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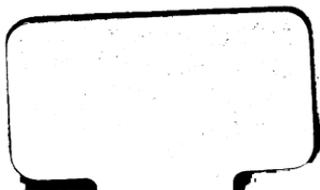
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The British Journal of Homoeopathy

R.E. Dudgeon,
M.D. and Richard
Hughes, L.R.C.P.

36





THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

EDITED BY
R. E. DUDGEON, M.D.,
AND
RICHARD HUGHES, L.R.C.P.

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CONTENTS OF No. CXLIII.

	PAGE
ON THE DECLINE OF HOMŒOPATHIC PRACTITIONERS IN ENGLAND. BY DR. DRYSDALE	1
THE FIRST EDITION OF THE ORGANON	8
CAUSES OF PROFESSIONAL OPPOSITION TO HOMŒOPATHY. BY FRANCIS BLACK, M.D.	65

REVIEWS.

LEÇONS DE CLINIQUE MEDICALE PROFESSEES A L'HOPITAL HOMŒOPATHIQUE SAINT-JACQUES, 1875-7. PAR LE DR. P. JOUSSET	73
ELEMENTS DE MEDECINE PRATIQUE, CONTENANT LE TRAITEMENT HOMŒOPATHIQUE DE CHAQUE MALADIE. PAR LE DR. P. JOUSSET. SECONDE EDITION, REVUE ET CORRIGEE	73
THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA; A RECORD OF THE POSITIVE EFFECTS OF DRUGS UPON THE HEALTHY HUMAN ORGANISM. BY TIMOTHY F. ALLEN, A M., M.D. VOL. VI	75
PATHOLOGY AND TREATMENT OF DIPHTHERIA. BY WM. C. DAKE, M.D.	77
HOMŒOPATHY THE SCIENCE OF THERAPEUTICS. BY CARROLL DUNHAM, A M., M.D.	77
TRAITE DES MALADIES OCULAIRES A L'USAGE DES PRATICIENS EN GENERALE. PAR LE DOCTEUR HENRY C. ANGELL	79
YELLOW FEVER, ITS TREATMENT AND PREVENTION. BY EDWARD A. MURPHY, M.D.	79
DISSECTION OF CASANOVA'S FORCEPS. BY THE SAME	79
SPINAL AFFECTIONS. BY THE SAME	79
APHASIA. BY THE SAME	79
THE TREATMENT OF FUNCTIONAL DYSTOCHIA, OR DIFFICULT AND PAINFUL LABOUR. BY EDWIN M. HALE, M.D.	80
A SYSTEM OF OBSTETRICS ON HOMŒOPATHIC PRINCIPLES. BY W. C. RICHARDSON, M.D., &c.	80
CYCLOPEDIA OF THE PRACTICE OF MEDICINE. EDITED BY DR. H. VON ZIEMSEN. VOLS. XV AND XVI	82
OUR FOREIGN CONTEMPORARIES	83
CLINICAL RECORD	104
CORRESPONDENCE	109
OBITUARY :—Dr. Clotar Müller, 111.	
BOOKS RECEIVED, 112.	

CONTENTS OF No. CXLIV.

HAHNEMANN'S DOSAGE. BY DR. HUGHES	113
A CASE OF DUCHENNE'S PSEUDO-HYPERTROPHIC PARALYSIS. BY A. C. CLIFTON, M.R.C.S.E.	127
RATIONAL MEDICINE. BY DR. R. E. DUDGEON, M.D.	132
MEDICAL COINCIDENCES. BY FRANCIS BLACK, M.D.	175

REVIEWS.

THE ORGANON. A QUARTERLY ANGLO-AMERICAN JOURNAL OF HOMŒOPATHIC MEDICINE AND PROGRESSIVE COLLATERAL SCIENCE. EDITED BY DRs. SKINNER, BERRIDGE, LIPPE, AND SWAN. No. 1	179
OPHTHALMIE STRUMENSE. PREUVES POSITIVES D'EXPERIMENTATION CLINIQUE. PAR LE ALBERT DEKERSMAECKER	180
L'HOMŒOPATHIC A L'ACADEMIE DE MEDECINE DE BELGIQUE EN 1877. REPOSE AU DEFI DE M. LE PROFESSEUR CROCOQ. PAR LE DOCTEUR GALLIARD	180
REPERTORY TO THE NEW REMEDIES, BASED UPON AND DESIGNED TO ACCOMPANY HALE'S SPECIAL SYMPTOMATOLOGY AND THERAPEUTICS. BY C. P. HART, M.D.	181
OUR FOREIGN CONTEMPORARIES	182
CLINICAL RECORD	179

MISCELLANEOUS.

Homœopathic Congress in Paris in 1878, 206.

BOOKS RECEIVED, 96

APPENDIX :—Pathogenetic Record, by Dr. BERRIDGE.

CONTENTS OF No. CXLV.

	PAGE
ON DRUG ACTION IN RELATION TO DOSE. A LECTURE DELIVERED AT THE LONDON SCHOOL OF HOMŒOPATHY, MAY 16TH, 1878. BY DR. RICHARD HUGHES	209
CLINICAL LECTURES.—No. 5. BY ROBERT T. COOPER, M.D., T.C.D.	223
RELIGIO MEDICI	231
DELIRIUM TREMENS. BY DR. C. B. KER	241

REVIEWS.

CLERGYMAN'S SORE THROAT, OR FOLLICULAR DISEASE OF THE PHARYNX, ITS LOCAL, CONSTITUTIONAL, AND ELOCUTIONARY TREATMENT, WITH A SPECIAL CHAPTER ON HYGIENE OF THE VOICE. BY E. B. SHULDHAM, M.D., M.R.C.S.	254
MEDICAL TRADES' UNIONISM AND THE NEW MEDICAL ACT, BEING A LETTER ADDRESSED TO HIS GRACE THE DUKE OF RICHMOND AND GORDON. BY JAMES COMPTON BURNETT, M.D., F.R.G.S.	265
THE DISEASES OF INFANTS AND CHILDREN, AND THEIR HOMŒOPATHIC AND GENERAL TREATMENT. BY E. HARRIS RUDDOCK, M.D. THIRD EDITION, REVISED AND ENLARGED, BY GEORGE LADE, M.D.	268
THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT. BY E. H. RUDDOCK, M.D. SEVENTH EDITION	258
OUR FOREIGN CONTEMPORARIES	259
CORRESPONDENCE	277

MISCELLANEOUS.

The London School of Homœopathy, 278.—Comment unnecessary, 286.—The Congress, 292.—Homœopathy and Sectarianism, 292.—Metallohomœopathy, 295.—Iodine in the Bite from the Rattlesnake, 295.—Notes on some of the Newest Remedies, by E. M. Hale, M.D., 295.

OBITUARY:—Madame Hahnemann, 300.

BOOKS RECEIVED, 304.

APPENDIX:—Pathogenetic Record, by Dr. E. W. BERRIDGE.

CONTENTS OF No. CXLVI.

OUR EDITORIAL TABLE	395
EFFECTS OF POISONS	318
THE PHARYNX: CLINICAL VALUE OF THE CONDITION OF ITS MUCOSA. BY EDWARD T. BLAKE, M.D.	335

REVIEWS.

SAGGLIO ANALITICO SUGLI EFFETTI TOSSICI E FISIOLGICI E SULLE APPLICAZIONI TERAPEUTICHE DELLE SOLANEE VIROSE. ROMA, MEYER, CARRARA, E CI. 1877	343
EXPERIMENTAL RESEARCHES ON THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF THE PHOSPHATE OF LIME. BY L. DUSART. THIRD EDITION BOSTON UNIVERSITY SCHOOL OF MEDICINE. SIXTH ANNUAL ANNOUNCEMENT AND CATALOGUE. JUNE, 1878	345
THIRD ANNUAL REPORT OF THE CHIEF OF STAFF OF THE HOMŒOPATHIC HOSPITAL OF NEW YORK CITY FOR THE YEAR 1878	346
A MANUAL OF THERAPEUTICS, ACCORDING TO THE METHOD OF HAHNEMANN. BY RICHARD HUGHES, L.R.C.P., &c. SECOND EDITION, MAINLY REWRITTEN. LEATH AND BOSS	346
OUR FOREIGN CONTEMPORARIES	353

MISCELLANEOUS.

Kresote in Cauliflower Tumour of Uterus, 383.—Notes on some of the Newest Remedies, by E. M. Hale, M.D., 383.

OBITUARY:—Dr. F. A. Hartman, 391.

BOOKS RECEIVED, 392.

