARDS 4 A.M., FROM VARIOUS SUFFERINGS. X.

STARTLED OUT OF SLEEP WITH VIOLENT PAIN IN THE TEETH. X., F.X.

REPEATED AWAKING, WITH CONFUSION. F.X.

115. Awakened by short cough. F.X.

3. *Dreams.*

Many dreams (1st night). Ng.

DISTRESSING DREAMS. S., Rr.

Sleep, with dreams of the daily business. R.A.

DEEP SLEEP WITHOUT DREAMS. T., Rr.

120. CONFUSED DREAMS. X., F.X., K., S.

On awaking he cannot remember what he has dreamt.
X., F.X., K., T., Rr., S.

Very particular DREAM OF A JOURNEY, of which, on awaking, he remembers the most minute particulars. F.X., S.

DREAMS OF CORPSES AND BURIALS. Rr., F.X., X., Kch., F.S.

A dream of a combat with a naked corpse springing up upon him, which makes him gasp. X.

125. He awakes from a dream that he was going to be shot. S.

He weeps aloud during a dream that he must enlist as a soldier. Kch.

A voluptuous dream (the 2nd night). Ng.

Dream of a procession and music. F.S.

A dream that she found great lice upon her shoulder, and a long meditation afterwards where they came from. Ng.

FEVER.

1. *Chill.*

130. Transient shuddering all over the body (in $\frac{2}{3}$ hour).
Ng.

Cold shuddering. T. (in $1\frac{1}{2}$ hour), X., F.S.

SHUDDERING ALL OVER, WITHOUT CHANGE OF TEMPERATURE OR THIRST (in 3 hours). R.A., X.

Cold shuddering all over, whereupon the confusion of the head ceases (in $1\frac{1}{2}$ hour). X.

Cold shudder, as if cold water were thrown over him.
F.X.

135. Chill and *shuddering on awaking* in the night. F.X.

Chill. L., H., F.X., Kch.

Chill and feeling of cold all over, K.

DIMINISHED TEMPERATURE OVER THE WHOLE BODY. R.A., F.X.

COLD FEEL ALL OVER, without diminution of temperature.
F.X., Gs.

140. Drinking water causes unusual cold. Gs.

For two hours general cold, with pain in the right side of the face. Hs.

COLD ALL OVER, *especially in hands and feet.* Ng., Sch., F.X., Hs.

Chilliness. X., F.X., G.S., S.

Chill, with cold feet, in the morning on awaking. A.H.

145. Chill, internal and external, with weight in the occiput, and drawing in the nape. Rr.

CHILLY RIGOR, WITH CHATTERING OF THE TEETH. Rr., Hs., S.

Chilly rigor every time he goes into the open air, without cold, ceasing in the room (lasting 2 days). R.A.

Chilly rigor, with eructation, but no nausea (in $\frac{1}{4}$ hour). R.A.

150. *Chilly rigor towards evening* FOR SOME MINUTES. F.X., Hs., X.

Fits of chill, with nausea, for two evenings successively; chest much oppressed; numbing pain in the crown and left temple. N.

2. Heat.

Increased heat all over, especially in the face. F.X., A.H., X.P.

Agreeable warmth all over, p.m., with fuller pulse (for the 3rd and 4th days). Hs.

INCREASED FEEL OF HEAT ALL OVER, with pulse 90 (the 4th day). X.

155. Pulse 68, 5 p.m. Ng.

Increased temperature all over, especially in the hollow of the hands, from whence the heat seems to proceed; not in the feet, 5 p.m. Ng.

Feel of great internal heat of the body with rather moist forehead, 4 p.m. Ng.

Increased heat all day, chiefly in the soles of the feet when she perspires, with cold skin (the 2nd morning). Ng.

Great heat, but only internal, all over the body (1 p.m.). Ng.

160. FEELING OF HEAT ALL OVER, especially in the hands and face. H., K.

Much dry heat all over, with full pulse (83), and thirst. T.

Heat without thirst after lying down in the evening (the 3rd day). Ng.

Heat all over, with restlessness and a paralytic feeling in the legs almost all day. S.

Heat mounts up into her head, then warmth all over the body, with distension of the veins in the hands (in $\frac{1}{2}$ an hour). Ng.

165. *Glowing heat in the head*, with sharply defined darkish redness of the cheeks; pulsation in the ARTERIES, full pulse (at 90), faintness, difficulty of speech, nausea, short breath, and cold feet (in $1\frac{1}{2}$ hour). F.X.

After one dose about 1.30 p.m., for 4 days in succession, from 3 o'clock, general dry heat with strong full pulse (110 to 120), and some thirst, the first day for 2 hours, each following day $\frac{1}{2}$ hour less, with oppressed chest and pressure on the stomach, burning pain in the cheek bones and teeth, close over the right eye, and in the occiput. S.

3. *Alternation of heat and cold.*

Heat and cold by turns, with thirst for sweet beer. K.

Rigor in the evening for $\frac{1}{2}$ hour, with chattering teeth and rigor, as if cold water were poured over him. *Thereafter, great heat*, especially all over the head, with red puffy face and thirst for $\frac{1}{2}$ hour. *Thereafter, oppressed chest and difficulty of breathing* (in 44 hours). F.X.

At 2 p.m. chill, as if from a sousing with icy-cold water, with dry heat alternating, especially in the face; cold feet, languor and paralysis of the limbs. F.X.

170. At 4 p.m. chilliness for $\frac{1}{2}$ hour, then heat, chiefly in the head, with cold of the legs for 2 hours; languor and exhaustion from the least exertion for 4 days continuously (the 5th day). F.X.

4. *Perspiration.*

Early perspiration. R.A., X., F.X., K., Hs., P., Kch., F.S. (2 mornings), Ng.

Itching in the region of the hip as if perspiration would break out there. F.

Feeling as if perspiration were breaking out on the forehead, with anxiety. F.X.

Perspiration at night on awaking, especially in the palms of the hands. X.

175. Perspiration on the forehead and hands, with spasmodic pain in the right kidney and in the liver. F.X.

After a gentle general perspiration in the morning, the swelling of the extremities ceased. F.X.

5. *Chill and perspiration.*

When lying in bed at night, a *rigor* comes over him, lasting nearly an hour, with external warmth all over, yet with goose skin; then follows perspiration for the whole night (in 38 hours). R.A.

6. *Heat with perspiration.*

Heat inside and out, with warm perspiration on the face, neck, and chest; vertigo and nausea. Rr.

On awaking in the morning, general increase of temperature, with copious perspiration. A. H.

7. *Pulse* (without other fever symptoms).

180. Pulse much quicker than usual, small, not compressible. T.

Pulse 62, full and hard (in 1½ hour). Ng.

Pulse after fainting, 50, at unequal intervals with cold all over (in 6 hours). F.X.

Pulse 50, after previous palpitation of the heart with cold pale face. F.X.

SKIN.

(See also Scalp, Face, Scrotum, and Extremities.)

1. *Sensations.*

Burning and itching on a spot of the right hand scratched by a thorn. X.

185. ITCHING ON THE SKIN HERE AND THERE, especially on the back, arms, and legs. P., Kch.

He scratched his arms and legs quite raw from itching. P.

Itching of the right side of the neck, passing off after scratching, but returning afterwards (in $1\frac{1}{2}$ hour). Ng.

Itching burning, close under the pit of the neck. X.

Skin as if bruised all over the chest and throat. T.

190. A burning patch four fingers broad under the left clavicle, and similar burning patches on the upper part of the body (3rd day). T.

SOME FLYING STITCHES, AS FROM NEEDLES, VARYING FROM PLACE TO PLACE. R.A., Hs.

2. Eruptions.

Some red pimples with white heads on both thighs, with biting corrosive itching. R.A.

Pimples like pocks on the back of the right nates with red areola. F.X.

ISOLATED LITTLE PIMPLES ON THE BACK AND LOINS. X., P.

195. Scattered indolent red pimples. T.

Pustules on the bosom (12th day). F.X.

Eruption of the face like miliary rash and measles. F.X.

Eczema on the scrotum. R.X.

After a burning on the previous day, four fingers' breadth below the left clavicle, a herpetic spot came there (3rd day). T.

200. *Red, round burning spots on the forearm, of the size of a sixpence.* T.

Inconspicuous spot between the breasts. T.

Reticulated red, itching corroding spots, with swelling on the back of the left hand, which discharges itself. (Eruption returning after 16 years). Rr.

3. Temperature.

Dry, hot skin. T., Rr.

Cool and dry skin. T.

205. *All the skin feels cool* in spite of a very warm room. F.X.

4. *Colour.*

Skin yellow on the throat and chest. Kch.

Hands yellow. S.

Dark colour of skin for 5 or 6 weeks. F.X.

HEAD.

1. *Generalities.*

Tearing pains in the right cheek bone, before and behind the ear, in the temporal bone, and from thence drawing round to the upper edge of the occipital bone. S.

210. Shooting and tearing here and there in the head. F., Rr.

Tearing on the left, from the occiput over the ear forward. P.

Tearing in the middle of the forehead, extending back over the temple, passing off when pressed, after dinner. Ng.

Contractive headache. R.A.

He feels as if the forepart of his head on both sides were screwed together (in $2\frac{1}{2}$ hours). Ng.

215. TENSION OF THE HEAD, AS IF FROM A BANDAGE. Rr.

Feeling of a cord about the forehead and temples; CLOSE OVER THE EYEBROWS, AS IF THE HEAD WERE COMPRESSED. F.X.

Pressive weight on the whole head, AS IF IT WERE BOUND FAST OR COMPRESSED, AS IN A VICE. Rr.

Pressure on the forehead and temples, drawing towards the nape. Rr.

Pressive headache. T., X., F.X., Hs.

220. Violent drawing pains from the crown to the right temple, so that he is obliged to lie down. S.

Repeated fits of violent pulsating pains from the nape and occiput to the forehead and temples. P.

Throbbing headache. T.

Twitching here and there in the head. F.S., F.X.

Dull pain in the head. T., H., S., P., F.S.

225. *Weight in the head* (in 2 min.). X., Hs., S., Rr.

Congestion of blood to the head. F., Hs., P., X.

Increased temperature in the head, but only internally (in $1\frac{1}{4}$ hour). Ng.

Sensation of heat in the left half, setting out from the ear (in 10 min.). X.

Heat in the head with pains. A.X., P., A.H., L.

230. Flying heat in the head without external heat or perspiration, at 6 p.m. Ng.

Pain in the head increased by fresh air, cough, blowing the nose, and stooping. R.A.

Headache when he came into the room from the fresh air (3rd day). Ng.

Headache goes away when eating; otherwise lasts all day. R.A.

The pain between the eyebrows goes off after eating, and returns in $\frac{3}{4}$ hour. R.A.

2. Cavity of the Cranium.

235. *Confusion of the head* (in 2 min.). X., F.X., L., A.H. Gs., Rr., Hs. S., W., F.S., W.Pr., F.X., A.X., Rr., F. Rr.

DIZZINESS, R.A., F.X., H., A.H. (in 2 min.). X.

Pain in the head, as if after intoxication. Hs.

Stupefaction. F.X.

240. **PRESSURE IN THE BRAIN**, with burning over the eyebrows. F.X., A.H.

PRESSURE AND FLEETING PAINS UNDER THE SKULL, AND EVEN INSIDE THE BRAIN. W.Pr.

Pressure as if from a band on the forehead and temples, about the anterior lobes of the brain, inside the cranium (in 5 min.). X.

Sensation of a lump in the brain. Rr.

Undulation in the brain, in the forehead and crown. Rr.

245. *Pressure in the cerebrum, as if it had not room in the cranium, towards the ears.* R.A.

Vertigo (in 2 min.). T., X., F.X., A.X., H., A.H., Gs., F.S., W.Pr.

Vertigo on sitting up in bed. T.

Vertigo like intoxication, with nausea. Rr.

Vertigo, with shivering over the upper part of the body,

with loss of consciousness for a moment; he feels as if whirled round in a circle (in $1\frac{1}{2}$ hour). Ng.

250. Vertigo, with heat all over, and pains in the nape (in $\frac{1}{4}$ hour). L.

Vertigo on closing the eyes, as if everything were turning in a circle. F.X.

Vertigo, with tendency to fall forwards. Rr., F., Rr.

Dizziness with *staggering*, as if stumbling forwards, but no vertigo. F.X., X., F.S.

3. Forehead.

PRESSURE IN THE MUSCLES OF THE FOREHEAD. W.Pr.

255. Pressive pain in the forehead. K., W.Pr.

Pressure all over the forehead (in $1\frac{1}{2}$ hour). Ng.

Pressure in the forehead, aggravated by turning the eyeballs. Rr.

Great PAIN IN THE HEAD, pressing from within outwards, ESPECIALLY TOWARDS THE FOREHEAD, all day. R.A., T.

Periodic pressing pain and heaviness. Le.

260. Pressive tearing pain between the eyebrows, tending to close the eyes. R.A.

Weight in the forehead, as if it were falling outwards. Kch., Rr.

Pain in the forehead, as if the brain would fall out; never on stooping (the 3rd day). Ng.

Tearing pains in the forehead. P.

DULL PAIN IN THE FOREHEAD all day (4th day). X., Hs., P.

265. Continued hollow pain in front of the forehead, and especially at the root of the nose. Hs.

Dull stitch, drawing obliquely over the forehead. R.A., S., P.

Dull continued stitch in the middle of the forehead (in $\frac{1}{4}$ hour). Ng.

Transient drawing under the frontal bone. K.

TRANSIENT PAINS IN THE MUSCLES OF THE FOREHEAD. W.Pr.

270. Pain in the forehead towards evening, with stitch on the left side of the forehead. W.

Tensive pain in the forehead as if from a cord every morning (in $\frac{1}{2}$ hour) (for 14 days). F.X.

Burning over the eyebrows, drawing towards the temples and crown. F.X.

Twitching between the brows, towards the right eye. F.S.

FEELING OF HEAT IN THE FOREHEAD. S.

275. Crawling in the frontal protuberance, at short abrupt intervals. R.A., S., P.

Itching in the middle of the forehead, passing off when scratched (in $1\frac{1}{4}$ hour). Ng.

The pain in the forehead ceases with strong gaping. X.

a. Forehead on the right side.

Neuralgic pain over the right eyebrow (in 4 hours). T., S.

PRESSIVE PAIN IN THE RIGHT SIDE OF THE FOREHEAD, lasting a short time (in two hours). Sch., P.

280. Pain on a small spot, as if from a blow. Hs.

Tearing over the right eye (in $\frac{1}{4}$ hour). X.

Pressive pain over the right eye. L.

Itching on the frontal protuberance after eating soup, passing off after scratching. Ng.

b. Forehead on the left side.

Violent tearing stitches in the left frontal protuberance. R.A.

285. *Tearing pain over the left eye* (in $\frac{1}{2}$ hour). X., K.

Tearing pain in the eye, drawing into the eyelids and the root of the nose. K.

Shooting pain over the left eye. X., W.

STITCHES IN THE BONE OVER THE LEFT EYE. S., F.S.

Pressive pain over the left eye (in 7 hours). X.

290. Itching in the frontal protuberance, passing off after scratching (in $1\frac{1}{4}$ hour). Ng.

4. Temples.

THROBBING (in the evening in bed). T., Kch.

VIOLENT THROBBING, WITH GREAT ANXIETY. Kch.

Violent pulsation in the temporal arteries, with pain in the head. S.

Pressure. S.

295. Dull pain. S.

Drawing PAINS (in 1 hour). L., A.H., P.

a. Right temple.

DULL PAIN with beating synchronous with the pulse, as if the vessels were too full of blood (in 2 hours). R.A., S.

PRESSURE DRAWING TOWARDS THE CROWN, S.

Pressive pain, with stoppage of the right nostril. R.A.

300. Pressure and shooting for $\frac{1}{2}$ hour. T.

Violent neuralgic pain over the temple. T.

TEARING PAIN, aggravated by touch. A.X., P.

b. Left temple.

Disagreeable feeling in the left temple, as if the blood was stagnated in it, followed by dull shooting pain on the same spot (in $\frac{1}{2}$ hour). R.A.

Frequent stitches and jerking pains (in $2\frac{1}{2}$ hours). F.X.

305. *Tearing* from time to time. F.X., P.

Twitching. F.S.

Drawing pressure. X.

Drawing from the left ear towards the temple. P.

5. Parietal Region.

Pressure (in $1\frac{1}{2}$ hour). X.

310. Pain on both sides, worst on the right. A.X.

Tearing on the right side. A.X.

PAIN ON THE RIGHT (in 5 min.). X., A.X., K.

PAIN ON THE LEFT (in 1 hour). X., F.S.

Pain on the left as if from a blow, on a small spot (in 3 hours). Hs.

315. *Pressing, drawing pain on the left* (in 7 hours). X., Hs.

6. Vertical Region.

Periodical SHOOTING PRESSING PAIN IN THE HEAD in the crown, especially when walking fast. R.A., F.S.

Shooting on the left side, returning after a short pause. F.Rr.

Periodical SHOOTING PAIN IN THE LEFT PARIETAL BONES (in 7 hours). X.

Some sharp shooting high up in the left parietal bone, p.m. (the 1st day). Ng.

320. Shooting pain in the right side of the crown. S.

Drawing pressure in the left side of the crown. X.

PRESSURE ON THE CROWN. A.H., F.S.

Splitting pressure and painful pulsation, worse on lying down. T.

Pressure and heat. Rr.

325. Pain in the anterior parts. X.

THE CROWN PAINFUL TO THE TOUCH LIKE A WOUNDED PLACE. Rr., F.Rr.

The pain draws from the uppermost cervical vertebra quite to the crown towards a PLACE OF THE SIZE OF A LENTIL IN WHICH VIOLENT SHOOTING AND JERKS WERE FELT. TOUCHING THIS SPOT AGGRAVATES THE PAIN. F.X.

Violent stupifying pain from ear to ear, across the top of the head (in $2\frac{1}{2}$ hours). F.X.

Periodical stupefying pains in the crown and left temple, so that her ideas are lost. N.

330. The pains are so violent in the crown as to force out tears (in 6 hours). F.X.

Violent drawing pain from the crown to the nape, so that she is forced to draw up her shoulders, close her eyes, and tread lightly. F.S.

7. Occiput (see also Nape).

PRESSURE IN THE OCCIPUT. X., F.X., Le., K., Gs.

Pressing pain, drawing round towards the forehead (in 8 hours). X., W.Pr.

Splitting pressure and *painful throbbing*, worse on lying down. T.

335. WEIGHT IN THE OCCIPUT. F.X., Rr.

Pain in the occiput. F.X., K., Hs., S.

Drawing pain in the occiput. X., S.

Tensive feeling in the occiput. S.

Drawing pain towards the nape. T.

340. Congestion of blood to the occiput. S.

Sensation of cold mounting up from the nape (in $\frac{1}{2}$ hour). Sch.

Sudden stitch in the occiput towards the right temple (in $1\frac{1}{2}$ hour). F.X.

Pain as if the head were drawn backwards. F.X.

When she wants to sit up in bed she has to raise her head with her hand, because the occiput seems to be fastened to the pillow and broken off from the rest of the skull (in 12 hours). F.X.

345. On awaking in the night, she cannot raise her head without difficulty, from the weight of the occiput. F.X.

a. *On the right side.*

Tearing pain with long stitches towards the front. R.A.
PINCHING STITCH. R.A., S., F.S.

b. *On the left side.*

Long, drawing, pressive stitch towards the front. R.A.
Pinching stitches as it were externally. R.A.

350. *Drawing through the left side.* X.

Pressing, *drawing pain* (in 7 hours). X.

8. *Scalp.*

Creeping on the whole of the hairy scalp, and also on individual spots, passing off more or less when scratched. Ng.

VIOLENT ITCHING ON THE OCCIPUT. X., F.X., Ng.

Scalp on the crown painful, hot to the touch. Rr.

355. SENSATION AS IF THE HAIR WERE BRISTLING UP, two inches over the forehead and on the occiput (in $\frac{1}{2}$ hour). S.

Falling off of the hair. S., F.S.

Great falling off of the hair on the occiput when combed (from the 6th day onwards). F.X.

PAIN IN THE ROOTS OF THE HAIR WHEN COMBED, as if there was ulceration beneath. Rr.

Hair matted for the breadth of four fingers over the right ear. F.X.

EYES.

860. Burning in the eyes, with a sensation first of warmth and then of freshness and coolness in the eye. (After external use of the tincture). X.

Feel of heat in the eyes. S.

Burning in the eyes (in 20 minutes). F.X., S.

Burning after gentle rubbing. Rr.

Sensation of heat in the left eye (in $\frac{1}{4}$ hour). X.

365. PRESSURE IN THE EYES. S., F.S.

Tearing, PRESSURE, AND SHOOTING in the right, and then in the left eye. A.X., P.

Tearing pain in the left eye and close above it (5th day). X.

Frequent tearing in the left eye (in 9 hours). F.X.

Cramp-like pain in the left eye (lasting 2 minutes). S.

370. Itching in the eyes (in 3 hours). T.

Itching in the right eye, going off after rubbing. Ng.

Itching in the left eye (in $1\frac{3}{4}$ hour). Ng.

1. *Orbits.*

PRESSURE IN THE ORBITS. W.Pr.

Stupefying pressure in the right orbit, as it were from without inwards. R.A.

375. Sleepy pressure in the orbits. Rr.

Pressure from the forehead into the orbits. Rr.

PAIN IN THE ORBITS, as if raw, on moving the eyes. Rr.

Transient pains in the orbits. W.Pr.

2. *Eyeballs.*

Pressure in the eyeballs (the 7th day). X., H.

380. *Pressure and pain in the upper part of the eyeballs, as if they were squeezed in, MORE IN THE LEFT THAN THE RIGHT EYE.* F.X.

Violent pressive pain in the left eye, in the middle of the ball, as if it was so large that the upper lid could not be let down over it. F.X.

Pain in the eyeballs on looking up and on moving them. Rr.

Sudden jerk in the left eye, as if it were torn out, five times in rapid succession (in $1\frac{1}{4}$ hour). F.X.

Tickling itching in the eyeballs. R.A.

385. Contraction of the pupils directly after the dose; in 1 hour they dilate to their usual size. R.A.

Diminution of the pain on closing the eyes. F.X.

Increase of the pain by lamplight. F.X.

3. *Canthi of the eye.*

Itching STITCHES IN THE INNER CANTHUS OF THE LEFT EYE (in $\frac{1}{3}$ hour). X.

Continued pricking and burning, as if from a grain of sand, in the inner canthus of the left eye (in 8 days). N.

390. Twitching dull pain in the inner canthus of the right eye, passing off when rubbed, but often returning (in $\frac{1}{3}$ hour). Ng.

Pricking burning in the outer canthus of the left eye (in $1\frac{1}{4}$ hour). Ng.

Itching in the canthus of the left eye (the 6th day). X.

Redness and heat in the inner canthus of the left eye (in 8 days). N.

4. *Eyelids.*

PRESSURE IN THE UPPER EYELIDS (in 18 hours). X., Gs.

395. Weight in the eyelids, as if they would not open properly, as in sleepiness (in 1 hour). Ng.

WEIGHT IN THE EYELIDS (the 8th day). X., A.H.

The lids can only be opened with difficulty. X.

The lids are violently shut down on attempting to open them. X.

Pain in the eyes, as if the upper lids were violently pressed down (in 10 min.). F.X.

400. *Inclination and necessity to close the eyes.* F.Rr., F.X.

She keeps her eyes shut because it relieves the pain. F.X.

Sense of swelling in the eyelids. X.

TWITCHING IN THE EYELIDS (in 10 min.). F.X., F.S.

Quivering and blinking of the eyelids (in $\frac{1}{3}$ hour). X.

405. On trying to open the lids they smart as if sand was in them. X.

Sensation of sand in the eyes, less perceptible on closing them. X., A.H., Hs., Rr.

On moving the lids he feels the friction of the upper lid against the eyeball. X.

The lids smart when touched (in $\frac{1}{3}$ hour). F.X.

Heat in the lids. F.S.

410. BURNING IN THE LIDS (in $\frac{1}{2}$ hour). X., F.X., S., F.S.

Burning in the lower lids. S.

Burning itching in the lids. X.

a. Right eyelids.

Pressure on the upper right eyelid. R.A.

Pricking in the right upper lid. P.

415. Quivering of the right upper lid. Le.

b. Left eyelids.

Pressive pain over the left eye, which seems to be pressed down by the upper lid. R.A.

Burning in the upper lid. X.

Burning in the eyelids (in 7 hours). X.

Shooting in the upper lid. P.

420. SHOOTING ON THE INSIDE OF THE LOWER LID. S.

Sensation in the left eye as if from a grain of sand (7 o'clock p.m., and long continued). Ng.

Itching in the upper left lid, passing off when scratched (in $\frac{1}{2}$ hour). Ng.

A pimple on the left upper lid, containing pus, and pressive pain there on touching or closing the eyes. R.A.

c. The tarsal edge.

Burning on the border of the left eyelid. X.

425. Itching in the tarsi. Rr.

Redness and swelling of the lower tarsal edges. F.X., Kch.

Reddened tarsi of the eyelids. F.S.

5. *Conjunctiva.*

REDNESS OF THE CONJUNCTIVA OF THE LOWER EYELIDS.
F.X., Kch.

The white of the eye is coloured dirty yellow (the 5th day). X., Kch.

6. *Lacrymal glands.*

430. Flow of tears in the open air (wind) (in 3 hours). T.

Tears, with twitching of the lids (in $\frac{1}{2}$ hour). X.

Tears during the pain in the eyes. F.X., Le., Gs., Hs., S.

Eyes watery. S.

Watering and dull look of the left eye. N.

7. *Meibomian glands.*

435. Early, the eyes are agglutinated and cloudy, so that she could recognise nothing until she had washed (the 2nd morning). Ng.

In the morning the lids are swollen and agglutinated (the 3rd day). T.

The lids of both eyes are closed with dry mucus in the morning. X., R.X.

8. *Vision.*

FLICKERING BEFORE THE EYES. A.H., P., Kch., S., F.S.
Flickering before the right eye, preventing reading. X.

440. Bright flickering spots before the eyes during a fit of anxiety. F.X.

Brilliant specks before the eyes. Kch.

MUSCÆ VOLITANTES. W.Pr.

Illusions of the sight. W.Pr.

She sees blackish-gray specks before her eyes. A.H.

A permanent spot appears to be before his eyes, and if he looked at it internally tears flowed. R.A.

445. When writing, the letters run into each other (the 7th day). X.

When reading, the letters run into each other. Kch.

When writing, the letters are not seen so plainly, as if the lamp were not burning brightly. X.

Clouding of the eyes. W.Pr.

Transient obscuration of the sight. Kch.

450. Blackness before the eyes when reading. Kch.

Blackness before the eyes, with a sensation of faintness. F.X.

During the fit of anxiety she cannot distinguish any object distinctly. F.X.

OBSCURE VISION, especially of the right eye, as if through a cloud. T., Rr., Kch., S., F.S.

Diplopia. W.Pr.

455. Far-sightedness. X.

Photophobia, with pain in the forehead. F.X.

EARS.

1. *The conchæ.*

Burning of the ears. P.S.

Burning in the lobes of the ears. S.

Itching in the external ear, passing off when scratched (in $\frac{3}{4}$ hour). Ng.

a. *The right concha.*

460. Burning on the lobe of the ear, as if from a burning coal. R.A.

Long-continued stich in the external ear, going off gradually (in 3 hours). R.A.

ITCHING IN THE RIGHT CONCHA (in $\frac{1}{2}$ hour). X., S.

COLD OF THE RIGHT EAR. S.

A tearing pain behind the right ear, downwards (in $1\frac{3}{4}$ hour). Ng.

b. *The left concha.*

465. Pain like a bruise on the lobe of the ear. R.A.

BURNING IN THE LEFT EAR. S.

A tearing pain below the lobe of the left ear (in $\frac{1}{2}$ hour). Ng.

2. *Meatus auditorius.*

Tearing; ringing set in on boring with the finger. R.A.

EARS AS IF STOPPED (in 10 min.). X., F.X., F.S.

470. Sense of fullness in the ears. F.Rr.

Dull pressure in the ears. H.

Pain in the ears. A.H.

SHOOTING IN THE EARS. A.H., F.S.

Itching first in one ear, then in the other. S.

475. Fluid cerumen from the ears, whitish, like paste. S.

a. *On the right side.*

Feeling of heat in the right meatus. X.

Tearing in the right meatus and temporal bone. S.

Tearing pain (in $\frac{3}{4}$ hour). R.A.

Intermittent tearing PRESSURE (in 2 hours). R.A., S.

480. Painful outward pressure in the right ear, with tickling afterwards (the 1st day). Ng.

Boring pain in the right ear. F.S.

Pricking pain (in 10 hours). X., S.

b. On the left side.

Pain in the left meatus (in 10 min.). X.

Shooting pain in the left meatus (in $\frac{1}{2}$ hour). X.

485. SHOOTING. A.X., K.

DRAWING. P.

3. Hearing.

Hallucinations repeated for seconds and minutes. W.Pr.

Noise like a distant waterfall. R.A.

ROARING IN THE EARS, LIKE A STRONG WIND, relieved by introducing the finger. R.A., Rr.

490. Roaring in the right ear. F.S.

Buzzing in the ears. F.X.

RUSHING. A.H., Rr., F.S.

Noise like far distant artillery. R.A.

RINGING like whistling (in $\frac{1}{2}$ hour). R.A., X., S., W.Pr.

495. Singing and ringing on closing the eyes (in $2\frac{1}{2}$ hours). F.X.

RINGING. K.

RINGING IN THE LEFT EAR when walking (in 9 hours). R.A., P., F.S.

Noise in the left ear, rendering hearing difficult. A.X.

Ringing in the left ear. K.

500. Hammering in the ears. F.S.

Loses his hearing when coughing; it is as if some one were stopping his right ear with his hand (in $\frac{3}{4}$ hour). Ng.

Nose.

1. Outside.

Prolonged pressing pain from the root of the nose to the nasal bone. Hs.

Pressure in the root of the nose (in $\frac{1}{2}$ hour). X.

Pain in the nasal bone. S.

505. Pain in the cartilage of the nose (in 2 min.). X.

Tension on the right side of the nose. Afternoon (the 1st day). Ng.

Itching on the left side of the nose, passing off after scratching (in $\frac{3}{4}$ hour). Ng.

Trembling and quivering in the tip of the nose. R.A.

Pain and crawling in the tip of the nose. S.

510. Cold in the tip of the nose. S.

Heat and burning in the tip of the nose. S.

ITCHING and shooting in the tip of the nose. S., F.S.

The tip reddened and swollen. A.H.

Burning of the external border of the nostril (in 5 min.). F.X.

2. *Inside.*

515. Burning in the left nostril (in 5 min.). X.

Feeling of heat in the nostrils. S.

Burning towards the tip as if from coryza (in 10 min.). X.

Feeling of soreness in the nostrils. F.X., N.

Tearing in the nostrils, most severe in the left. A.X.

520. Feeling as if cold air were, at each inspiration, streaming through the nose towards the mouth (in 20 min.). F.X.

Sensation of an incipient coryza. T.

Sneezing twice (in $1\frac{1}{2}$ hour). Ng.

Dryness of the nose. A.H., S.

Dryness with itching in the left nostril. S.

525. DRY CORYZA. R.A., A.H., S., Ng.

The stoppage of the nose ceases on the right side and continues on the left (in $\frac{3}{4}$ hour). Ng.

FLUENT CORYZA. X., R.X., H., Gs., Hs., S., P., F.S.

Water drops copiously from the nostrils, especially the left. F.X., H.

Fluent coryza, with frequent sneezing, Hs.

530. A feeling of coryza with much mucus in the nose (in $\frac{1}{3}$ hour). Ng.

In the morning thick black blood in the mucus of the nose (he had previously suffered from epistaxis). P.

3. *Smell.*

Disagreeable smell, like soft soap. Ga.

HALLUCINATIONS REPEATED FOR SECONDS AND MINUTES.
W.Pr.

COUNTENANCE.

1. *Expression.*

A LOOK OF SICKNESS AND SUFFERING. F.X., S., Rr., P., X.

535. *Sunken countenance* (in $2\frac{1}{2}$ hours). F.X., P.

Eyes sunken with blue borders. Rr.

2. *Colour.*

Pale face. R.A., F.X., P.

Grayish-yellow face (for 5 days). S.

Complexion strikingly yellow, as if from jaundice (the 5th day). X., Kch.

540. The red of the cheeks is darkened by the mixture of yellow. X.

Strikingly dark colour of the face, as if sunburnt, for 5 or 6 weeks. F.X.

Redness of the face, and veins of the hands swollen without external heat, at 5 p.m. Ng.

REDNESS OF THE LEFT CHEEK, passing gradually from bright red to dark red. R.X., F.X., X.

A RED CIRCULAR SPOT ON THE RIGHT CHEEK (in $\frac{1}{2}$ hour). F.X., R.X.

545. A small, defined, burning, dark red, circular, somewhat elevated spot on the left cheek, which in $\frac{1}{4}$ hour attained the size of a two-thaler piece, F.X., R.X.

3. *Temperature.*

Feeling of great cold in the face, cheeks pale, and feeling cold (for 2 hours). F.X.

Glowing *heat in the face* with dark obscure red complexion (the 2nd day). F.X., K., Kch., S.

Burning and SENSE OF HEAT IN THE LEFT CHEEK. X., P.

550. *Redness and heat of the cheeks.* S., F.S.

FLEETING HEAT IN THE FACE WITH RED CHEEKS. F.X.,
Kch., N.

Increased temperature in the face. W.Pr.

4. *Sensations.*

BURNING OF THE CHEEKS. S.

Burning of the left cheek (in 10 hours). F.X.