APPENDIX:—Pathogenetic Record, by Dr. E. W. BERRIDGE.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

ON THE DECLINE OF HOMŒOPATHIC PRACTITIONERS IN ENGLAND.

Presidential Address to the Liverpool Homœopathic Medico-Chirurgical Society at the opening of Session 1877-8.

By Dr. DRYSDALE.

IN the President's address at the Congress of this year, 1877, the fact is prominently brought forward that it is the jubilee year of the existence of homœopathy in England, the first practitioner, Dr. Quin, having settled in London in the year 1827 as a practitioner of homœopathy. It is therefore a fitting time to inquire if the progress homœopathy has made is commensurate with the merits of a true and practical discovery. I cannot find an authentic list of the numbers practising such as the *Homœopathic Directory* affords (though that is necessarily to a certain extent imperfect) earlier than 1853; so to compare the proportional progress in decades we must find the number in 1843. In the ten years following 1827 the names of ten practitioners are recorded as having practised in this country, but not that number were in practice in 1837; some, in fact, only visited this country for a time, and I think we cannot put the number of permanent practitioners in 1837 higher than

VOL. XXXVI, NO. CXLIII.—JANUARY, 1878.

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2 *Decline of Homœopathic Practitioners in England.*

five. From that time to 1843 they increased, and I can recall the names of twelve at that date, and, allowing for omissions, I think we may safely put down the number as not above twenty. From 1843 to 1853 they seem to have increased from 20 to 179, that is, nearly ninefold. In 1863 the number stands at 244, an addition of less than one third to their numbers. In 1873 the number, including those practising on non-registrable degrees, was 292, an increase of hardly one fifth. Since then there is a positive decline, the numbers being, in 1874, 279; in 1877 only 249. It is hoped that the last number is partly accounted for by the little time given for the compiling of the *Directory* that year, and that for 1878 the number may reach 274, which, however, is a decline from the year 1873. And on sifting the list the number of real active working practitioners must still be curtailed, for of the 249 in the *Directory* for 1877 I find one dead, eight retired from practice, seven abroad or with no known address; three have been fifty years in practice; total nineteen, which deducted from 249 leaves only 230 real active practitioners as far as I can make out, but there are a good many whom I do not know, and of those no doubt some may be on the inactive list.

We have thus an actual and positive decline of numbers of late, and during the last two decades there has been an enormous decline in the proportion of increase.

If matters had proceeded at the same rate as the first decade from 1843, viz. an increase of ninefold, we should have had in 1863 the number of 1611 and in 1873 14,499. Of course, that ratio of increase could not be expected to be kept up; but we might at least have expected the very modest increase of the next decade to have been continued, if not, indeed, added to, for each year. Even at the moderate rate of one third every ten years our number should have been in 1873 325, and now 365, instead of what it is, 135 less. And the case is still stronger if we remember the increase of population of the country. It is thus apparent that our numbers are not only not increasing in the proper ratio, not even increasing at all, nay, even actually

diminishing. In our neighbourhood we see the number in Manchester barely half what they were ten or twelve years ago, and several considerable towns which could boast of homœopathic practitioners, viz. Bolton, Preston, Warrington, Chester, &c., have now none. Not only have our nominal numbers fallen off, but the quality has in some respects deteriorated, and there are among those enrolled in the *Homœopathic Directory* practitioners who use cancer cures and secret nostrums, and similar practices, utterly repugnant to homœopathic principles.

Is this what one would expect to find after the somewhat jubilant tone of Dr. Pope's late address on the state of homœopathy in the jubilee year in England? I confess it is far from what was to be desired or might have been expected. We have reached a certain point pretty rapidly, and then have not been able to maintain our numbers as they were thinned in the inevitable course of time, for conversions do not keep pace with the losses by death and disablement. When we look abroad on all European countries a similar state of things obtains. In Germany homœopathy has long been in a stationary state, and some years ago Dr. Watzke deplored the dearth of young men entering our ranks. Everywhere but in America this is the case, and this exception probably points at once to the cause and the remedy. Let us consider what it is we expect with a new truth introduced to a body of men who are mainly members of a bread-winning profession with a small modicum of men of science, who are, however, to a great extent, dependent on the suffrages of the mere bread-winners. Would any one now joining the homœopathic ranks expect in fifty years to find the numbers the same or rather fewer than now, or would he expect to see the half or the whole profession thinking as he does? The latter most probably, and therefore what we have to seek is, what is the reason why the numbers in all old countries is so small and stationary, or even declining, after the first fifty years. The most patent reasons are, I think, chiefly dishonesty and persecution on the side of the allopathic party, but partly, also, some errors on our part, viz. an attempt to contend as

4 *Decline of Homœopathic Practitioners in England.*

a party with partisan weapons against an overwhelming and unscrupulous majority, instead of trusting entirely to our position as medical reformers through the working of our new truth on medicine as a whole.

Remember what we have ultimately to look forward to. Surely no one expects that the result of our complete success would be that medicine would then be called homœopathy, and all medical colleges, hospitals, books, and periodicals be styled homœopathic instead of simply medical. Unless we expect that then we admit that complete success must simply mean the extinction of our distinctive title. Therefore, if we wish to propagate the secret of homœopathy, and make it common to all medicine, every step we take involves that final issue. Hence it follows that if we show the slightest hesitation in adopting any step which might spread the knowledge of our better mode to students and practitioners of medicine we open the door for the enemy, who is constantly ready with the accusation that we fear to lose the trading advantage of a distinctive name. Hitherto we have always been able to point proudly to the openness and desire to convert and proselytise we have always shown. Nevertheless the accusation is constantly made that the whole name is kept up for such purposes. In the *Boston Medical Journal* of last August it is roundly asserted that the sole reason why we are cut off from fellowship with the profession is that we are bound by an exclusive theory, which is founded on a "lucrative basis." In short, that our name is adopted and retained for the purpose of catching and keeping patients. It is needless to show that this, as a whole, is false and absurd, but there is this modicum of truth in it, that if we make an endeavour to spread homœopathy as a purely scientific medical reform any way in the least less effectual, from any personal fear of loss as a party, then we sink the matter into a partisan contest, in which we shall assuredly be beaten and drag on a mere sickly existence separately, instead of acting as a leaven to leaven the whole mass of the profession. This, I fear, has been done in the late school question, and we have for the time lost a grand opportunity of showing our high dis-

interested motives and singleness of purpose as scientific medical reformers. The main reason of our small progress is, no doubt, dishonesty and persecution from the allopathic sect. When the first homœopathic practitioners appeared in this country they were actuated by the feeling that no doubt a proposed new method would be tried by medical men, and those who found it true would at once openly and honestly say so, and thus, by discussion, the appropriate place of the homœopathic law in medicine would ultimately be found. This no doubt is what, in the long run, will happen, but in the meantime, as you know, it was not tried before it was scouted and condemned, and a rigid persecution instituted against all men honest enough to declare their convictions. The fear of persecution certainly cuts off a large source of converts. But that was not the worst, for at first the greater success of our practice, contrasted with the allopathy of the day, was so palpable that the allopaths began secretly to study our medicines and to practise homœopathy in secret, and to adopt all the negative advantages which our method then possessed exclusively. Such is now the present state of allopathy, and it cuts off our source of recruits doubly, for not only does it terrify the students by the threats of life-long persecution, but it cuts off the source of our arguments for conversion in this way. When they found us curing with *Pulsatilla*, for example, a medicine not known empirically in old physic, that immediately raised the question how we found it out? If we pointed to the proving as the sole source of our knowledge then every cure by *Pulsatilla* became a proof positive of the truth of homœopathy. But now the teacher finds out from our books or from the one renegade what we give in disease and at once teaches that to students as an empirical fact known from time immemorial in old physic; so when we wish to argue on its homœopathicity the student will not be troubled to hear us, and struts off saying, "Oh, we know all about that, and your ridiculous provings had nothing to do with the finding out of it," &c.

The use of *Aconite* in doses of $\frac{1}{16}$ th or $\frac{1}{30}$ th drop of the tincture is now quite common in allopathic practice, and thus,

6 Decline of Homœopathic Practitioners in England.

so far, the latter is identical with ours against inflammatory fever. In common honesty, therefore, the larger part of now living allopaths ought to give the credit to Hahnemann, and their conduct is indefensible in not only keeping silence but persecuting us for our honesty in giving Hahnemann the merit. This is the plain fact, and all the protests about "not going in for the whole thing," as a reason for their dishonesty about *Aconite* are thoroughly futile. None of us go in for any whole thing, we only feel it to be dishonest to deny Hahnemann his merits as far as we follow him. And we follow the homœopathic method just as far as it is applicable and the best in medicine, and no farther, at least according to our knowledge. Now the leaders and teachers in allopathic schools do know the immense significance of the power of *Aconite* in inflammatory fever, and thus it carries the truth of the homœopathic law as a general principle. They know Hahnemann's decided utterance on *Aconite* in 1822, that it would abolish the usual antiphlogistic practice, while the latter was still in the hey-day of its power. But, now that this prophecy is fulfilled to the very letter, and leading men keep silent, and from base fear of losing position, revile as quacks those who have the honesty to confess the source from which the former plagiarise, what can we expect from the ordinary run of students, a large proportion of whom scrape through their studies to get into a mere bread-winning profession? They are ready enough to accept *Aconite* as the usual practice, and not to inquire too curiously into its history. Thus we have generation after generation of students poured into the ranks of allopathists, while our own have no source of recruitment except that of the few high-minded men who will consent to go to school again after passing in order to attain a knowledge which secures life-long martyrdom.

My conclusion is that if we wish really to repair our declining or stationary state as a body we must abandon all hope from partisan warfare or arguments, and fall back solely on our position as scientific reformers in medicine, and more immediately on the founding of a true school of

homœopathy, which shall take its place among the recognised medical schools of the country. The sole difference between the progress of homœopathy in America and old countries is that there licensing schools have been established, and our only chance of imitating these is by the means advocated by Drs. Moore, Dudgeon, Black, and myself at the late Congress. The arguments there given were never even attempted to be answered, and we were overborne by considerations beside the subject, and tending to mere party existence, which may appear to triumph for the moment in a crowded room, but whose success is really our failure, and the cause of the very poor position we now hold as a small and declining body in the jubilee year. Remember we are trustees for a great medical truth, which has already been of great benefit to humanity, and will be of incalculably greater benefit when the bulk of the men of science, who are beginning to follow our footsteps in the study of the physiological action of medicines, shall pursue that study fully, completely, and openly as science demands, and not ignoring one whole department from paltry fear of personal loss. I therefore exhort all who feel their responsibility to reconsider the arguments of the letter and preamble, and the speeches at the Congress in favour of founding a school addressed solely to the profession. Let them consider especially the narrative, by Dr. Dudgeon, of the series of failures exhibited by bygone efforts to found schools on an extra-professional basis; and the point urged by me that in the present so-called "School of Homœopathy" the very same lectures, in the very same words, and by the very same men, might be quite well given in a school with a neutral name, such as the "Bloomsbury Medical School," while we should thereby secure a basis for pressing our rightful claim to recognition by the licensing bodies, which the present sectarian title shuts us out from for ever. On the other hand, if we cannot triumph in forcing the truth of the homœopathic law on the profession by partisan tactics in old and settled countries, where new licensing bodies cannot be obtained, it is equally impossible that the homœopathic name, as a

whole, in books, and periodicals, and in practice, and the apparently partisan position, can be removed by any act of ours. Holding, as we do, that the homœopathic law is one of the truths in medicine, and that the use of *Aconite* in inflammatory fever and a host of other instances are practical exemplifications of it, it would simply be a breach of common honesty on our part to deny to Hahnemann the merit due to him, and to refrain from openly declaring our convictions. Hence, it is impossible for us to put an end to the division of the ranks of medicine into allopathic and homœopathic camps. But it is my conviction that if every one who used *Aconite* in inflammatory fever and other examples of the law of similars would simply, as in common honesty bound, give the credit to Hahnemann and the law of similars, and insist on its being discussed in ordinary medical literature like any other medical theory or fact, there would be at once an end of the schism. For that, in fact, arose from the original closure of the pages of Hufeland's journal to Hahnemann himself, and thus made necessary the foundation of a separate literature.

THE FIRST EDITION OF THE *ORGANON*.

In fulfilment of the promise given in our last number we now proceed to lay before the reader the principal textual differences in the first edition of the *Organon* as compared with the last. In the former paper we did little more than indicate the paragraphs where these differences exist, but unless the reader possessed both editions these indications would not be of much interest or value to him.

In the introductory part we find the following respecting *Hemlock*, which is omitted already in the second edition, but why we are unable to guess, as it seems an apt illustration of the homœopathic use of a medicine in præ-homœopathic times.

“The *Spotted Hemlock* [*Conium maculatum*] which is now so much neglected, has not rarely cured serious diseases homœo-

pathically, as the writings of the best physicians testify. If it can produce by itself *oppression of the chest*, as BAYLISS experienced; *short, kinking respiration*, according to STOERCK; *violent cough*, according to LANGE; *dry cough*, according to STOERCK, again, a *very violent cough*, according to the same writer, and again, according to him, *nocturnal cough*; *dyspnœa and a kind of nocturnal hooping-cough*, according to LANDEUTTE; then it is easy to understand how it could happily cure a *nocturnal asthma* under BOULARD'S eyes, a *convulsive cough* after suppressed itch, as STOERCK alleges, an *obstinate cough*, according to VIVENTIUS, and a kind of hooping-cough in the experience of BUTTER, ARMSTRONG, LENTIN, and RANOE. STOERCK'S cure of a case of *urinary tenesmus* by *Hemlock* is explicable by the *strangury* which LANGE and EHRHARDT observed from its use. If STOERCK cured a case of *amaurosis* by it, this was owing to the natural property of the *Hemlock*, whereby it is able to cause *sudden blindness* (according to AMATUS the Portuguese), *dimness of vision* (according to BAYLISS and ANDREE), *weakness of vision* (according to GUTACKER)."

The following about *Euphorbium* is omitted in later editions :

"Because *Euphorbium* applied to the abdomen produced under SCOPOLI'S eyes *dropsy of the whole body*, a number of doctors and common people were able in ancient times to cure a kind of *dropsy* with *Euphorbium*, as HERMANN and BOECLER assert."

The following is omitted in the fourth, but appears in the first two editions :

"BOECLER and LINNÉ allege that *Rhamnus frangula* (*Faulbeer-kreuzdorn*), given internally, cures a kind of *dropsy*. The reason for this is not far to seek; SCHWENCKFELD saw a kind of *dropsy* caused by the external application of the bark of this shrub."

The following passages are peculiar to the first edition :

"According to the observation of GATERAU the use of *Taxus* has caused a violent cough, and it is solely on that account that according to PERRY it can cure *cough* (*Jour. d Med.*, 1790).

"The power of *Oil of Turpentine* (according to STEDMAN) to

cause *retention of urine*, a kind of *dropsy* and *renal pains*, gives this etherial oil the homœopathic healing power occasionally to remove dropsy and a kind of *coxalgia*, proofs of which are presented to us by HOME, HERZ, THILENIUS, CHEYNE and others.

“*Chinese Tea* is in its nature nothing but a medicine. In the *Nov. Act. N. C.* and in LETTSOM’S works *contractive spasm of the stomach* is said to be caused by *tea*, the latter mentions also *pressive stomach-ache* produced by it. This power sufficiently accounts for the praise accorded to tea by BUCHAN for the removal of the cardialgia of pregnant women. According to various observations (by GEOFFROY, TODE, and JAMES in LETTSOM’S works) it has not rarely caused *convulsions* and *epilepsy*, and owing to this power it has removed ordinary *convulsions* in *measles* and *smallpox* (Eph. N. C., dec. iii, a. I, obs. 1618) as it is an excellent homœopathic remedy in the *exhaustion* produced by dissipation (LETTSOM) solely because of its power to cause *general weakness* which has been observed by LETTSOM, WHITT, and MURRAY; and to this category belongs its power of causing *drowsiness*, owing to which the Chinese cure *sopor in diseases* (HERMANN).”

“In addition to PISO, HUCK, and MEYER, a number of other physicians have acknowledged the *diarrhœa*-subduing power of *Ipecacuanha*. But how could it be so efficacious in curing some kinds of *diarrhœa* if it was not capable of causing *purgation*? (MURRAY).”

“The *pains in limbs and joints* which A. RICHARD (in P. SCHENCK) saw follow the use of the *Monkshood*, are similar to those recorded by several physicians, whose names MURRAY mentions, as having been cured by *Aconite*; so that the homœopathic cause of its curative power is quite evident.”

“The *sleeplessness* observed by several authors (BLUM, PLANCHON) as occurring at the commencement of the action of *Hyoscyamus*, which is generally accompanied by anxiety, is palpably the only reason of its great sleep-producing action in *similar idiopathic agrypnias*, which, according to STOERCK, far surpasses the (palliative) hypnotic action of *Opium*.”

“It was not for nothing that GREDING saw a *dry spasmodic cough* caused by this plant (*Hyoscyamus*); this should show us that it is a powerful remedy in *similar cough*, as indeed FRIOCCIUS, ROSENSTEIN, DUBB, and STOERCK, actually found it to be.”