555. Prickling stitch on the left cheek (in $\frac{1}{2}$ hour). X.

Burning pain in a small spot of the skin over the left corner of the mouth (in $\frac{1}{2}$ hour). X.

Burning of the skin over the left eye, and sensation on rubbing it as if after a blow. X.

Pain of the skin on touching it over the left eyebrow. Hs.

Burning pain of the skin on the cheeks towards the ears (in 7 hours). X.

560. Burning of the skin on the left temple towards the ear (in $\frac{1}{4}$ hour). X.

Burning as if from nettles here and there on the face, as if an eruption had set in. F.X.

Burning pain on the right side in the upper and lower jaw, in the teeth on the right side, and in the right cheek, the right half of the upper and lower lip reaching exactly to the middle, intermitting, with isolated stitches drawing here and there in those parts, worst in the evening in bed. Warmth aggravates, cold water relieves the pain. Hs.

Tensive feel between the eye and mouth. S.

Sensation as if the skin of the forehead was drawn together over the left eye (in 5 min.). X.

565. Burning itching on the right cheek near the ear (in $\frac{1}{2}$ hour). X.

Itching on the forehead and temples. P.

Itching in the right nostril, where it passed off after scratching, but reappeared on the zygoma, then on the left nostril, then over the left temple, where at last it passed off after scratching (in 1 hour). Ng.

Itching over the left eye, passing off when scratched (in $1\frac{1}{2}$ hour). Ng.

Itching first here then there in the face and head, seldom passing off after scratching (2 o'clock p.m.). Ng.

570. Itching here and there in the face, only when sitting, afternoon. Ng.

Itching in the right corner of the mouth, passing off when scratched (in 1 hour). Ng.

Itching over the upper lip, passing off when scratched. After eating soup. Ng.

Itching smarting in the right cheek. After rubbing it comes in the left (in $\frac{1}{2}$ hour). Ng.

5. *Eruptions.*

RED PIMPLES HERE AND THERE ON THE FACE. A.H., Kch.

575. ON THE UPPER PART OF THE RIGHT CHEEK MANY RED ELEVATED PIMPLES RAISED IN THE CENTRE AND FEELING POINTED. F.X., R.X.

Elevated exanthema on the face. W.Pr.

Red inflamed elevated spot, with a pimple in the middle, in the centre of the forehead itching and pricking, which disappeared again in a few hours (in 20 hours). X.

Large pustules on the forehead. Kch.

The whole face, except the forehead, is covered on awaking in the morning with bright red, lentil-sized round spots (often confluent), with pointed pimples in their centre, after a burning like nettles the day before. F.X.

580. A vesicle with red areola on the right cheek near the corner of the mouth. R.X.

VESICLES ON THE LIP AND ALA NASI FORMING SCABS AFTERWARDS. H., Kch.

Papular exanthema on a red base on the upper lip and right cheek. W.Pr.

On the right ala nasi and on the under lip (left side) small yellowish burning vesicles, from which little yellowish scabs are formed on the following day. F.X.

A pimple on the edge of the upper lip on the left side, on which was formed a vesicle, which, when opened, caused continued burning. Hs.

585. A pimple on the right cheek near the corner of the

mouth, somewhat sensitive only when pressed (8.30 p.m.).
Ng.

BONES OF THE FACE.

PRESSURE OR TRANSIENT PAINS IN THE CHEEK BONES.
W.Pr.

1. *Upper jaw.*

Digging, tearing in the cavity of the upper jaw (antrum).
R.A.

Drawing in the upper jaws (in $\frac{1}{4}$ hour). X.

Dull pain (the 12th day). X.

a. *Right side.*

590. STRONG PRESSURE ON awaking at night. Le., S.

b. *Left side.*

DRAWING PAIN towards the left eye and ear. X., P.

The pain draws in the upper jaw near the nose, towards the eye, and in the temple. F.X.

(The pain near the nose is throbbing, as if an ulcer were forming. F.X.)

(The painful spot seems to her to be swollen and suppurating beneath. F.X.)

595. On the commencement of frosty weather the pain gets violent towards evening, and awakes her often in the night. F.X. (Several years before she had gumboils in this place with like symptoms.)

2. *Zygoma.*

Burning pain in the zygomata. S.

a. *Right side.*

Burning pain. Hs.

Dull pressure, drawing towards the right ear. S.

Drawing pain. S.

600. Feeling of swelling in the right cheek bone. S.

b. *Left side.*

PAIN IN THE LEFT CHEEK BONE. Hs., F.S.

Tension and DRAWING on lying down. R.A., P.

Pressive drawing. Le.

Jerking pain in the right zygoma, as if it were torn to pieces. F.X.

TEETH.

605. PRESSURE OR TRANSIENT PAINS IN THE TEETH.
W.Pr.

Drawing pain through all the teeth (in 2 min.). X.

Pains in the teeth lasting several weeks, chiefly in the whole of the left cheek, especially at night. P.

Jerks in the teeth. F.S.

Feel of heat in the teeth (after chewing the plant). X.

610. The teeth seem too long, and are painful when chewing. X.

Violent pains in all the teeth when speaking (in 2¼ hours).
F.X.

Toothache every night (for 8 days). F.X.

The pains draw into the right temple (the 6th day). X.

1. *In the upper jaw.*

DRAWING IN THE UPPER INCISORS. X., S.

615. Drawing pain in the upper teeth. X.

Short jerk in the upper incisors. S.

Toothache drawing up towards the eyes. F.S.

a. *Right side.*

Drawing PAIN IN THE MOLARS OF THE RIGHT SIDE (the 6th day). X., F.S.

b. *Left side.*

Toothache on the left. R.A., P., F.S.

620. Toothache starting from the left ear. P.

Drawing pain in the molars (in 10 min.). X.

Sudden jerk in the teeth as if they were torn out, five times in succession (in 1½ hour). F.X.

The two furthest molars in pain day and night, awake him out of sleep, and hinder him when chewing; he cannot distinguish whether the upper or lower teeth ache; the upper ones alone are painful to the touch. X.

Violent pains in the molars, which extend to the left ear and draw into the left eye, with swelling and redness of the left side of the face, whereupon an abscess formed on the hard palate (after rubbing the tincture into the eyelids).
X.

2. *In the lower jaw.*

625. Dryness. R.A.

DRAWING PAIN THROUGH THE TWO MIDDLE INCISORS (the 6th day). X., S.

Drawing pain in the left molars (in 10 min.). X.

Tearing pain in the left, increased by chewing, for five minutes (in 2 hours). F.X.

Feel in the teeth on the left as if they were all loose, shaking, and too long (in 1½ hour). F.X.

M O U T H.

1. *Lips.*

630. BURNING (after chewing the plant). X., W.Pr.

Repeated stitch in the lower lip, left side (in ¼ hour).

Dryness of the lips. K., F.S.

Dry, chapped, and scabby lips. S.

Swelling of the lip and peeling off of the skin. F.S.

635. Vesicle on the lips. F.S.

A small indolent pimple on the lower lip. T.

Vesicle full of serum as clear as water on the mucous membrane of the lower lip, which burst and disappeared.
W.Pr.

2. *Gums.*

A swelling appeared suddenly over the left eye tooth, out of which blood flowed. F.S.

Bleeding of the gums. P.

3. *Cavity of the mouth.*

640. *Dryness in the mouth.* F.X., A.X., A.H.

Dryness in the mouth, with thirst, 4 p.m. Ng.

Dryness, so that the tongue almost clave to the palate.

L.

Dryness and heat. K.

BURNING AND A SENSE OF HEAT IN THE CAVITY OF THE MOUTH (after chewing the plant). X., W.Pr.

645. Vesicles here and there in the mouth. F.S.

Abscess on the left side of the hard palate near the furthest molar, of the size of a bean (after rubbing the tincture on the eyelids). X.

MUCUS IN THE MOUTH in the morning. Gs., W.Pr.

Bad odour from the mouth. S.

4. *Tongue.*

Slimy tongue. R.A.

650. *Tongue coated white.* R.A., T., Hs., Rr., W.Pr.

Tongue in the morning with gray, shaggy, THICK COAT, which can partly be rubbed off. S., X.

Pricking on the tongue. P.

Stitch on the end of the tongue, left side (in 5 min.). X.

Burning in the tip of the tongue (after chewing the plant). X.

655. *Dry tongue.* K.

Difficulty of speech. F.X.

5. *Salivary glands.*

Collection of water in the mouth (directly after taking it). Ng.

Watering in the mouth. S.

GREAT FLOW OF SALIVA IN THE MOUTH, with disgust (in 3 hours). Le., W.Pr.

660. COLLECTION OF WATER IN THE MOUTH, with nausea and giddiness. F.X., H., X.

Bitter water collects in the mouth, obliging her to be constantly spitting (in $\frac{3}{4}$ hour). Ng.

Tough mucous saliva. Rr., W.Pr.

6. *Taste.*

DISGUSTING TASTE, WHILST FOOD TASTES NATURAL. R.A., Rr.

Bad taste of food. T.

665. *Pappy taste.* T., Rr., W.Pr.

Bitter taste, whilst food and drink taste naturally (in 2 hours). R.A., F.X.

Bitter taste, lasting long, caused by bitter eructations. F.X.

Bitter in the mouth and burning in the stomach. Ng.

Sweetish taste in the throat on awaking in the night, as if after chewing liquorice or the stalks of *Dulcamara* (after chewing the plant the morning before). X.

670. Taste on the tongue as if one had tasted vinegar some time before (in $\frac{1}{4}$ hour). X.

Metallic acid taste on the tongue. Gs.

APPETITE.

1. *Hunger.*

a. *Diminished.*

DIMINISHED APPETITE. R.A., T., F.X., Hs.

Loss of appetite. T., F.X., Rr., F.Rr.

During the fits of pain she can eat nothing. F.X.

675. *Appetite fails from anxiety* in the chest. F.X.

No appetite in the evening for six days in succession (from the 6th day onwards). F.X.

For some days she can hardly take anything. F.X.

b. *Increased.*

Stronger feeling of hunger than usual before dinner (in 2 hours). X.

He must eat more breakfast than usual in order not to be faint with hunger before dinner time. X.

680. Unusual hunger shortly before noon. F.X.

INCREASED APPETITE, morning and noon for some weeks. H., A.H., Gs., P.

Unusual appetite towards 4.30 p.m. Rr.

Sense of emptiness in the stomach, as in bulimia (immediately after taking it). X.

He has to eat some white bread to remove nausea (immediately after taking it). X.

685. Hunger difficult to appease (in 2 hours). Kch.

2. *Thirst.*

Thirst diminished. R.A.

Increased thirst, with dryness in the mouth and throat.
F.X., K., A.H., F.S.

3. *Special longings.*

Much thirst for milk, taking which makes him feel comfortable all over, without any suffering after it, though at other times it produced flatus (in 36½ hours). R.A.

Milk soup, which at other times did not agree with him, to-day does quite well (the 2nd day). Ng.

690. Milk tastes pleasanter than ever before (in 8 weeks).
F.X.

Great longing for wine; which does not, as formerly, produce congestion and heat in the head. X.

Taking wine relieves the abdominal pain. Gs.

Great longing for Seltzer water. Kch.

Whilst taking the medicine inclination for warm drinks; after the proving had ceased continued thirst for cold water.
Rr.

695. Great longing for hot coffee, the high temperature of the beverage agreeing well with him (in 7 hours). X.

4. *Special dislikes.*

GREAT DISLIKE TO CHEESE, WHICH, THOUGH GOOD, SEEMS TASTELESS. X., F.X.

Great dislike to cold drinks. T.

Boiled food, especially flesh, is disagreeable to her. F.X.

FAUCES AND ŒSOPHAGUS.

Slight irritation in the œsophagus, imperceptible when swallowing (the 2nd day). T.

700. Feeling as if the velum pendulum fell down towards the gullet. T.

Pain in the throat, as if from taking cold. T.

Slight shooting in the tonsils on empty swallowing (in ½ hour). X.

Shooting in the throat. A.X.

Pricking in the throat as if from a fish-bone. N.

705. Pain in the fauces, as if from catarrh (the 5th day).

X.

Contractive spasm in the gullet (in 1 hour). Le.

Sense of contraction in the throat, forcing him to swallow (in 20 min.). F.X.

Feeling of dryness in the throat. X., F.X., A.X., K., A.H., S., F.S.

Feeling of dryness during empty swallowing. X.

710. Dryness in the throat, with a sensation of dust there (in 11 hours). Hs.

Roughness in the throat *per se*; when swallowing he does not feel it; long continued (in $\frac{1}{2}$ hour). Ng.

SCRAPING IN THE THROAT. H., Rr., F.S.

BURNING IN THE GULLET. Ng., A.H., W.Pr.

Heartburn disappears in five minutes after the medicine. S., P.

715. Smoking causes burning pain and acidity from the cardia quite up into the throat. Lk.

Heat and burning from the mouth down to the stomach. W.Pr.

A feel as if some foreign body was mounting up in the throat, obliging him to swallow, and then going down again (in $\frac{1}{4}$ hour). K.

Choking, as if one had swallowed a too large bit too fast. R.A.

Difficulty of swallowing (in 20 min.). F.X.

720. SECRETION OF THIN MUCUS. H., Gs.

Hawking up of lumps of mucus. S.

Tough mucus in the fauces. W.Pr.

(Hawking up of bloody mucus, with the taste of blood; return of a previous suffering.) F.S.

GASTRIC SUFFERINGS.

1. *Eructation.*

Frequent eructation of wind. R.A., X., F.X., R.X., L., Gs., P., F.S., W.Pr.

725. EMPTY ERUCTATION, R.A. (in $\frac{3}{4}$ hour). Ng., W.Pr.
Abortive eructation. Kch.

Eructation with taste of juniper berries (in $\frac{1}{2}$ hour).
Ng.

At night, in bed, two *eructations*, so bitter that she shud-
dered. A bitter aftertaste continued. F.X.

730. *Eructation with heartburn.* Hs.

ERUCTATION RELIEVES THE NAUSEA. A.H., A.X., X., F.X.,
L., H.

2. *Nausea.*

Nausea (in 1 hour). X., Le., A.X., A.H., Hs., S., Rr., N.
Nausea with inclination to vomit (from the external
application). R.A.

Nausea, with inclination to vomit. F.X., A.X., L., Kch.

735. GREAT NAUSEA, WITH INCREASED TEMPERATURE OF
THE BODY (in $\frac{1}{4}$ hour). R.A., T.

Nausea, with fainty sensation (in $2\frac{1}{2}$ hours). F.X.

Nausea on attempting to eat (in $2\frac{1}{2}$ hours). F.X.

Nausea mounting up from the stomach. Sch., X., Ng.

Nausea and retching during a fit of anxiety (in 5 hours).
F.X.

740. *Sickness after eructation* (soon after the medicine).
Ng.

SICK AND SQUEAMISH IN THE STOMACH ; passed off after
eructation (in $\frac{3}{4}$ hour). Ng.

Disgust. Le., W.Pr.

3. *Vomiting.*

Vomiting of some mucus without relief of the headache
(in 6 hours). F.X.

Vomiting of tough mucus after severe nausea. Kch.

745. Vomiting of curdled milk after a fit of coughing
(a child). R.X.

In the forenoon *vomiting* of potatoes eaten the evening
before, with a *sharp acid taste* and scraping in the throat
(in 14 hours). F.Rr.

4. *Hiccough.*

Hiccough in 1½ hour and frequently. R.A., F.X.

ABDOMEN.

1. *Stomach and scrobiculus cordis.*

Dull stomachache. W.Pr.

Pressure on the stomach. F.X., S.

750. Pressure on the stomach, more towards the left (in ½ hour). X.

Pressure on the stomach for some hours, *increased by external pressure* (in 3 hours). Le.

Pressure on the stomach, with eructation of wind. L., H., A.H.

Pressure and oppression of the stomach, DRAWING UP TOWARDS THE CHEST (in 1½ hour). S., F.S.

Pressive pain and burning between the scrobiculus cordis and navel. K.

755. *Pressure in the pit of the stomach, with oppression of the chest and difficult breathing.* F.X.

Weight and pressure in the gastric region after drinking water. Kch.

PINCHING PRESSING PAIN IN AND BELOW THE SCROBICULUS CORDIS, increased by the touch (in 3 hours). R.A., P.

Tensive pain in the scrobiculus cordis on taking a deep inspiration (in 5 min.). X.

Anxious feel in the stomach. F.S.

760. Oppressive pain above in the scrobiculus cordis. S.

Stomachache for 1 hour, with eructation of wind, relieved by lying on the left side with the legs drawn up (brought on me before through getting out of bed at night). X.

STOMACHACHE, as if cramp were setting in. (Many years ago he had suffered once from cramp in the stomach). Hs., S.

Aching in the scrobiculus cordis and at the corresponding part of the back. Hs.

Spasmodic pain in the scrobiculus cordis, towards the right, lasting all day. S.

765. Contracting feel with squeamishness (in 1 hour). Ng.
Contracting feeling under the gastric region (in $\frac{1}{2}$ hour).
Ng.

Violent pain in the scrobiculus cordis, as if the stomach was constricted. F.X.

Digging in the stomach. S.

Digging pain in the gastric region. P.

770. *Distension of the stomach.* Hs., P.

Burning in the stomach with eructation (soon after the medicine). Ng.

The warmth of the stomach goes and comes again (in $\frac{3}{4}$ hour). Ng.

Feel of heat in the stomach with pressure and pinching, sometimes more sometimes less severe. T.

FEEL OF HEAT IN THE GASTRIC REGION and slight griping (in 3 hours). Sch.; (in $\frac{1}{2}$ hour), X.; (in $1\frac{1}{2}$ hour), Ng., F.S.

775. Pleasant warmth in the scrobiculus cordis (in 10 min.). F.X.

COLD FEEL IN THE STOMACH (in $\frac{1}{2}$ hour). Ng., Hs.

STITCHES IN THE PIT OF THE STOMACH (in 3 hours). Le., H.S., F.X.

Shooting in the side of the stomach (in $1\frac{3}{4}$ hour). Ng.

A pointed painful stitch in the scrobiculus cordis inwards, passing through to the very back, 5.30 p.m. Ng.

780. CUTTING IN THE STOMACH increased by pressure. Le., F.S.

Cutting in the stomach during yawning, at 1 p.m. Ng.

Pinching first in the right, then the left gastric region, and then tension there $\frac{1}{2}$ hour after dinner. Ng.

Peculiar feel of gnawing and clawing in the stomach, which passes off after eating (the 1st day). Ng.

Cramping throbbing in the scrobiculus cordis, causing ANXIOUS BREATHING (in 5 hours). R.A.

785. Relief caused by a gurgling in the stomach, as if bubbles were rising and bursting. F.S.

2. *Hypochondria.*

Tension over the epigastric region. R.A.

Pain in the hypochondria. X.

Cutting pain. X.

Periodic obtuse pain, worse on the right than the left. Le.

a. *Right side.*

790. Dull throbbing in the region of the liver. T.

Pressive pain in the region of the liver. Hs.

Pressure in a small spot in the liver, at the bend of the ribs, along the linea mammalis. Hs.

Pressing pain in the region of the liver, on the edge of the ribs. *The pressure of the clothes increases the pain here (the 13th day).* F.X.

Pain in the region of the liver, which extends quickly downwards across the navel into the intestines (in 10 min.). F.X.

795. Spasmodic pain in the region of the liver (in 10 min.). F.X.

STITCHES IN THE LIVER. S., F.S.

b. *Left side.*

Burning over the ribs. R.A.

Burning pain (in 14 hours). R.A.

Dull stitch (in $\frac{2}{3}$ hour). X.

800. PAIN AS IF BRUISED (in 1 hour). X., S.

3. *Umbilical region.*

Painful PRESSURE JUST OVER THE NAVEL. R.A., P., S.

Dull PINCHING IN THE UMBILICAL REGION, followed by flatus (in 1 hour). R.A., Sch., Ng.

SPASMODIC CONTRACTION OF THE NAVEL, with transient nausea (in $6\frac{1}{2}$ hours). R.A., S.

Constricted feeling over the navel, as if the abdomen were tied round with a string. F.X.

805. Drawing pain over the navel (the 4th day). X.

Violent, pressing, periodically returning, and also continued spasmodic *pain in the umbilical region.* P.

Violent PAIN AROUND THE NAVEL (the 2nd day). F.X., S.

Pain on the left near and over the navel (in 5 min.). A.X.

810. Pinching about the umbilical region (in $1\frac{1}{4}$ hour). Ng.

Transient pains around the navel. - W.Pr.

Violent, obtuse shooting under the navel, so that he has to crouch for a minute, then once again when standing up (in $\frac{1}{2}$ hour). Ng.

Cold, especially close under the umbilical region. Gs.

4. *Iliac Region.*

Pain over the left hip, as if there was something thick and bulging there. R.A.

815. Pressing pain on the left. K.

Pressure on the crest of the ilium, more on the right than the left. Hs.

5. *Hypogastrium.*

Drawing pain. X.

Aching sensation. Hs.

Pinching under the navel in the hypogastrium, with diminution of the great heat of the body, evening (5 o'clock). Ng.

820. Tension in the hypogastrium on both sides (in 4 hours). T.

6. *Inguinal region.*

Pinching pain in the left groin (in 9 hours). R.A.

Pains on both sides, preventing walking. F.X.

SPASMODIC DRAWING PAIN ON BOTH SIDES, WITH PRESSURE ON THE BLADDER. F.X.

TENSIVE SPASMODIC PAIN ON EACH SIDE, EXTENDING FROM ABOVE DOWN AND INWARDLY, WHEREUPON THERE WAS A DISCHARGE OF TURBID LEMON-COLOURED URINE. F.X.

825. Labour-like pain, drawing from the lumbar vertebræ over the hips, towards the hypogastrium, for $\frac{1}{2}$ hour. F.S.

7. *Parietes of the abdomen.*

CONTRACTION OF THE ABDOMINAL WALLS. L., S.

Drawing pains in the evening (the 9th day). Hs.

When coughing the whole abdomen is painfully contracted. F.S.

Pains in the evening on the left side, increased by contracting the abdomen. Hs.

8. Intestines.

a. Sensations.

830. Belly-ache. R.A.

Shooting pain. X.

Continued cutting directly after eating what had tasted good. R.A.

CUTTING IN THE INTESTINES. X., L., P.

CUTTING IN THE ABDOMEN over the right lumbar region, towards the back. Sch.

835. JERKING CUTTING IN THE INTESTINES, AS IF FROM KNIVES; no relief from a thin stool. Sch.

Feel of heat in the intestines below the navel (in $\frac{1}{3}$ hour). X.

Burning in the bowels on the left near the navel, and in the left hypochonder. X.

Burning pain in the umbilical region (in $\frac{1}{3}$ hour). X.

Cold feeling in the belly (in $\frac{1}{3}$ hour). X.

Cold feeling and pressure in the abdomen, especially below the umbilical region, with cold of the whole body. Gs.

840. Cold feeling in the abdomen on drinking water. Gs.

Pinching, as if stool were coming on. X.

PINCHING, EXTENDING TOWARDS THE CHEST and back, relieved by passing flatus. Kch.

Sensation of fulness in the abdomen. X., W.Pr.

DISCOMFORT, as if after taking a purge. Gs., Hs.

845. Great discomfort in the abdomen, with pain, relieved by a glass of wine. Gs.

Spasmodic pains between the navel and scrobiculus cordis. P.

Digging in the intestines, with nausea. Hs.

Constant pinching and commotion here and there in the intestines, 1.30 p.m. Ng.

Feeling as if the intestines were torn out of the abdomen, upon which she lost her senses (in 6 hours). F.X.

850. Sensation of turning and moving above the navel, as if an animal were wriggling through the bowels. F.X.

b. Accumulation of flatus.

Gurgling and rumbling in the abdomen. R.A.

RUMBLING, with diarrhoea following. P., X.

Rumbling in the abdomen over the navel, passing downwards before and after the diarrhoea. Sch.

Much rattling in the abdomen. Le.

855. Dull rumbling in the abdomen (in $1\frac{1}{3}$ hour). L., P., Kch.

Painful distension. Hs.

Inflation of the abdomen. W.Pr.

DISTENSION, NOTWITHSTANDING MUCH ERUCTATION. Gs., P., S., F.S.

Abdomen distended and hard, without pain on being touched. Sch.

860. Painful accumulation of wind in the umbilical region, diminished by three days' mucous diarrhoea. Lk.

ABUNDANT DISCHARGE OF FLATUS. R.A., F.X. (the 6th day). X. (in 10 hours). L., P., Sch., F.S., W.Pr.

Much escape of wind at stool. X.

Fetid flatus. Kch.

STOOL AND ANUS.

1. *Constipation.*

Costiveness, stool like sheep-dung for two days. R.A.

865. Solid stool and long delayed (the 1st and 2nd day). Ng.

Stool dry and tardy. W.Pr.

No stool (the 4th day); ordinary stool (the 5th day). Ng.

On the third evening a hard stool, for the first time since the medicine, with straining. Sch.

STOOL VERY HARD AND DIFFICULT, WITH PAINS IN THE ANUS IN CONSEQUENCE. F.X., Rr.

870. STOOL TARDY AND CONFINED. Gs., F.S.

2. *Diarrhoea.*

Diarrhoea, three stools each night. R.A.

Five loose stools one afternoon. Sch.

Diarrhoea for four days. Sch.

THIN STOOL FOUR TO SIX TIMES IN CLOSE SUCCESSION
(the 3rd day). X., F.X., Sch.

875. **REPEATED THIN FLUID STOOLS DAILY**, from four to eight days' duration. H., A.H., Sch., Kch.

EVACUATION SHORTLY AFTER THE MEDICINE. S., K.

Increased evacuations. W.Pr.

Brown watery stool. P.

Mucous diarrhæa. R.A., Le., P., Kch.

880. *Painless diarrhæa.* Sch.

At night, once, severe watery, whitish diarrhæa, with nausea, after previous severe chill in the evening. Hs.

Some small, thin, bright yellow stools, with or without cutting in the bowels beforehand. T.

Watery stools three times in rapid succession, followed by cessation of the cutting (in 10 hours). L.

3. Colour of the evacuations.

Thin, *bright yellow stool*, like a child's, with yellow complexion (the 5th day), for three days; on the fourth day, a dark brown pappy stool. X.

885. **PAPPY BRIGHT YELLOW STOOL.** F.X., Gs., T.

Soft bright stool, with straining and moderate pain in the anus afterwards. T., Le.

Whitish diarrhœic stool. Hs.

Dark yellow fluid stool, four days later whitish (a child). R.X.

Soft greenish stool, with cutting pain in the rectum and higher up. Le.

890. *Whitish RED, hardish stool*, Gs. (traces of blood in the stool); (hæmorrhoids previously). Gs.

THE LAST PART OF THE EVACUATION MIXED WITH A LITTLE BLOOD. Kch.

4. Sensations.

Pressure in the rectum, with urging to stool (in 1 hour). T.

Frequent straining, then a hard stool, with pressing; previous to the medicine, he had normal stools (in $\frac{2}{3}$ hour). Ng.

895. PERIODIC STRAINING AND PRESSURE ON THE RECTUM, AS IF BEFORE STOOL, WITHOUT RESULT. F.X., Gs., P.

DRAWING TOWARDS THE RECTUM. L., Hs.

SENSATION AT STOOL AS IF THE ANUS WAS CONSTRICTED. F.X., Gs.

Sensation as if the rectum was forced out, with spasmodic constriction of the anus, lasting all day. F.X.

SHOOTING IN THE ANUS for half a day. Hs., P.

900. Painful stool. S.

CUTTING PAIN IN THE ANUS AND RECTUM DURING A HARD STOOL. Rr., F.X.

Burning and cutting in the rectum, with alternation of itching in the anus, vertigo, fainty sensation and failure of appetite. F.X.

Painful nodule on the anus, four millimètres in diameter, and bluish red colour, giving her some pain when lying, sitting, or walking; she gets most ease in a stooping posture. F.X.

A mucous discharge from the anus. F.X.

905. CRAWLING AND ITCHING IN THE RECTUM. S., P.

ITCHING IN THE ANUS (in 10 min.). X., H., Gs., S., P.

DAILY ITCHING IN THE ANUS AND RECTUM FOR FIVE WEEKS. F.X., S.

Pressing, tension, and squeezing at the perinæum (the 7th day). X.

Crawling, pricking, and ITCHING on the perinæum. S.

910. Pain in the perinæum. Hs.

Itching on the os coccygis. S.

URINARY SYSTEM.

1. *Renal region.*

Blunt stitches in rapid succession in the left loin, more towards the back (in 10 min.). R.A.

Deep dull pain on each side of the lumbar region (in $\frac{1}{4}$ hour). T.

Pressing pain in the left renal region (in 10 min.). X.

915. Stitch in the left kidney on deep inspiration (in 5 min.). X.

A transient pain on the left side on a small spot, as if from a blow; then the same on the right side of the spine. Hs.

From afternoon till he fell asleep at night, a dull pain in the left renal region. Hs.

Pain in the region of both kidneys which are very sensitive to pressure. Even the bands of the under clothing give pain there. F.X.

In the morning on rising, violent stitches in the renal region, making her cry out aloud and then fall down. F.X.

920. The stitches especially in the left renal region are increased by walking. F.X.

Awaking in the night from violent pains in the left renal region. F.X.

She cannot lie on her back owing to pains in the renal region, and must also often change from side to side, and gets most relief by lying on her face. F.X.

Spasmodic pain in the right kidney with sweat on the forehead and hands. F.X.

Pains in both kidneys, with anxiety and transient heat. F.X.

2. *Ureters* (see Inguinal Region).

3. *Bladder.*

925. Pressure on the bladder. A.H.

Dull pain, like forcing, deep in the bladder (in 1 hour). Le.

Pressive pain deep down above the os pubis. P.

SHOOTING pains in the region of the bladder. F.S.

Pressure over the os pubis (the 7th day). X.

930. Spasmodic pain close above the os pubis, with frequent urging to pass urine (the 3rd day). F.X.

After passing urine, pinching in the lower bowels, 6 p.m. Ng.

4. *Urethra.*

Burning in the urethra just when the urine is about to come. R.A.

BURNING IN THE URETHRA WHEN PASSING URINE. K., S., Kch., W.Pr.

Burning in the mouth of the urethra. T. (in 1 hour). X.

935. Shooting and cutting in the urethra on passing urine, and on moving the body. R.A.

SHOOTING IN THE URETHRA, especially towards the point. Le., X.

Stitch in the orifice of the urethra. X.

CUTTING PAIN IN THE URETHRA ON PASSING WATER, AND STILL CONTINUING AFTERWARDS. F.X., P., Kch.

Spasmodic in urethra on passing urine (in $1\frac{1}{2}$ hour). F.X.

940. Discharge of blood from the urethra during coition (a former ailment). W.

5. *The urinary function.*

Urine visibly increased (the 2nd month). Ng.

He had to make water ten to twelve times a day, and two or three times a night, and a great deal each time (in 24 hours). R.A.

Larger stream when passing urine. Gs.

Frequent dribbling of urine.

945. Escape of a drop from the urethra (after the burning), without any sensation from it. X.

Call to make water every $\frac{1}{2}$ hour, passing some five times within $1\frac{1}{2}$ hour (in $\frac{1}{2}$ hour). F.X.

CALL ALL DAY WITH LITTLE URINE PASSED (in 2 hours). R.A., F.X., S.

Sudden strong urgent pressure on the bladder (in $\frac{1}{2}$ hour). X.

Call to micturate six times in rapid succession, with little passed each time (in 2 hours). F.X.

950. **FREQUENT CALL TO PASS WATER, which passes off again without requiring to pass urine (the 12th day).** F.X., W.Pr.

Call to pass water, and cutting in the urethra lasting two or three hours after passing water. Le.

FREQUENT CALL TO PASS URINE. K., A.H., H., Gs., Hs., S., F.S.

Forcing and pressing during urination, with groaning and holding the breath five times a day till evening (a child). R.X.

6. *Urine.*

Urine in increased quantity, pale, watery. W.Pr.

955. Urine very pale, small in quantity, and infrequent (the 2nd day). Ng.

Urine reddish and turbid immediately after being passed.
S.

REDDISH URINE (after external use). R.A., F.S.

Urine bright red. T.

Napkins *reddish brown* from the urine; after drying, still more darkly coloured. R.X.

960. SOME HOURS AFTER THE MEDICINE, THE URINE DARKER *brownish* OR GREENISH. W.Pr.

At 2 p.m. the *urine dark brown*, turbid, forming bubbles on the edge *like brown beer*. That passed towards evening is again normal. F.X.

After pains in the renal region and in the direction of the ureters quite into the bladder the day before, reddish urine in the morning becoming turbid in $\frac{1}{4}$ hour. After 2 hours a *reddish flocculent sediment*. The urine was not quite clear over this sediment the next morning. X.

The urine has an excess of acid uric salts, and only traces of chlorides (in 14 days). F.X.

Urine turbid as soon as passed, lemon yellow after previous pains in the inguinal region. In 4 hours a *grayish-yellow* mucous cloudy *sediment* without the urine being cleared. The inner surface of the utensil is covered with reddish crystals of uric acid as far as the urine reaches. The urine is turbid from an excess of acid uric salts, is deficient in chlorides, contains crystals of hippuric acid, mucous epithelium and compact urinary cylinders. F.X.

965. Urine foaming. P.

Urine with a sharp acid smell. F.X., A.H., F.S.

URINE SMELLING RESINOUS. W.Pr.

Urine with a strong ammoniacal smell. W.Pr.

GENITALS.

1. *Males.**a. Penis.*

Pressure on the under side of the glans and the orifice of the urethra. X.

970. Tiresome sensation in the glans as if after strong erections (in $\frac{1}{2}$ hour). X.

Pressure and forcing towards the root of the penis. Le.
PAINS IN THE GLANS. Hs., P.

Pains on the right side of the glans on a little spot, as if from pinching. Hs.

Itching on the glans. Hs.

975. Shooting and creeping on the glans. S.

Frequent erections even in the daytime. H., X.

b. Chordæ seminales.

DRAWING PAIN IN THE CHORDÆ SEMINALES (in $4\frac{1}{2}$ hours). X.

Pressive and tensive pain in the testicles downwards, with pressive pain in the occiput (the 8th day). X.

c. Testicles.

Drawing pain in the testicles. X.

980. Stitch in the testes (the 5th day). X., Hs.

Pain in the right testicle (the 5th day). X.

Drawing in the right testicle. S.

Drawing in the left testicle (it was crushed once some years before, which was followed by hydrocele, speedily removed). Kch.

d. Scrotum.

Redness, heat, and swelling of the scrotum. On the following day on both sides there is here and there a raising of the epidermis from yellowish serum in flat vesicles of the size of a pin's head, and from that to a small lentil, painful to the touch. In the evening the vesicles burst and the red and swollen skin stripped of the epidermis discharges a little fluid. On the morning of the 3rd day the scrotum is covered with dry, thin, cracked, red scabs. On the 4th day the skin is normal again. R.X.

985. ITCHING AND CRAWLING ON THE SCROTUM. X., S.

2. *Female.*

Itching on the vulva. T.

Daily for 14 days, constant burning in the vagina at precisely the same hour, forenoon and afternoon (in 3 hours).
N.

Menstruation set in 2 days earlier than usual, but more copious, without other ailments. F.X.

Menstruation 4 days too early, and rather in excess, after vertigo, staggering, pricking itching pains in the head and limbs. F.S.

990. Menses very copious (the 9th day), going on increasing for 3 days, about 4 days too late, with pains, lasting 7 days. Ng.

A mucous discharge from the vagina for some days, colouring the linen yellow. F.X.

Menstruation passing gradually into leucorrhœa (she had suffered from this previously). F.X.

NECK.

Drawing in the muscles of the neck. Le.

Pain in the front of the neck, extending towards the temples. L.

995. Pain and STIFFNESS OF BOTH SIDES OF THE NECK ON moving the head. Rr., Kch.

Pain in the muscles on the right side. Gs.

Painful tension as if of a tendon on a strip of the neck (right side) towards the shoulder, in the afternoon when sitting (the first day). Ng.

Pressure on the left side of the neck. S.

Quivering trembling movement on the fore part of the neck and over the larynx, intermittent. Rr.

1000. Strong tension on and in the neck over the region of the larynx as if it were constricted, whereby, however, the œsophagus alone is narrowed (in $\frac{1}{2}$ hour). R.A.

FEELING AS IF THE NECK WERE TIED ROUND AT THE LARYNX WITH A NAPKIN. X., A.X.

TENSION ON THE NECK CLOSE ABOVE THE LARYNX AS IF IT WERE COMPRESSED. X., F.X.

LARYNX AND TRACHEA.

Sensation as if the larynx were pressed from without on the œsophagus, whereby swallowing, not breathing, is rendered difficult (in 5 min.). R.A.

Severe shooting in the larynx, with a constrictive sensation. Le.

1005. **CHOKING SENSATION IN THE THROAT**, aggravated by the breathing. Rr.

Pressure on the larynx. F.X., X.

Pain in the larynx, with a feeling as if the neck were swollen externally (in 10 min.). F.X.

Feeling as if the air could not pass through the larynx from a swelling there (in 10 min.). F.X.

FEEL OF SWELLING IN THE LARYNX, especially on the right side. G.S., X.

1010. On awaking from a dream which oppressed the respiration, a feeling as if the larynx and trachea were confined by a tumefaction, with tickling in the larynx, and short dry cough with difficulty of breathing, but no anxiety. X.

Pressure, with sense of constriction in the trachea, mounting from the sternum towards the larynx. S.

Sense of constriction in the trachea, with deadly anguish, and a wish for eructation without success (at night on awaking). Hs.

Shooting pain in the throat and region of the larynx (in 10 min.). A.H.

Rapidly following stitches in the larynx towards the outside and inside of the throat (in 10 min.). F.X.

1015. **Burning pain in the larynx.** A.H.

Scraping in the larynx, exciting a cough (the 3rd day). T.

Excitation to cough in the larynx (in 2½ hours). F.X.

SLIGHT HOARSENESS. A.H., Hs.

Frequent hoarseness, with dry cough. N.

1020. **Pain in the larynx** (in 1 hour). T.

Heat mounting from the chest to the throat, quite into the larynx, for 1 hour. F.X.

Feeling of heat in the trachea (in $\frac{1}{2}$ hour). X.

Congestion of blood towards the larynx, with dull throbbing there. T.

PRESSURE IN THE TRACHEA. X., Hs.

1025. Sensation of dust in the trachea, and throat, and behind the sternum, which could not be removed by cough. Hs.

COUGH.

Infrequent slight fits of coughing, with spasms of the glottis on expiration. T.

Dry hollow cough. T.

Violent spasmodic cough. T.

EXCITATION TO COUGH IN THE TRACHEA (in 2 min.). X., P.

1030. Excitation to cough, with dry cough. Le.

Cough, with severe tickling in the larynx in the evening, forcing out tears. W.

Short dry cough (in 2 min.), X.; (the 5th day). X., F.X., A.X.

Continued dry cough, in 2 fits, in quick succession. F.X.

Short cough, with short breathing. K.

1035. *Frequent fits of short cough*, with stitches in the right side, and difficulty of breathing. F.X., X., F.S.

Much *exhausting cough*, especially in the morning, with much expectoration deep out of the lungs. Hs.

STRONG FIT OF COUGHING WITHOUT EXPECTORATION (in $\frac{1}{2}$ hour). X., Hs.

Cough with some expectoration. A.H.

Dry cough, lumps of phlegm being sometimes thrown out. N.

1040. *Pain in the larynx when coughing*, with pains in the chest and sacrum. F.X.

RESPIRATION.

Tightness of the chest. R.A., S.

His chest is so tight (the first 4 hours). Sch.

Oppression of the chest and breath. R.A., X., Kch., S.

OPPRESSION OF THE THORAX ON EXPIRATION. R.A., S.

1045. Oppression of the chest when walking (in 2 hours). T.

SHORTNESS and *difficulty of breathing, with tightness and anxiety* in the chest (in 10 min.). F.X., (*on awaking about midnight*), X.

IMPEDED RESPIRATION (in 5 min.), X.; (in 2 hours), F.X.; (the 4th day). T.K.

PRESSURE ON THE CHEST, IMPEDING THE RESPIRATION. T., X.

On inspiring, it feels as if the chest were pressed on, after dinner. Ng.

1050. Difficulty of breathing, with shooting in the left thoracic region backwards, after dinner. Ng.

He can only breathe short, and with difficulty and anxiety, as if he must choke (for some minutes). X.

Respiration impeded in the evening in bed. X.

Anxiety in the chest. L., P., F.X.

Constricted feeling on the chest. L.

1055. *Short breathing and oppression,* AS IF THE BREAST WERE CONSTRICTED AND THE BREATH COULD NOT PASS. Hs., K.

Tightness of the chest, as if it were cramped up in a cuirass. X., N.

Her clothes cause tightness of the chest, so that she has to slacken them. F.X.

Tightness of the chest like cramp, with nausea. N.

LONGING FOR FRESH AIR TO BREATHE MORE EASILY (the 4th day), X.; (in $\frac{1}{4}$ hour). F.X.

1060. Forced to take a deep inspiration (the 2nd day). F.X., X.

Hot breath, which dries the mouth and lips (in 10 min.). F.X.

He cannot at each breath inspire as much air as he wishes, therefore expires quickly in order to be able to inspire again soon. A few very deep acts of respiration to relieve these sufferings. X.

Quicker breathing, which became slower after five eructations. (A child.) R.X.

Difficult respiration, with short fits of coughing, preceded by pain first in the right then in the left side of the thorax. A.X.

1065. She must breathe quick and short in order to make somewhat tolerable the pains in the chest and back (the 2nd day). F.X.

She cannot take a deep breath for violent stitches in the right side. F.X.

CAVITY OF THORAX.

Feeling of congestion towards the chest (soon after the dose). X.

Congestion in the apices of the lungs, with dull throbbing in them. T.

Dull throbbing in the base of the lungs. T.

1070. Pulsations under the upper portion of the sternum. T.

At each breath pain inside the chest, with short dry cough, which increases the pains and returns after short pauses (pulse 90), (the 2nd day). F.X.

On stooping low, pain deep in the chest, especially towards the bodies of the vertebræ, so that the stooping could not be continued; also after walking fast, blowing the nose, and sneezing; at the same time more externally along the spinous processes. Le.

Inward burning between the chest and shoulder-blades, with internal heat and want of breath. N.

On deep inspiration, painful tension round the inside of the base of the thorax (in $\frac{1}{4}$ hour). X.

1075. Stitch in the chest with interruption of the breathing. F.S.

Stitches in the right side behind the ribs. F.S.

Stitches in the lower part of the left lobe of the lungs. S.

IN THE LEFT LOBE SORENESS LIKE A WOUND, aggravated by DEEP BREATHING, coughing, and sneezing. Rr.

Pain inside the chest, behind the sternum, especially felt when breathing. A.H.

1080. High up behind the sternum a spot which smarts like a wound. Hs.

Spasmodic pressure behind the sternum, in the middle, on a surface about 2 inches diameter, on awaking in the night. Hs.

High up behind the sternum a feeling of dust not to be removed by coughing. Hs.

Palpitation on walking in the street for $\frac{1}{2}$ minute. F.X.

Palpitation towards evening, after sitting down somewhat tired. F.X.

1085. Palpitation in the evening directly after lying down. F.X.

Palpitation in the evening for some hours. N.

Palpitation (for 1 hour). F.S.

Violent stitches in the cardiac region, followed by *strong palpitations with anxiety and agitation all day*. F.S.

Sudden great anxiety, with palpitation. The beating of the heart is not accelerated nor irregular, but so strong that the clothes are lifted by the movement communicated to the thoracic parietes, and she hears it so plain that she fancies others must hear it too. F.X.

THORAX.

1090. Pains in the ribs of each side on bending the thorax on one side (in $\frac{1}{2}$ hour). X.

Tensive pain in the whole thorax (the 6th day). X.

Constrictive pressure under each arm as if the chest was tight-laced. S.

Drawing pressure from the right shoulder-blade, through the chest towards the sternum. S.

Stitches in the whole of the chest. F.S.

1095. On inspiration fine stitches like needles in the chest, passing from the left to the right side, chiefly outside (in $\frac{2}{3}$ hour). Ng.

The seventh and eighth rib of each side are painful to the touch, and on drawing the breath as if they were wounded, worst on the right; a cold sensation extends from the spine to these ribs all the way to the sternum, worst on the right. F.X.

1. *Anterior paries.*

Pain and jerking in the left clavicle. F.S.

Pain in the region of the right clavicle. Gs.

OPPRESSIVE PRESSURE UNDER THE LEFT CLAVICLE UP THE NECK. S.

1100. Shooting in the right half of the chest in the region of the nipple (in 2 hours). In an hour after the same on the left. Le.

Fine stitch in the left nipple. Le.

SHOOTING IN THE RIGHT SIDE, CLOSE UNDER THE MAMMARY GLAND. F.S.

Pain in the upper part of the chest. Kch.

Tensive pain from the left pectoral muscle up towards the neck (in 10 min.). X.

1105. LANCINATING PAINS IN THE PECTORAL MUSCLES. W.Pr.

Tension on the chest in front (in $\frac{1}{8}$ hour). X.

PRESSURE ON THE CHEST IN FRONT. X., Le.

PAIN IN THE STERNUM CLOSE ABOVE THE SCROBICULUS CORDIS, when yawning. Rr., F.S.

Jerking in the sternum. F.S.

1110. Pressive pain and burning in the sternum. K.

Violent *pains in the sternum* at each respiration (in 6 hours). F.X., A.H.

Awoke at 4 a.m. with pressive pain on the chest in front, as if the sternum was forced in. Kch.

Stitches in the lower part of the thoracic cavity. S.

Burning on the lower part of the chest (in $\frac{1}{4}$ hour). Ng.

1115. Shooting, *jerking pain a little to the right from the lower part of the sternum right through towards the back*, aggravated by breathing. By laying the trunk forwards the pain is worse in the chest, by laying it backwards worse in the back. F.X.

She cannot draw a deep breath for pains in the front of the chest (the 2nd day). F.X.

She must sit upright and dare not move, otherwise the *pains in the chest* are intolerable (the 2nd day). F.X.

The clothes feel too tight on the chest, F.X.

Eructation relieves the pains in the chest. F.X.

1120. When writing, a sharp stitch on inspiring or straightening the body on the left near the scrobiculus cordis, p.m. (the 1st day). Ng.

Violent stitches six times in rapid succession in the cardiac region. F.S.

Stitches in the cardiac region on coughing. F.S.

Dull STITCH IN THE CARDIAC REGION. F.S., Ng.

Oppressive pressure in the cardiac region. S.

1125. STITCHES UNDER THE HEART. S., F.S.

Stitches in the region of the heart through the left side of the chest, so that she has to breathe short and quick. F.X.

STITCHES IN THE BEND OF THE RIBS ON THE LEFT SIDE IN THE CARDIAC REGION (in 5 min.). X., F.S.

LANCINATING PAINS IN THE HEART. W.Pr.

2. *Right side.*

Deep pressive pain without cough, which does not allow deep inspiration. T.

1130. PAIN as if from a deep-seated abscess. T.P.

Stupefying pain. T.

Pain between the 6th and 7th ribs, on bending the trunk to the left (in $\frac{1}{2}$ hour). X.

Pain in the lower ribs, as if from an ulcer aggravated by breathing (the 13th day). F.X.

DRAWING from above downwards. Gs., Rr.

1135. Pain in the lower part of the wall of the chest on the right, quite to the right side for the breadth of a hand, aggravated by each inspiration. F.X.

Sudden *violent pain of the right side* in the region of the 7th and 8th ribs *increased by respiration* and movement for 2 hours, preceded and followed by burning headache. F.X.

Drawing pains from the lower part of the sternum towards the right quite round to the spine, with SORE PAIN there, so that even the touch of the clothes increases the pain. F.X.

Repeated stitches, lasting some minutes, compelling short breathing; on attempting deeper breathing, intolerable stitches. F.X.

Stitches in the right side. A.X., S., X., P., F.S.

1140. Stitches in the right side for two hours, with chill, heat, and red cheeks. Kch.

Stitches at every inspiration. F.S.

At 2 p.m. *violent stitches* in the under part of the thorax, *aggravated by breathing, movement, and cough.* F.X.

Violent stitches for three hours, obliging her to inspire slowly and carefully, and also to speak softly; sometimes *not to move* or speak at all. F.X.

3. Left side.

Tearing pressure in the left axilla and thence further forwards towards the nipple (in 20 hours). R.A.

1145. PRESSIVE PAIN (in 10 min.). X.

Pressure and tightness. K.

Drawing pain (in $\frac{1}{2}$ hour). X.

Pain soon passing off. P.

Pain as if bruised, AGGRAVATED BY MOVEMENT (in 1 hour). X.

1150. Undulating pain. X.

Stitches. X., P., S., N.

Stitches when sitting. N.

STITCHES TOWARDS THE SHOULDER-BLADE. X., Kch., S.

Awaking with stitches, confined chest, and anxiety. *She cannot take a deep inspiration for the stitches* (for $\frac{1}{4}$ hour). K.

NAPE OF THE NECK.

1155. Paralytic pain. Hs.

Pains in the nape. L., K.

Stiffness (in 2 min.). X., Hs., Rr., Kch., F.S.

Drawing pain in the muscles of the nape (in 2 min.). X., F.X., K., Hs., Rr., P.

PRESSURE IN THE NAPE. H., A.H.

1160. Weight in the nape. A.H.

Pressing pain in the muscles on the left (in 10 min.). X.

Sensation of constriction in the muscles of the nape, as if the head were drawn back (in 10 min.). F.X.

Sensation as if the neck was broken. Hs.

Cracking and creaking in the cervical vertebræ on moving the neck (in 10 hours). Hs.

Pains in the 1st cervical vertebra for 7 hours, increased by moving the head and by pressure. F.X.

1165. Feel as if the vertebræ in the nape were torn out of their place. F.X.

INCREASE OF THE PAINS BY TURNING THE HEAD AND BENDING IT BACK. X., Rr.

BACK.

Sharp shooting near the vertebræ, in the middle of the back. R.A.

STITCHES BETWEEN THE SHOULDERS. S., F.S.

Several obtuse stitches between the shoulder-blades, p.m., when sitting (the 1st day). Ng.

1170. Pain in the spinal column between the shoulder-blades (in $\frac{1}{2}$ hour). X.

Stiffness in the back between the shoulders (in 7 hours). X.

Oppression between the shoulders. S.

Drawing pains in the muscles of the back. W.Pr.

Drawing pain between the shoulder-blade down to the sacrum. K., H., A.H., Gs., Hs., F.S.

1175. Burning between the shoulders at 1 p.m. Ng.

BURNING IN THE BACK. Kch., S.

CHILL AND HORRIPILATION IN THE BACK. L., Gs.

Very severe cold in the back. Le.

Shudder running down the back. Sch.

1180. TENSIVE AND PRESSIVE PAIN IN THE WHOLE OF THE BACK, extending round towards the chest (in 8 hours). X., Hs., S.

BACK AS IF BRUISED WHEN MOVING THE TRUNK. X., F.X.

Pain in the back as if after excessive muscular straining (in 18 hours). X.

PAIN IN BACK, ESPECIALLY ON RISING AFTER STOOPING, and on standing up after sitting. Hs., Kch.

Pressure in the back, quite up into the shoulders, on sitting in a stooping posture ; diminished on sitting upright (in 1½ hour). Ng.

1185. Dull pressure from the sacrum to under the shoulder-blades. S.

Wound-like pain in all the *vertebræ* increased by movement and *by pressure on the spinous processes* (the 2nd day). F.X.

Wound-like pain in the lower dorsal *vertebræ*, the five lowest ribs on the right and the lumbar *vertebræ*, aggravated by pressure and movement (the 12th day). F.X.

Sensation in the shoulder-blades, as if they were torn out of their place. F.X.

The shoulder-blades painful when touched (the 7th day). F.X.

1190. Violent pain at every breath, around the lower angles of the shoulder-blades (the 2nd day). F.X.

1. *Right shoulder-blade.*

Pinching spasmodic pain on the inner edge of the right shoulder-blade, which hinders him from moving the arm (in 1 hour). R.A.

Bruised pain extending down the back from the right shoulder-blade. F.X.

She awakes with pains in the right shoulder-blade, aggravated by breathing and movement of the right arm. On getting up the pains draw to the right, round towards the chest, and cause oppression there. F.X.

Pressure under the right shoulder-blade. S.

1195. Drawing pressure between the shoulders, especially in the right blade and towards the right side. Gs.

STITCHES UNDER THE RIGHT SHOULDER-BLADE. S., F.S.

Violent stitch close under the right shoulder-blade at each breath (for 10 min.). F.S.

2. *Left shoulder-blade.*

PAIN IN THE LEFT SHOULDER-BLADE (in 2 min.). X. (the 5th day). F.X., R., P.

Drawing pain in the left shoulder-blade (in $\frac{1}{2}$ hour). X.

1200. Pain like dislocation in the left blade. F.X.

PAINS ON THE OUTER EDGE OF THE LEFT BLADE. X.

VIOLENT PAINS ON THE LOWER ANGLE OF THE LEFT BLADE; from thence violent stitches right through the chest, forwards. F.X., X.

Stitches close under the left blade. S.

Tensive pain close under the left blade. S.

1205. Burning on a small spot on the upper part of the left blade (in $\frac{2}{3}$ hour). Ng.

3. *Lumbar vertebræ.*

(Lumbar region, see Urinary system.)

PAIN IN THE LUMBAR VERTEBRÆ. Hs., F.S.

The lumbar vertebræ painful to the touch. F.X.

TEARING PRESSURE ON THE LOWEST LUMBAR VERTEBRÆ forwards towards the haunch bones, AS IF THE VERTEBRÆ WERE BROKEN ASUNDER, only on bending forwards and when he bends back; perceptible for many days even when walking (in 86 hours). R.A., F.X.

PAIN IN THE LUMBAR VERTEBRÆ AS IF THEY WERE SMASHED. F.X.

1210. WOUND-LIKE PAIN IN THE LOWEST LUMBAR VERTEBRÆ, AS IF IT WERE DISLOCATED OR SMASHED (the 5th day). X., F.X.

4. *Sacrum.*

Throbbing pain. T.

Bruised pain on moving (in 10 hours). F.X.

PAIN all day (the 5th day). F.X., Hs., P.S.

UPPER EXTREMITIES.

Lancinating pains. W.Pr.

1215. The veins on the hands and arms are swollen (in $3\frac{1}{2}$ hours). R.A.

THE HANDS HOT UP TO THE MIDDLE OF THE FOREARM, AND SWOLLEN, WITH DISTENSION OF THE SUPERFICIAL VEINS. X., F.X.

Oedematous swelling of the forearms and hands. F.X.

Paralysis and weight of the arms, as if weights were hung upon them. X.

ARMS AS IF PARALYSED, with vibration in them. H., A.H., Hs.

a. Right arm.

1220. In the morning **RIGHT ARM IS AS IF PARALYSED**, with sensation of numbness and cold; the temperature actually lower than in the left. Relieved by rubbing. F.X., P.

Feel in the right arm like weakness, with frequent intermission (in $\frac{1}{2}$ hour). Ng.

DRAWING PAIN FROM THE RIGHT SHOULDER DOWN TO THE WRIST, with cold and stiffness of the arm. F.X., S.

FREQUENT JERKING IN THE RIGHT ARM. K.

1225. **Tearing pain in the right arm.** P.

Drawing pain from the neck over the right shoulder down to the wrist, intermitting for some minutes and then returning, aggravated by using the arms, especially in writing. Rr.

b. Left arm.

Paralytic DRAWING IN THE LEFT ARM. Hs., Rr.

Paralytic pain in the left shoulder and the whole arm (in 7 hours). X., Rr.

Drawing pain from the left shoulder-blade towards the upper arm. P.

Drawing pain from the left shoulder to the fourth finger (in 10 min.). X.

1230. **Violent pain from the shoulder on the outside of the arm, extending downwards.** X.

1. *Shoulders.*

Drawing in the shoulders. P.

a. Right shoulder.

Pain in the right shoulder. T. (In 1 hour). Gs., S.

Paralytic pain in the right shoulder (in $\frac{1}{2}$ hour). Hs.

Painful tearing. P.

1235. STITCHES IN THE RIGHT SHOULDER. S., F.S.

Drawing in the right shoulder. Kch.

Pressure in the right shoulder on moving the upper arm.
A.X.

Bruised pain. Le.

Jerking in the right shoulder. F.S.

1240. Pain in the right shoulder, aggravated by moving the arm (the 3rd day). F.X.

Very sharp shooting in the right shoulder-joint, p.m., at rest (the 1st day). Ng.

In the evening, in bed, violent pains in the right shoulder, with a feel on moving the arm as if it were smashed; the arm is then cold and stiff. F.X.

b. Left shoulder.

Pain in the left shoulder as if broken or dislocated, with cold feel in the upper arm (for 4 hours). F.X.

Pain in the left shoulder, extending down into the deltoid. F.X.

1245. Painful drawing in the left shoulder. Hs.

PAIN IN THE LEFT SHOULDER as if after laying too long upon it (in 5 hours). Hs., Kch.

2. Axillæ.

Shooting in the left axilla (in 2 hours). R.A.

Perspiration in the axilla. P.

3. Upper arm.

a. Right side.

Tearing in the middle of the right upper arm, as if in the marrow (the 1st day). Ng.

1250. TEARING IN THE MUSCLES OF THE RIGHT UPPER ARM (in 28 hours). R.A., P.

Itching on the outer surface of the right upper arm, passing off when scratched (in 1¼ hour). Ng.

b. Left side.

Pain in the deltoid and biceps on moving the arm, all day, so that he cannot draw on his coat without help. X.

Tearing in the flesh of the left upper arm close under the shoulder-joint, a.m. (the 1st day). Ng.

Rheumatic pains from the left shoulder to the elbow.
S.

1250. Jerking in the left upper arm. F.S.

4. *Elbow-joint.*

Cramping pain in the left elbow-joint, on bending the arm still worse (in $4\frac{1}{2}$ hours). R.A.

PAIN CLOSE ABOVE THE LEFT ELBOW-JOINT, X.

Pain in the right elbow-joint. S.

Stitches in the right elbow-joint. Rr.

5. *Forearm.*

a. *Right.*

1260. Fatigue of the muscles of the right forearm, so that they could not be moved without difficulty, and gave pain on movement or on grasping anything (in 26 hours). R.A.

Pain in the right forearm. S.

Touching the right forearm causes pain. F.X.

b. *Left.*

Drawing in the left forearm. R.A.

PARALYTIC feeling (in $\frac{1}{2}$ hour). X., P.

1265. Stitches through the inside (in $\frac{1}{2}$ hour). X.

6. *Wrist.*

Trembling in the wrist-joints and fingers. F.X.

Paralytic drawing in the wrist-joints. F.X.

a. *Right.*

A catching and stiffness in the right wrist-joint, only perceptible on moving it. R.A.

Pain in the right wrist-joint. S.

1270. Pricking in right wrist-joint. S., F.S.

b. *Left.*

The left wrist-joint was as if stiff, in the evening. R.A.

Pain of the skin, as if after a burn, on the lower joint of the left ulna. X.

Tiresome pricking itching on a small spot over the left wrist, on the outside. X.

7. Hands.

Cold hands (in 2½ hours). R.A., X., Le., F.X.

1275. Shuddering of the hands, though warmer than usual (in ¼ hour). R.A.

Feel of swelling in the hands (in ¼ hour). F.X.

DISTENSION OF THE SUPERFICIAL VEINS OF BOTH HANDS.
X., Ng., F.X.

Drawing in the palm, where was also a quivering movement. R.A.

Itching in the palm of the hand. Ng.

1280. Burning in the palms. Kch.

Remarkable dryness of the hands. F.S.

a. Right hand.

Clumsiness of the hand in writing. X.

Shooting in the right hand. F.S.

Tearing shooting pain in the right metacarpals, much increased by pressure (in 26 hours). R.A.

1285. Fine tearing on the metacarpals and carpals of the right thumb (in 7 hours). R.A.

Pinching tearing pain in the back of the right hand (in 1¼ hour). R.A.

Crawling in the right hand. S.

Violent itching on the back of the right hand, near the joint of the third finger (in 5 min.). X.

Burning in the ball and still more in the carpal joint of the right thumb. S.

b. Left hand.

1290. Feeling of swelling in the left hand. X.

The left hand seems heavier on lifting it. X.

Feel as if the left hand were swollen, insensible, paralysed, as if she could not bend it (in 9 hours). F.X.

Paralytic tearing in the metacarpal bones and the last joint of the thumb and forefinger of the left hand. R.A.

DRAWING PAIN ON THE BACK OF THE LEFT HAND. X., P.

1295. Tearing from the left wrist to the tips of the two little fingers, passing off when rubbed (the 1st day). Ng. Itching in the left palm. P.

8. *Fingers.*

TIPS OF THE FINGERS COLD. S., F.S.

The third and fourth fingers benumbed on awaking. X.

Tonic spasm in the flexors of the fingers; the closed hand could not be opened without trouble (morning on awaking), (the 5th day). X.

1300. Shooting pain in the middle finger. F.S.

Shooting pain and heat in the fore and middle fingers, which had been sprained eight weeks before. Rr.

a. Right hand.

The anterior phalanges of the fingers of the right hand grew yellow and cold, as if dead, and the nails blue (in 1 hour). R.A.

Fine tearing in the tips of the fingers, right hand. R.A.

Frequent tearing in the foremost phalanx of the little finger, right hand (in $3\frac{1}{4}$ hours). R.A.

1305. Stitch in the second and third joint of the right forefinger. S.

Pressing pain in the right thumb. S.

Crawling in the right thumb. S.

Pain in the little finger. S.

Itching on the right thumb, passing off only after long scratching, and then returning worse than ever (in 1 hour).

Ng.

1310. Itching on the last phalanx of the mid finger (in $1\frac{1}{4}$ hour). X.

b. Left hand.

Jerking in the fingers of the left hand (in 10 min.). F.X.

Cramp in the fingers, left hand (in 25 min.). F.X.

Violent drawing in the thumb-joint of the left hand, forenoon (the 3rd day). Ng.

SHOOTING DRAWING PAIN IN THE LEFT FOREFINGER (in $1\frac{1}{2}$ hour). X., S.

1315. Strong pressure in the left forefinger. Le.

Drawing on the left side of the left mid finger from the middle to the back joint (the 1st day). Ng.

Itching in the second joint of the left middle finger. S.

Itching in the ball of the anterior phalanx of the left mid finger, passing off only by long rubbing, when walking in the open air (in $\frac{3}{4}$ hour). Ng.

In the second joint of the left ring finger, pain as if from a blow. Hs.

LOWER EXTREMITIES.

1320. *Lancinating pains.* W.Pr.

Paralytic pains. Hs.

Feebleness in walking (in $1\frac{1}{2}$ hour). X.

Remarkable weakness in the legs. F.S.

She cannot get on in walking without difficulty (the 12th day). F.X.

1325. *Legs as if bruised* (in $\frac{1}{2}$ hour). F.X.

Bruised pain from the thighs to the calves, worse on walking and when touched. F.X.

Bruised feel, especially in the joints of the hip, knee, and ankle. Rr.

Her legs appear to her twice as thick and heavy, so that she dreads incipient dropsy. F.X.

The pains in the inguinal region hinder her walking. F.X.

1330. Drawing from the calves up to the knee and thigh. Kch.

a. *Right leg.*

The right leg cannot be raised without trouble. F.X.

Paralysed, stiff, and cold feel in the right leg (in 16 hours). F.X.

FROM THE HIP BONE TO THE TOES OF THE RIGHT FOOT PARALYTIC DRAWING PAIN, CONTINUING THE SAME WHETHER WALKING, LYING, OR SITTING, and disappearing suddenly (in 39 hours). R.A. (In 10 min.). X.

Tearing in the right leg from above downwards. P.

b. Left leg.

1335. Burning in the left leg (in 10 hours). F.X.

1. *Thighs.*

Falling asleep of the anterior surface of the thigh, with fine stitches and raw pains (after external use). R.A.

Paralytic pain close above the knee. X.

Drawing pain from the lower part of the rectus femoris into the patellæ (the 8th day). X.

Drawing pain on the inner side of the thigh (in 5 min.). X.

1340. Tensive pains and sense of swelling in the thighs for the breadth of two hands midway between the hip and knee. F.X.

DRAWING PAIN IN THE HIPS. X., Hs.

a. Right side.

Numb pain in the right hip. T.

Pain in the right hip on rising from a seat (the 6th day). X.

Shooting in the right hip. F.S.

1345. Pain in the right ischium as if from a blow. Hs.

Tearing in the right thigh. P.

Pain in the right thigh as if after a long walk. Hs.

Pain as if from a blow in the middle of the right thigh. Hs.

Pressing pain on the middle of the right thigh, in the rectus femoris. X.

b. Left side.

1350. Burning itching in the left hip-joint, on the front (in 10 min.). R.A.

Burning in the region of the left loin and left hip (in $\frac{1}{4}$ hour). Ng.

SHOOTING PAIN IN THE LEFT HIP-JOINT (in $\frac{1}{4}$ hour). X., Rr.

Pain like dislocation in the left hip, preventing walking. T.

Pain in left ilium, as if from a blow. Hs.

1355. A kind of paralysis in the left thigh and knee when stepping down. R.A.

Shooting on the inner side of the left thigh. P.

Pain like a blow on the left thigh, three fingers from the knee. Hs.

2. *Knee-joint.*

KNUCKLING IN (giving way) OF THE KNEES WHEN STANDING AND WALKING (in 12 hours). R.A., F.X.

Pains in the knees. K.

1360. Pain in the hams when walking. A.X.

Pain in the patella when walking. X.

PAINS IN THE KNEES AS IF AFTER A LONG MARCH (in 1½ hour). X.

PARALYTIC DRAWING IN THE KNEES (in 8 hours). F.X.

Weight in the knees. F.X.

1365. Stiffness in the knee-joints. F.X.

Pain like a wound in the knee-joints, increased by pressure (in 2 hours). F.X.

Jerking in the knees (in ¼ hour). K.

TREMBLING IN THE KNEES. F.X., F.S.

Cold feel in the knees (in ½ hour). X.

a. *Right knee.*

1370. Numb pain in the right knee. T.

Boring pain in the right knee. F.S.

Drawing pain in the right knee (in 5 min.). X.

Pressing pain in the right knee, especially on lying down.

Le.

Pain in the right knee-joint, aggravated by movement.

F.X., A.H., Hs.

1375. Pain in the right knee as if broken. F.X.

SHOOTING IN THE RIGHT HAM (in 2 hours). R.A., F.S.

Hard pressure two finger's width under the right patella.

R.A.

Pain in the right patella (in 1½ hour). X.

b. *Left knee.*

Pain like dislocation in the left knee. T.

1380. Pressing pain in the left knee. Le.

VIOLENT PAINS IN THE LEFT KNEE. X., Rr., F.S., F.X.

Violent pain in the left knee, especially in the posterior surface of the patella. F.X.

Feel like a wound on the lower surface of the joint of the left knee. F.X.

Feel of stiffness with burning in the joint (in $\frac{1}{2}$ hour). X.

1385. *Pain in the left ham.* X.

She cannot extend the left leg without violent pains in the knee. F.X.