“The sensitiveness of the organism increased to the most intense pain combined with heat in influenza *Camphor* therefore* removes rapidly, but only in a *palliative* manner, and hence its doses must be always increased and frequently repeated if it is to obtain the mastery over this acute disease (§ 266).”†

The observation about *Sabina* is different from what we read in the fourth edition. It originally stood thus :

“RAUE and WEDEKIND cured bad *metrorrhagia* with *Savine*, which as every loose girl (*freche Dirne*) knows excites *uterine hæmorrhage* in the healthy.”

Respecting *Cantharides* we find in first edition :

“VAN HILDEN saw *sciatica* follow the administration of *Cantharides* in two different cases, and it is to this peculiar morbid power we have to ascribe the many permanent cures of *sciatica* reported from their experience by HOLLEBIUS, RIEDLIN, BOERHAAVE, TRALLES, TISSOT, MEDICUS, TODE, and others.”

To *Lead* we find :

“AMELUNG’s cure of a kind of ulcerative *phthisis pulmonalis* by the internal use of *lead* points to the tendency of this metal observed by BOERHAAVE to cause a kind of pulmonary consumption even from its external application.”

Under *Electricity* we read :

“BUISSON saw an *induration of the mammæ* disappear, and MANDUYT cured *indurated cervical glands* with electricity; it could not have done this had it not been able to cause *induration of the cervical glands*, as DE HAEN observed from its use.”

The following about *Galvanism* is peculiar to the first edition ;

“The *irritation of galvanism from metals* which, as BITTER, BISCHOFF, and GEIGER frequently observed, possesses the power to *shorten* the muscles (the positive pole the extensor, the negative the flexor muscles), was able to cure easily and com-

* In the previous sentence he had told us that the effect of *Camphor* was to lower the sensibility.

† A reference to that paragraph in the aphoristic portion of this edition of the *Organon*.

pletely in a few days that case of dumbness of thirteen years' standing (*Hufeland's Jour.*, xxiv) which was caused by a *stiffness of the tongue*, though given in such a small dose (a single pair of plates), because the cure took place by homœopathy. The *intolerable burning shooting* pain which galvanism, when the circuit is established, causes in any sensitive part of our body explains how some time ago a kind of *faceache* (*tic douloureux*) was cured by a physician by means of the Voltaic pile."

In the aphoristic part of the work we find in the first edition the following note to § 13 (corresponding to § 17 of last edition) :

"It is only a misuse of that longing to reach the infinite implanted in the human mind for nobler purposes that gave rise to those impudent incursions into the domain of the impossible, those inane speculations respecting the inner essential nature of the medicinally acting matter in drugs, respecting vitality, respecting the internal, invisible arrangement of the organism in its healthy state, and respecting the disease-producing alteration of this hidden interior, that is to say, respecting the inner nature and essential character of the disease, falsely called the 'inner proximate cause.'

"But there remained room for the play of fancy and wit (physiogenic and pathogenic poetry), because the requisite fixed points for gaining the metaphysical knowledge of the interior operations in the inner living organism are wanting and will ever be wanting, from which points we might penetrate step by step to the innermost primary point, to which the Creator has joined the cause of the disease in the sanctuary of that hidden workshop. All the knowledge the children of mankind have obtained relative to animal magnetism, electricity, attractive and repulsive force, mineral magnetism, caloric, gas, and other chemical and physical phenomena, falls far short of what is required to gain a clear and fruitful explanation of even the smallest function in the living organism whether in health or disease. What a countless array of unknown forces and their laws may be in action in the operations of the living organs which we do not even dream of, and for the recognition of which we would require to be endowed with infinitely more senses of infinitely greater delicacy than we possess! All these requisites

for such an abstract investigation, all those fixed points and intermediate steps are wanting to us mortals, and it is to misunderstand human capabilities and to misconceive the requisites for the practice of medicine, when the physician asserts that speculations about such things are necessary, whereas, on the contrary, a knowledge of them is as unnecessary to him as he is incapable of investigating them.

“Many of the deepest thinking heads abandoned themselves to this ‘penetrating into the interior of nature,’ and an equal number of barren hypotheses full of contradictions were the result of their lucubrations. All history teaches this, as does the judgment of the most instructed healthiest intellects.

“If they had only been of the slightest use to practical medicine, if their speculations had only discovered the true remedy for the simplest disease, we might allow them to pass!

“So thought the honest and sagacious Sydenham: ‘*quantulacumque in hoc scientiæ genere accessio, etsi nihil magnificentius quam odontalgiae aut clavorum pedibus innascentium curationem edoceat, longe maximi facienda est, prae inani subtilium speculationum pompa,—quae fortasse medico ad abigendos non magis ex usu futura est, quam architecto ad construendas aedes musicae artis peritia.*’

“But only see! all speculative theories respecting the functions and the inner form and composition of the living brain in healthy and diseased states, all the innumerable speculations about the nature of inflammations, all the hypotheses about the nature of water and caloric, were never able, so long as the world existed, either to guess or to announce the specific remedy for phrenitis caused by sunstroke! Löffler discovered *by accident* that the remedy was to bathe the skin with hot water, and rational (homœopathic) medicine can, from its simple maxims, easily and rapidly evolve this and other specific remedies, *without metaphysical head-splitting*, and without waiting perhaps for thousands of years for some fortuitous discovery.”

The next twenty-eight paragraphs of the first edition, from § 14 to § 37, are replaced by fifty-two different paragraphs in the last, from § 18 to § 70. The following are the suppressed paragraphs, which it is interesting to compare with the later paragraphs as showing how the doctrine developed itself in the mind of the master:

“§ 14. Since then, when we exclude the totality of the symptoms, observation can detect nothing in diseases whereby they are capable of expressing their curative requirements; it follows that the only thing that can furnish an important indication for the selection of a remedy, must be the sum of all appreciable symptoms.

“§ 15. On the other hand, as the curative element in medicines is not self-evident, and in pure experiments by the acutest observers nothing can be discovered in medicines constituting them medicines, besides the power they possess of effecting marked changes in the health of the human body, especially their power of deranging healthy human beings and exciting in them various definite morbid symptoms; it follows when medicines act as remedies, that it is only by this power of evoking symptoms they can give evidence of their inner curative principle and demonstrate their curative power. Hence we have only to attend to the morbid effects which medicines produce on the healthy body (as the sole revelation of their indwelling curative tendency) in order to determine which among the several drugs is most suitable for a particular case of disease (provided such can be found, for on this its suitability rests).

“§ 16. Now, as diseases show nothing that requires removal in order to change them into health, besides the totality of their symptoms, and medicines likewise can show nothing curative besides their tendency to develop morbid symptoms, it follows that when medicines are capable of becoming real remedies, that is, able to annihilate diseases, this can only happen in this way, that certain symptoms of the disease are removed and destroyed by certain symptoms which the remedy is able to produce.

“§ 17. Should experience teach (as it actually does) that a given symptom of a disease is only removed by a drug which can show a similar symptom among the effects it produces in the healthy body, then it is probable that this drug is able to remove the symptoms of this disease by virtue of its tendency to excite similar symptoms.

“§ 18. Should we find further (as we do indeed find) that a medicine which in its action on the healthy human body exhibits all the symptoms which the disease to be cured presents, when administered in such a case removes the totality of the morbid symptoms, the whole disease present, and alters it into health,

then we could not doubt that the law is discovered through which this medicine has acted curatively in this disease. This law is: similar symptoms of this medicine remove symptoms of a similar kind in this given disease.

“§ 19. Now, as experience shows indisputably and without any doubt whatever with respect to *every* medicine and *every* disease, that all medicines cure all diseases without exception having symptoms analogous to their own, rapidly, radically, and permanently, there is nothing to prevent us laying down this rule: ‘*the curative power of medicines depends on their symptoms that correspond to those of the disease,*’ or in other words: ‘*every medicine which can show in its morbid phenomena in the healthy human body most of the symptoms observable in a given disease, is able to cure the disease in the most rapid, radical, and permanent manner.*’

“§ 20. This eternal general law of nature, that every disease will be annihilated and cured by the similar artificial disease which the appropriate remedy has a tendency to produce rests on this law: *that one single disease only can exist in the body, hence one disease must invariably yield to another.*

“*Note.*—The few examples that have been adduced to the contrary were all too liable to mistake to be regarded as pure indubitable observations.

“§ 21. The organism receives from every disease a special disposition (*Stimmung*); and in consequence of the invariable law of unity in its nature, a second new disposition from a new disease can either not be received by it, or not without the displacement of the first morbid disposition. When the new morbid disposition is unable to dispossess the older one and is forced too long upon the organism, the two unite to form a single (third) disease, which is called a complicated disease. This maxim is based on the following facts.

“§ 22. A chronic natural disease already present in the body prevents the production of a new chronic disease, at all events unless the new one is a miasmatic or endemic disease, to the infection of which the body is continuously exposed for a considerable time. In such a case, as both are usually *dissimilar*, and the new disease can consequently not destroy the old one homœopathically, either the older disease, if it be the weaker, is *suspended* by the new one as long as the latter lasts (thus

Schoepf observed that the itch disappeared when scurvy came on, but reappeared after the cure of the scurvy); or both are amalgamated to form a so-called *complicated* disease. But this always constitutes only a single disease (a state intermediate to both) and is only to be treated as a simple disease, and to be cured homœopathically according to the totality of the new conjoined symptom-arrangement. From the period of the second infection to the amalgamation of both into a (third) single (complicated) disease the older one ceases.

“*Note.*—Thus, a fresh itch coming upon an uncured venereal patient may be cured by its appropriate medicine, whilst the venereal symptoms lie dormant; but when the venereal symptoms (altered by the itch) reappear, the amalgamation of both into a third (complicated) disease has taken place, and the eruption cannot now be cured with sulphur. Amalgamations (complications) of scurvy, venereal disease, plica polonica, &c., are by no means rare.

“§ 23. Much commoner than the spontaneously amalgamating (and mutually complicating) natural diseases are the *artificial* diseases produced on a body affected with a chronic malady by long-continued unsuitable drugging, that is to say, artificial morbid agents which are incapable of removing the old disease homœopathically by an analogous counter-irritation, but attack the body for a length of time in a dissimilar direction, and thus gradually bring upon it a derangement of a different sort, an artificial chronic disease of a *different kind*, which unites with the old chronic malady, and thus forms a new monstrous malady, a *complicated disease*, often of very pernicious character.

“*Note.*—Many of the cases of disease sent to medical journals for advice are of this kind, as are also other cases of chronic diseases recorded in medical writings. Of this kind are the frequent cases where the venereal disease after a lengthened treatment with improper mercurial preparations is not cured but unites with the gradually developed chronic mercurial dyscrasia to form a hideous intermediate thing of complicated disease (masked venereal disease), which is incurable either by *Mercury* (the remedy for the venereal disease) or by *Hepar sulphuris* (the remedy for the mercurial disease).

“§ 24. On the other hand, if a new disease, of a more *local* character, and therefore less capable of amalgamation, shall be

artificially forced on a body affected with chronic disease, this new disease having no similarity to the old one is incapable of curing it homœopathically. In this case the natural chronic disease is suspended as long as the artificial one is maintained.

“*Note.*—Two children affected with epilepsy, on being attacked by ringworm, remained free from their fits; but as soon as the head healed the old epilepsy reappeared in both, as Tulpius testifies. Many epileptics have remained free from their fits as long as their issues remained open; but immediately after allowing the artificial ulcer (which might have existed for years) to heal up, they were again attacked by their epilepsy which had only been suspended. Pechlin and several others bring forward instances of this sort.

“§ 25. If there is already in the body an old chronic disease, whether artificial or natural, this being the stronger will *protect* the organism against a new acute natural disease of a *different sort*, or even from an artificial acute disease which it is attempted to force on it.

“*Note.*—Larrey says that persons affected with herpetic eruptions are exempt from infection with the plague, and the Europeans in Syria remain free from infection by the Levantine plague by maintaining issues and perpetual blisters (*i.e.* artificial local-chronic diseases), as has been observed in modern times by Larrey, and in ancient times by van Hilden and F. Plater. Several chronic diseases (herpetic eruptions and other cutaneous diseases, according to Jenner), but especially rachitis, prevent vaccination from taking. In like manner the dyscrasia produced in children by the daily drinking of coffee is a powerful hindrance to vaccination, or causes the production of false vaccine vesicles.

“§ 26. But if a new acute disease should be persistently *forced* upon a body affected with a chronic malady, if the former is stronger but *dissimilar*, the chronic disease ceases (is *suspended*) only so long as the acute disease lasts, and then it again goes on unaltered.

“*Note.*—Ulcerative pulmonary phthisis comes to a pause when smallpox breaks out, and resumes its course as soon as the pustules are dried up.

“§ 27. When a body already affected with an acute disease is

attacked by a new acute disease of a *different* sort, the one which is the weaker yields to the other, but it is not annihilated, only suspended, until such time as the stronger one has run its course.

“*Note.*—Measles which have already broken out disappear immediately as soon as smallpox makes its appearance, and it is only after the latter is cured that the measles, which had been suspended, again make their appearance and complete their course. I saw the mumps immediately disappear as soon as the vaccination took, and it was only after the termination of the vaccine disease, when the peripheric inflammation was over, that the febrile parotitis again made its appearance and ran its usual course. When the vaccine pustules had attained their perfect development on the eighth day the measles (which had infected the body before vaccination had been performed) broke out and the vaccinia stood still; it was only after the measles had desquamated that the vaccinia again pursued its course to the end (Kortum). Scarlet fever with sore throat was interrupted and suspended for four days whilst the cow-pox with its areola was developed (Jenner).

“§ 28. If, on the other hand, the infection of another acute disease of a *similar kind* be forced upon the organism already affected by an acute disease, *then the stronger entirely removes and homœopathically destroys the weaker.*

“*Note.*—Thus smallpox coming to vaccinia removes the latter completely; the vaccinia does not complete its course, but is destroyed, and sometimes it appears as though the vaccine pocks changed into variola, which latter then runs its course alone to the end.

“§ 29. Two acute diseases coming together in the same body do not amalgamate with one another; the cases of this sort that have been recorded have not really done so.

“*Note.*—The vaccine pustule nearly come to its full development will often alter the smallpox, make it mild, the pocks discrete, surrounded by a broader, red areola, of a warty appearance and containing but little matter; but if this matter be inoculated it produces nothing but true variola (Mühry). Two acute diseases are so far from amalgamating, that examples are not wanting where lymph taken from vaccine vesicles a very short time before the outbreak of the fever of variola, and inoculated

in other children, produced genuine vaccine vesicles (Hardege, Junr.). *Two acute diseases of a similar kind mutually remove and annihilate one another homœopathically* (the stronger the weaker).

“§ 30. So, also, when a chronic disease is already present in the body, and a *very similar* acute disease is forced upon it, *the chronic disease is completely annihilated and homœopathically cured by the acute disease.*

“*Note.*—Thus vaccine inoculation which, in addition to possessing the power to produce cowpox, is capable of exciting a cutaneous eruption of small red pimples with a red areola (and actually produces them in some bodies), often cures completely and permanently a similar chronic cutaneous eruption, as many observations testify.

“In like manner an old moist herpetic eruption was completely cured by an attack of measles (*Hufeland's Journ.* xxiii).

“Leroy (*Medicine for Mothers*, p. 384) saw a chronic very obstinate ophthalmia in a boy permanently cured by variola, which can cause ophthalmia in its acute stage.

“Dezoteux (*Traité de l'inoculationi*, p. 189) cured an obstinate ophthalmia by inoculating variola. A number of similar cases are recorded by medical writers.

“§ 31. On this law of human nature revealed by experience, that diseases are *only* destroyed and cured by similar diseases, is based the great homœopathic curative law—*that a disease can only be destroyed and cured by a medicine which can develop a similar disease, for the effects of medicines are nought but artificial diseases.*

“§ 32. An ounce of tincture of cinchona bark mixed with two pints of water, and gradually taken in twenty-four hours, produces not less certainly a *cinchona fever* of several days' duration, and a tepid footbath containing arsenic, or arsenic ointment smeared over the head, produces not less certainly an *arsenic fever* of at least a fortnight's duration, than does exposure to autumnal marsh atmosphere an ordinary ague. A girdle of mercurial plaster applied over the hips * produces the *mercurial disease* more rapidly and surely than the application of the shirt of an itchy person produces the *itch of wool-workers*. A strong infusion of

* * One of the oldest methods of employing *Mercury* at the beginning of the sixteenth century.”

elder flowers, or some belladonna berries taken internally, are as surely *morbific agents* as inoculation of variolous matter, or the bite of a viper, or a fright; and each of these influences can because it is a morbid agent, become an anti-disease power, that is, a remedy, when introduced into a body suffering from a similar disease. *So that everything we call medicine is nought but an agent for the production of disease, and all true remedies are nought but agents capable of artificially producing a similar antidotal disease in the organism, whereby we are enabled to remove and destroy the similar natural disease.*

“§ 33. No doubt, when, acting according to the rules of rational medicine, we have discovered a medicine very well adapted to the disease we are called on to treat, and we employ it as a remedy, by this artificial morbid agent the already diseased organism has a new disease (antidotal disease) inoculated, and so to speak forced into it; but it must be confessed that this antidotal disease has great advantages over all natural antidotal diseases.