In walking, she is obliged to advance the left leg at full stretch, and can only extend it slowly for pain like a wound in the knee-joint, when it is once bent. In 24 hours after the medicine the pains of the knee suddenly disappear. F.X.

3. *Legs.*

Both legs cold and insensible (in 6 hours). F.X., X.

Feel of icy cold in the legs, especially the calves and soles; the legs feel cool to the touch. F.X.

1390. Paralytic feel in the legs. X.

Stiffness in the leg, as if sprained. R.A.

The right foot, up to the knee, actually cold, with a sensation of cold in it too, whilst the other foot retains its usual temperature (in $3\frac{1}{2}$ hours). R.A.

Tearing in the legs. Kch.

Tension in the legs. F.X.

1395. *Weight in the legs* as if she could not step out, and as if with each step she had to drag a great burden. F.X.

Edema of the leg. F.X.

Boring in the bones of the legs. Le.

Shooting boring sensation in the bones of the left leg. F.S.

Pressive pain on the left leg. Le.

1400. Paralytic feeling in the left leg (in $\frac{1}{2}$ hour). X.

Itching on the legs. Hs.

Itching on the right leg, so that he scratched some spots raw. Hs.

Itching on the outer surface of the left leg, passing off after scratching (in $\frac{2}{3}$ hour). Ng.

a. Shin-bone.

Drawing pain through the right shin-bone towards the instep (in $\frac{1}{4}$ hour). X.

1405. Shooting pain in the shin-bone, close above the ancle. F.X.

Itching on the left shin-bone ; after scratching, the place burns, 6.30 p.m. Ng.

b. Calves.

Drawing pains in the calves. K.

DRAWING-DOWN PAIN IN THE LEFT CALF. R.A., F.S.

Pains in the calves aggravated by pressure. F.X.

1410. Cramp in the calves. F.X.

Tensive pain in the right calf. Gs.

Tension and shooting in the calves when the legs are bent, passing off when extended (in 1 hour). Ng.

Jerking in the calves. K.

Trembling in the calves. F.S.

1415. Edematous swelling of the calves. F.X.

Burning in the lower part of the left calf when sitting, p.m. (the 1st day). Ng.

Some burning painful spots with stitches in the middle above the tendo-Achillis ; the pain is increased by scratching. R.A.

Cool feel on the inner side of the right calf, extending into the ham, as if the part were uncovered (in $\frac{1}{4}$ hour). X.

Itching on the inner surface of the right calf, not passing off when scratched, at 5 p.m. Ng.

4. Ancles.

1420. *Ancle-joints painful*, especially the right, worse when walking, as if after a false step (in 14 days). F.X.

Paralytic drawing in the ancle-joints. F.X.

Painful pressure on the outside of the ancle. T.

Oedematous swelling about the malleoli. F.X.

PAIN UNDER THE RIGHT INNER MALLEOLUS at every step (in $4\frac{1}{2}$ hours). X., F.S.

1425. *Pressive pain in the right ankle-joint* when sitting. R.A., Le.

Boring pain in front of the right ankle. F.S.

Pain in the left ankle-joint, especially when walking. S.

5. *Feet.*

Cold feet. X. (In $2\frac{1}{2}$ hours) F.X., A.H., Gs., Hs., S., F.S.

Feet first cold then burning hot. Gs.

1430. Feet as if dead (in $2\frac{1}{4}$ hours). F.X.

Feet as if paralysed (in 10 hours). F.X.

She cannot keep her shoes on for the swelling in her feet, though they were too large for her. F.X.

Tensive burning pain in the bones of the right foot on the joints of the toes. P.

Tingling in the feet as if after a long walk. Rr.

1435. Continued dryness of the feet, which usually perspire. F.S.

a. *Heels.*

Drawing in the right heel. Kch.

Stitches in the right heel. S.

Pricking like needles under the left heel (in 10 hours). F.X.

Violent pain in the heel, which prevents walking. T.

1440. Pain under the heel at every step. X.

b. *Instep.*

Throbbing pain in the left instep (in 9 hours). R.A.

Drawing on the left instep. Le.

Pricking in the left instep on walking in the open air at 3 p.m. Ng.

c. *Soles.*

Cramp of the sole of the right foot, which near the toes was bent under ; the cramp ceased on compression with the

hand, but increased on attempting to put it to the ground (in 12 hours). R.A.

1445. Pain as if from a blow under the left metatarsus. Hs.

Burning in the soles of the feet. Kch.

ITCHING IN THE SOLE OF THE RIGHT FOOT. S.

d. Toes.

Toes as if dead and insensible (in 12 hours). R.A.

Cold feeling in the toes (in $\frac{1}{2}$ hour). X.

1450. Tensive burning pain in the toes of the right foot. P.

Shooting in the right great toe. S.

Shooting DRAWING PAIN ON THE under side OF THE LEFT GREAT TOE (in $1\frac{1}{2}$ hour). X., S.

Pain as if from a blow in the fourth and fifth left toes, evening in bed. Hs.

PAIN IN THE FOURTH AND FIFTH RIGHT TOES. P., F.S.

1455. Itching and creeping in the toes. S.

Itching at the root of the left toes, passing off when scratched (in $1\frac{3}{4}$ hours). Ng.

ON THE NEED FOR A REVISION OF OUR
NOMENCLATURE.

By FRANCIS B. HUTCHINSON, L.R.C.P. Ed. (Exam.), M.R.C.S.

On entering upon the study of any new science the first business of the learner is to master its technology. In all modern sciences the aim of great teachers has been to maintain a nomenclature as simple as possible, and one in harmony with collateral branches of knowledge.

Thus the physician, receiving his drugs from the hands of the chemist and botanist, naturally uses the terms sanctioned by them, satisfied that they are as self-explanatory as possible, sufficiently definite, and, moreover, appointed by the proper authorities. Let a member of the medical profession then take up the study of Homœopathy, that is, proceed to ascertain the extent to which the law of similars is available in the

treatment of disease, and base his practice upon that law. He will naturally expect to find himself already furnished with the preliminary scientific knowledge, and be free to apply it to the subject before him.

But here a great and, as it seems to me, most unnecessary difficulty presents itself. He meets his old friends the medicines, indeed, again, but can hardly recognise them in their strange, uncouth, and obsolete garb. No more designated by terms sanctioned by modern science, well understood and defined, but by a nomenclature derived from Germany, unscientific, inaccurate, and very ugly. No more has he to do with *Carbonate of Lime*, *Iodide of Potassium*, and *Sulphate of Quinine*, or, if the Latin form be indispensable, *Calcis Carbonas*, *Potassii Iodidum*, and *Quinæ Sulphas*, but with *Calcarea Carbonica*, *Kali Hydriodicum*, and *Chininum Sulphuricum*.

I believe it to be a fact that our nomenclature—one derived from the infancy of chemical science—has scared away many scientific men who were disposed to inquire into the claims of Homœopathy, and I have therefore asked certain of my brethren who are regarded as authorities the reason why a nomenclature which sufficiently shows its own absurdity is retained.

I have learned in reply—

1. That Hahnemann having employed the terms now in use, respect to him and a desire to link his name eternally with his great discovery are sufficient reasons for their maintenance.

2. That chemical science is progressive, and its nomenclature constantly changing; that it is preferable to retain terms well understood, though confessedly arbitrary and incorrect, to running any risk of confusion through the vagaries of science.

3. That the present technology is a great common language to all Homœopaths throughout the world.

These replies being to me utterly unsatisfactory, I beg leave to answer them as follows:

1. Hahnemann was a physician who unfolded to his brother physicians a higher truth than any to which they had before

attained. He took the substances they were in the habit of administering, and consecrated them to higher and nobler uses ; and he employed the common terms of his day, derived from the science of the time.

His followers, shut up from the great body of the profession by persecution, and fully occupied in their own field of labour, were hence, especially, perhaps, in England, excluded from the great world of science, a world revolving in close relation to that of medicine. They fell behind their age, and instead of, like their allopathic brethren, improving their technology with the progress of science, continued to use the now obsolete nomenclature of their great master.

That such should be the case cannot be wondered at ; it was, perhaps, the right thing for the time being. But now Homœopathy has grown ; it has made itself a place in the world, and lived down persecution ; the cloud of confusion and error which surrounded its cradle, like that of every new truth, is rapidly being dispersed, and medicine based upon the law of similars is ready to issue forth from the secret place in which for seventy years it has been undergoing elaboration, and to take its place among the recognised sciences. Is it not, then, time to revise a nomenclature objectionable in itself, and exerting no small influence in maintaining our isolated and somewhat anomalous position ? As well let chemistry retain the technology of Priestley, botany that of Aristotle and Dioscorides.

We may be sure that Hahnemann would have been the last man to wish his child dressed for ever in swaddling clothes, but rather that the stalwart youth should sit among his fellows in the manly garb. He would tell us that he founded a system of scientific medicine, not one of Hahnemannism.

2. Chemical science progresses, indeed, but not in an uncertain or arbitrary manner. The composition of the salts used in medicine is well understood, their names have been established a great number of years, and have not been changed by recent theories as to their constitution.

For instance, *Sulphate of Potash* was not long since supposed

to consist of *Potash* directly combined with *Sulphuric Acid*, and was symbolically represented thus, KO, SO_3 . Later investigations into the behaviour of salts submitted to electrolysis have made it probable that the constitution of the substance in question may be more correctly expressed thus, K, SO_4 . Still, the term "*Sulphate of Potash*" admirably expresses the composition of the salt, and is quite unlikely to be superseded by any other.

But not only do I advocate the revision of our technology on the grounds of propriety, elegance, and harmony, but beg to submit to my brethren that such a step is, in fact, becoming an absolute necessity.

The Hahnemannian *Materia Medica* is limited, and our list of drugs is being continually enlarged through the investigations of modern observers. Let me give a list of a few salts already used by our allopathic brethren, and beginning to appear among ourselves; and let me ask how they are to be designated under our present system.

Hypophosphite of Soda.	Iodide of Potassium.
Sulphide of Potassium.	Arsenite of Potassa.
Sulphite of Potassa.	Arsenate of Soda.

Some of these call for special remark. *Iodide of Potassium* is known in the Homœopathic body as *Kali Hydriodicum*, a term positively incorrect. *Kali* or *Potassa* contains oxygen, and the prefix "hydr" implies the presence of hydrogen in the compound. Now, the salt contains neither oxygen nor hydrogen, but consists simply of *Potassium* combined with *Iodine*, and is represented symbolically as KI .

Again, "*Mercurius Iodatus*," according to all analogies, should mean *Iodate of Mercury*, a compound of the *Protoxide of Mercury* with *Iodic Acid*. The substance really intended to be designated is simply *Iodide of Mercury* or *Hydrargyri Iodidum*.

3. The present nomenclature, it is said, is a common language for Homœopaths throughout the world. Well! if we are for ever to be a set of mere symptom doctors, Hahnemannites, let it be so. But such is not my idea

of our standing and aim. First and foremost we are physicians. We have, indeed, been forced to take a sectarian name through the schismatical behaviour of the great body of our brethren towards us. But for all that, let us never forget that we are priests in the one Catholic Church of medicine, and seek to show in every way our catholicity, as is being nobly done by such men as the authors of *On the Need of a Scientific Pathogenesis*, *On the Chemical Treatment of Disease*, *Clinical Lectures on Rheumatism, &c.*, *On the Various Actions of Medicines, &c.*, men who have mastered the deepest and latest results set forth by the modern laborious physiologists and chemists, and are doing the great work of rescuing homœopathy from the discredit of being a mere mechanical art, to establish it as the highest generalisation yet attained in the science of medicine.

And now that the members of our profession who base their practice upon the homœopathic law are throughout the world men of science, we have a far wiser and juster common ground in the technology of science than in one from its very nature temporary, faulty, and sectarian.

There is no more hope for any institution or so-called science when it crystallizes into a dead form, when it loses the teachable spirit and refuses to "make increase to building up." And thus it is with the cause we represent; our art is not yet perfect, nor has it nearly even approached the goal we hope for it. So there is nothing for it but to be humble and patient, and wrought out—

" Like iron dug from central gloom,
 And heated hot with burning fears,
 And dipt in baths of hissing tears,
 And battered with the shocks of doom,
 To shape and use."

It is hoped that these few suggestions will elicit a discussion upon the subject of which they treat from my elder and more experienced brethren, to whose consideration they are very respectfully submitted.

ON THE BALANCE OF THE FUNCTIONS.

By Dr. HENRY R. MADDEN.

WHAT do we mean when we speak of the balance of the functions?—when, for example, we say that such and such a morbid agent disturbed the functions, and that the phenomena resulting therefrom consisted of nature's efforts to restore the balance? Some such expressions are very common both in medical books and medical conversations, and doubtless those who employ them attach some definite meaning to the terms. It seems to me, however, that it may be in some small degree helpful, if we try to follow out the image more fully than is usually done, and if we endeavour to realise, as far as our present physiological knowledge will admit, what this balance of the functions really represents, and how far unaided nature succeeds in restoring the equilibrium when once disturbed. And now let us first inquire, what do we understand by restoring the lost balance? Picturing to ourselves a pair of scales set in motion, and the beam vibrating up and down, we of course decide that equilibrium is restored when the beam assumes the horizontal position and comes to rest. But we must not forget that if the disturbing cause be some small weight placed in one of the scales, the balance equally comes to rest, only in an inclined position; the lighter scale being raised as far above the horizontal line as the heavy one is depressed below it. All oscillation will cease as much in the one case as in the other, but the ultimate position of the beam and scales will be diverse.

I shall probably provoke a smile by recalling so well-known a fact, and yet, I think my readers will find that this is just the point which is continually overlooked when comparing recovery from disease with the restoration of equilibrium. Work out the analogy a little, and you obtain the following terms:

1. *Health* resembles a balance equally weighed and retained in *equilibrio*.

2. *Disease* represents any cause which disturbs this balance.

3. *Symptoms* are analogous to the oscillations of the disturbed balance.

4. *Equilibrium*, or cessation of oscillations, should represent health.

Is not this a fair representation of the idea we generally picture to ourselves when we speak of nature restoring the balance? I think so. A little thought, however, will prove that to represent accurately the results of experience, we must modify the two last terms of the analogy, and state them thus :

3. *Nature's efforts* are directed to check the oscillations of the disturbed balance ; and,

4. *Nature's efforts* cease as soon as equilibrium can be obtained, *irrespective of the position of the beam*, and hence very often cease, while the patient remains in a state of disease.

I feel convinced that what is termed the *vis medicatrix naturæ* has no power beyond the overcoming of the oscillations, and whether the result be health or chronic disease depends upon circumstances altogether beyond its control. Without a *vis medicatrix*, every disturbing cause would be continually operative, the oscillations would go on indefinitely, and every disease would be permanent and incurable. In Mr. Paget's admirable *Lectures on Surgical Pathology*, he draws especial attention to what he terms the capacity of adaptation ; the paragraph is so suggestive that I shall quote it. It occurs at the commencement of the seventh lecture, and is as follows : " Among the general considerations that may be suggested by the preceding lectures, none, perhaps, is more worthy of earnest thought than that of the capacity of adaptation to the variety of their circumstances which is displayed by the several parts of the body. Each part may be said to be conformed, in its first construction, to a certain standard of measure, weight, and power, by which standard it is adjusted to the other parts of the whole organism. The first perfection of the economy is in the

justness with which its several parts are thus balanced in their powers; and the mutual adaptation thus established is continued, in ordinary life, by the nutrition of each part being regulated according to a law of direct proportion to the quantity of work that each discharges. But when the external conditions of life vary, and require for the maintenance of health varying amounts of function to be discharged by one or more parts; and, still more, when disease disturbs the functional relations of any part to the rest; then each part displays a capacity of adaptation to the new conditions in which it is placed: each can assume a less or greater size and weight; each can acquire a less or more powerful tissue; each can thus rise above, or descend below, its standard of power. This capacity of adaptation is shown in a yet more remarkable manner in the recovery of parts from the effects of injuries and diseases. It is surely only because it is so familiar that we think lightly, if at all, of the fact that living bodies are capable of repairing the effects of injury, and that in this capacity they prove themselves adapted for events of which it is not certain that they will ever occur to them. The exact fitness of every part of a living body for its present office, not as an independent agent, but as one whose work must be done in due proportion with many others concurring in operation with it, is a very marvellous thing; but it seems much more so, that in the embryo each of these parts was made fit for offices and relations that were then future; and yet more marvellous than all it seems, that each of them should still have capacity for action in events that are not only future, but uncertain; that are indeed, possible, yet are in only so low a degree probable, that if ever they happen they will be called accidents."

This "*capacity of adaptation*" I take to be a term in all respects equivalent to that of *vis medicatrix naturæ*, and to be vastly more satisfactory as expressing the manner in which the work to be done is accomplished. Let us now see to what point we have reached. Every disturbing cause evokes the capacity of adaptation possessed by the body, and thus

the disturbance is removed or neutralised, as the case may be : "removed" when that is possible, in which case perfect health is attained ; "neutralised" when it cannot be removed, in which case a compromise is made whereby the welfare of the whole organism is secured at the expense of the disorder of one or more parts. This constitutes the foundation of all chronic diseases, and the most practical point to be remembered is that, once an adaptation has been made, once a compromise has been effected, the tendency to a complete restoration of health becomes very small ; while the tendency to a continuance of the disease is increased, in consequence of another well-known physiological property, viz., that in nutrition "the formative process exactly assimilates the new material to the old." "The new-formed blood and tissues take the likeness of the old ones in all their peculiarities, whether normal or abnormal."* Here, then, is the limit to the operation of *vis medicatrix*, as a healing agent. The "*capacity of adaptation*" becomes inoperative as soon as adaptation is effected. To trust, therefore, to the unaided powers of the system in cases of chronic disease, is to trust to a spent force ; a balance has been struck—a point of rest has been reached, and nothing less than a fresh disturbance can originate any further change. From this point of view, then, chronic diseases are those wherein some obstacle has existed to the complete restoration of health ; where, to revert to the simile of the balance, a weight has been dropped into the scale which cannot be ejected, and hence the beam comes to rest in an inclined position. What these weights are is easily conceived. *E.g.*, any continuously acting morbid cause, whether bad air, unwholesome food, bad habits, or the like, —in all these cases "the capacity of adaptation" effects a balance of the functions, so that the total amount of injury to the organism is as small as possible ; but this balance will generally be found *resting in an inclined position*—or in other words, life is prolonged at the cost of some chronic disease.

Let us now review shortly the various ways in which this balance or compensation is effected. I need not dwell upon

* Paget, *op. cit.*, page 36.

such obvious examples as the repairing of injuries where complete restoration is impossible, as, for instance, the developement of anastomising vessels where the main artery is blocked up, or the cicatrizing of extensive wounds. In the first instance, circulation and nutrition are restored at the cost of a chronic incurable abnormality, and one which in certain regions of the body might prove a considerable discomfort,—*e. g.*, where the anastomosing vessels are so situated as to be exposed to repeated pressure; and in the second case, a large and disfiguring cicatrix represents the best that could be done to repair the damage. In such instances the compensation is manifest, but in the majority of cases a far more complex and obscure series of changes is necessary. We will trace, by way of illustration, the probable changes evolving from the three following conditions: bad air, unwholesome food, and some bad habit—say indolence.

1. When a person resides habitually in *bad air*, one of two things happens: either his health becomes manifestly and seriously impaired, and active disease sets in which destroys life, or he becomes what is termed accustomed to it—he is no longer conscious of any discomfort from the impure air, and performs most of the ordinary functions of life as if he were well. But is he really well? In the vast majority of such cases, if not in all, a careful inquiry will demonstrate that either he is more subject to ordinary ailments than he formerly was, or he is less capable of resisting morbid agents, or he has become dyspeptic, or he has some eruption on his skin; in other words, either some function will be found actually deranged, or some organ will have a lower power of resistance against pathogenetic causes. Now, to understand the way in which this condition is brought about, and still more to realise it as an *adaptation* to altered circumstances, we must recall certain physiological theses which throw light upon nutrition.

I may presume that most of my readers are believers in the doctrine of the correlation of forces as developed by Grove and

Carpenter; in which case they will agree with me in the following propositions.

1. *Vital force* exists in two forms:

Active, as displayed in the various functions of the body.

Passive, as *resistance to chemical force*, and in the form of *the specific properties which characterise each organ*.

2. The health of the system depends upon an adequate supply of force.

3. All *vital force* is derived from *food* in its widest sense.

4. The distribution of force throughout the body must be proportionate to the amount received.

5. Force can be economised by *reducing the resisting power of a part*, or by *lowering its specific properties*.

6. A part thus curtailed of force will accordingly *become liable to degenerate*, being less able to resist chemical changes, or will be *less capable of performing its normal functions*, from losing some of its specific properties.

7. Abundance of *pure air* is essential to the production of *pure blood*.

8. Normal nutrition is dependent upon the following conditions:

“ 1. A right state and composition of the blood.

2. A regular and not distant supply.

3. Nervous influence.

4. A normal state of the part to be nourished.” (*Paget* p. 11.)

By the aid of these propositions we can now trace the various methods of adaptation by which the dwellers in impure air escape death.

a. Where the air is impure, the blood cannot be healthy (7).

b. Where the blood is unhealthy, normal nutrition cannot take place (8).

c. Blood deprived of pure air may be loaded with effete matter, or deficient of some in its specific properties.

d. If loaded, some function must be increased in order to

eliminate the deleterious ingredients, and in this case some organ will suffer, it may be the mucous membrane, giving rise to blenorrhœæ or catarrhs, it may be the skin giving rise to eruptions, it may be some gland giving rise to morbid secretions.

e. If, on the other hand, the blood is defective in the specific properties of its constituents, then some organ will be ill-fed, will suffer an equivalent loss of specific properties, and will either become functionally deranged or degenerate (5) : hence may arise *dyspepsia* or *pyogenesis*.

As soon, however, as a certain point is reached, a complete adaptation will result. If one or more organs excrete the material which was loading the blood, depuration will be effected ; and *as long as these morbid conditions last, the other functions of the body will continue healthy.*

Or, again, if one or more organs receive less force, the total demand on the blood will be lowered, and the lesser supply will thus become adequate to the wants of the system ; and hence, also, dyspepsia or pyogenesis may act as safety-valves, and enable the other functions of the body to continue normal. I need scarcely remind my readers that practically matters are much more complicated than they appear in the above sketch, but something of this kind evidently happens in all cases where a person has become accommodated to an unwholesome atmosphere ; and what is practically of great importance, is that, once this adaptation has been effected, there is little or no natural tendency to get rid of the disease ; in point of fact, it cannot be removed until one of two things is accomplished : either the patient must obtain a continuous supply of fresh air ; or, if that is impossible, *some other and more agreeable adaptation must be arranged.* A compromise of some kind must be made, and it is one of the physician's most important duties to bring about this desirable end. Thus, we perceive a balance has been struck, and all the chief functions go on ; but the beam has come to rest *in an inclined position*, and the individual has purchased his life at the cost of some chronic disease.

2. The case of persons habitually living upon unwhole-

some food is explicable in the same way. The blood in this case is depraved during assimilation instead of during aëration, and the balance is struck in some similar way to those already pointed out.

3. The case of *bad habits*, such as indolence and the like, also fall into the same category of adaptation, commencing at the point of *nutritive depuration* of the blood. To realise this we have only to recall another very important physiological fact, first pointed out by F. Wolff and Treviranus, and particularly insisted on by Mr. Paget, viz., that "each single part of the body, in respect of its nutrition, stands to the whole body in the relation of an excreted substance." From whence it follows as a corollary, that the disease of any part or the cessation of any function will directly interfere with the normal constitution of the blood. We must never forget that blood consists of *the relics of the past*, *the food of the present*, and *the supply for the future*; in other words, effete material from dead and used-up tissues, fully formed nutriment for present use, and partially formed blood from the most recently digested food; and it must also be remembered that a just proportion must be maintained between these three series of ingredients if morbid accumulation is to be avoided. For example, in the case under consideration, indolence involves disuse of muscle; hence diminished tissue-change—hence diminished nutrition—hence less demand for new material, and thus *present supply* accumulates in the blood. On the other hand, the dwellers in impure air have their blood loaded with the *effete matters of the past*, which cannot be oxydized or thrown off, while the imperfectly nourished suffer from a defective *supply for the future*. In each case, however, an adaptation can be effected, provided some function or functions are as much increased as others are diminished. It will be interesting to inquire how it happens that dyspepsia is by far the most common ailment among the three classes of patients to which I am now referring, and a careful consideration of this point will prove instructive.

Healthy digestion requires a healthy stomach; but this

organ will suffer in its nutrition whenever it is deprived of normal blood, or of sufficient nervous influence (8). If, then, the stomach be weakened, some form of dyspepsia must result. But how does it happen that the stomach should more frequently suffer than any other organ in the *adaptation* which so frequently takes place? Why should not other organs suffer at the cost of which the stomach might remain healthy? That this actually does sometimes happen, I feel sure; but experience proves, that dyspepsia is on the whole the most common chronic disorder, and that many, very many persons who are compelled to lead a physiologically vicious life are unconscious of any other source of suffering. To understand this, we must first recall to mind that the stomach and its allies stand at the entrance, and are the direct recipients of all supplies from without. Associate with this the fact that in all the cases we are considering there is accumulation of some kind going on within, and we at once perceive that the law of balance between supply and demand will operate directly in reducing the functions of assimilation. The activity of every organ is adapted, through the agency of the nervous system, to the amount of work required of it, and we can well understand that a nervous system already suffering from a supply of loaded blood will telegraph to the entrance that the amount of imports must be reduced. But why does not appetite diminish, and thus level the stomach's work to its reduced power? Unfortunately, our appetites are no longer in their state of primitive simplicity, and hence it very frequently happens that the general sense of lowered vitality consequent upon certain functions being depressed induces a craving for something which will strengthen and brace us, and this craving manifests itself in a desire for strong food and drink; thus creating an increased demand for work at the very time when the digestive powers are lowered. The exact form of dyspepsia will be determined by circumstances too complicated for illustration in this place; but the important practical fact to be borne in mind is, that in all these cases the dyspepsia acts to a certain extent as a compensation, and can only be cured by a re-

adjustment of the balance of the functions. Our next point for consideration should be how this desirable end is to be attained. The first and most obvious step in the process will be to *disturb the existing equilibrium*, and this will be found on examination to be at the root of all successful methods of treatment. Every process of cure which has yet been tried will be found to consist primarily and essentially of a disturbing of the balance. They almost all exalt some function abnormally. Of course, they effect this exaltation in very different and often in very questionable ways; but still the fact remains—they exalt some function—and, as a consequence, the vicious equilibrium is disturbed, and at once *nature's power of adaptation to altered circumstances* is called into play. Aperients do this by exalting intestinal secretion; sudorifics do this by exciting the sudiparous glands; stimulants, by acting on the nervous system; hydropathy and the Turkish bath, by acting upon various systems, but pre-eminently on the skin; gymnastics, by acting on the muscles; alteratives, by modifying the nutrition of certain parts; the thirst-cure, grape-cure, whey-cure, &c, by disturbing the process of assimilation, and often by compelling the system to feed upon itself in consequence of the insufficiency of the supply *ab extra*. The treatment by specifics which we follow differs in no wise from the others, in as far as a disturbance of the pre-existing balance is concerned; but here all resemblance ceases, and we find in Homœopathy a new element which raises it, as a system of cure, infinitely above all other methods of treating disease, and it is this. Homœopathic specific remedies not only evoke the natural powers of adaptation by disturbing the equilibrium of the functions, but *they direct the new adaptation along the exact line by which the vicious balance was reached, and hence in the way towards perfect health*. This is evident when we remember the important part which the previous history of a case plays in the selection of our remedies. In every chronic disease we carefully inquire into the history of the ailment; and having thus ascertained the road which the powers of adaptation took to effect the vicious

balance, we administer a remedy whose tendency is to effect the very same series of changes, or, figuratively, we supply a guide well acquainted with the road leading back to health through all the labyrinthine steps which have been passed on the way to chronic disease. Most other modes of treatment simply disturb the balance, and leave to chance its readjustment in some more pleasant or healthful way; or, what is worse, many of them establish a new morbid adaptation, requiring a perpetual continuance of the treatment to secure the so-called benefit. For instance, the relief effected by aperients as depurators of the blood is often so marked, that many persons are induced to follow this pernicious habit, regardless of the fact that the ultimate effect of all purgatives is most injurious to health.

It would extend this paper beyond all due bounds, if I attempted to develop the many points of practical importance which branch out from this physiological law; but I trust that having directed attention to this *balance of the functions*, I may have led my colleagues to some interesting and practical reflections.

ON SOME REMEDIES FOR CLIMACTERIC SUFFERINGS. By Dr. RICHARD HUGHES.

THERE are very few women to whom the menopause is not a time of considerable distress. They cannot call themselves, or be treated as, invalids; yet they rarely feel at ease. It is in the belief that we have some remedies capable of affording much relief to these sufferers, that, being unaware of any existing literature on the subject, I jot down these few notes from practice.

1. One of the most common and not the least distressing of these climacteric troubles is known as "*flushes*." Their subjects "come over," as they express it, in sudden heats, sometimes dry, more commonly accompanied with perspiration, but rarely if ever preceded by chill. The attacks last

but for a few minutes, but recur frequently, and cause indescribable discomfort. The pathological condition appears to be a hyperæsthesia of the vaso-motor nerves, analogous to that of the cerebro-spinal system which obtains in hysteria. There is no arterial tension, and *Aconite* does not help. I do not know whether *Quinine* is found useful for it in old-school practice. But we have a most valuable remedy against it in *Lachesis*. Administered in the 6th or 12th dilution, it will rarely fail to reduce the trouble to a minimum, and to gain us the grateful thanks of our patient. I owe the original suggestion of this medicine to my friend Dr. Madden.

Dr. Gray, of New York, has recommended *Sanguinaria*, and Dr. Trinks *Sulphuric Acid*, for these flushes. I gave the former (1st dec. dil.) in one case with decided benefit.

2. There are two forms of distress in the head complained of by menopausal patients. The one appears to be a special local manifestation of that general hyperæsthesia of the vascular nerves which I have already described. There is little or no pain; but the patients complain of great giddiness, with rush of blood, throbbing, beating, and roaring, sometimes with noises in the ears. *Lachesis* helps this, but not very decidedly. On the other hand, it finds in *Glonoine* a most efficient remedy. I believe that Dr. Kidd was the first to suggest this medicine for the malady in question (*Annals of the Brit. Hom. Society*, Sept. 1864); although the pathogenetic indications for it are so strong as to make it wonderful that no one had pointed out its applicability before. I have always used it, as recommended by Dr. Kidd, in the 3rd dec. dilution.

The other head-affection of this period of life is a true ache, a burning pressure upon the vertex. Sometimes it is here, as elsewhere, a symptom of debility from loss of fluids; as when the shifting menses occasionally stream forth profusely. In these cases the patient often complains of a feeling as if the head were opening and shutting. The medicines are obviously *China* and *Ferrum*. Quite as often, however, there is no such cause present to account for it,

and the distress appears purely sympathetic. In this case I have rarely failed to relieve with *Lachesis*.

3. The third climacteric affection I have to mention is "sinking at the stomach," and is very common. I have reason to suppose that the solar plexus with its ganglia is the seat of this distressing sensation, which is by no means confined to menopausal subjects. In idiopathic cases unconnected with this change in the system, I find *Hydrocyanic acid* (2nd dil.) an invaluable medicine. But in the sufferers now under consideration its place seems taken by the *Actæa* (now called *Cimicifuga*) *racemosa*. "Faintness at the epigastrium" is a symptom of frequent recurrence in its pathogenesis; and its relation to the uterus makes it specially applicable here. I give it in the 2nd and 3rd dec. dilutions, and rarely find it fail to relieve.

PHARYNGO-LARYNGITIS MEMBRANACEA.

By Dr. MEYHOFFER.

OBSERVATION I.—A. B—, a boy, æt. 5, of scrofulous constitution, was taken with sore-throat January 8th, 1864. On the morning of the 9th I found him feverish, the fauces much inflamed, purple, and the tonsils so enlarged as nearly to occlude the isthmus faucium: the parents, however, told me that the tonsils had always been very large. The patient experiences great pain in swallowing; the submaxillary glands are swollen and very tender; on both sides of the neck are hard glands, like a string of large beads. Pulse 130, small, contracted; skin dry and burning; face red; eyes heavy and injected; great thirst, but the patient dreads drinking on account of the pain it causes him; the tongue coated, red on the edges, mouth constantly full of saliva; he complains of violent headache, and cannot bear to sit up, feeling as if the head were too heavy. Inspirations 28 per minute; breathing rendered difficult by the tonsil-

lary swelling, voice nasal, no cough. The boy is thin, the muscles flabby; stomach large; chest flat and narrow; physical examination of it negative; urine scanty, high-coloured; a stool the day before.

Prescription.—*Aconit.* 3, gr. j, every hour till the skin becomes moist and less burning, then only every two hours; an ice-pill now and then to relieve thirst and heat in the mouth.

10th.—Pulse 120, soft; skin less hard and dry; headache much diminished; eyes less red and heavy. The submaxillary glands are larger and more painful; the child can open its mouth but very little, so that it is impossible to examine the fauces; deglutition the same as yesterday; breath of offensive smell.

Prescription.—*Bellad.* 3, grt. vj.; Aq. ʒ vj.; every hour one dessert-spoonful.

11th.—Submaxillary glands much less painful; the boy can open his mouth so as to permit me to see a part of both tonsils, which are patched with a grayish-white membrane; similar patches exist also on the inside of the left cheek; breath fœtid; deglutition easier. Pulse 112, soft, easily compressible; inspirations 27; temperature of the skin normal; urine in larger quantity, lighter in colour, but turbid, of acid reaction, sp. gr. 1017; heat and nitric acid prove the presence of albumen in considerable proportion. The patient refuses every kind of nourishment, and wishes only for cold water, he is very weak, and his face pale.