“§ 34. The invisible influences by which the ordinary diseases of humanity are usually excited are too little known, and are too little under our power to enable us to produce diseases at will by their means, to employ them as remedies for already existing diseases, and thus use them for the purpose of restoring health.

“§ 35. The number of inoculable miasms which might be employed for the removal of diseases is too small to permit us to make even a very limited use of them as remedies.

“§ 36. Though there may be several natural diseases which we could use artificially and at will, they are either not sufficiently analogous to the disease to be cured, consequently not efficacious, or they are themselves of longer duration, and when they have overcome the older malady, they often persist for a considerable time in the system, seldom go off spontaneously, and generally require artificial aid to make them depart.

“*Note.*—An instance of this is the inoculated itch, with which some chronic diseases have been cured.

“§ 37. On the other hand, we can infinitely easier, much more certainly, and with a far richer choice resort for curative purposes to those morbid agents which are commonly called medicines. We can apportion to the antidotal disease producible by

them (which is to remove the natural disease we are called to treat) a fixed strength and duration, for we can regulate the size and strength of their doses. And as every medicine differs from every other, and acts in many different ways, we possess in the great number of medicinal substances an immense number of artificial diseases which we can accurately select for employment against the natural diseases and ailments of humanity. We can thus rapidly and certainly remove and extinguish the natural disease with a very similar artificially excited antidotal disease."

The next paragraph is retained in the last edition, but the following twenty-three paragraphs, §§ 39—61, are replaced by others in the last edition. We subjoin them :

"§ 39. As regards the first point,* the enormous variety and number of diseases might easily mislead us into the belief that we could never retain in our memory or comprehend such an immense array of different kinds, and that therefore we should be unable to treat them successfully without having some sort of comprehensive view of the whole obtained by their arrangement into a few classes. Each such class, comprising many and various individual diseases allied by some common relationships and similarities, might thus be treated on general medical principles, as if all its members were one and the same disease, and thus their treatment would be much simplified.

"§ 40. The diseases, ailments, and dyscrasiæ are, however, phenomena of such infinite variety, that no useful classification of them is possible, even were such a formal arrangement of them under separate headings likely to be useful for curative purposes.

"*Note.*—I will not dwell upon the systematic arrangement of diseases hitherto in vogue (almost every work on pathology has one peculiar to itself). Were any one out of the vast array of the slightest real use it could certainly—such is the omnipotence of truth—have obtained and retained universal approval.

"§ 41. The division of diseases into general and local has been most generally adopted.

"§ 42. But the human organism in its living state is a com-

* "How is the physician to ascertain what is necessary to be known in order to cure the disease?"

pletely defined whole or unity. Every sensation, every manifestation of force, every combination of constituent materials of one part is intimately connected with the sensations, functions, and combined constituents of all other parts. No part can suffer without the sympathy and the corresponding alteration of every other part, more or less.

“ § 43. This vital unity does not allow any disease to remain purely local in the body, that is, completely and absolutely local, as long as the malady deemed local occurs in a part not completely separated from the rest of the body. The rest of the body always sympathises more or less, and expresses its sympathy by some symptom. A powerful medicine applied to a distant part or administered internally always produces an alterative impression on this apparently local malady, and the remedy specifically suited for the whole disease (of which the local affection is always only a part, always a mere symptom) cures at the same time the local affection, though apparently remote and isolated.

“ § 44. A second highly esteemed division of diseases into febrile and afebrile is equally useless. Its supporters are not even agreed what are the characteristic traits and symptoms which ought to be admitted into the definition of fever and what those that ought to be excluded from it. There is none among the immense number of fever theories and definitions which does not include phenomena that are to be found more or less in the diseases held to be most afebrile in their nature. The worst and the least febrile diseases pass into one another by imperceptible steps, so that a sharp separation of the two may be consistent with pathology, but it is not with nature.

“ § 45. The *naming* or *classification* of the innumerable varieties of disease, even were it possible, in a tolerably correct and complete manner would be of the same utility to the *physician as a naturalist*, as the classification of other natural phenomena and natural bodies to general natural history; it would, namely, facilitate his *historical survey* by a tabular view; but for the *physician as a healing artist* it would not be of the slightest use, for true medical art cannot be contented with a bald, one-sided, similarity of several diseases to one another, such as suffices for the arrangement into classes and genera. On the contrary, the medical art requires a complete survey of every individual case

to be cured ere it can select an accurately fitting remedy. This it requires in order to deserve the name of a *radical* and *rational* healing art.

“ § 46. Nature has no naming or classification of diseases. She makes *individual* diseases, and she demands of the true healing artist that he shall treat, not systematically connected disease genera (which is a kind of confounding different diseases with one another), but in every case the individual disease; but she refuses her aid to therapeutic measures invented for fanciful classes of diseases being applied to individual diseases (wisely created separate entities by herself), for in this way the divine art of healing would be maimed.

“ *Note.*—Huxham, who was distinguished for his strict conscientiousness as much as for his professed insight, says (*Op. phys. med.*, tom. i): ‘Nihil sane in artem medicam pestiferum magis unquam irrepsit malum, quam generalia quædam nomina morbis imponere, iisque aptare velle generalem quamdam medicinam.’

“ § 47. Now, if the rationality of the medical art consists above all in this, that it suppresses all systematic and other prejudices, that if possible it never acts without good grounds, that it never neglects to avail itself as much as it can of any good data that may offer themselves for promoting suitable treatment, and that it sticks as much as possible to what is ascertainable in things, so the rational thorough physician is characterised by his special attention to the varieties and differences of diseases (as also of medicines), that is to say, his careful search for the individual signs of each separate disease, and then the special mode of action of each separate medicine.

“ § 48. As every epidemic in the world (except those few which have a fixed unalterable miasm), and as even every single case of disease, whether of epidemic or sporadic character, or still more of neither character, differs from every other, the rational physician will consider each malady he is called to treat according to its individual peculiarity. When he has ascertained its special signs and symptoms (for *what* are they there for unless they are to be attended to?) he administers a particular remedy corresponding to the disease in the group of symptoms it can excite. By this honest unprejudiced and rational course he will distinguish himself from every other physician who

thinks it beneath him to investigate thoroughly each case of disease, but who for his own convenience arbitrarily generalises, relegates the disease to some fanciful systematic classification and frames his treatment accordingly.

“ § 49. Some diseases which have a specific infectious matter (a special uniform miasm) as their basis, *e. g.* the plague of the Levant, smallpox, measles, true smooth scarlatina, the venereal disease, the itch of wool-workers, also, perhaps, hydrophobia, whooping-cough, plica polonica, &c., appear to be so independent in their character and course, that whenever we meet with them we recognise them as old acquaintances by the constant identity of their symptoms. Hence we are justified in bestowing on them special names, and in endeavouring, as a rule, to find one fixed mode of treatment for each of them.

“ § 50. As, too, some other diseases in which we have not yet been able to prove a miasm, as also those dependent on certain situations and climatic conditions, and those of an endemic character, as marsh ague, yellow fever, sea-scurvy, pian, yaws, sibbens, pellagra, &c., and some few other diseases may arise either from some single uniform cause, or from the conjunction of several definite causes which tend to unite in some definite manner (as is the case with gout, perhaps also with croup and Millars' asthma). These diseases may likewise appropriately receive special names, as the group of symptoms each presents is, on the whole, of a tolerably constant character, and is therefore capable of a special, almost uniform treatment.

“ § 51. But it is otherwise with a number of other diseases, which presumably arise from the conjunction of several morbid causes uniting in no uniform manner for the production of the malady. Hence they differ materially from one another in several important symptoms, and consequently can never all be medically treated with the same remedies. To this category belong the various forms of epilepsy, catalepsy, tetanus, chorea, pleurisy, consumption, diabetes, pneumonia, prosopalgia, dysentery, and other names given by the schools to morbid states often very dissimilar and having only one or two symptoms in common, in order, on the assumption of their identity, to be able to treat them all alike. But the very dissimilar results experience showed to follow this mode of procedure, sufficiently refuted this imaginary identity. They may do well enough as collective

names, but not as special names of presumably identical morbid states, for in that case they would be apt to lead to the adoption of an identical empirical medicinal treatment to the injury of the the patient.