Prescription.—*Biniod. of Mercury* 2, gr. iij; *Sacchar. lact.*, ʒj; trit. exact. f. pulv. et divid. in xij part. æqual. Sig. every two hours one powder. *Liebig's Beef extract* every three hours.

12th.—Action of the heart very weak; right ventricle dilated. Greater extension of dulness in the longitudinal diameter of the heart; the impulse lower on the ribs than usual; double systolic sound. Pulse 120, faltering; throat in the same state; much albumen in the urine. *Continuat. med.*, sparkling Asti wine.

14th.—I was called in the night, the patient having been taken with a fit of suffocation towards midnight. When I arrived, he was much exhausted, the forehead covered with cold perspiration; the breathing continued laborious, sawing; inspiration prolonged and stridulous, 40 per minute, before each expiration a pause; all the muscles which expand the chest are in continual active contraction; during inspiration the intercostal muscles, the epigastrium, and lower part of the sternum are retracted, and on auscultating the heart at this moment its impulse becomes most distinct in a line with the nipple; pulse 140, feeble; hands cold, but skin of the body hot; face pale; lips bluish; anxious expression. I learned that in the afternoon of the day before, the patient had a frequent dry hoarse cough, and that his voice became husky and muffled; but as he did not complain of any pain, and went to sleep towards 9 o'clock, the parents did not think it necessary to send for me; he slept, it seems, little disturbed until he was awakened by a great want of breath, and symptoms of suffocation, which lasted with little intermission for about ten minutes.

Prescription.—*Bromine* ʒ. iij; *Aq. dest.* ʒ. viij. *misc.* Sig. every half-hour one dessert-spoonful; wet compress round the throat. About 4 o'clock in the morning he had another paroxysm of dyspnoea, though not so violent as the first.

15th.—Voice extinct; cough seldom, muffled but less dry; breathing still sawing; any excitement, as coughing, brings on great dyspnoea; 36 inspirations to 130 pulsations; arteries contract with a little more energy. By this time the tonsils and submaxillary glands were much reduced, the latter no longer sensitive; deglutition caused pain. On examining the little buccal cavity, I found the tonsils, arches, and the pharynx, as far as I could see, coated with a diphtheritic exudation; some places begin to clean, so that the mucous membrane is visible through the pellicle; several membranous patches are spread inside both cheeks, partly confluent with those of the arches; tongue coated with a thick yellow

brownish fur; edges and tip red, but moist. Very fœtid breath; urine more coloured, contains albumen in large proportions. Great prostration; hands and feet cool, sensibility of the skin nowhere diminished; left ventricle of the heart still dilated, double systolic sound. Continuat. med., meat jelly, beef-tea, wine, and ℞ *Bromine* ʒ, gtt. xx, *Glycerini pur.* ʒj, m. det sgn. to sponge the throat with every four hours. The sponging had the effect of bringing away, each time more easily, large fragments of membrane.

16th.—No return of paroxysms of dyspncea; cough hoarse but loose, attended with discharge of a tenacious grayish mucus, mixed occasionally with membranous shreds of similar colour; breathing much easier, inspiration only stridulous after cough or any excitement causing more active respiration; voice hoarse, speaking causes pain in the larynx and cough; pulse same as above. Throat cleaning rapidly; tongue less coated, more whitish, moist, much less salivation. Albumen in smaller proportion in the urine, the latter increasing in quantity, sp. gr. 1016. Great disinclination for any kind of food, desire for wine. Continuat. med., wine freely, beef extract.

18th.—Breathing free and easy, cough hoarse but very loose and not frequent; has more voice, but feels too weak to speak or to move; passed water and a liquid motion in bed. Pulse 130, faltering; humming-top noise in the jugulars; skin of a pale yellow-grayish hue, mucous membranes nearly white; intellect perfect. He refused all nourishment, and the parents were afraid to give him more than two glasses of wine.

Prescription.—*Arsenic* ʒ, one drop every two hours, enemata of beef-tea and egg; champagne, one wine-glass every three hours.

20th.—Contractions of the heart more energetic; systolic sound no longer double; pulse 120, more resistant; still great weakness, but less prostration. The patient evinces no wish for nourishment, but does not refuse it when given; he relishes the champagne exceedingly, and has drunk nearly a large bottle of it in twenty-four hours without evincing any

sign of excitement: however, symptoms of paralysis of the throat begin to be manifested; the liquids he drinks return by the nose; the voice is nasal; the uvula hangs down in the throat, and tickling of the latter causes no reflex action. Scarcely any albumen in the urine. *Continuat. med.*; unreserved allowance of wine and analeptic diet. Under this regimen, and change of air to the hilly parts of the country round here, the appetite gradually returned, and in the same ratio the strength increased. As he began to take nourishment with more relish, he became more and more disinclined to take wine, and at last could not drink any more. We have observed the same phenomenon several times after typhus, where the patients drank with delight large quantities of wine during the height of the fever, and repulsed it in convalescence. The paralysis of the throat lasted about three weeks.

This case, though not belonging to the very malignant form of diphtheria in which life ebbs fast away, and in its fatal course defying all the efforts of science to arrest it, caused nevertheless the most serious apprehension by the adynamic character of the disease, as well as by the extension of the exudative process into the larynx, presenting, as it did, within a few hours, all the symptoms of the second stage of croup. The danger was the greater, as the weak and scrofulous constitution of the patient left but little hope of getting him through so alarming a complication.

I seriously regretted not having employed the *Bromine* from the beginning instead of the *Biniodide of Mercury*, in whose effects we have been disappointed several times in diphtheria; but the general condition of the patient, as well as the local symptoms, seemed to indicate it, and I feared to yield to a prejudice against this mineral in the present case. Notwithstanding the apparent similarity of its symptoms with those of the disease, it evidently did not correspond to the true pathological condition which required and met in *Bromine* a more exact simile. The pathogenetic effects of this simple substance are, inflammation of the throat and larynx, with plastic exudation; but this inflammation is not

accompanied by a genuine febrile reaction; the pulse is frequent, but weak, faltering, with diminution of caloric, great prostration, rapid reduction of the vital powers, anæsthesia of the skin, paralysis of the pharynx, amaurosis, deafness; in short, exhibiting an exquisite adynamic character with alteration of blood such as we frequently meet with in diphtheria.* Its action evidently arrested in our case the exudative process, and favoured a speedy exfoliation of the false membranes and rapid cleansing of the throat. In a paper on diphtheria† we recorded our observations on twenty-three cases of this disease; since then we have had seven more to attend, thus making up a sum of thirty. In twenty out of these *Bromine* proved most successful when the diphtheritic exudation in throat or larynx was accompanied by great prostration. I lost one patient under the *Bromine* treatment when in convalescence; it was a youth of fifteen years, affected with the most malignant form of this disease; the nares discharging an ichorous fluid, and profuse hæmorrhage from them caused a high degree of anæmia: he sank under serous effusions in the pericardium and pleura. It is but fair to mention that the patient which forms the subject of this paper was, out of twenty, the most severe case, and we have no doubt that the champagne contributed a great deal to bring him through.

I consider the local application of *Bromine* as most important, as it contributes greatly to the rapid detachment of the false membranes, and prevents generally new exudations at the same place. Where sponging of the throat cannot be executed, either through the impossibility of opening the mouth from swelling of the glands or by resistance of the child, and the larynx begins to be involved in the exudative process, I use the *Bromide of Potassium*, 1st dec. trit., one or two grains of which I blow into the throat, by means of a glass

* Vide Noack and Trinks, *Arzneimittellehre*; Höring and Heimerdinger, *Physiologische Prüfungen des Brom*, gekrönte Preisschrift; and Huette, Rames, Pluhe, Ozanam, &c.

† *Neue Zeitschrift für homœopathische Klinik*, 1862—1863.

tube, during an inspiratory movement, which causes generally cough, and often the expulsion of membranes.

The intermittent paroxysms of dyspnoea and suffocation in laryngitis exsudativa have given rise to various interpretations as to the relations existing between these violent transitory symptoms and the anatomical lesions. Bretonneau considered exudation in the larynx as the exclusive cause, not only of the permanent difficulty of breathing, but also of the periodical suffocatory paroxysms. In post-mortem examinations, fibrinous exudations are occasionally observed coating the larynx in all its parts, without the patient's having exhibited any symptoms of obstruction of the glottis; and, on the other hand, many children have died under all the phenomena of croup, and, to the great surprise of the observer, no trace of false membranes could be detected in the windpipe, but only a simple erythematous or catarrhal inflammation, without even considerable swelling of the mucous tissue. This latter circumstance has greatly favoured the views of Albers, Jurine, and Vieusseux, who long before Bretonneau professed that the paroxysms of dyspnoea, as well as death, were caused by a spasmodic contraction of the muscles of the larynx. This opinion is still held by the generality of pathologists of the present day: is it therefore the more correct? No; it is in contradiction with physiologo-pathological facts, according to which we observe, wherever we meet with inflammation of any intensity either of the mucous or serous membranes, not only the submucous and subserous connective tissue, but also the respective muscles are infiltrated by a serous liquid, pale and discoloured. It is, *à priori*, not to be admitted that the muscles in this condition are susceptible of spasmodic contraction. Rokitansky declares "that the infiltrated and discoloured muscles become paralysed." That this is indeed the case is proved by the loss of elasticity of the intercostal muscles in pleurisy, and the suspension of the peristaltic movement of the alimentary canal in peritonitis and dysentery. These, as well as other analogous facts, render it impossible to admit that the muscles of the larynx covered by an intensely inflamed

mucous membrane, and therefore infiltrated, should be in a state of spasmodic contraction; the reverse (paralysis) is more in accordance with physiological pathology. That paralysis of the muscles of the larynx causes dyspnoea is, moreover, proved by the section of the pneumogastric nerves in young animals; the dyspnoea hereby produced exhibits the same stridulous, prolonged inspiration as that caused by croup, so that no doubt can exist as to their identity.* If, on the other hand, we take into consideration the anatomical disposition of an infantile larynx, we are at once convinced that, from the time that the glottis is no more enlarged in the moment of energetic inspiration by muscular action, its lips must close together and shut out the air from the trachea and lungs. The basis of the arytenoid cartilage in children has no extension, and the glottis forms but a narrow fissure, and not a triangular open space as in adults. In the larynx of a child, cut out with its trachea, it is easy to demonstrate the occlusion of the glottis by aspiring the air through the trachea.

As it is of the utmost importance to the treatment to know if false membranes are the cause of dyspnoea, or mere paralysis of the muscles of the larynx induced by collateral infiltration, it is necessary to observe if inspiration and expiration are equally difficult, or the latter easy and following immediately on the former. In the first case, the pseudo-membranes, in rendering the glottis more rigid, impede both inspiration and expiration; therefore it is that the latter in croup is generally preceded by a pause, and is always nearly as stridulous as inspiration. In paralysis of the muscles, expiration is easy and soft, as the current of air from the lungs opens the lips of the glottis without the intervention of muscular action; in inspiration, the pressure of air in the trachea is inferior to that accumulated above the larynx: it ensues that the column of air in the throat pressing on the lips of the glottis effectually closes them. The muscles crico-arytenoidei postici, whose function it is to

* Rosenthal, *Die Athembewegungen und ihre Beziehungen zum Nervus Vagus*, Berlin, 1862. Cl. Bernard, *Physiologie du système nerveux*, tome ii.

open the glottis, become generally paralysed first, when the mucous membrane of the pharynx which covers them is inflamed. This is the reason why the French consider only as laryngitis membranacea that where false membranes exist also in the throat, and affirm that real croup begins always in the pharynx. The periodical paroxysms of dyspnoea, which are not explained by the paralysis of the muscles, can rationally be attributed to the accumulation of carbonic acid in the air-cells of the lungs, where it irritates the peripheral terminations of the pneumogastric nerve, causing thus, by reflex action, increased necessity for breathing, the satisfaction of which finds an obstacle in the relaxed glottis; therefore the paroxysms of dyspnoea grow more frequent with the progress of the disease, till, with the increase of asphyxy, organic and animal life become more and more paralysed.

The obstruction which the air meets with in its passage through the larynx causes the thorax to dilate, and consequently the air in it becomes rarified; the result of this is a symptom characteristic of croup which strikes even laymen forcibly, *i. e.* by every inspiration the epigastrium and the lower part of the sternum are strongly retracted. By the diminution of the pressure of air in the thoracic cavity, the diaphragm is drawn forcibly into it, and thus determines a great tension on the xyphoid cartilage: that this is really the case is easily demonstrated by percussion and auscultation of the heart and liver during inspiration, as both describe then a high ascendant nerve.

Since Wade drew attention to the frequency of albuminuria in diphtheria maligna, it has been observed as a common occurrence not only in the malignant, but also in milder forms of this disease. In twelve cases out of thirty I ascertained the presence of albumen in the urine, and, according to some pathologists, it is considered as a constant symptom, as invariable as the exudation by which the disease is characterised, and seems therefore to be in intimate connection with the latter, one of its symptoms, and the consequence of the particular state of the blood, which shows a great tendency to albumino-fibrinous exudations;

a dyscrasy engendered directly by a morbid cause, or the result of cosmical unfavorable influences. Bouchut sees great analogy between diphtheritic albuminuria and that which accompanies purulent infection. According to him, the kidneys are in both diseases congested, their volume increased, the tissue more or less altered; in diphtheria, as well as in purulent infection, a morbid product is absorbed. When croup sets in, the phenomenon becomes complex, as in that case the imperfect oxydation cannot but increase the congestion of the kidneys, prevent the combustion of the azotized principles, and augment the discharge of albumen into the urine; as soon as respiration becomes freer, the albumen diminishes in the urinary secretions. Bouchut and others have observed almost an immediate diminution of albumen after tracheotomy.

Microscopical examination has shown us the albuminous sediment to consist generally in epithelial casts and cells, amorphous granules, seldom hyaline cylinders; the latter, however, are frequent in secondary diphtheria in scarlatina.

Körner has already drawn attention to the phenomena which accompany or precede albuminuria in acute diseases, and which consist especially in dilatation of the left ventricle and auricles of the heart, and diminished elasticity of the arteries. Our case corroborates his observations.

OBSERVATION II.—I was called to see a little girl of three years old, in the evening of March 5th, 1863, who presented all the symptoms of croup in the second stage: skin hot and dry; forehead covered with cold perspiration; pulse 140, resistant; respiration sawing, 45 per minute; between inspiration and expiration a pause; face pale, and expressing great anxiety; lips bluish, head thrown back, fan-like motion of the nostrils. All the respiratory muscles expanding the chest are in the most energetic state of contraction; she is very restless, changing her position at every moment; voice extinct; cough hoarse, bellowing, stifling, which causes each time a paroxysm of suffocation, as happened during my visit. The face became swollen, dark red; the eyes seemed to protrude from their sockets, with expression of unutterable

anguish; the epigastrium and ensiform cartilage, the intercostal muscles, are in the most violent retraction with each inspiration, which is stridulous and prolonged. These distressing symptoms lasted for about two minutes. The throat is red and inflamed; the tonsils swollen, and covered with a grayish adhesive exudation; patches of the same coat the fauces and pharynx. Sensibility everywhere unaltered. The submaxillary glands are but little swollen; examination of the chest proves negative. The child had never before had any disease, the muscles are well developed; the nutrition evidently in good condition. She had been ill for four days, and was under allopathic treatment till the day I saw her, when tracheotomy was proposed, as *Calomel*, *Cupr. sulph.*, and *Croton Oil* had proved of no avail. The parents shrunk from the operation, and determined at least to ask my advice. The case being croup in the second stage, the asphyxy not prominent, I saw no immediate necessity for opening the trachea: I prescribed *Aconite 2* and *Iodine 2*, one drop of each alternately every fifteen minutes; wet compress round the throat. The next morning, pulse 120, skin less hot and dry, respiratory movements 36, urine albuminous; had two paroxysms of suffocation in the night, the first part of which she was very restless; slept a little towards morning. Continuat. med. every half-hour. In the course of the day, the cough grew moist, the breathing a little easier.

7th.—She had last night a violent fit of coughing, threatening immediate suffocation, in which she threw up a great quantity of mucus, mixed with large fragments of false membranes, of a thick, tough, fibrinous texture; after which she felt greatly relieved, and slept several hours calmly. Pulse 104, soft; respiration 26, regular; inspiration no longer stridulous, except after coughing; cough frequent, hoarse, rattling, causing pain in the larynx, which is also very sensitive to pressure; albumen in very small proportion in the urine. Continuat. *Iodine* every two hours.

9th.—The little patient spent several hours out of bed yesterday; craving for food; voice still very hoarse; cough not frequent, rattling; all over the chest disseminated moist

rattles are heard. Prescript. *Hepar sulph.* ʒ, gr. iij.; *Aq. dest.* ʒvj.: one spoonful every four hours.

12th.—Voice has recovered its normal sound; every sign of catarrh has disappeared.

Bromine and *Iodine* have the most decided elective action on the throat and windpipe, both determining inflammation in these organs; but while the primary action of *Bromine* stamps the organism with a depressive, adynamic character, that of *Iodine*, on the contrary, exercises at first an exciting, irritative influence—full, hard and quick pulse, spasms, &c. Symptoms of weakness and prostration follow those of excitement. The local functional disorder and anatomical condition are often too exclusively the object of attention, and the general physiognomy of the disease, as well as that of the medicinal agent, overlooked; the consequence of which is want of similitude between the one and the other, and ill-success. This is the reason *Bromine* does not enjoy the same confidence as *Iodine*, which, since it was introduced by Koch into the treatment of croup (*Hygea*, xiv. 2, 1841) has obtained from the physicians in Germany who employed it a general suffrage, and has almost superseded the formerly omnipotent *Spongia* and *Hepar sulphuris*. If *Spongia* is now recommended in croup, it is easy to perceive that devotion to tradition has a larger share in its indication than the homœopathic principle itself. What is the cause of this mistrust in a medicine by which cases of croup by hundreds have been cured in the earlier part of our history? Is it less efficacious now than in former times, or has the character of the disease changed?

With the progress of science, particularly that of pathological anatomy and physiological pathology, we are enabled to distinguish similar effects as attributable to different causes. We have already seen that mere catarrhal or erythematous inflammation of the larynx in children has not seldom been succeeded by death: it is evident that in these cases *Hepar sulph.* or *Spongia* would have prevented so fatal an issue, or, when given in the first stage of exudative laryngitis, impeded the formation of false membranes. As catarrhal affections are much more frequent in children than

croup, a great number of cases which had nothing but a few symptoms in common with laryngitis membranacea were formerly reported under the name of croup as cured by one or both of the above-named medicines. False croup, as laryngitis catarrhalis, is the very form which reveals itself by sudden paroxysms of suffocation in the night, in the midst, as it seems, of perfect health; but if the inspiration is stridulous, the expiration is generally easy and without noise, and, after the cessation of the distressing dyspnoea, the breath becomes again soft and regular, and will remain so notwithstanding other signs of catarrh, as hoarse voice and cough, till another paroxysm excites new alarm. Pseudomembranous croup, on the contrary, is characterised by a gradual and constant increase of dyspnoea, with occasional fits of suffocation; inspiration and expiration are equally difficult, and never present intermissions where both are perfectly free and normal; moreover, albuminuria is almost a constant symptom in croup, while it never exists in mere catarrhal inflammation. How often have we been called in the night to see a child taken with croup, which on examination proved to be catarrh or laryngitis stridulosa! *Belladonna*, *Hepar sulph.*, *Ipecac.*, *Mercury*, *Sambucus*, *Spongia*, will speedily mend the symptoms of functional disorder of the larynx when not caused by false membranes; but where the latter exist, neither the one nor the other of these will prove effectual. The following case may serve as an instance:

OBSERVATION III.—I was called late in the evening of the 28th of January, 1861, to see a boy $2\frac{1}{2}$ years old. I found the child in a half-somnolent state; pupils dilated, but contracting; lips and nails of the fingers bluish; hands and feet cold; pulse 150—160, filiform; skin on the limbs insensible, pinching on arms and legs produces no pain; paralysis of sphincter ani and vesicæ; respiration flat, but sawing when the breath becomes more energetic by moving the child; submaxillary glands very little swollen; fauces and pharynx clean, not inflamed; follicular ulcers on the left tonsil. This boy was taken ill five days ago with sore-throat, soon

followed by cough, hoarseness, dyspnœa, and paroxysms of suffocation; he was attended by a priest, an amateur homœopathist, who gave alternately *Hepar sulph.* 6, and *Spongia* 3. As asphyxy was already too far advanced, no treatment offered any chance of success; however, I prescribed *Phosphorus* 3, one drop every fifteen minutes. The boy died towards one o'clock the same night.

Anæsthesia of the skin is one of the most important symptoms in croup, as it indicates the degree of asphyxy; for in the same proportion as the latter increases, the sensibility of the skin diminishes, first on the limbs, and spreading thence all over the body, till the accumulation of carbonic acid suspends every organic and animal function. Whatever may be the local or general symptoms, the degree of sensibility is often the only one which points out the more or less imminent danger of the situation. According to Bouchut tracheotomy should not be performed as long as the sensibility of the skin in laryngitis membranacea remains unaltered; he operates as soon as the sensation in the hands and feet begins to diminish.

In the preceding observations we have made no distinction between diphtheria and croup; the name of a disease and nosologic classification are of little importance to a therapy whose object it is to adapt the homœopathic principle in all its bearings to every individual in disease. Nevertheless, as from the pathological point of view the question of differential diagnosis between croup and diphtheria is involved, it will be worth while to see if any such distinction can rationally be admitted.

In France, croup and diphtheria are synonymous; both terms designate the same disease, with the sole difference that croup indicates the invasion of the larynx by the diphtheritic process. According to the best French authorities, laryngitis membranacea always begins in the pharynx. In Germany there still exists a great diversity of opinion on this subject, though, as in the last few years, diphtheria has spread in divers parts of that country. Those physicians who have had opportunities of large experience incline

more and more to consider croup and diphtheria as identical. In England, West and Hiller alone, as far as we know, profess the same view; the great majority of English and German physicians understand under each term a distinct pathological form, and urge as reasons for doing so—

1st. *The difference of the anatomical lesions of the mucous membrane and the non-similarity of exudation in croup and diphtheria.*

They affirm that diphtheria is characterised by an albuminous fibrinous exudation *on* and *in* the mucous membrane, strongly adhesive, and detaching but imperfectly from it, and showing the mucous tissue ulcerated; while in croup the exudation never takes place in the interstitial tissue, and is but loosely connected with the lining of the respiratory organs.

These affirmations are, as far as idiopathic diphtheria is concerned, but exceptionally true: ulcerations of the mucous membrane in milder cases of pharyngitis diphtheritica are rare; I observed ulcerations in seven cases out of thirty. The adhesiveness of the false membranes depends on the stage of the disease, the intenseness of the inflammation, and on the more or less resistant condition of the parts underneath the inflamed mucous membrane. In the same epidemic, as well as in the same individual, strongly adhesive pseudo-membranes will be observed beside the loosely and easily detached ones; where no more new exudation takes place, the adhesion between the mucous membrane and its pathological product becomes loosened, and fragments detach themselves from it, or are sponged off with facility; the exudation is most adhesive on the uvula and soft palate, their submucous and muscular tissues are more infiltrated and present less resistance. On the other hand, interstitial exudation in the mucous membrane of the larynx has occasionally been observed in sporadic croup (Förster, Rokitsansky, Bouchut). Vogel holds that the diphtheritic exudation consists only of an amorphous detritus, containing no fibres, and is therefore different from fibrinous false membranes: numerous micro-

scopical examinations, have, however, proved the pathological identity of diphtheritic and croupous pseudo-membranes.

2nd. *That in croup the exudation affects primarily the larynx, and in diphtheria the pharynx.*

It is true that the throat is the elective organ in diphtheria, particularly in its epidemic form. The same rule does not exist, however, with regard to croup. While in some countries where no epidemic of diphtheria had occurred for many years, croup was not observed to commence in the pharynx (Vogel, in Munich); in other places, under the same conditions, sporadic croup made its first manifestations in the throat, and invaded from there the larynx (Förster, in Dresden; Steiner and Neureuter, in Prague); also Gerhard generally saw the pharynx first affected in sporadic croup. These testimonies are the more valuable as their authors favoured rather the distinction in question; our own observations are in accordance with these statements. The circumstance that diphtheria of the fauces often exists without causing great inconvenience to children, and medical advice is only called for when the larynx becomes involved in the exudative process—the exclusive attention which has, even by physicians, been paid to the prominent symptoms of the vocal organ—neglected investigation of its commencement—make the affirmations of the primary localisation of croup in many cases more than doubtful.

It is therefore impossible to establish a distinction between croup and diphtheria on the priority of exudation in the one or other part, the less so as we remember the many diagnostic errors which have been committed between laryngitis catarrhalis and membranacea.

3rd. *That in croup the exudation is localised on the larynx, in diphtheria on a greater number of organs.*

This objection remains to be proved. In sporadic diphtheria, as well as in epidemic, the affection happily is frequently localised to some parts of the throat; but the divers forms of localisation are often simultaneously observed not only in the same town or village, but in the same family when several members of it are affected. Moreover, it is not

seldom that in sporadic croup other organs are at the same time the seat of diphtheritic exudation (Förster, Steiner and Neureuter, Bouchut, &c.). It is but natural that, as in epidemics the disease and the infection of the system created by it are more intense, so there exists also a greater tendency to multilocular manifestations of the morbid process.

4th. *That the swelling of the lymphatic glands and œdema of the oris which accompany diphtheria are absent in croup.*

The lymphatic glands in communication with the buccal cavity, or in the vicinity of the throat, are constantly more or less swollen when the latter is the seat of a diphtheritic exudation. The swelling of the glands is proportionate to the intenseness and gravity of the local and general symptoms. The same is not the case where the larynx alone is the seat of exudation. The reasons for this may be, that none of the glands are in so immediate anatomical connection with the larynx as with the different parts of the mouth and throat; and, on the other hand, the course of the disease and its fatal issue are too rapid to allow much time for the development of other secondary symptoms. The foetid smell from the mouth is not a constant symptom, and depends often on the decomposition of the false membranes in the throat induced by the continual contact of air and the passage of aliments.

5th. *The epidemic and contagious* character of diphtheria, and the sporadic one of croup.*

There are very few epidemic or contagious diseases which are not occasionally met with in a sporadic form; typhus, scarlatina, measles, hooping cough, &c., have all been observed when no epidemic of any kind was prevailing. The same is also the case with diphtheria. In the winter of 1860—61, we had an epidemic of the latter in Nice; since then, seven cases I had to attend—two of them adults—were sporadic. It is, moreover, not difficult to find in literature that sporadic croup has shown a tendency to become contagious, or at least to affect a great number of children at the

* We employ the term *contagious* in the most general sense, without entering for the present on any controversy whether diphtheria be contagious or not.

same time: this is frequently the case in institutions for infants. The epidemic and sporadic characters change oftener one for the other in diphtheria than is observed in any other disease.

6th. *The frequency of diphtheria in adults, and their immunity from croup.*

This objection rests on a confusion of different conditions. Diphtheria in general, and particularly the most frequent form, pharyngitis diphtheritica, attacks both children and adults. It is true the latter show less predisposition, and are therefore less subject to the sporadic form; though this is not without exception. The number of adults affected by this disease is always smaller than that of children, unless an epidemic breaks out in barracks, workhouses, prisons, &c.; and sporadic croup is beyond comparison more frequent before the age of ten years than after it. The younger the child, the more rapid the progress of the disease towards its fatal issue. This depends, no doubt, on a greater plasticity of the blood, and the narrow rima glottidis; as the older the children, the slower is the exudative process, and its invasion from the throat into the larynx. Age has therefore evidently more influence on the course of the disease and the localisation of the false membranes than the nature of it.

7th. *The constitutional character of diphtheria, and the local one of croup.*

Certain peculiarities which accompany diphtheria are considered as characteristic signs of the latter, and consequently as distinctive ones from croup; as, for instance, the epidemic and contagious character of diphtheria, and the multilocular appearance of the exudation. This objection has already been considered.

It is further urged that, the intensity of the symptoms and the issue of the disease are in a much higher degree directly connected with the local anatomical alterations of the larynx in croup than in laryngitis diphtheritica; that the symptoms of dyspnoea in the latter are much less distressing than in the former; that in croup the fever corresponds to the intenseness of the local disorder, while in

diphtheria considerable exudation in the larynx may exist with little or no dyspnoea and insignificant febrile reaction. These distinctions are, however, based on very superficial observation. There is no doubt that in epidemic, contagious diphtheria, the infection of the organism seems to be more general and more intense, and death may come without the larynx being affected; but it is just in the epidermis that we meet most frequently with the various forms under which this disease appears. Croup, diphtheritis pharyngealis, palpebralis, vaginalis, &c., occur not only at the same time, but often in the same family, showing thereby the identity of the cause. The febrile reaction can be very intense in mild cases of diphtheria, while sporadic croup often assumes an adynamic form (Elb, Trinks, Bouchut, Guersant, Trouseau), and the dyspnoea in the latter is not always so prominent a symptom as it is usually described; in some cases the anæsthesia of the skin gives a more correct idea of the degree of asphyxy than the functional disorder of the respiratory organs. Epidemic and sporadic diphtheria take divers forms and characters as well as other diseases, according to the peculiar medical constitution: if we add to that, differences of climate or other cosmical influences, local conditions, drainage, &c.,—further, constitutional disposition, lymphatism, scrofulosis, and other diatheses,—we may well be most careful before we establish distinctions which, on the whole, are but the result of an infinity of modifications of the same disease, caused by the great variety of conditions in which it manifests itself. The presence of albuminuria in diphtheria, and the absence of paralytic symptoms in croup, have also been urged as distinctive features; but albuminuria is as frequent in the latter as in the former. As to the absence of paralytic symptoms in croup, the moment is not yet come to decide on that point; the study of diphtheritic paralysis is too recent, and death in croup too frequent, to permit from its presence or absence any induction.

As the treatment of croup according to the homœopathic principle offers incomparably better results than that of any other therapeutic system, the representants of it may, in

time, be expected to throw some light on the last point in question.*

A FEW NOTES REGARDING THE CAUSES AND TREATMENT OF SPINAL CURVATURES.

By DR. ROTH.

WITH reference to spinal curvatures, medical men can be classified into a very large majority who pay no attention to spinal curvatures, except when the deformity has obtained such a degree that it cannot remain unobserved, and into a very small minority who pay more or less attention to this class of complaints. Amongst these latter we find those who ascribe all nervous complaints and painful symptoms to a spinal curvature, without taking into account all the general and constitutional as well as local causes which in numerous cases are frequently and simultaneously followed by curvatures, and by various kinds of pains and other symptoms. In mentioning these practitioners I wish not to be understood to say that there are not various symptoms and pains produced by spinal curvatures, especially when they are in a more advanced stage. There is a further subdivision of specialists, usually called "spinal doctors," some of whom, with their auxiliary corps of orthopædic mechanics, find everywhere a spinal curvature, which, even when only commencing, is represented to the patient or to his relatives as of such a grave character that there is no time to be lost if the fearful consequences of the worst deformities are to be avoided; for which purpose the orthopædic aide-de-camp who is in attendance during the consulting hours is commanded to take measures for a supporting apparatus (with crutches or a waist-band, and laterally pressing pad), the great and only panacea for spinal curvatures, and which has, besides, the advantage of not being able to be, as it is called, scientifically adjusted except by the spinal doctor, who performs the operation of tightening or loosening some screws, according to the material cir-

* We owe an apology to our valued contributor for having misspelt his name in the paper at page 360.

cumstances of the patient, once or twice a week, and even, as it was mentioned in the public and medical papers during a certain trial, every day for many months. The family doctor, who has no time to study specialities, advises, most considerately, his patients to resort either to the spinal doctor or to the orthopædic mechanician, because, not having himself paid any attention to the nature of curvatures, he sees in these only deviations from the normal form, and thinks that his patient will soon be cured if he gets only the right support. As this belief in spinal supports is generally shared by the ignorant public, the patient follows with the greatest confidence the advice of his family doctor, who is painfully disappointed when, notwithstanding the use of the spinal support during many months, and even years, his patient continues to be more and more deformed.

Other practitioners, without any faith in spinal doctors and their mechanical supports, advise their often very delicate patients to lie down horizontally several times a day, or for hours at a time, on the hard floor, or on a hard inclined board; they are also under the impression that the superincumbent weight of the head on the body is too great, and by diminishing this they fancy to be able to cure spinal curvatures; and to counteract the effects of the forced inactivity of the muscles of the back by hard rubbing. The trusting patient submits with great patience to this treatment, till soreness on the prominent parts of the hips and of the shoulders force him to give it up; and the doctor justifies the want of success by assuring the patient or his relatives that they have not carried out strictly his instructions. Why the unhappy victims whose spirits suffer through the more or less constant lying position are condemned to suffer from the hardness of the board, and are not permitted to rest on good and comfortable horsehair or air mattresses, is still a riddle to me; but I believe the doctor wants to shine through his eccentricity. I could also relate how the advice of the family doctor, and even of eminent consulting surgeons, to let a slight and still curable curvature alone, or only to hang every day on the door for a few minutes, or

from a swing, has not only not arrested, but, by neglecting the suitable time, produced incurable curvatures.

All spinal curvatures, lateral as well as anterior and posterior, and the combination of these three varieties, are only effects of certain causes; and although these deformities produce in their advanced stages many additional symptoms, it is most essential to study in each case the hereditary and constitutional causes of an impaired nutrition, of a general or local weakness, of a derangement of the normal functions, before we proceed to a plan of treatment. Unless the disease that acts upon the system, its cause, nature, and character, are ascertained, we shall at best but palliate, and not remove, a spinal curvature.