“*Note.*—Thus, for instance, there are in *diabetes* several varieties, *i. e.* several diseases, differing essentially from one another, included under this single name, which, at a superficial glance, apparently resemble one another in one or two symptoms, but which it would be very improper to consider as one and the same disease. On a more careful examination of the separate cases almost all will be found to present very different symptoms; symptoms present in some will be absent in others, and even the urine, on which the inventors of this name laid so much stress, as though it was a great discovery, will often be found of very various compositions. In one case it will rapidly pass into vinous and acetous fermentation, in another it will only grow mouldy, &c. If one sort of diabetes can be cured with *Ammonium sulphuricum*, many other kinds cannot be cured with this remedy. On the other hand, *Alum* seemed to be the proper remedy in several cases, while others were uninfluenced by either *Alum* or *Ammonium sulphuricum*. Can these all be the same disease, when the totality of the symptoms is so various and the treatment required is so dissimilar? We may, no doubt, call these different morbid states—*kinds of diabetes*—but not absolutely *diabetes*, in order to avoid the mistake of supposing an identical simple disease under this name.

“Any one who has once cured a faceache with mercurial ointment, will certainly meet with several cases which he includes under this name, but which this ointment cannot cure. Did each of these names only indicate identical diseases, then it would be impossible to meet with failure from a remedy which had once shown itself successful; they must, if they are identical, yield to identical treatment. But as they do not so yield it is evident that, in spite of the identical name, they are essentially different diseases, only sufficient trouble has not been taken to investigate their distinctive symptoms. We may, no doubt, call these different morbid states—*kinds of faceache*—but not absolutely *faceache*, as it is not always the same disease. So it is with the other diseases named above, and with other similar names of diseases.

“ § 52. And so with respect to the other diseases, the names bestowed on them are still more unsuitable, and the inducement they offer to empirical treatment still more dangerous, as they include under one denomination a still greater variety of morbid states, having only a remote resemblance to one another in perhaps a couple of symptoms common to all, whilst in the great majority of their phenomena and characteristic symptoms they differ greatly from one another. The very comprehensive names, ague, jaundice, dropsy, consumption, leucorrhœa, hæmorrhoids, rheumatism, apoplexy, convulsions, paralysis, melancholia, mania, &c., may serve as examples.

“ *Note.*—What a countless number of very different kinds of ague are not there which have in common, at most, the phenomena of cold and heat, and something of a typical character, and often not even so much as this! If we inquire more minutely into their other signs we find that almost every one of these different kinds is a disease *sui generis*. With what right can we dub with a name implying identity, such as *jaundice*, the many very dissimilar diseases which offer no similarity in their other symptoms and only show some resemblance to one another in a single phenomenon, *the yellowness of the skin*, which depends on a derangement of the biliary secretion, which, again, is of very various kinds? Again, in innumerable very different affections we find, among many other symptoms, cutaneous œdema, but who would think of including under one common name, *dropsy*, all those very various diseases which have this single symptom (which, although it is very conspicuous, is not on that account always the most important symptom, often, indeed, it is of no importance whatever), thereby neglecting the other most significant symptoms which distinguish these diseases from one another? And so in the other instances mentioned.

“ § 53. How could we, with a semblance of rationality, include under one common name those very different morbid states which have often only one single symptom in common, thereby implying that an identical medicinal treatment of them was justifiable? And if the medicinal treatment should not be identical—as it cannot be without injury to the patient—what is the object of bestowing on them an identical name which implies an identical treatment? Misleading, useless, and injurious as these names are, they ought never to be allowed to

influence the treatment of a rational physician, who should know that he has to judge of and to treat diseases, not according to the vague nominal resemblance of a single symptom, but according to the sum of all the signs of the individual condition of each separate patient, whose ailment it is his duty to clearly investigate, but never to form hypothetical guesses about.

“ § 54. Even those epidemic diseases which may be propagated on each occasion of their prevalence by a contagious virus, most of those putrid bilio-nervous fevers (such as occur in hospitals, jails, and camps), and other epidemic fevers differ much on each occasion in their symptoms and course. Each fresh epidemic, *e.g.* of so-called putrid fever, shows itself so unlike all former epidemics of the same name in many of its most striking symptoms, because each epidemic depends on a different kind of miasm, that it would be most illogical to give to such a very different disease an old name, or one that has previously been employed and, misled by the inappropriate name, to treat it medicinally in the same way as the former epidemic of a similar name.

“ § 55. It is only the individual cases of each particular epidemic or sporadic disease of this sort that we can, in this respect, properly call a *collective disease*, regard them as similar for curative purposes, and (always attending to the greater or smaller differences in the several cases) treat them in a similar way.

“ § 56. Every epidemic comprises in itself a number of similar cases of disease; but epidemics differ much among themselves, and cannot properly receive a similar or identical name, or be treated with a similar medicine.

“ § 57. Those epidemics which do not admit of having a fixed special name, which at each fresh outbreak among the people assume an altered form and present a different group of signs and symptoms, may, as *collective diseases*, be most appropriately considered as belonging to the enormously large class of all other diseases, ailments, and maladies which have their origin in a very different conjunction of dissimilar causes and agents extremely unlike in number, strength, and kind—influences of an infinitely complex nature—to produce such an infinite variety of diseases from which the great race of mankind suffers and has ever suffered.

“§ 58. All things that are in any degree active (their number is incalculable) can act and effect changes in our organism which is in connexion and conflict with all parts of the universe, and all these actions and changes vary just as they vary among themselves.

“§ 59. What a variety, I might say what an infinite variety, among one another must be met with in diseases, *i.e.* in the consequences of the action of these innumerable, often inimical, agents when a greater or smaller number of them act together and in varied succession, quality, and force on our bodies, *which themselves differ so much among one another in many external and internal properties and qualities, and in the multifarious conditions of life present such varieties that no human being is like another in any conceivable respect!*

“*Note.*—Among the influences which spread or produce disease I may mention the innumerable array of more or less injurious emanations from inanimate and organic substances, the many kinds of gas, each with its different irritant action, which in the atmosphere, in our workshops, and in our dwellings, act injuriously or destructively on our nervous system, or which stream out against us from the water, from the earth, from animals, and from vegetables; deficiency of the nutritive aliments indispensable for our vitality, and of pure open air; excess or deficiency of electricity; variable pressure, moisture, or dryness of the atmosphere; the still unknown peculiarities and disadvantages of elevated mountain regions, of low lying places, and of deep valleys; the peculiar effects of the climates and other local circumstances on large plains, on deserts destitute of vegetable life or of water, in the neighbourhood of the sea, of marshes, hills, or forests, or in places exposed to different winds; the influence of variable or too uniform weather; the influence of storms and other meteorological phenomenon; excessive heat or cold of the air; undue exposure or excessive artificial heat of our clothing or of our rooms; the constriction of parts of our bodies by various articles of dress; too great degrees of cold or heat in our food and drink; hunger or thirst, or inordinate indulgence in food or drink, and their injurious medicinal power of deranging our system, which resides partly in their very nature (wine, spirits, beer seasoned with more or less hurtful vegetable substances, drinking water contaminated with foreign matters, coffee, tea, foreign or

native spices, and food rendered irritating by them, sauces, liqueurs, chocolate, cakes ; the unrecognised hurtfulness of some vegetable and animal foods), partly in their improper preparation, their putridity, or their adulteration (*e. g.* ill-fermented or insufficiently baked bread, half-cooked animal and vegetable viands, or spoiled, decayed, or mouldy food ; food and drink prepared or kept too long in metal vessels ; adulterated, poisoned wines ; vinegar rendered acid with corrosive substances ; the flesh of diseased animals ; flour adulterated with gypsum or sand ; grain mixed with hurtful seeds ; vegetables mixed or falsified with dangerous plants for malicious purposes, from ignorance, or poverty) ; want of cleanliness of body, of clothing, or of dwellings ; injurious substances introduced in the preparation of food owing to uncleanness or carelessness ; the breathing of injurious emanations in sick rooms, in mines, stamping-mills, roasting and smelting-houses ; the dust laden with hurtful particles raised in the manufacture of various stuffs ; the neglect of many police regulations for the promotion of the general weal ; the excessive exhaustion of our bodily strength ; too violent active or passive exercise ; immoderate exertions of various parts of the body or of the organs of the senses ; divers unnatural positions incident to various occupations ; disuse of separate organs or general corporeal inactivity ; ill-regulated periods of rest. (too long midday sleep), of meals, or of work ; excess or deficiency of night's rest ; over-exertion in mental work generally, or in such kind of mental work as is distasteful and forced, or that excite or overstrain some particular mental powers ; intense dominating passions or emotions, anger, fright, vexation, or enervating passions excited by licentious literature, bad education, evil habits, and associations ; abuse of the sexual function ; qualms of conscience, fear, grief, &c.