“Plans of cure have been proposed without a reference to the cause of the affection they profess to remedy. *The eye is struck with the fact that the spine is bent, and upon this fact solitary and uncombined plans of cure have been originated.* One proposes a well-contrived machine to bear the weight off the head from the part which was protruded. Another purposes to accomplish the same end by confinement to an horizontal position for several successive months. A third recommends the carrying a weight upon the head, and, by the exertion thus occasioned, to compel the muscles to force back again the yielding parts to their natural position.

“As the plans of mechanicians, these are certainly very precious and appropriate; but it is evident these plans *only relate to the spine as having been mechanically curved, and can have no relations to the cause of the affection.* It is not treated as a medical subject; for every plan has for its object the restoration of the spine to its natural figure by *mechanical* means, and acts on the principle that that which is bent may, without regarding the cause, be forced back again.

“Suppose all that was intended accomplished, and that the vertebræ were again in their proper positions, by what means are they to be preserved there? The source and the spring of the evil still exists; the cause of the curvature still

continues to act; and when mechanical support is withdrawn, the curvature generally reappears.

“The attempt to cure, if it will bear the name, has had respect only to the preservation of the position. The sufferer having only the option of mechanical means, when these fail no resource remains; the symmetry and the health of the system must therefore very soon become the prey of the malady.”*

John Shawe and William Ward expressed similar opinions forty-six years ago, and the public and the large majority of medical men are still in favour of machine treatment.

This extract, which I have quoted once before, in a paper *On Prevention of Spinal Curvatures*, cannot be sufficiently repeated, especially as curvatures of the spine are increasing, and the machine treatment is defended by a considerable conservative majority of an orthodox profession—a majority which is not at all disposed to give up vested interests or to listen to contrary opinions.

In the paper which I have named, and which was also published as a pamphlet, my views on the causes and treatment of spinal curvatures were published five years ago. Since that period I have had no reason to alter them, and will at present only enumerate a few groups of curvature which I have had the opportunity of observing.

Lateral Curvatures from hereditary Strumous Causes.

Four children, two boys and two girls, æt. 10, 8, 6, and 4, are the offspring of a slightly strumous father, and of an anæmic mother, whose father was gouty, and the mother affected with gravel and diabetes. Several of her uncles had paralytic affections, and she, as well as her sister, are deaf; the deafness probably caused by thickening of the mucous membranes, and by partial paralysis of the acoustic nerve. Another sister has enlarged tonsils.

Three of these children suffer from lateral curvature, two have enlarged tonsils, one had the glands of the neck swollen

* Dr. Jarrold, *Enquiry into the Causes of the Curvature of the Spine.*

and suppurating; the boy of ten had for several weeks considerable intestinal hæmorrhage; the girl of six suffered for the last fifteen months from a greenish yellowish discharge from the vagina, and looked sallow and yellowish, like the boy suffering from hæmorrhage; the youngest, a girl four years old, looks well, but has a deformity of the sternum, and of the cartilages connecting it with the ribs. These children, who for the last year lived in one of the healthy outskirts of London, were sent to Brighton, where sea-air, bathing or rather washing with sea-water, cod-liver oil, a well-regulated diet (principally of milk, meat, and fruit), and a medico-gymnastic treatment adapted to each individual case, have already, in the course of six weeks, effected a considerable improvement in the appearance as well as in the deformities, although the hæmorrhage in the boy and the discharge in the girl are not yet cured. In the ordinary course, three of these children would have been encased in a spinal supporting machine, and bark or steel drops in large doses prescribed, with what result can easily be guessed.

Curvatures caused by Rickets.

Several times I have seen two or three children of a consumptive father affected with rickety curvatures of the spine, and deformities of the ribs, legs, and thighs; some of them have worn for years a supporting apparatus, and had during that time, for long periods, *Cod-liver Oil*; notwithstanding this treatment, the curvature has continued till it attained the worst degree. These curvatures can only in the beginning be prevented from getting worse. The first traces of enlargement are seen in the wrist, elbow, and ankle joints, and sometimes in one or more spinal processes; when the complaint continues in the spine, there is the characteristic position of the head, which is imbedded between the raised shoulders, and the chin is pushed forwards and upwards. Besides the medicinal treatment for the improvement of the assimilation, gravy and essence of meat, the white of egg

mixed with milk and cream, dry bracing air, a horizontal or half-lying position—in which suitable active and passive movements of the limbs and head, later of the trunk, are used—and a good hygienic regimen, do not only arrest the curvatures and deformities when beginning, but are also very beneficial when the complaint is advanced.

Curvatures caused by Sexual Excess and by Onanism

Are mostly kyphotic. The spine in its whole length forms a curve with the convexity backwards; the neck, shoulders, hip-joints, as well as the spine itself, are stiff, rigid. The patient being unable to move the head or trunk independently, must move the whole body round like a crocodile. Considerable improvement was effected in one case, arising from onanism, by the passive manifestation of systematic friction, kneading, pulling, and pressing of the muscles of the various parts, by vapour bath, tepid and cold showers after the vapour. It is essential that the abuse of the sexual functions should be at once stopped, and the patient closely watched.

Curvatures and Abdominal Complaints.

There is a class of female patients suffering from lateral or kyphotic curvatures, who complain of a dull pain in the lower part of the spine and languor especially in the lower extremities: leucorrhœa and an anæmic state are also frequently concomitant symptoms. In these cases, retroversion or lateral displacement of the uterus, with congestion or slight chronic inflammation, ulceration or abrasion of the os uteri, are found.

In a case I have lately seen, the pain in the spine was attributed to a slight lateral curvature. The patient had the sallow appearance due to various abdominal complaints, and was highly sensitive. She had worn for more than a year a mechanical support with crutches, and the lateral pad. Chloroform and opium were applied externally, and

large doses of quinine given internally. Notwithstanding this treatment, her pain was as bad as before. In consequence of the machine, her shoulders have been raised, and her chest was very flat. When I inquired into the anamnesis of this case, it turned out that since her twelfth year the general health began to fail, that she had suffered from leucorrhœa and chlorosis before she was married, and that during her first pregnancy the intensity of the pain had considerably increased.

In another similar case, where a slight spinal curvature was the concomitant symptom of a uterine complaint, I had repeatedly to urge the incredulous relations of the young lady to have another opinion; and only after Sir Charles Locock had confirmed my diagnosis, my advice to attend first to the uterine complaint was followed. When this was removed, the curvature was cured in the course of four or five months.

Cold compresses and dry cupping at a short distance from the painful place, as well as longitudinal frictions, only in the downward direction, relieve, as a palliative, the pain; but, without removing the uterine complaint, neither the pain nor the curvature will be radically cured.

There are other painful abdominal complaints, where the patients have been for months almost immovable in stooping positions. The posterior muscles of the spine are relaxed, those in front are contracted; the intervertebral substance is compressed, either in its anterior or one of the lateral segments, according as the patient is either bent forwards or sideways, in order to relieve, at least in some degree, his pain. The curvatures formed in these positions are mostly combined with a considerable amount of rigidity of the spine, deficient assimilation, and consequently emaciation of the body. When the original complaint has ceased, the deformity still continues; and besides the suitable hygienic treatment, the passive and active operations of medical gymnastics are first very cautiously used, and then continued for a period which is more or less long in proportion to the duration of the original complaint causing the curvature.

A young lady suffered from herpes circinatus, and was overdosed with a solution containing *Arsenicum*, which produced a painful intestinal irritation, from which she suffered for five or six months, during which time she was always in a crouching position, and lost flesh to such an extent that she had the old woman's face so frequently seen in children suffering from mesenteric disease. Her spine, curved in one arch forwards, was in its whole length rigid, and it took almost one year and a half to recover her previous strength, and the natural form and power of the spine. Inflammation of the lungs or pleura produce also frequently lateral and other curvatures. In these cases, respiratory movements in different positions of the arms and body, in combination with those which affect the spine, effect often a beneficial result. These means can be used even in infants; and I remember a little boy, three years old, who was under Dr. Dudgeon and Dr. Hughes' care. The latter placed him under my treatment, because he had a lateral curvature in consequence of pleurisy, and was also much weakened by diarrhoea. Although the little patient was very thin, weak, had a very flat chest, and was scarcely able to stand on his legs, simple hygienic means, first passive manipulation, and later active movements with resistance either on the part of the patient or the operator, restored him in the course of four or five months perfectly.

Curvatures after Paralysis.

Paralytic affections of the limbs, or of a larger or smaller group of muscles attached to the vertebral column, cause a great variety of combinations of lateral and anterior curvature. In these cases the plan of treatment must vary according to the character of the paralysis, which is either central or peripheric, rheumatic, gouty, traumatic, or produced by congestion or inflammation of parts adjacent to the sheaths of the spinal column. Where actual disease of the brain or spinal marrow is the cause of the complaint, nothing, or scarcely anything, can be done; but in the other so-called

paralytic deformities of the spine, very considerable improvement, and in many cases even cure, can be effected, by attending to the pathogenetic cause of the paralysis—by preventing, through passive movements on the paralysed parts, their wasting, and, finally, by training the will of the patient to influence the weakened muscles.

To the class of traumatic curvatures I would add those which are produced by the injudicious application of leg-irons with steel waist-bands, used under the impression, or rather illusion, that they will cure various deformities of the legs, originally caused by partial paralysis of the abductors or adductors. In several strumous complaints of the knees, it is also the fashion to apply leg-irons which are connected with crutches. The patient is obliged by this mechanical appliance either to stoop to lean on the crutch, or to raise the shoulders to prevent his being hurt by the pressure: besides the stooping position of the body, the head is sinking between the shoulders, and the chin poking forwards in a horizontal position. I have just such a case under treatment, where a strumous and imperfectly ankylosed knee was treated for several years by the support I have named, and which produced the additional weakness and curvature of the spine.

Conclusion.

My object in publishing these few notes is—

I. To counteract the prevalent opinion, or rather illusion,

(a.) That spinal curvatures are merely mechanical aberrations of form, and have no relation to the affection which caused them.

(b.) That any plan of treatment based upon the solitary bent of a (mechanically) bent spine can cure a curvature.

(c.) That there is no harm in neglecting the treatment of beginning curvatures.. And,

II. My second object is to induce my professional brethren

(a.) Not to trust too much to spinal doctors and their orthopædic adjutants.

(b.) To enter fully into the anamnesis of each spinal curvature.

(c.) Not to neglect the hygienic and medicinal treatment of patients suffering from spinal curvatures.

(d.) To make themselves acquainted with scientific medical gymnastics, which is "*surgery without a knife*," and for which I claim the following, from Mr. Bowman's address on surgery at the last meeting of the British Medical Association:—

"It is the hand of God . . . the human hand permitted now, through insight into God's laws, to be the saving instrument of earthly life and organisation."

REVIEWS.

Lectures Publiques sur l'Homœopathie faites au Palais des Facultés de Clermont-Ferrand, par A. Imbert-Gourbeyre, Professeur de Matière Médicale à l'École de Médecine de Clermont-Ferrand, &c. &c. Baillière.

DR. IMBERT-GOURBEYRE is already well known to the readers of this Journal. Professor of Materia Medica in an allopathic school of medicine, free to write in the pages of allopathic journals, he has devoted his pen for these fifteen years past to the cause of Homœopathy. His thesis for the doctorate was an account of the pathogenetic and therapeutic action of Orange-flowers, as an instance of the working of the law of similars; and his labours have been concluded, down to the present time, with a most elaborate survey of the action of Arsenic in health and disease, designed to illustrate the same great truth. In an early volume of this Journal, we gave an account of the thesis on Orange-flowers; and in later volumes we have translated the memoirs *On Arsenical Epistaxis* (vol. xxii, p. 519), *On the Action of Arsenic upon the External Genitals* (vol. xxiii, p. 77), and *On the Febrigenic Properties of Arsenic* (vol. xxiv, p. 72). In vol. xix, p. 367, also appears a version of a study of *Antimonial Eruptions* by the same author. Our readers are thus prepared to welcome any farther production of so able and industrious a worker in our cause.

The volume now before us, however, rather sustains the reputation of its author than adds to it. The phrase "*Lectures Publiques*" hints that we have not to expect anything very scientific; and we do not proceed far before we find that he is addressing a popular audience, and accommodating himself to its needs and capacities. We have not, what we should most desiderate, Dr. Imbert-Gourbeyre's

own judgment on the numerous questions which arise in connection with our doctrine, as many years ago we had that of Arnold (see vol. x, p. 325). The *Public Lectures* are simply an exposition and defence of the law of similars and the infinitesimal dose, made moreover *ad populum* rather than *ad clerum*.

In speaking thus, we are by no means disparaging the merits of the work as it stands. In some respects, indeed, it is the best of its kind. We know no better "putting" of the argument for the efficacy of infinitesimals than that contained in the fifth of these lectures. France, doubtless, needs such a volume. But, for ourselves, we have had so many of them, that from men of long experience and high standing we look for something more directly conducive to the advancement of our science.

We are glad, however, to gain incidentally from our author the opinion he has formed upon the great controversy between stationary and progressive homœopathy. Thus he writes (p. 142)—

"I abandon Hahnemann as a pathologist, but I hold to him as the greatest therapist that has appeared these two thousand years. I am disposed to condemn him upon many points of doctrine which it is useless to discuss here, as the psoric theory; and these are matters in which the majority of the disciples have not followed the master.

"There exist at the present time among homœopaths two very distinct parties. The one professes a homœopathy which they call 'pure,' but I 'exaggerated.' These see in the master's doctrine much more than a simple method of cure. To them it is a new medicine, whose calling it is to overturn the ancient medicine from the very foundation. Besides a homœopathic therapeutics, they would have a homœopathic physiology and pathology. These anti-scientific pretensions have contributed not a little to retard the progress of homœopathy.

"The other party is that of the eclectics, and this is the most numerous. These do not accept the works of the master without discrimination and checking. They reject his pathological mistakes, and rally only around the two

fundamental principles of his doctrine, the law of similars and the infinitesimal dose, disencumbering themselves, even here, of his errors in detail. For my part, I belong to the eclectic party, and defend homœopathy only as reduced to its true value."

Again, upon the question of dose he writes (p. 165)—

"Homœopathy is so independent of the question of globules, that there are at this hour in the school of Hahnemann homœopaths of all kinds (so to speak) as regards doses. I know a great number of homœopaths, both in France and abroad, who use only the traditional massive doses. There are others who never administer any but infinitesimals. Others again employ, according to the nature of the case, sometimes massive, sometimes infinitesimal quantities, and profess to administer their medicines in all kinds of dose, *omni dosi*. I belong to this last category."

Lest, however, it should be supposed that Dr. Imbert-Gourbeyre stands in any inimical attitude towards Hahnemann, it is only fair to him to cite his defence of the pathogenesis given us by the master :

"After having perceived the full import of the law of similars, I was anxious to know whether Hahnemann had spoken truly in ascribing to each drug that long catalogue of symptoms which is called its pathogenesis. It was impossible for me to verify all ; it was necessary, if I would satisfy my conscience on this point, to choose one as a specimen of all. I gave the preference to Arsenic, because M. Trousseau has singled out the pathogenesis of this medicine as an object of attack and ridicule. Which had spoken truth, Hahnemann or M. Trousseau? Should I pass over to the side of Hahnemann, or remain in the ranks of the majority? This was the problem I had to solve. I made up my mind to study it thoroughly, and set to work in the first instance to search out all tradition on the subject. There is not a treatise, a monograph, a memoir, or a thesis upon Arsenic which I have not consulted. There is not a single observation of arsenical poisoning in any degree which I have not examined. I have given a home in my library to all that has been published on this subject in Europe and

America, in France and Germany, in England, in Sweden, in Russia, in Italy,—in fact, everywhere.

“Not only have I sought thus to read everything, but I have also endeavoured to see and try for myself the effects of Arsenic from the ordinary dose up to the highest infinitesimals. And after this arduous labour, begun nearly fifteen years ago and continuing still, what has been my astonishment when I have perceived that Hahnemann, in recounting the numerous symptoms of Arsenic, was in agreement with all tradition—with thousands of observations of poisonings published by toxicologists, with thousands of physiological facts published by allopaths themselves; besides that I was continually seeing the same facts reproduced in my own experiments! From that time I hesitated no longer; I was sure of the truth—I possessed it, I must defend it. I then took up the pen; and that which M. Trousseau had denied with so much assurance, I have demonstrated as true, in the numerous memoirs in which I have proved the reality of the eruptions, the paralyses, the articular pains, and the febrile invasions caused by Arsenic, together with a crowd of other symptoms belonging to this medicine. The result of my work is to prove that the symptoms developed by Arsenic are even more numerous than Hahnemann has represented them.”

Again, he replies to the objection that the Hahnemannian pathogeneses resemble one another so closely:

“To say that all the pathogeneses are alike, is to say that (for example) all acute diseases are identical, because they have a crowd of common symptoms, such as fever, headache, backache, &c.; it is to say that all phanerogamic plants are alike, because they all have stalks, leaves, floral envelopes, stamens and pistils. The physician and the botanist know very well that there exist true characteristic signs which distinguish diseases and individualise plants. There are also characteristic symptoms for each medicine. Hahnemann specially sought to indicate these; his disciples have followed up his studies, and in time the remaining gaps in this branch of knowledge will be filled.”

We hope that Dr. Imbert-Gourbeyre will long continue in

the place he occupies, thencefrom to work as heretofore in behalf of the truth in medicine.

Text-book of Materia Medica. Part I, *Aconitum—Cicuta virosa.* By AD. LIPPE, M.D., Professor of Materia Medica at the Homœopathic College of Pennsylvania.

THE Materia Medica is, without doubt, the vital part of homœopathy—the backbone, so to speak, of the whole system. We therefore hail with much pleasure every effort to complete, perfect, elucidate, or familiarize this great essential of reformed medicine. And hence we gladly welcome the appearance of the book whose title is at the head of this notice, for we consider it in many respects a well-directed effort to render more easy of acquisition an insight into the action of some of the drugs of our Materia Medica.

Text-books on homœopathic practice are numerous enough, but text-books on the Materia Medica are very rare productions. It is to be regretted that so few of the authors in homœopathy devote themselves to the Materia Medica, for it is only to such that merit of the first order can be assigned; or, as it is said in the preface to the Hahnemann *Materia Medica*, it is only such whose “names have the smallest chance of going down to posterity along with those of Hahnemann and the noble band of men who supported and aided him in the experiments which were the foundation of his Materia Medica.”

Part I of Dr. Lippe's *Text-book* contains within the compass of 140 small octavo pages, selected symptoms of 51 drugs; and as selections, they are excellent, and very well and judiciously made: and illustrate pretty clearly the action of the drugs; they also evidence on the part of the author an intimate and critical acquaintance with the science of which he is a professor. We shall be very glad to see the future parts.

Selections of the more characteristic symptoms produced by the drugs of our Materia Medica may certainly be very necessary and useful to the beginner and the young practi-

tioner in homœopathy ; but it must ever be remembered that they are only selections, and can never supersede the complete Materia Medica or the original provings, and they will always be marked by certain unavoidable imperfections, such as the impress of the particular bias and of the amount and kind of the information of their author. The selection made by the literary and theoretical author will differ greatly from that made by the independent and practical, and that by the high dilutionist from that by the low, and that by the veteran homœopathist from that by the young one ; and we fear there will always be as much difficulty in selecting the characteristic symptoms of drugs, as in selecting those of diseases. What natural disease could be recognised by a few selected symptoms cut up and separated and arranged under the different organs of the body, as is done with the symptoms of drugs ? We think none ; and equally if not more difficult is the recognition of a drug-disease : and yet the thorough comprehension of the drug-disease is as essential to the practitioner of homœopathy as is the thorough comprehension of the natural disease, and *that* no mere selection can afford ; such a knowledge can be obtained only from the complete Materia Medica, or the original provings. In this respect, perhaps Dr. Lippe's book is less faulty than others of its class.

But there still remains one great difficulty in all such works, viz., how does Dr. Lippe ascertain that his selected symptoms are really the "characteristic and most prominent special symptoms" of the medicine ? That is just the whole question at issue between his and other *abridgments* of the Materia Medica with which he finds fault in the preface. In order to give us confidence in his abridgments or selection, he is bound to explain the process by which he found out that his selected symptoms are really the characteristic symptoms of each drug. Till then we cannot but feel that the same objections he makes to former abridgments apply equally to his own.

There is, however, another essential point in reference to the pure Materia Medica, viz., that the symptoms recorded shall be *only* those produced by the drug. In this respect

the book before us is peculiarly and avowedly imperfect and untrustworthy ; for the author himself says, in the preface, " The distinction of symptoms as the result of provings on the healthy (pathogenetic) or as the result of clinical observations on the sick (curative), or as belonging to both these classes, has not been retained in this work." So that true drug-symptoms and mere speculations are here put on a par ! This we think a radical imperfection, and one which detracts greatly from the value of the book ; for how can symptoms only alleged to have been cured by a drug ever be accepted on an equality with those really produced by it ? The author says of his book, " It contains the *characteristic* and *most prominent special symptoms* of the best proved and most used of our medicines." This it may do ; but it does more, for it contains symptoms that hitherto have not been known to be produced by these drugs, and these mixed up along with the true and pure symptoms without any mark of distinction to know one from the other ! A student, therefore, who begins the study of the *Materia Medica* with this text-book will learn what he will afterwards have to unlearn : he will learn, for instance, amongst the symptoms of *Calcarea carbonica*—enlargement of the head, with open fontanelles ; tumours and suppurating boils on the head ; ulcers and specks on the cornea ; oozing of blood from the eyes ; fistula lachrymalis ; discharge of pus from the ears ; polypus of the ear, nose, bladder, and uterus ; prolapsus ani ; prolapsus uteri ; bloody urine ; ulceration of the larynx, of the lungs, of the skin, and of the bones ; curvature of the dorsal vertebræ ; epileptic attacks at night ; St. Vitus's dance, &c. &c. : all of which he will have to learn afterwards were not symptoms produced by the drug at all, but only those said to have been removed or under certain conditions removable by *Calcarea*.

Still, notwithstanding these unfavorable remarks we have felt ourselves compelled to make, the book is a valuable addition to the better part of our literature, and of its class perhaps one of the best yet issued.

CLINICAL RECORD.

Perforating Ulcer of the Stomach. By Dr. WATZKE.*

I.—Mr. H.—, nearly 60 years old, by profession a painter on porcelain, of very pronounced choleric temperament, came to me for advice as a last resort. He had hitherto been treated by a colleague, Dr. R.—, who at that time—seventeen or eighteen years ago—sometimes dabbled in homœopathy. He had previously had repeated hæmatemesis, to the amount of two or three pounds of blood at a time. Before that he had been long without any appetite, tormented with all kinds of dyspeptic sufferings, jaundiced, emaciated and debilitated; he complained of constant violent burning pain in the scrobiculus cordis, frequent eructation of wind, retching; the gastric region was extremely sensitive, and could not suffer the least pressure; beyond milk, clear soup and water, he could take nothing in the way of nourishment. The emaciation and debility had increased from week to week; the countenance was sunken; the skin flabby, of a waxy yellow colour, hot, dry; the bowels were constipated, stools blackish-brown and mixed with blood-clots. Unusual exertion, much sitting, insufficient food of bad quality, frequent and violent mental excitement, may have been the chief exciting causes of the malady.

I confess that the symptoms actually present, and especially the extraordinary emaciation and the appearance of the patient, who offered the appearance of the cancerous dyscrasia, at first led me to form a wrong diagnosis, for which my excuse must be that I had not an opportunity of observing the commencement and course of the disorder, and the appearance of the ejected blood. I gave a hopeless prognosis, but this was not justified by the further course of the disease. The chief remedies employed were *Arsenicum* and *Nux vomica*. Under the use of these remedies the patient recovered some of his appetite in the course of six to eight weeks, increased in strength, the skin lost its jaundiced flabby appearance, he enjoyed refreshing sleep for hours together. He gradually recovered his health completely, and was able to partake of food which he had been unable to touch even in his former comparatively healthy years. Can there be any doubt that the source of the hæmatemesis was a round ulcer of the stomach which had now cicatrized?

* *Allg. hom. Ztg.*, April 30th, 1866.

Six or seven years later, this patient, whose circumstances grew gradually worse and worse, and whose life was passed in care and anxiety, had a slight relapse, and though he recovered from this under the above remedies in a few weeks, his health was never perfectly restored. Dyspeptic sufferings, want of appetite, diarrhoea, are the affections from which he frequently suffers. He has now (1863) attained the age of seventy-eight years.

II.—The following case will show the difficulty sometimes attending the diagnosis of the round ulcer of the stomach, and how even the most skilful physician is unable to pronounce with certainty respecting it.

Mrs. Mary Gr—, æt. 28, of delicate make and very irritable temperament, always regular in her monthly illness, the mother of two strong healthy boys, had for years complained much of dyspeptic sufferings. Many articles of diet, as rich and heavy puddings and vegetables, she could not bear to take; the things that suited her best were weak coffee with milk, and beef; but soon after the lightest food that usually agreed with her, she had often stomach-ache, distension and tenderness of the pit of the stomach, great eructation of wind, retching and colicky belly-ache: mental excitement, even when of an agreeable character, was usually followed by repeated watery diarrhoea. Her spirits were usually low; absent, laconic. A violent attack of cardialgia which came on one day about 3 a.m., without apparent cause, and presented the most dangerous symptoms, caused great anxiety to her family. She groaned, and complained of the most horrible pains in the stomach; she was doubled up, threw herself about uninterruptedly in bed; she could not bear the slightest touch on the pit of the stomach; her forehead was covered with cold sweat; her throat seemed to be constricted; she made ineffectual attempts to vomit; the hands and feet were icy-cold; the tongue dry; the pulse extremely quick, small, almost imperceptible. Before my arrival the attack had lasted upwards of half an hour. She could not bear the warm, moist bran fomentations they wished to apply. I prescribed *Colocynth* ʒ, a dose every quarter of an hour, under which the patient became gradually more quiet, and the pain more endurable, so that after the lapse of an hour she fell asleep, and slept several hours. Similar but not so violent attacks occurred once or twice a month. *Colocynth*, *Belladonna*, *Conium*, *Veratrum*, *Cuprum*, *Gratiola*, and *Arsenicum* ameliorated and allayed the malady, but did not remove

it. As the malady still continued to recur after several months' treatment, in spite of every precaution and the observance of the most careful diet, and as moreover a doctor to whom the patient applied behind my back declared that she had not a stomach but a liver disease, and pledged his honour to cure her completely in three months, she naturally confided herself to his care; and as I had so grossly mistaken the disease, I was dismissed in no very complimentary manner. However, after three, and even six months (for so long did the patient submit to the pills and purgatives of this charlatan), the disease was not only not completely cured—on the contrary, it was worse than ever. I, who had been for many years the family medical attendant, was again consulted. As the doctor who had supplanted me had insisted so strongly on the disease being one of the liver, I persuaded the family to take the opinion of one of the most distinguished of our diagnostic specialists. As a journey I was forced to make prevented my personal attendance at the consultation, I begged the professor to give me his view in writing. The following day I received the written opinion of the renowned diagnoser, the first line of which began with these words: "*Morbum hujus ægræ non nosco.*" A residence during the summer in a hilly district, and a mild water-cure limited to cold compresses to the stomach and the shower-bath, acted favorably on the patient: her appetite increased (she bore butcher's meat particularly well); her appearance improved, she grew stronger; during the whole summer she had had but one slight attack of her spasms in the stomach. On her return from the country in autumn, the stomach affection seemed to be quite gone. She was pregnant; the pathological had given place to a physiological process: it however recurred, though in a different form, as soon as the latter had ceased. Scarcely four weeks after her confinement, the patient began to cough. She was rapidly carried off by galloping consumption. Post-mortem examination showed tubercular infiltration of both lungs; *in the fundus of the stomach there were about ten radiating cicatrices*; the liver was quite normal. Was the round ulcer of the stomach in this case caused by the commencing pulmonary tuberculosis? or, on the contrary, the tuberculosis by the ulcer of the stomach? Dr. Jaksch considers the dyspeptic symptoms which not infrequently precede pulmonary tuberculosis as symptoms of the commencement of the latter. Or might not the tubercular dyscrasia rather be the consequence of the dyspepsia and the abnormal blood-formation caused thereby?

The Magnet in Scrofulous Photophobia.

By Dr. C. MÜLLER, of Brüx.*

We all know how tiresome this photophobia is for the practitioner, when for weeks, and even months, he is unable on account of it to examine the eye in order to ascertain its condition. This is particularly the case with young children. Persuasion is of no use, force is equally unavailing; they turn the eyeball upwards with all their might; and even if we succeed in separating the eyelids for an instant, they plunge their heads downwards to escape the light, and we can see nothing of the cornea, and are unable to ascertain whether there is a phlyctena or ulceration, or no. The photophobia is sometimes extreme, with scarcely any inflammatory symptoms. Nor is it only children who are subject to this scrofulous photophobia; I have seen the best marked forms of this affection in adults, twice in men above fifty. In both the photophobia was as great as it is seen in children; one of them buried his head among the bedclothes just as children do, and protested incessantly that he would rather die at once than suffer any longer this spasm in the eyes and dread of light.

In June of last year, my friend Dr. Haus, of Töplitz, sent to me a youth, *æt.* 17, who had been affected with scrofula from his childhood, because at school they were unable to cure him of his ophthalmia and photophobia, and because his relatives resided in Brüx. He had had all sorts of internal and external remedies. I treated him from the 9th of June to the 30th of September, when he went to Prague to pursue his studies. When he came to me, he wore a green shade over his eyes, which I ordered him to lay aside, or at least to change for a sky-blue one; for I do not approve of green shades in such cases, because the colour of the medium through which we see (the air) is not green, but blue; because blue is a simple and primary colour, while green is not, but is composed of blue and yellow; because red is the complementary colour of green, and is the very worst colour for the eyes. I got him, therefore, to lay aside his shade; but I was unable to examine the eyes well on account of the excessive photophobia. I found, however, the albuginea very bloodshot. The windows in his room were covered all day with red curtains. All sorts of medicines—

* Hirschel's *Zeitschrift*, August 1st, 1866.

Bell., Hep., Merc., Rhus. Graph., Acon., Stram., Con., Euphr., Calc.—were given in the course of the three months, but did no permanent good; not even the dropping into the eyes of *Merc. sol., Opium, Bell., Atropin, Arg. nitr., &c.* As the period approached for his examination, it was absolutely necessary that he should read and study. With great persuasion, I succeeded in inducing him to dispense with the red curtains, and to force himself to expose himself to the light of day and the open air. This treatment, together with the internal use of *Kal. bichrom.* 3, from the 12th to the 30th of August, did much good, so much so that he was enabled to open the eyes, and even to read and study. He went to Prague in October; and when I again saw him last January, his eyes were quite well.

In the next case I tried the effects of magnetism. A girl, *æt.* 8, had for three years suffered repeated attacks of scrofulous ophthalmia; at one time in the right, at another in the left eye, but never in both together. She was constantly under my care. Each attack lasted from a fortnight to three weeks. Her residence and the circumstances of her life were everything that could be wished. In May, 1865, the malady returned, and went on in the right eye, at one time better, at another worse, until October, when there came on photophobia and spasm of the lids to such an extent that I was unable to examine the eye properly until the 9th of January, 1866, or to assure the anxious parents that the eyeball was uninjured, and that there was no fear for the sight, for from October onwards there was hardly any injection or inflammation. Until the photophobia came on, the girl went to school; after this she had to remain at home. I gave her the above medicines leisurely and at long intervals, and externally blew into the eyes *Merc. sol.* and *Hep. trit.* 3, and dropped in *Opium, Bellad., Atropin,* and *Conium* in low attenuations. All in vain; the photophobia persisted, and I became convinced that the spasm had its seat in the palpebral and ciliary nerves, for when I succeeded in opening the lids for an instant I found the eyeball clear. The child held her hand constantly over the eye. The mother tied a handkerchief over it, but the photophobia was only made worse by this. I insisted on exposing the child to the light and open air, as I was convinced that the eye itself was free from disease. I proposed a consultation with another physician, to which the parents assented. I called in a young allopathic physician to examine the eye and inform the parents whether or

no the sight was in danger. He came on the 9th of January, but was unable to open the eye. He prescribed *Ferr. iod.* in large doses with *Opium*, and *Elaeosaccharum Cinnamomi* in powder; and, as a matter of course, the inevitable *Cod-liver Oil*, together with an ointment containing *White Precipitate* and *Extr. Bellad.* I did not approve of this treatment, but said nothing in order to avoid dispute. He further insisted on the child wearing a green shade. He sneered at the notion of forcibly opening the eye and exposing it to the light, recommended by some eminent oculists in photophobia, and said that was doubtless the proposition of some young doctor. A few days later other external and internal remedies were prescribed, among the rest the dropping in of a solution of *Atropin*.

In the meantime the child refused to take the cod-liver oil, would only submit after a severe struggle to the ointment and drops, and could only be persuaded to take one or two of the powders. She would not submit to the green shade, saying that other children would laugh at her; nor would she wear a bandage. The photophobia remained as before, and she held her hand constantly to her eye. I again advised that she should be sent out in all weathers, even were it for a short time. This was only done twice. This was the state of things when I saw her again on the 4th February. I proposed to the mother to bring the child to me, and I would try magnetism. This she did that very day, and I applied the north pole of the magnet for three minutes to the eyelid, applying it as near as I could to the ciliary ring. There ensued no pain, no lacrymation, and no increase of spasm. When I drove past the house next day, I saw the child standing at the window and looking at me with both eyes. Since then she has been able to go to school without a shade or a bandage. There are no phlyctenæ in the eye. This is only one case, but I trust others of my colleagues may try this treatment in similar cases of photophobia without inflammation of the eye.

Orchitis—Clematis. By Mr. A. C. POPE, York.

A working optician consulted me on the 24th March, 1866, on account of an enlargement of the left testicle.

He contracted gonorrhœa a month since, for the cure of which he resorted to a shoemaker, who, by the light of a "Laurie," dispenses medicines from a "little chest" to all who think fit to

apply to him. In about a fortnight the discharge ceased. With this cessation, however, strangury, severely painful, set in, together with enlargement and tenderness of the left testicle, with swelling in the groin of the same side. He has been resting himself for a fortnight, but the enlargement and tenderness have gone on increasing.

The testicle now is the size of a small potato, very hard and tender to the touch; the swelling and pain extend along the cord into the groin: it is shooting in character, aggravated by motion. There is also a slight gleet discharge, but no pain in micturition.

I ordered him to lie on the sofa, when not in bed; to wear a suspensory bandage, avoid all alcoholic stimulants, and, as a medicine, *Olematis* 8 (a pilule to be taken every four hours).

April 1st.—Is considerably better. The pain in part is now but slight. The enlargement is less by more than one half. The discharge, which the night after his first visit was much increased, though much less on the following night, is gradually diminishing. He returns to his work to-morrow. Med. rept.

April 6th.—The left testicle is now nearly of normal size. The discharge during the day is slight, but is absent at night. Possibly this may be accounted for in some measure by his having to stand all day at his work. The same medicine was continued; and on visiting me a week later the testicle was perfectly healthy.

Stapf is said (*Hahnemann's Chronic Diseases*, vol. iii, p. 134, Hempel's version) to have found *Olematis* "useful in orchitis and indurated swellings of the testes consequent upon mismanaged gonorrhœa." Noack and Trinks report it as suitable in "diseases of the urinary and genital organs consequent upon suppressed or mismanaged gonorrhœa; swelling and induration of the testes." (*Ibid.*, p. 135.) The symptomatology of the proving points to *Olematis* as a remedy in orchitis. "When touching the testes, they feel painful as if they had been bruised, accompanied by drawing and stretching in the inguinal region, the left thigh and scrotum; a clawing pain when touching it, or when walking. Drawing pain in the testes and the spermatic cord from below upwards. Swelling of both testes. Painful sensitiveness of the testes (8. d.)." (*Ibid.*, p. 138.)

Pulsatilla is also a useful remedy in some cases of orchitis. One point of difference between the spheres of it and *Olematis* appears to be, that with the orchitis of the latter there is

considerable urethral irritation, whereas in that of the former there is little or none, or, if any, it is entirely secondary in its character.

Orchitis generally arises from one of two causes; either from an injury, or as a result of gonorrhœa. In the former *Pulsatilla** seems the right medicine to trust to, in the latter *Olematis*.

Some practitioners rely upon "strapping," discarding specific medicine altogether. In the chronic stage strapping is very useful—in that which is acute it is simply injurious. "The same reasons," says Sir William Fergusson, "that would induce me to object to the application of pressure in erysipelatous and other swellings, during the acute stages of inflammation, would actuate my course of treatment in hernia humoralis." Mr. Druitt, in his *Surgeon's Vade-Mecum*, cautions the practitioner that, after the acute stage has subsided, "some hardness and swelling (as the patient should be informed) always remain after the acute attack." That such is usually the case after the treatment advised by him, and also by Sir William Fergusson, is probable enough, but it does not occur when orchitis is treated *specifically*.

Rest in bed, leeches, opium at night, purgatives, warm fomentations, and a suspensory bandage, constitute Mr. Druitt's therapeutic programme. Sir William Fergusson's is much the same. Mr. Henry Smith recommends making a deep puncture with a thin sharp knife into the body of the testicle. Such measures are not only unnecessary, but they are not as curative as is desirable. Rest, *Olematis* or *Pulsatilla*, as the case may require, with a suspensory bandage, are both more serviceable in the local disorder, and in no way disturb the general health, as those pursued by the surgical authorities quoted cannot fail to do.

Baptisia in Fever. By E. M. HALE, M.D.

The value of *Baptisia* in fever is not yet fully appreciated. It has already a large popularity with the homœopathists, but not to the extent which its powers demand. It is not a general specific in any type of fever, but, like all other remedies, has its own peculiar sphere of action, which lies in a certain pathological condition, represented by certain symptoms.

* *Brit. Journal of Hom.*, vol. xii, p. 487, and vol. xiii, p. 482.

In the second edition of *New Remedies* these conditions and symptoms are quite fully given; but since that article was written I have had several cases of fever, and in all of them its curative virtues were exhibited so promptly that a mention of the cases may not be out of place.

There was no epidemic fever in this city in the spring of 1866, until about the 1st of June, when it appeared in the form of a bilious remittent, with a tendency to a typhoid condition. The *seven* cases which came under my care in the first two weeks of June were all of nearly the same character. They were ushered in with a chill, followed by fever, with severe aching in the muscular portions of the body. Pulse ranged from 100 in a minute to 125, and hard in the evening. The pain in the head was not acute, but a dull, bruised ache. The whole body felt as if bruised and lame. Tongue dry, brown, or with a red dry middle. Faintness on rising, giddiness and severe nausea; a good deal of thirst; bitter nauseous taste in the mouth; sinking sensation in the stomach; diarrhœa, with some pain and soreness in the bowels; the evacuations light yellow or brown, thin and watery. The odour of the breath was not very disagreeable, nor were the fœces very fœtid. The urine was usually very high-coloured and scanty.

The first case that came under treatment was given *Baptisia* and *Bryonia* in alternation, and terminated with a profuse sweat on the fifth day.

In the other cases the *Baptisia* was given alone; a few drops of the first decimal dilution, in half a glass of water; a dessert-spoonful to be given every two hours. All these cases terminated on the fourth day of the fever, except one, and that on the third. In less than twenty-four hours after commencing the *Baptisia*, the dryness of the mouth and tongue, the sensation of soreness in the muscles, and the heat of the skin, were notably relieved.

On making inquiries relative to the intensity and duration of the fever under allopathic treatment, I have ascertained that some cases were quite severe, and lasted fourteen, and even twenty-one days. In two cases, under homœopathic treatment, with *Aconite* and *Bryonia*, the fever continued twelve days.

From the above observations and experience, we have every reason to conclude that the action of *Baptisia* is eminently beneficial in some forms of continued fever; that it is superior

to most other medicines; and that it really has the power of arresting a continued fever, preventing, perhaps, the access of a typhoid condition.

My success has been so uniform with the low dilutions, that I have not tried the higher.—*Am. Hom. Obs.*, Aug., 1866.

Hyperæmia Hepatis. By Dr. SCHLEICHER, of Pesth.*

Simple hyperæmia of the liver, with accompanying polycholia, is a very common form of disease in Lower Hungary. In this disease the liver swells perceptibly, and its increase in volume is easily ascertained by percussion; as a rule it is not painful, but often very tender to pressure, owing probably to simultaneous hyperæmia of the peritoneal covering. There is at the same time an increased secretion of bile, evidenced by (1) intense colour of the skin, (2) bilious vomiting, (3) bilious diarrhœa, (4) in many cases demonstrable distension of the gall-bladder. The stomach and bowels may at the same time be more or less affected with catarrh; in many cases, however, they are not at all involved. There is often no febrile state, but generally there is slight fever; and it is remarkable that this often assumes an intermittent type, so that it is often not easy to determine whether we have to do with an ague or with symptomatic fever.

It has often happened to me that such patients have been ineffectually treated with quinine allopathically, and for that reason have applied to me. Large doses of quinine administered in such cases aggravate the disease. There is often but one febrile attack, and the disease terminates with bilious vomiting or diarrhœa. More frequently the disease runs a slow course. The cause of the disease is generally to be found in malaria, and it occurs very frequently during an epidemic of ague. I have often observed it as a consequence of eating a large quantity of fat food; sometimes also it is produced by mental emotions, especially anger. I should say it is oftener met with in women than in men. The homœopathic therapeutics of hepatic diseases are not very far advanced; the characteristic distinctions of the remedies that act on the liver are not very distinctly marked in our provings: hence much of the treatment of hepatic diseases requires the light of clinical observation. In addition to *Mercurius*, *Nux*, *China*, and *Bryonia*,

* Hirschel's *Zeitschrift*, August 15th, 1866.

I have frequently employed with advantage the *Carduus marianus* in the disease alluded to.

The following case is an example of the remedial power of this remedy :—

Mrs. N—, æt. 41, came under my care in July of last year, and her state was as follows :—She was thin, with black eyes and dark complexion, of marked choleric temperament ; her hand dry, the palms only occasionally moist ; complexion and conjunctiva rather yellowish ; nothing wrong in the respiratory organs or heart ; the liver extends two fingers' breadth below the ribs, and its left lobe particularly enlarged, the surface flat, somewhat tender when pressed ; stomach distended with flatulence, but no tumour either in the stomach or bowels ; tongue clean ; appetite not bad, but some discomfort during digestion ; frequent sickness, even when the stomach is empty, though never amounting to actual vomiting ; constant bitter taste ; stools very irregular, often constipation for days together, then suddenly slight griping and diarrhœic evacuations of marked bilious character ; she complains of weight and pressure in right hypochondrium ; ill humour and irritability ; pulse small, contracted, and rather quick ; every evening, about eight, rigor comes on, lasts half an hour, and is followed by heat, with headache and thirst. This febrile state lasts till towards morning ; during it, however, the patient sleeps uninterruptedly, though restlessly. During the day she is out of bed, and performs her household duties, but feels ill and weak. This condition had lasted four weeks, and had been fruitlessly treated with quinine and purgatives. In former years the patient had often suffered from ague ; she is fond of fat food, and is very easily vexed. Similar symptoms she had often experienced, and two years ago she had had recourse to Carlsbad, which had apparently benefited her, but could not prevent a recurrence of the disease.

The whole morbid picture pointed to a liver affection ; but it was a moot point whether the fever present was symptomatic, or whether it was an ague which caused the hepatic affection. The circumstance that there was no complete apyrexia, and that quinine had not acted even palliatively, seemed to show that it was a primary hepatic affection : moreover, there was no epidemic of ague during the previous summer. The question now to be considered was, what kind of liver disease it was ? As lungs and heart were normal, it could not be venous stasis ; catarrhal icterus was not to be thought of, as the signs of gastric catarrh were

absent, and the bile passed off freely, as proved by the bilious diarrhoea; true parenchymatous hepatitis it was not, from the absence of etiological cause, pain and corresponding fever. There was evidently no new organic growth, as proved by the smooth surface of the liver; hence I diagnosed hyperæmia of the liver with polycholia. The slight icterus is accounted for in such cases, that in consequence of the increased sanguineous congestion and the permanent irritation of the hepatic cells, more bile is secreted than can pass away; hence there is a partial absorption of bile. The digestive disturbances are explained by the sympathy of stomach and bowels, and the presence of an excess of bile in them. Finally, the periodical fever is the expression of the reflex of the persistent irritation of the liver in the nervous system. It must be taken for granted that the hyperæmia in this case resulted in a moderately hypertrophied liver, caused by repeated hyperæmias and aguish attacks; hence the prognosis was not very favorable for perfect recovery.

The patient's diet was limited to soups and roast fowl and veal; bodily and mental rest was enjoined; and I prescribed *Carduus marianus* ʒ, five drops four times a day. Under this treatment the malady was completely removed in the course of a week; but, as was to be anticipated, there still remained a slight enlargement of the liver, ascertainable by percussion, for which the patient took for four weeks *Sulphur* without perceptible effect.

Carditis. By Dr. H. GOULLON.*

Jenny J—, æt. 11, had suffered from inflammation of the heart, and when convalescent had a relapse in consequence of taking a chill upon an overloaded stomach. On the 20th of December she lay in bed, had passed a restless night, and now complains of great dyspnœa; the movements of the *alæ nasi* during respiration and the flushed face give the appearance of pneumonic affection, which is strengthened by the distinct bronchial respiration on both sides of the spine. Against pneumonia, however, spoke the sparkling eyes of the excessively excitable patient, the absence of cough and sputa; and finally, a careful examination of the heart showed that the seat of the disease was to be found in this organ. The pulse was over 120. The presence of strangers greatly increased the frequency of the pulse. The heart's sounds

* *Allg. hom. Ztg.*, July 16th, 1866.

were loud; on applying the hand, the impulse of the heart was found to be of unusual force, but distinct sounds of endo- or pericarditis were not audible; there was somewhat extended dulness of the cardiac region towards the right. The prognosis did not appear favorable. The anxiety and excitement of the patient, already weakened by the first attack, pointed to rapid exudation. She got *Aconite* every hour, and at night a dose of *Calc. carb.* The report on the following day was so far satisfactory, that there was no increase, but rather a slight diminution of symptoms. *Calc.* was continued; but in consequence of the occurrence of drawing pains in the lower limbs, *Bryonia* was substituted for the *Aconite*.

On the 22nd December I again saw the patient. She was on the whole better; still, the quickness of pulse, the excitement and the periodically recurring palpitation of the heart, were not removed. For this kind of palpitation I gave *Sepia* with advantage; in a few days, in spite of the severe weather, the child could be moved to another house some miles distant. I may remark that after the *Acon.* and *Calc.* a beneficial perspiration broke out, which however, was not followed by any critical miliary eruption. The effects of *Sepia* in lowering the action of the heart are well known; and this remedy may almost be regarded as the homœopathic digitalis, were it not that *Sepia* is especially indicated in morbid increase of the heart's beats in cases of debility, e.g., from loss of blood, the puerperal state, &c. Increased rapidity of the heart's action arising from recent inflammations (pneumonia, &c.) is not removed by *Sepia*.

Treatment of Measles. By Dr. H. GOULLON.*

For the last nine months we have had in Weimar and neighbourhood an epidemic of measles, generally speaking of a benign character. Still, about four weeks ago a good many cases had a fatal termination. No case of death occurred under my treatment. The remedies employed were almost exclusively homœopathic. To this I ascribe the good results: for though I have said the *genius epidemicus* was benign, still there occurred, as I shall presently describe, some cases where complications or unusual intensity of certain symptoms from the first did not admit of a positive favorable prognosis. In some cases the premonitory stage was

* *Allg. hom. Ztg.*, August 6th, 1866.

very violent, was distinguished by continual sleeplessness and delirium—cerebral irritation. In the greater number of the worst cases there was an obstinate cough, which did not correspond to the *Aconite* symptoms, but demanded at one time *Hyos.*, at others *Drosera*, *Spongia*, or *Hepar*. The last-named remedies, together with *Belladonna*, were of use in a family of three children suffering from measles, for a long time masked by a regular croupy cough.

When the exanthema did at last occur in these cases, it was very intense, and resembled in its confluent character scarlatina; while the violent conjunctivitis, and also the bran-like desquamation, prevented the idea of scarlatina. Moreover, difficulty of swallowing frequently ushered in the measles. The children of the same family did not always take the disease simultaneously or in rapid succession; on the contrary, one half of them would often be in the desquamation stage, or beyond it, before the others took ill. I observed no vomiting or convulsions, as so often happens in scarlatina. Tenesmus of the bladder, with constant but ineffectual efforts to pass water, during the premonitory stage was rapidly removed by *Pulsatilla*. *Calcarea carb.* 12 was of great service in the case of a boy affected with serious cerebral symptoms. His parents had already given him up, as they had previously lost three children at the same age. The fever had lasted several days very severely; the exanthem did not come out; then occurred unconsciousness, snoring respiration, and sopor. This had succeeded to an opposite state of excitement and delirium. Here (after a dose of *Stramon.* for the irritation of the nervous system) *Calc. carb.* acted in a marked manner; under its use the eruption came out plentifully.

Another case which seemed to be of most malignant character, that of a girl seven years old, terminated satisfactorily by the administration solely of *Aconite*. The very next day a great change was observable. In the morning a large worm (*Asc. lumbric.*) was vomited. Whether the violence of the fever had incited this previously peaceful inhabitant to rebellion, or the rebellion of the worm was the cause of the violence of the fever, I am unable to determine. With A. Vogel, I am disposed to think the former was the case. In such cases much harm is often done by the anthelmintic remedies of the old school. In one family, the boy took measles, and the girl soon afterwards chicken-pox. I met with no case of an adult taking the disease; the youngest child that took it was nine months old. In a brother and sister of the

same family, the boy had a follicular swelling in the external meatus of the ear, and the girl a catarrh of the middle ear with hardness of hearing. The latter was cured by a repeated employment of Pollitzer's treatment. Finally, I may mention a case of measles (in a boy of three), where there remained as a sequela a violent bronchitis, and, after this was removed, such an irritability of the mucous membrane of the stomach that anything he took was at once rejected. In this case *Ipecac.* 1 proved specific. Two days afterwards I found my little patient not only sitting up, but eager to participate in the dinner of his parents.

Nux vomica in Pneumonia. By Dr. HAUSTEIN.*

On the 21st February, 1858, I was called to see a pregnant lady, 38 years old. She had been ill for four days, and the allopathic physician in attendance pronounced her disease to be pneumonia. She was suffering from a violent pain shooting inwards in the right side of the chest, which was aggravated by breathing deeply, turning in bed, speaking and lying on the painful side; her breathing was short, and she was teased with a cough, with tenacious, frothy, bloody expectoration. When she coughed, the urine passed involuntarily, and the ejected blood was of a brownish colour. She complained of tearing in the right shoulder, increased by moving the affected part, and of aching and tearing in the head. She was weak, apparently owing to her night's rest being so much disturbed: she has frequent chills, with rigor and goose-skin, and sour-smelling perspiration, great thirst, rapid pulse, no appetite, a furred tongue, and peevish and dejected spirits.

I prescribed a drop of *Nux vom.* 3 every three hours, and in twelve hours she was much better.

On the 26th February her husband gave me a report of her state, from which I could learn that under the continued use of *Nux vom.* the disease had disappeared, all except a slight remnant, which was entirely removed by a few doses of *Bryon.* 3.

Arsenicum in General Dropsy. By Dr. HAUSTEIN.†

A woman, æt. 27, affected with leucorrhœa of a yellow colour, had for a week symptoms of general dropsy. The disease began

* *Allg. hom. Ztg.*, July 23rd, 1866.

† *Ibid.*

with weakness and sore throat felt on swallowing. The face, abdomen, and all the limbs, especially the legs, were dropsically swelled. The patient was unable to lie down for an instant the last four days; on attempting to do so, such difficulty of breathing came on that she nearly died of strangulation. Yesterday she had an attack of weakness, unconsciousness, rattling respiration, and cold perspiration, and death seemed imminent. She is often teased with a frequently recurring cough, with expectoration of blood, streaked mucus, retching, and vomiting of food and drink, whereby the few minutes of sleep which she can only procure by laying her head on a table before her are often broken in upon. She has often rigor with goose-skin; has great thirst, and a small, rapid pulse. She is often affected with whirling vertigo: complains of heaviness of head; burning, watering, and sealing-up at night of the eyes; dimness of vision; and stuffed cold, with loss of smell. She has a furred tongue, bitter taste, pressure as of a weight and trembling in the pit of the stomach, and a painless, fetid diarrhœa.

Arsen. 6, a drop every six hours, and, as amendment went on, only every night and morning, effected an improvement after a few doses, and in four weeks a perfect cure.

Case of Primary Chancre. By Dr. H. GOULLON.*

On the 16th April, a journeyman mason, about sixteen years old, came to me on account of having become infected about a week before. On the glans penis there were already three characteristic chancre sores of various sizes, but all with a tendency to spread. No pain, no swelling of penis, testicles, or epididymis. General health not disturbed. What would be the treatment pursued by an allopath in such a case?

“A recent sore of undoubted character, and without inflammatory surroundings, should be at once and thoroughly destroyed by caustic (the Vienna paste or nitrate of silver), and thereafter treated as a simple cauterized wound. If one cauterization is not enough, it may be repeated.” (Wunderlich, *Outlines of Special Pathology*, p. 800.)

Homeopathy has the great merit of having upset such deeply rooted ideas as this of the indispensable necessity of cauterization, and of having proved their nullity by her brilliant success. In the

* *Aug. hom. Ztg.*, July 23rd, 1866.

present case the patient got every night and morning five grains of *Merc. viv.*, trit. 2. The sores were at the same time dressed with an ointment made with a very small portion of red precipitate. Respecting the so-called antisymphilitic general treatment, which many still regard as indispensable even in the first stage of syphilis (see Burger's *Manual of Surgery*, p. 140), Wunderlich says very sensibly, "So-called specifics for syphilis are needless whilst the primary sore is there; still, it is advisable, in cases of hardness of the sore or of its cicatrix coming on or remaining, to give for some time small doses of mercury." There was, of course, no question of a general treatment in the case I have related. [It appears to us that the author employed both general and local treatment.—*Eds.*] I may further remark that the patient had to walk nine miles every day to and from his work during the whole treatment, which lasted a week and a half, till he was perfectly cured. Who knows but that the symptoms of severe irritation, and even the occurrence of buboes, are not often the consequence of that unfortunate cauterization?

"Nitrate of silver," says Devergie (*Universal Lexicon d. Med. u. Chir.*, Leipzig, art. *Syphilis*), "stands in no specific (physiological) relation to the syphilitic dyscrasy; it cannot act here as a remedy. The disease that was considered local spreads as a general disease, and that all the more virulently that it has been deprived of the organ employed by the system to free itself from the contagious matter to which it owes its existence."

Podophyllin in Dysenteric Diarrhœa of Children.

By Dr. RICHARD HUGHES.

Sept. 5th, 1866.—At about 3 o'clock this afternoon I saw a little boy, between two and three years old, who had been taken ill at noon. From that time till now he had been seized every quarter of an hour with severe pain in the abdomen, followed by passing of a small quantity of mucus and blood. There was no vomiting or fever. I have nearly always given *Podophyllin* in such cases, but have looked upon the occurrence of prolapse of the rectum at each stool as pathognomonic of the remedy. The absence of this symptom in the present instance, and the prominence of the colic, led me in preference to *Colocynth*, of which I gave a drop of the second dilution every two hours.

Sept. 6th, 11.30 a.m.—No improvement whatever; the pain and purging have continued every quarter of an hour or so during the night, and the poor child looks much exhausted. I now fell back on the tried remedy, and gave half a grain of the third trituration of *Podophyllin* every two hours.

Sept. 7th.—The little boy came walking into the room to see me to-day, looking quite himself again. The mother informed me that after the third dose of the new medicine (*i. e.*, in four hours after beginning its administration) the pain and purging had both ceased, and had never returned since.

He continues well.

Chronic Albuminuria. By Dr. NOACK, JUN.*

Albuminuria, that most complex morbid state, whether we look at it in its symptoms and progress, or study it in its pathogenesis, has formed the subject of many essays in which each author has regarded it from his own exclusive point of view. Hence has resulted an incoherent assemblage of doctrines, in the midst of which the reader becomes confused, to the great detriment of the therapeutics of the disease, which, we may say, have been completely shipwrecked. Such must necessarily be the case as long as the microscope and chemical analysis are all in all, and until a wholesome study of the disease shall be substituted for that of its lesions and their faulty interpretation. It was reserved for the school of the *Art Médical* to point out this error, and for some time past its voice has been loudly raised in the debate. In an excellent article by Dr. Dufresne (*Art Médical*, ii, 1865, p. 124 *et seq.*), the question is placed on its true clinical basis, and solved in a truly medical sense. These ideas have borne fruit, for the essay of M. Jaccoud on *Albuminuria* (the most complete summary of this important question) is an eloquent appeal in favour of sound pathological ideas. To convince ourselves of this, it will suffice to peruse pp. 126 and 127 of the work alluded to: we could almost imagine them to be taken from the *Art Médical*, the author seems to be so imbued with its doctrines. One thing only is wanting, the name of Jean-Paul Tessier, their illustrious propagator.

In defining albuminuria “a deviation from the normal type of nutritive action, consisting in a temporary or persistent perturbation

* *Art. Médical*, July, 1866.

in the phenomena of the assimilation or disassimilation of the albuminoid matters;" in proposing, very properly, to substitute for the the term *Bright's disease*, the expression *Bright's acute or chronic affection*, M. Jaccoud has the advantage of fixing the real nosological place which this group of phenomena should occupy, in as far as it is a morbid symptomatic state. He has by this at once simplified and limited the therapeutic question. As Dr. Dufresne (*loc. cit.*, p. 210) has well observed, our homœopathic *Materia Medica* offers us precious resources, though they are still limited, especially in the chronic forms of albuminuria. In publishing the following case of real cure obtained by medicines given on the principle of *similia*, we at the same time attest the action of infinitesimal doses, and prove the value of the above general considerations.

H. M. X.—, residing near Lyons, 28 years of age, of bilious sanguine temperament and excellent constitution, had always hitherto enjoyed good health. Passionately addicted to field-sports, he devoted himself to them, and had thereby contracted several catarrhal inflammations, which had gradually caused derangements of the digestive functions. In September, 1865, he imprudently slept for a long time in a damp place; two days afterwards enormous general swelling came on, and on the 2nd October he took to his bed, from which he did not rise for four months. He was attended from the commencement by two allopathic colleagues, who diagnosed acute Bright's affection. He was subjected by them to various kinds of treatment, such as saline purgatives, powerful diuretics, *Tannin* in large doses. Dr. P—, of Lyons, was consulted, and recommended powdered *Scammony*, which, far from benefiting the patient, set up such a severe attack of gastro-enteritis, that, despairing of the issue, our honourable colleague gave the patient up, and announced to his family the impending fatal result. Under these circumstances, my father was requested to give his advice to M. X—, and I have drawn up this history of the case from his notes.

State of the patient on the 10th November.—General and great anasarca; abdomen distended, sensitive to the touch, and showing distinct fluctuation; skin pale, flaccid, dry, without elasticity; lips dry and red; tongue pointed, dry, of a scarlet red colour, with elevated papillæ (scarlatina tongue), and a brownish streak in the centre; teeth covered with sordes, great thirst, complete anorexia, nausea; vomiting after partaking of thin soups or

chicken broth, the only nourishment he could take; frequent eructation and hiccough; scanty serous diarrhoea, and tenesmus; left renal region sensitive to deep pressure (at the commencement it was the right kidney that was tender); urine scanty, red but clear. *Nitric Acid* gives a very thick and abundant white precipitate, filling the half of the glassful of urine; after boiling the urine to which Barreswill's fluid has been added, a flaky brownish scanty precipitate is observed. The quantity of urine passed in twenty-four hours would about half fill an ordinary chamber utensil. Vesical tenesmus, but slow passage of the urine; no sign of vesical catarrh; no erethism of the sexual organs; oppression owing to the tension of the diaphragm; weak heart's beats; pulse 120, small, irregular, compressible; head heavy, want of sleep; mental powers slow, sub-delirium at night, complete prostration.* As the enteric symptoms predominated, the first medicine given was *Bryonia* 12, in solution, followed four days afterwards by *Arsenicum* 12, in globules.

18th.—The tongue still red, the thirst less intense; want of appetite; stools rare, and accompanied by mucous and very foetid flatus; abdomen distended; no pain in the renal region. Urine more abundant; it amounts to about three litres a day; its colour is natural, but it still shows albumen when *Nitric Acid* is added. The oedema is less. *Nitric Acid* 6, in globules.

24th.—No change, except a momentary sharp pain from each side as far as the inguinal region in the course of the ureters. Copious albuminous deposit to the extent of about half the urine passed; complete anorexia; stools for the first time formed, and surrounded by thick mucus. Gradual exhaustion and debility (which the patient and his medical attendants ascribe to the want of appetite). *Nux vom.* 6, in globules.

28th.—Tongue moist, less red; no appetite; epigastrium soft; hypogastrium less tense; liquid motions: quantity of albumen in urine the same. *Nux vom.* 6, in tincture.

Dec. 3rd.—No more pain, but general uneasiness; stools rare, flatus; appearance of urine normal (1½ litre in twenty-four hours), less albuminous; a little dysuria; pulse small, quick, above 100. The doctors find a second time a diminution of albumen, coinciding with increased quickness of pulse. *Tinct. Nuc. vom.* 6.

* After the first visit the treatment was continued by correspondence, and the two physicians of T—, where the patient lived, kept my father acquainted with the results, and that with a good faith that does them honour.

7th.—Perceptible general amelioration; fever less; all trace of the ascites has disappeared; there only remains œdema about the ankles. The appetite is improving every day; the patient eats meat (beef, mutton); he takes weak wine-and-water, and after his meals he feels more comfortable than he has done for a long time. His bowels continue irregular and loose. *Nux vom.* 6, three globules morning and evening.

14th.—The report continues the same, only for the last five days there has been a slight febrile fit, commencing at eleven and lasting three or four hours. *Sacch. lact.*

21st.—For two days past there have been some symptoms of subacute cystitis; pain on passing water, which is clear and copious. Pulse 95. *Acon.* 3, and *Bellad.* 3, in globules, alternately every two hours.

27th.—These symptoms are removed; for the first time there is slight general perspiration; urine moderately albuminous; no more œdema; digestive functions in good order. *Merc. sol.* 12, in globules.

Jan. 3rd, 1866.—Albumen sensibly diminished; the patient only complains of vesical irritation, which is troublesome. *Idem.*

9th.—The albumen having reappeared in greater abundance, my father prescribed *Tinct. acid nitr.* 6.

22nd.—The patient and his doctors thought they could remark an intermittent character in the appearance of the albumen in the urine. Repeated analyses convinced them that this supposition was correct. They found the albumen to be more abundant every alternate day. In view of this intermittent character, my father prescribed *Quin. sulph.* 30 centigrammes, *Sacch. lact.* 30 grammes, to be divided into six powders, one to be taken every night and morning.

31st.—A real amendment reported. No albumen for the last two days, but, on the contrary, *uric acid.* No more pain in bladder or kidneys; pulse 82; sleep good; the patient goes to his office and attends to his business. The *Sulphate of Quinine* was continued for a week. On the 24th February the patient made a journey of four hours in a diligence, in order to thank my father for his successful treatment.

On the 11th May the patient wrote, "Since that time I have recovered my strength, my former vigour, a healthy complexion, and I declare on my honour, that I never was better in my life."

MISCELLANEOUS.

Fragmentary Provings of Drugs in various Potencies.

By H. W. ROBINSON, B.A., L.R.C.S.I.

(Continued from p. 517.)

Aconite. φ.

Subject of the proving:—H. W. Robinson, æt. 32, fair complexion, light-coloured eyes, dark-brown hair, nervo-bilious temperament, stout and of robust frame, middle height, temperate and of rather sedentary habits: no disposition to any particular disorder.

Dec. 12th, 1862.—Took one dose; on Dec. 13th, three doses; and on Dec. 14th, four doses—each of *Tinc. Acon. φ**, 10 drops in 1 oz. of water, at intervals of some six or seven hours between each dose. No effect was observed.

Dec. 15th, 9 a.m.—*Tr. Acon. gtt. 1 $\frac{1}{2}$* , in 1 oz. water. Slight *burning sensation* under the *tongue* (c.). 9 p.m., gl. *Acon. 10 $\frac{1}{100}$* (E.), ex. aq. ʒij.* No effects. Dec. 16th, at 9 a.m., 1.15 p.m., 6.30 p.m., and 7.30 p.m., took 1 gt. of *Acon. 10 $\frac{1}{100}$* , as above. *Fine sharp pains* in different parts of the *abdomen, as from flatus* (c.). At 10 p.m., the same dose. Loud *rumbling of flatus* (c.). 12 at night, the same dose. Dec. 17th, 9 a.m., the same dose; 11.30 p.m., *Tr. Acon. gtt. 1 $\frac{1}{2}$* in 1 oz. water; 12.30 a.m., the same dose. Dec. 18th, 9 p.m., *Tr. Aconite, gtt. 2 $\frac{1}{2}$* , as before; 11 p.m., gl. *Acon. 3 $\frac{1}{100}$* (L. & R.), dry on the tongue. Dec. 19th, 9 a.m., gl. *Acon. 2 $\frac{1}{100}$* , in 2 oz. water; 12 at night, *Tr. Acon. gtt. 10 $\frac{2}{100}$* , in 1 oz. water. Dec. 20th, 6.30 p.m., gl. *Acon. 10 $\frac{1}{100}$* , in 2 drachms water; 11 p.m., the same dose; 2.30 a.m., gl. *Acon. 3 $\frac{1}{100}$* (L. & R.), dry on the tongue. Dec. 21st, 9 a.m., gl. *Acon. 3 $\frac{1}{100}$* , in 2 drachms water; 8 p.m., the same dose. Dec. 22nd, 8 a.m., gl. *Acon. 3 $\frac{1}{100}$* .

* It must be clear that the *Mother Tincture of Aconite* supplied by the chemists was *not of the proper strength*, else such large doses could scarcely have been taken without effect. Provers are especially cautioned against taking such large doses of the pure tincture, unless they are accurately acquainted with the precise strength of the medicine. 5—10 drops of Dr. Fleming's tincture, for instance, would prove almost fatal.

† The tincture from which the globules were prepared was procured by Mr. James Epps from Dr. Bertsch, of Wismar, the executor of Jenichen.

as before. Dec. 23rd, 8 a.m., gl. *Acon.* $\frac{1}{8}$, as before. Dec. 24th, 6 a.m., gl. *Acon.* $\frac{1}{8}$, as before; 8 p.m. *Confused vertigo* all day long (c.); feeling as if a drop of hot water in l. ear; hard stool this morning (c.).

Note.—From the foregoing repeated doses of different potencies, not the slightest effect was observed till the evening of the 24th inst.

Dec. 25th, 9 p.m., 12 night, and at 12.30 a.m., gl. *Acon.* $\frac{1}{100}$, in 2 drachms water. Dec. 28th, 12.30 a.m., gl. *Acon.* $\frac{1}{100}$, at a single dose in a tumbler of water; 10.30 p.m., *burning sensation* in the *pharynx* (c.); *heart-burn* at *stomach* all day (c.); lame *sprained feel* in *joints of r. hand* (c.); 11.30 p.m., gl. *Acon.* $\frac{1}{100}$, as before. Dec. 29th, 3.30 p.m., feeling of *heart-burn* all down the *back* (c.). Jan. 1st, 1868, 11 a.m., gl. *Acon.* $\frac{1}{100}$, in 2 drachms water; sense of *heart-burn* at *stomach* all day (c.). Jan. 2nd, 9 a.m., the same dose as before. Jan. 3rd, 9 a.m., the same dose as before. Jan. 5th, 8 a.m., the same dose, in $1\frac{1}{2}$ oz. water. Jan. 6th, 8 a.m., the same dose, in 2 oz. water. Jan. 7th, 8 a.m., the same dose, in $1\frac{1}{2}$ oz. water; 6.30 p.m., *Tr. Acon.* gtt. $\frac{15}{\phi}$, in 1 oz. water. Jan. 8th, 11 p.m. (up to this hour no effect was observed). Sense of extreme *oppression* at *pit of stomach* all day, as of excessive *repletion*; a feeling as if *nothing could pass further than the stomach* (c.); *bowels* much *constipated* (c.); *Tr. Acon.* gtt. $\frac{20}{\phi}$, in 2 oz. water. Jan. 9th, 11.30 p.m., *several* very *white stools* during the day (c.); *frequent desire to urinate* (c.); *Tr. Acon.* gtt. $\frac{30}{\phi}$, in 2 oz. water. Jan. 10th, 5 p.m., *Tr. Acon.* gtt. $\frac{50}{\phi}$, as before; 5.30 p.m., *numb tingling* sensation in *arms and hands*, as though the *poles of a galvanic battery* were being held (c.); *burning* of the *tongue* (c.); 8.15 p.m.—by this time the above symptoms had nearly vanished, but on getting into a warm bath the feeling of "*formication and tingling*" came on again in the *fingers*; 9.45 p.m., not the slightest effect now felt from the medicine. Jan. 11th, 2.30 a.m., *Tr. Acon.* gtt. $\frac{50}{\phi}$, in 2 oz. water; 3.30 a.m., *considerable burning* of the *tongue* (c.); slight degree of *chilliness* (c.); *excessive restlessness* and tossing about for several hours (c.); *much formication* in *hands and arms* (c.); 10.30 p.m., gl. *Acon.* $\frac{1}{100}$, in 1 oz. water; 1 a.m., gl. *Acon.* $\frac{1}{100}$, in 4 oz. water. Jan. 12th, 11 p.m., gl. *Acon.* $\frac{2}{100}$, in 2 oz. water. Jan. 13th, 8 a.m., gl. *Acon.* $\frac{1}{100}$, as before. At *midnight*, *burning sensation* in the *back* of the *throat*, causing him to hawk up (c.). Jan. 14th, 8 a.m., the same dose. Jan. 15th, *hoarseness* all day (c.); *fine burnings*

in the *fauces* (c.). Nov. 26th, 1 p.m., gl. *Acon.* $\frac{1}{1000}$, spirits of wine 5 drops, water 4 oz., mix; a table-spoonful of this mixture for a dose. *First dose* (7 p.m.): exceedingly fine *prickings as of needles* in the *left hypogastric region*; lame *sprained* feel in *right metacarpus* (c.). Nov. 28th, an *emission* early this *morning* (c.); (the prover is by no means subject to such a thing, when not proving medicines.) Nov. 29th, 8 a.m., *second dose*. Nov. 30th, 9 p.m., went off quite *suddenly* and *unconsciously* in a *swoon* this evening, *while standing up urinating*; all the *blood* seemed to *rush* to his *head*, and he fell heavily to the ground (c.). (Such a thing never before happened to him in his life, so that he can have no doubt whatever as to the effect having been caused by the medicine.) Dec. 1st, *frontal headache* all day, *worse* in the *evening* (c.). Dec. 2nd, 8 a.m., *third dose*: the *headache* of yesterday evening continued persistently throughout the night up to the present time, being more particularly *confined* to the *l. frontal eminence* (c.); restless and *disturbed sleep*; *strange dreams* (c.). Dec. 5th, 8 a.m., *fourth dose*. Dec. 6th, 10.30 p.m., a few minutes *after getting to bed*, he observed the following:—occasional *single stitches* in *r. under-surface of tongue* (c.); *strange intermittent lame growing-like pains* in *distal joint of l. fore-finger* (c.); *cold feel* in the *incisors* (c.); *extreme sense of nervousness* (c.). Dec. 8th, 8 a.m., *fifth dose*: *extreme sense of repletion* (c.); very *shaky* and *nervous* (c.); *fainting kind of feel on urinating* (c.). Dec. 9th, 8 a.m., several *strange dreams* last night; awoke and found himself laughing heartily (c.). Dec. 15th, 8 p.m., *Tr. Acon.* $\frac{1}{1000}$ (E.); olfaction for five minutes, from a vial containing 1 drachm of this tincture; *first olfaction*. Dec. 16th, 8 a.m., no effects; *second olfaction*. 12 noon, fine *sticking pains* in *r. eyeball*, during the course of half an hour—*momentary* (c.); 9 p.m., *third olfaction*. 10 p.m., transient *lame pains* in *both metacarpi* (c.). Dec. 17th, 8 a.m., *fourth olfaction*; 8.15 p.m., no effects. *Tr. Acon.* gtt. $\frac{1}{1000}$, water, 4 oz., mix; a table-spoonful to be taken for a dose; *first dose*. Dec. 18th, 8 a.m., no effects; *second dose*. 8 p.m., *fainting fit*, directly *after urinating*; *everything wheeled round* him, and for the time he completely *lost all consciousness*: his face and hands were bedewed with a cold sweat, and for some time after he remained *quite prostrated*; it was in all respects the same kind of attack as that which occurred on the 30th Nov. last (c.); *stinging itching little red pimples* on the *back* of both *hands, like flea-bites* (c.): 8 p.m., *third dose*. Dec. 19th, 8 a.m.,

fourth dose : transient pains, like bone-pains, in both metacarpi, and in the long bones of upper and lower extremities (c.); two emissions in a single night (c.); very wakeful and restless (c.). [The stinging itching spots on the back of the hands have now nearly disappeared, and all irritation ceased.] Dec. 20th, 8 a.m., gl. *Acon.* $\frac{1}{100}$, spirits of wine 5 drops, water 4 oz., mix; a tea-spoonful to be taken for a dose; *first dose.* 8.15 a.m., rheumatic-like stiffness of r. fore-finger, lasting for about ten minutes, and causing great awkwardness in bending it (c.). Dec. 21st, 2 p.m., strange sensation down the fore-part of both thighs, as if drops of cold water trickled over them, it lasted for fully five minutes (c.) : 11 p.m., momentary tingling numbness at tip of tongue (c.). Dec. 22nd, 4 a.m., sharp transient rheumatic-like pain in anterior part of l. ankle-joint (c.); 7.45 p.m., momentary drawing pain in r. fore-finger, and at the same time pain in l. ankle, as before (c.). Dec. 23rd, 8 a.m., *second dose.* Dec. 24th, 10 p.m., the intestines feel paralysed and unable to propel their contents; this sensation is observed more in the region of the transverse colon than in the rectum: notwithstanding, the stool when discharged is not unusually hard (c.). Dec. 26th, 8 a.m., *third dose* : 10 p.m., several sharp momentary prickings both in the glans and prepuce (c.). Dec. 27th, 11 p.m., drawing lame pains in r. fore-finger (c.). Dec. 29th, 8 a.m., *fourth dose.* (No effects followed this last dose.) Jan 1st, 1864, 8 a.m., *Tr. Acon.* $\frac{1}{100}$ (E.), olfaction for five minutes, fr. a vial containing 1 drachm of this potency; *first olfaction.* 11.30 a.m., transient but painful aching in region of l. kidney (c.); 9 p.m., rough feel, as of sand, in l. inner canthus, lasting about two minutes (c.); repeated sharp painful shootings in r. fourth toe. Jan. 2nd, 8 a.m., *second olfaction.* Jan 3rd, 8 a.m., no effects; *third olfaction.* Jan. 4th, 8 a.m., *fourth olfaction* : itchy nettlerash-like eruption on back of both hands, the spots being very well marked (c.); 11 p.m., almost directly after getting to bed, momentary drawing pains in l. middle finger, and in the r. heel (c.). Jan. 5th, 8 a.m., gl. *Acon.* $\frac{2}{100}$ (E.), spirits of wine 5 drops, water 4 oz., mix; a dessert-spoonful to be taken for a dose; *first dose.* 1.30 p.m., several flying painful stitches in the glans, as though the poles of a galvanic battery had been applied to the part; the pains came on most unexpectedly (c.); 7.40 p.m., raw sweeping feel at the back of the throat, w.; constant desire to hawk up, lasting for twelve hours (c.). Jan. 7th, 8 a.m., *second dose.* Jan. 9th, 8 a.m., no effects; *third dose* : 1 p.m., a feeling

of *extreme nervousness* : *fearful* and *uncertain* in his actions (c.). Jan. 11th, 8 a.m., *fourth dose* : at noon, increased *tremulousness* and *vertigo* (c.) ; great *confusedness* both of *thought* and *action* (c.) ; remarkable degree of *sensitiveness* to the least draught of *cold air* (c.). Jan. 13th, 8 a.m., gl. *Acon.* $\frac{1}{4}$ $\overline{000}$, spirits of wine 5 drops, water 4 oz., mix ; a table-spoonful to be taken for a dose ; *first dose*. 9 p.m., throughout the whole *afternoon* and up to this hour, a sense of *feverishness* hung about him, attended by *great powerlessness* and *prostration* of the entire body, the *extremities* particularly ; *pulse* 96 (c.) ; *drawing pains* several times in *r. thumb* (c.) ; short dry cough (c.). Jan. 14th, 8 a.m., *second dose*. The *feverishness* of yesterday continued *without intermission* all *through the night*, but *abated* a good deal this *morning* (c.) ; 1 p.m., flying *growing-like pains* all *forenoon* in the *metacarpal and finger-joints* of both hands (c.) ; sense of *inward fever*, attended by *chilliness* ; a desire to sit over the fire, and a disposition to *nausea* (c.) ; on going out into the *open air* and walking about, the feeling of *feverishness* *abated* (c.) ; considerable *rumbling* and *flatulence* in the *bowels* (c.) ; 9 p.m., *while sitting* at tea, most *unexpectedly* three very sharp and painful *stitches* in *third and fourth toes of r. foot* (c.) ; threatening *coryza*, one or two hot, clear drops falling fr. the nose, and attended by slight *lacrymation* (c.). Jan. 15th, 8 a.m., *third dose* : *alternation of heats and chills* all *night*, w. *restless sleep* (c.) ; 1 p.m., frequent *sneezing* ; *profuse nasal defluxion*, and sense of *extreme stuffing* in the *head* (c.) ; *appetite* completely *gone*, unable to take solid food (c.) ; on going out into the *open air* felt *m. relieved*, but on getting within doors again all the symptoms of *feverishness* became greatly aggravated ; *pulse rose fr. 95 to 112* (c.) ; frequent *flying pains* all over the *body* ; feeling very *weary, languid*, and unable to rise fr. the couch ; obliged to discontinue all work ; the system feels quite *prostrated*, w. a sense of *inward fever* (c.) ; *skin* dry and *unperspiring* (c.) ; *short, frequent, distressing*, and uncontrollable *cough*, but *without any expectoration* (c.) ; *hoarseness*, and partial *loss of voice* (c.) ; 11.30 p.m., *after getting to bed*, all the *feverish symptoms* became *m. aggravated* and almost *intolerable* (c.). Jan. 16th, *feverishness* continues, but somewhat *abated* (c.) ; *violent coryza* and *lacrymation* (c.) ; harsh *dry cough* (c.). [He did not venture to take a *fourth dose*, as he felt so downright ill all over.] Jan. 24th. From the 16th to the 24th the proving was discontinued, as he felt too ill to go on any longer ; the system seems now to have so far recovered

its balance as to admit of the experiment being resumed. There remain at present the following symptoms:—

Slight irritation of the edges of the eyelids, which were almost raw fr. the violence of the lacrymation (c.); discharge of thick yellow mucus fr. the nose, as in old coryza (c.); trifling cough, but without expectoration (c.); gl. Acon. $\frac{1}{2000}$, spirits of wine 5 drops, water 4 oz., mix. Of this mixture one table-spoonful was taken, and mixed with seven table-spoonfuls of fresh water, thereby constituting the first expansion. The remaining or further expansions were made in the same way, i. e., by taking one table-spoonful of the mixture immediately preceding, and adding to it seven table-spoonfuls of water. A table-spoonful of the mixture so expanded was taken for a dose; first expansion. Jan. 25th, 8 a.m., second expansion. Jan. 26th, 8 a.m., third expansion. Jan. 27th, 8 a.m., fourth expansion; 11.30 p.m., several sharp flying stitches in third and fourth r. toes, shortly after getting to bed (c.). Jan. 28th, 8 a.m., Tr. Acon. gtt. $\frac{1}{2000}$, water 4 oz., mix; expanded as before; a table-spoonful for a dose: first expansion. Jan. 29th, 8 a.m., second expansion. Jan. 30th, 8 a.m., third expansion; the eyes water extremely, more particularly in the evening, and at night; the edges of the eyelids are sore, red, and inflamed (c.). Feb. 1st, 8 a.m., fourth expansion. [No effects from the last dose.] Feb. 15th, 8 p.m., gl. Acon. $\frac{1}{2000}$, dissolved in a tumbler of water, and the whole taken at a single dose. Feb. 16th, 11.30 p.m., shortly after getting to bed, several momentary lancinating pains in r. big toe, on the inside of the ball in particular; also in third and fourth r. toes, and in the metacarpal bones of l. hand (c.); extreme nervousness and agitation (c.). Feb. 18th, 8 a.m., gl. Acon. $\frac{5}{2000}$, as before. Feb. 20th, 3 p.m., several rheumatic-like pains in l. elbow-joint (c.); constipation; clay-coloured stools (c.); paralysed, inactive feel in the intestines (c.). Feb. 21st, 8 a.m., gl. Acon. $\frac{1}{2000}$, as before. Feb. 23rd, a feeling all day as of impending fever, w. nausea, want of appetite, and aching growing pains throughout the whole body, extremities particularly (c.); urine thick, sedimentous, and reddish (c.); skin of l. side of scrotum studded w. minute vesicles, pouring out a humid discharge (c.); bruised pain in r. testicle, and momentary sticking pain in l. side of prepuce (c.); several sticking pains in posterior fauces (c.).—Feb. 24th, 8 a.m., gl. Acon. $\frac{2}{2000}$, as before; extreme chilliness nearly all the day (c.).

(To be continued.)

Curare (the woorari poison ?) as a Remedy for Epilepsy.

At the session of the "Imperial Royal Society of Physicians," at Vienna, June 8th, 1866, Dr. Benedict commenced some positive results of the treatment of epilepsy and allied forms of disease by *Curare*, remarking expressly that for this time he only commenced favorable results, and, in fact, only selected out of the favorable ones those which have been observed long enough, and can be indicated as permanent cures. At the outset he observed that epilepsy, when it has become chronic, implies a definitely modified condition of the nervous system, or of certain determining parts—a peculiar form of existence—a "diathesis," as the French call it, and that in an epileptic patient we have before us a convulsible and psychical diathesis. *A priori*, the *Curare* treatment seems capable of being directed only against the development and consequences of the convulsible or spasmodic diathesis; clinical experience, however, has shown that it also exercises a happy influence over the psychical also. Of the five cases adduced by Dr. B—, the first was that of a stone-cutter, aged 20, who had suffered from epileptic fits for nine years. By the patient's account, these fits frequently ran their course with convulsions; in the hospital, however, nothing was observed but loss of consciousness, lasting from a quarter to half an hour, followed by somnolence of many hours, or even mental disturbance for two days; one such fit having occurred every month from Nov. 5th, 1864. He was subjected to treatment by *Curare* (about 30 injections of $\frac{1}{2}$ grain) for three months. At the commencement of treatment two slight fits occurred, and during the next fifteen months, *i.e.*, as long as he remained under observation, no more fits occurred. The two following observations relate to two boys of 12 and 16 years, of whom the first had for four years fits of "petit mal," and for the last five months seven fits of complete epilepsy of great intensity. He was placed under *Curare* treatment from the beginning of August, 1864, for two months, and no fits of either "petit mal" or "haut mal" either during treatment or afterwards, for nearly two years. The second boy had, at the age of $\frac{3}{4}$ year, in consequence of a fright, and again at 6 years of age after a fall, had an eclamptic fit, and at 16 came under treatment, because during the last fortnight, without any known cause, on six several days he had two or three fits, regular fits of "epilepsy." The same treatment led to the same result; the fits

stayed away thenceforward, and have not appeared now for nine months. This is the course with all cases when the disorder sets in with young individuals where there is no hereditary tendency, and has not been going on more than a year.

Even if the fits recur several times a day, yet they cease after the first injection; so that *Curare* is the medicine best calculated to prevent the disease from becoming chronic. Two further observations relate to two brothers of 12 and 10, who are suffering from a disease intermediate between raging mania, chorea major, and epilepsy. They had fits twice a day of one to three hours; in which partly loss of consciousness and delirium were present, but generally, with retention of consciousness, there occurred involuntary movements, springing, pirouetting, creeping, scratching on the floor, &c., between which intervened paralytic symptoms, numbness, aphonia. Besides these fits, there was general weakness, especially in the morning. In the case of the elder brother, who had been ill five weeks, three injections sufficed; in that of the younger, whose fits came on only ten days, three injections within from three to five days served to dispel the symptoms of psychical and motorial excitement. As toxic symptoms, Dr. B— once saw paralysis of the rectus internus, which rapidly passed off, and a shivering chill, which not only denotes a toxic symptom, but also one which is vicariously substituted for the fit: he also witnessed constrictions all of which, perhaps, so much the more clearly indicate interparoxysmal symptoms, as they appeared in a case where they existed already before treatment, and disappeared under continued *Curare* treatment. The injections were thrown in three times a week, under the skin on the neck, and, according to the effect, continued from six to eight weeks or more. Dr. B— uses solutions of the officinal preparation in the proportion of 1 to 60, and injects $\frac{1}{2}$ grain at a time.

Copaiva and Cubebs as a remedy for severe cases of Croup and Croupose Angina.

Some time ago, Dr. Trideau, a physician of Andouille, communicated to the Parisian *Gazette des Hôp.* (No. 21 of last year) a detailed report of three cases in which violent croup and croupose angina were most successfully treated with *Copaiva* and *Cubebs*.

Although, as is well known, in our literature, the utility of these two medicines (as yet hardly used but as remedies for gonorrhœa) has been repeatedly extolled in diseases of other portions of the mucous membrane, yet the confidence in this latter success is so far lost, that the celebrated physician Trousseau has undertaken, in consequence of the above reports by Trideau, to go thoroughly and scientifically into the testing of these two medicines *de novo*, in cases of angina and croup. To induce other practical physicians to adopt a similar course is our object in the following brief *résumé* of Trideau's cases, and of his mode of administration.

Case 1.—A girl, aged 7, on Aug. 13th, last year, being seized with a violent fever, without pain in the throat, was brought to Trideau Aug. 14th. Considerable pseudo-membranes showed themselves on both tonsils. Trideau's prescription: a tea-spoonful of *Syr. Copaivæ* every two hours, alternating with half a table-spoonful of *Syr. simplex* in which 50 centigrammes of recently pulverized *Cubebæ* were suspended. On Aug. 16th pseudo-membranes were removed from the mouth, partly by the child herself, partly by her mother. *Copaivæ* discontinued; three tea-spoonfuls (75 centigrammes) of *Cubebæ* continued every two hours. Aug. 18th and 19th, after more ejection of pseudo-membranes, the little invalid was playing again. Aug. 20th, complete cure.

She had taken in all 48 grammes of *Cubebæ*, and eight tea-spoonfuls of *Syrup of Copaivæ*.

Case 2.—A girl, aged 14, on the 24th Aug. last year was suddenly seized with fever and sore-throat. On the 25th, a physician cut the left tonsil partly out, and then cauterized it. On the 26th, the right tonsil was also partially excised. On the 27th, Trideau was called in: the remains of the tonsils were thickly coated with pseudo-membrane. Prescription: half a tea-spoonful of *Syr. Cop.* to be taken every two hours, alternately with one tea-spoonful of *Syr. simplex* holding in suspension one gramme of fresh powdered *Cubebæ*. Next day the pseudo-membranes were almost gone, and there was no fever left. Aug. 29th, completely ceased. Even by the 28th, the *Syr. Cop.*, which she could not endure any longer, was left off, whilst the *Cub.* was continued. She had taken in all 60 grammes of *Syr. Cop.* and 24 of *Cub.* During T.'s treatment, the patient slept so soundly that it was very difficult to awake her to take the medicine.

Case 3.—A boy, aged 11, whose brother had died the day before of croupose angina treated by cauterization. The child, having

been ill of severe sore-throat since Oct. 5th, was brought to Trideau Oct. 8th. Blowing inspiration, complete aphonia, croupy cough; tonsils and arch of the palate covered with isolated pseudo-membranes; glands swollen on the right side. Prescription as in case 2. Even by next day he was free from fever. Pulse 92; good sound sleep all night; aphonia still present; the cough no longer croupy. The *Cop.* was thrown up twice in the morning, and therefore discontinued; but the *Cub.* continued. Oct. 11th, cured. The patient had taken in all 24 grammes *Cub.*, and 60 to 80 of *Syr. Cop.*—*Med. Newigk*, 1866, 6.

Citrated Borate of Magnesia, a new Remedy for Renal Calculus and Gravel. Dr. BECHER, District Physician at Mühlhausen.

Having been led by Van Helmont's description to the discovery that the "*Ludus*," or Paracelsus' secret remedy for the stone, was the *Boracite of Magnesia*, Mr. Gräger, the apothecary, prepared for me the *Borate of Ammonia*, which I have employed for twenty-five years in all cases of renal calculus and gravel with success. The medicine has, however, this inconvenience, that, owing to the acrid taste of the sal ammoniac, it soon becomes wearisome to the patient. Now, since the recent discovery of *Boracite* in great abundance in the refuse salts of Stassfurt, I had a preparation made in which the ammonia was replaced by citric acid. This has a slightly acid taste, and with sugar resembles lemonade powder, which can very easily be taken. I have now had the opportunity of using it in two cases:—first, that of a lady aged 50, who had already suffered repeatedly from sudden pain in the kidneys without any calculi appearing in the urine. The present attack commenced with violent pains from the kidneys towards the bladder, and painful urgency to pass water. Chamomile tea taken inwardly and poultices made but little difference, and the pains continued all night. On the second day the pain moved to the right side, downwards, and settled over the crest of the ilium. It was evidently a renal calculus on its passage. After taking *Aqua gladium* with *Tr. Coccionellæ*, the pains were alleviated, a quantity of red sand passed, and the night was quieter. On the third day the stone stuck fast in the ureter, in the very same spot over the ilium, and excited frequent and

often ineffectual urgency to pass water. The patient took, from early morning, as much of the citrated *Borate of Magnesia* as would stand on the point of a knife every two hours. Astonishingly soon, the pain and urgency diminished, and had completely disappeared by evening, and at night quiet sleep ensued. On examining the urine, I found a brown cylindrical stone, one line long and half a line broad.

The second case was that of an old official, who for a long time had a fixed pain in the region of the left kidney, which had been taken for rheumatism. After the passage of some grains of gravel, there was no doubt left as to the disease. After the homœopathic use of *Nux vomica*, he drank soda-water and Wildung water copiously, whereby the pain was diminished, but still continued to be perceptible. The discharge of urine was less, sometimes difficult, and nothing of the nature of a calculus passed. After the fourteenth day, I gave him the stone-powder of citrated *Borate of Magnesia*, a knife-pointful to be taken three times a day. On the third day the urine was copious, passed easily and brought away a little brown stone; on the fourth two small renal calculi passed. The pain in the kidneys kept diminishing, and on the seventh had gone off entirely. On the following days, some small stones again passed. But, as nothing further took place, his health continued quite good, and the prescribed quantum of the medicine was used up, no more was given. Four weeks have passed since, and no symptoms have reappeared.

These happy results are so evident, that I can, on the fullest conviction, prescribe the citrated *Borate of Magnesia*. It is to be procured from the apothecary, Dr. Kayser, at Mühlhausen.—*Med. Central Ztg.*, 1866, 23.

Abstract of Minutes of Proceedings of Sixtieth Meeting of Liverpool Homœopathic Medico-Chirurgical Society, held May 2nd, 1866.

The President being unwell, no address was delivered; but Mr. Willans read a paper on *Stricture of the Urethra*. He confined his remarks principally to permanent stricture, whose locality, he said, was generally about three or four inches from the orifice. The proper treatment, he thought, was dilatation with a metallic bougie, carefully introduced and carefully withdrawn, about every

third day, and left in two or three minutes each time, not more, gradually increasing the size up to No. 10 or 12. The best medicines, he thought, were *Cannabis*, *Cantharis*, *Pulsatilla*, and *Belladonna*.

The treatment of stricture being principally surgical, Dr. Drysdale had not had much experience; but he believed stricture to be at the bottom of most cases of chronic gleet, and in such cases should be sought for, in order that surgical treatment may be combined with the medical treatment. He was sure surgical cases progress much more rapidly when assisted by homœopathic medical treatment. He remembered once seeing a case in which stricture produced an intermittent fever, which being treated with *Quinine* was made worse, but was rapidly cured by proper treatment of the stricture. He had found *Olematis*, as recommended by Hahnemann, very useful, and he would recommend *Thuja*.

Dr. Stokes had not had any experience with stricture under homœopathy.

Dr. Simmons said that at Guy's Hospital the bougie was sometimes left in the urethra for several hours—he had known it for twenty-four—for the purpose of setting up mucous discharge and bringing on absorption by pressure.

Dr. Nankivell mentioned that Mr. Holt treated stricture by passing through it first a No. 1 split catheter, and then passing inside this larger ones up to No. 10, thus forcibly splitting up the stricture; and that he had published some two hundred successful cases.

Dr. O'Neil agreed with Mr. Willans that that the bougie should be left in the urethra only a short time.

Dr. Burnett had not had much experience with stricture.

Dr. Hayward thanked Mr. Willans for bringing this subject before the Society, because he believed stricture was much more frequently the cause of the chronic cases of gleet so troublesome to physicians than is generally supposed, and that it always required the introduction of the bougie. He remarked that it would be more definite to name the particular part of the urethra (as spongy or membranous) in indicating the locality of stricture, than by naming the number of inches from the orifice. As to the cause of stricture, he believed that syphilis alone was sufficient, without gonorrhœa and the use of injections. He agreed with the treatment recommended by Mr. Willans, except

that he would use an elastic bougie in preference to a metallic one for the safety and convenience of passing. The plan of passing adopted by him was, gently pressing an oiled and warmed elastic bougie against the stricture, and at the same time grasping the urethra just in front of the stricture, and drawing it forwards and upwards, and gently twisting the bougie, or turning it on its axis, forming a screwing pressure. He has been able to pass bougies by this plan frequently when he could not by any other. The medicines he used were *Mercurius* and *Sulphur*.

Dr. Simmons drew the attention of the Society to the very excellent *Homœopathic Directory* lately published under the editorship of Dr. Bayes, and suggested that homœopathic practitioners should each purchase several copies and distribute them amongst the allopathic practitioners of their neighbourhood, with the object of making them acquainted with the fact that there are a considerable number of regularly qualified medical men practising homœopathy from a conviction of its truthfulness.

The Society concurred in the suggestion; Dr. Hayward remarking that he had already distributed half a dozen.

Homœopathic Life Insurance.

We have received the first number of a monthly publication issued by the Hahnemann Life Insurance Company of Cleveland, Ohio. This is an insurance office for those under homœopathic treatment only. We give an extract from an address of its actuary, Dr. Dake, in the number before us, from which our readers will be enabled to learn its aims and the principles on which it is to be conducted:—

In the month of September last, after some consultation held in the city of Pittsburg, it was agreed by Prof. S. R. Beckwith, of Cleveland, and myself, that we would at once set about the organisation of a Life Insurance Company that should make a discrimination in its applicants, assuring those who are patrons of homœopathy at rates of premium considerably less than those who may be the subjects of allopathic treatment.

In pursuance of our mutual pledge, our plans were laid before a number of gentlemen of large financial abilities in the city of Cleveland, and a sufficiency of capital at once secured to enable us to obtain a liberal charter under the laws of Ohio. Fixing the

sum of our capital stock at \$200,000—an amount necessary to open to our agencies all the States as well as the Canadas—were permitted parties in Cleveland and vicinity to subscribe, not to exceed three-fourths thereof, reserving at least \$50,000 to be taken by the friends of homœopathy in other parts of the country. Finding, however, that the offering of our subscription list to parties abroad was not rightly understood, and that it might lead to doubts as to our inherent or domestic soundness, we allowed the balance to be taken in Ohio. Before the close of October, our institution, known as “The Hahnemann Life Insurance Company,” was organised for business.

As its representative, I have visited the chief cities of the country, presenting its purposes and plans to the members of the homœopathic profession, and am happy to report that our efforts have been met with favour on every hand.

Owing to the diversity of laws in the several States regulating life insurance, and a lack of necessary experience and energy in the early management at our Home Office, we have been delayed much beyond our expectation in the establishment of agencies in all parts of the country. I am pleased, however, to announce to you that we have fully complied with the requirements of New York, Massachusetts, and other States, and are now prepared to operate everywhere as fast as competent agents can be obtained.

With regard to the soundness of our institution, I wish to add that it is perfectly satisfactory, and unsurpassed; there being not only a paid-up cash capital of \$200,000, but also the personal obligations, under the laws of Ohio, of our stockholders for as much more in case of the exhaustion of the entire capital by losses.

Our board embraces some of the ablest financial managers in the country, while in the office of secretary we have an experienced life-insurance officer, in administrative ability unsurpassed, and scarcely equalled anywhere.

With this brief history and outline of our institution, permit me to assure you that the ruling motive which occasioned its origin was a determination to have a sound and liberal company that should not only provide for the widows and orphans of the dead in the usual manner, but one that should also save the patrons of our superior healing art from paying the unjust higher rates of premium required of those under less certain and more hazardous modes of medical treatment.

The underwriter in fire insurance examines not only the interior heating apparatus of the building he is called upon to insure, but also carefully surveys its connections and surroundings, in order to fix his rate of premium thereon.

The underwriter in marine insurance examines not only the hull, machinery, outfit, and cargo of the vessel he is about to insure, but he also carefully inquires as to the waters in which the craft will sail and the ports she will enter, in order to judge of the dangers she may encounter and the rate of premium he is to demand.

The underwriter in life insurance inquires into the physical history and condition of one applying for a Policy nor does he neglect to ascertain the residence and occupation as well as the character and habits of the applicant. If he has lost both parents at an early age with consumption, or if he be drunken and dissolute, he cannot be insured. If he be a powder manufacturer, a pilot, an engineer or fireman, he can be insured only by paying an extra rate of premium.

Since it has thus been deemed important to examine every element or item of risk by fire, storms, hereditary taint, accidents, and habits, we are unable to see why the results and hazards of medical treatment should not be also taken into consideration.

I have no hesitation in saying, that where one man is blown up with gunpowder, twenty are killed outright by destructive doses of drugs; where ten die by alcoholic stimulants, at least twenty others die by narcotic and irritant medicines, prescribed, as the doctors say, "*secundum artem*;" and for all who perish by going below the southern boundary of Tennessee, or beyond the Rocky Mountains, more than an equal number fall short their period of expectation for the want of appropriate remedial agents when sick.

From an extensive gathering of medical and mortuary statistics, I am fully satisfied there is at least 10 per cent. less mortality among the sick under homœopathic treatment than among those under allopathic.

In fact, I am convinced that no medication at all is better than allopathic, with all the light that collateral branches of science have shed upon its pathway from the days of Hippocrates down.

In making up our rates of premium, I have found it necessary to go back to the proper starting-point, and with the advice and assistance of Prof. Elizur Wright, of Boston, to make up a new

table of mortality. The Carlisle, Northampton, and Combined Experience Tables do not suit our purpose; and Prof. Wright has just finished what we shall be pleased to call the HAHNEMANN TABLE OF MORTALITY, upon which all our tables and rates will be based, making a difference in premiums in favour of patrons of homœopathy of from six to fifteen per cent.

In regard to the division of profits to policy-holders, we shall not follow the example of The London General Provident Company, which strives to insure both homœopathists and allopathists by putting them in separate sections. We raise our banner high and throw it boldly to the breeze, uttering no doubtful voice in favour of homœopathy, and asking no favours from its opponents. We have but one section, one box into which our profits go, and from which dividends will be paid to our policy-holders.

If allopathists think our plan of reduced premiums in favour of homœopathy an *experiment*—if they are dubious and think it better to be in a separate section, we respectfully refer them to such institutions as may be more anxious for their patronage and less confident in homœopathy than we are.

In conclusion, I wish to remind the members of the Institute that the Hahnemann stands as the first life-insurance company in the world, offering a discount from ordinary premium rates to the patrons of homœopathy; that it is the only company that does not seek allopathic patronage; and that its interests are so thoroughly identified with your practice, that through all coming time they must rise or fall together.

Our system of agents spread over all the American field will serve as an efficient propaganda of your faith, seeking practitioners for every needy place, making sensible the influence and power of your noble and numerous patrons, gathering statistics, watching progress, and from time to time noting upon the world's great bulletin board the triumphs of homœopathy.

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