“ § 60. Hence proceed the incalculable number of dissimilar corporeal and mental maladies, which differ so much among themselves that, strictly speaking, *each one has perhaps only existed once in the world*, and that (deducting those few diseases caused by an invariable miasm [§ 49], and maybe a few others [§ 50]), every epidemic or sporadic collective disease, and, besides those, every other case of disease, must be regarded and treated as a nameless individual disease, which has never occurred, except in this case, in this person and under these

circumstances, and can never again appear precisely the same in the world.

“ § 61. Now, as nature herself produces diseases of such an individual character, so no rational system of medicine can exist without a strict individualization of each case of disease that comes under treatment, without the physician regarding every disease he is called on to treat as a separate and independent disease. Thus, there will be an end of all that empirical generalising which is so closely allied to impudent guess-work and arbitrary misconception !”

The next paragraphs we meet with peculiar to the first edition are the following :

“ § 91. At first I not unfrequently observed such *subsequent symptoms*, but much less frequently than they are noticed in those old accounts [of the effects of medicine], because I did not employ such large doses in my experiments. The smaller the doses I subsequently employed in experiments of this sort the smaller was the number of secondary symptoms observed, whilst the *commencing symptoms* appeared in equal number and with equal definiteness from the use of smaller doses, if I gave a double amount of attention during the experiment and avoided everything that could diminish the purity of the observation.

“ § 92. The circumstance that the subsequent symptoms, which we may call *negative* or *secondary* symptoms, are most frequently observed from very large doses, and that they appear more rarely the smaller the dose, shows that the secondary symptoms are only a kind of *after-disease* which arises after the cessation of the commencing symptoms (*positive* or *primary symptoms*)—a kind of opposite condition—corresponding with the ordinary vital processes, in which everything seems to occur in alternating states.

“ *Note.*—Just as sadness follows excessive hilarity, diarrhœa constipation, constipation diarrhœa, wakefulness sleep, heat cold, and *vice versâ*.”

The following paragraph of the first edition is replaced by § 120 of the last :

“ § 98. Substances belonging to the animal and vegetable kingdoms are most medicinal in their raw state.

“*Note.*—Those vegetables and animals we use as food have this advantage over the others, that they contain a larger quantity of nutritive parts, and they differ from the others in this, that the medicinal powers of their raw state are either not very strong, or if they are strong that they are destroyed or eliminated by drying (as in arrow- and pæony-root), by expressing the hurtful juice (as in the cassava), by fermentation (pickled gherkins), by smoking and by the power of heat (in roasting, frying, baking, boiling), or they are rendered innocuous by the addition of salt, sugar, and especially vinegar (in sauces and salads). Even the most medicinal plants lose their medicinal power in whole or in part by such operations. The juice of some very active plants is often reduced to an inert pitchy mass by the heat employed in making the ordinary extract. Let the expressed juice of plants the most poisonous in their fresh state (for when they have lain in heaps in the green state and have sweated, as it is called, then a large portion of their medicinal power has already been lost by internal fermentation) be kept but a single day in a warm place, it will be found to be in full vinous fermentation, whereby much of its medicinal power has been dissipated; but let it remain a day or two longer, then the acetous fermentation is concluded and all the specific medicinal power is *lost*; thus the sedimentary magma is then quite harmless, and similar to wheat starch.”

In the two following paragraphs there are important differences from the corresponding ones in later editions, the second indeed is omitted in the last edition :

“§ 124. The array of symptoms of a medicine interrogated as to its positive effects by trials on the healthy human body resembling most closely the sum of the symptoms of a given natural disease, will, *must*, be the most appropriate anti-disease for the dispersion and extinction of that natural disease; the most appropriate specific remedy is found in this medicine.

“§ 125. If an anti-disease agent (medicine), thoroughly adapted by similarity of symptoms, *i.e.* homœopathic, has been discovered and if it is properly administered, the natural disease we have to combat, be it ever so bad or its symptoms ever so numerous, disappears in a few hours, if it have not lasted long—in a few days if it be of older date, and we observe almost no traces of

the morbid symptoms of the medicine, *i.e.* of the artificial anti-disease. There occurs in rapid unobservable stages nothing but health. The natural and the artificial disease are both extinguished together, silently, without appreciable reaction—a real dynamic annihilation.”

The following two paragraphs of the first edition do not appear in the last. They refer to the treatment of cases in which one medicine seems suitable for one portion of the symptoms of a case, while another is more so for another portion :

“§ 141. The best plan is first to give alone the medicine that seems the most suitable. It will certainly diminish the disease to some extent, but, on the other hand, it will develop some new symptoms.

“§ 142. That being so, according to the rules of homœopathy a second dose of this first medicine is not admissible; neither can the medicine that at first appeared suitable for the second half of the symptoms be now given without further consideration and without a further investigation into the condition left after the action of the first medicine.”

The following is quite different from the corresponding paragraph (171) of the last edition. It is interesting as bearing on the much-vexed subject of alternation of medicines :

“§ 145. It is only in some cases of old chronic diseases, which are not liable to any remarkable change, and which have certain fixed fundamental symptoms, that two almost equally homœopathic remedies may sometimes be administered alternately; as long as the stock of medicines proved as to their positive action on the healthy body shows no perfectly similar anti-disease agent in whose pathogenesis the group of symptoms of the chronic disease is completely or almost completely reproduced. When a medicine reproduces the symptoms of the disease completely, it suffices of itself to cure the disease rapidly, permanently, and without any bad after effects.”

The following is replaced by the four paragraphs, 187—191, of the last edition :

“ § 161. As no so-called local affection arising from internal causes and persisting at a particular place can be conceived as occurring without the participation of all other sensitive and irritable parts and of all the vital organs of the body, so it is only to the ever active and watchful perception for medicinal irritations universally distributed through all parts of the living body, only by the susceptibility to medicinal action pervading the whole body, that it becomes possible and comprehensible how a small quantity of the homœopathically suited medicine placed on the tongue or introduced into the stomach can effect healing changes and even the most complete cure of apparently isolated local affections situated in the most remote parts of the skin.”

The psora theory not having been excogitated at the date of the issue of the first edition, and the posology not having been developed, the paragraphs in the last edition (§§ 194—252), where these subjects are treated of are not to be found in the first edition. In their place we find the following :

“ § 164. This is so true that even every local remedy applied only externally, if it has been of service and has restored *health* (which is rare), could not do this without having at the same time effected a homœopathic curative influence on the internal morbid state, and thus it would have performed a cure of the same sort as if it had been given internally and not at all externally.

“ *Note.*—Thus, by the application of *Cantharides* and of mercurial preparations some cutaneous affections might certainly have been superficially removed, but would not have been cured so that general health followed, were it not that these remedies were at the same time able to remove the internal morbid state inseparable from the local affections, thus acting on the whole organism with their curative power.

“ § 165. It would indeed appear that the cure of such affections would be expedited if the remedy properly judged homœopathic for the whole morbid state were not only given internally, but also applied externally; and this because the local disease has a tendency to isolate itself, though it cannot do so completely in the living body, and because, as has been noticed, medicines have a more rapid action at the place where they are applied than at more distant parts.

“*Note.*—Cherry-laurel water injected into the rectum of animals manifests its spastic effect first on the lower extremities, and later on the upper parts, but when administered by the mouth it acts first on the upper parts.

“§ 166. At the same time *the topical application* of a remedy *simultaneously with its internal use* in diseases having a persistent local affection as their chief symptom, has this great disadvantage, that by their topical application this chief symptom (the local affection) is removed sooner than the internal disease, and owing to the premature disappearance of this local symptom it is difficult, and in many cases impossible, to determine if the general disease has also been removed by the remedy given internally.

“§ 167. Equally or even more disadvantageous in most cases is the *mere topical application* of any powerful medicine, even should it be perfectly homœopathic, to the local chief symptom, unless the complete removal of the general disease has been previously effected by its internal administration. It is highly improbable that the mere local application of a medicine can at the same time act so penetratingly and completely on the internal organism, as that the total disease shall be removed and destroyed. This will take place very rarely, only perhaps in cases where the internal disease is very slight and recent while the external affection is of great extent, and consequently the topical remedy could be applied over a very extensive portion of the body's surface.

“§ 168. In all other cases the medicine only applied externally to a small space will exert too small an action on the internal organism to allow it to destroy the often old and serious internal disease. But if by its much more rapid curative action when locally applied the most striking symptom of the internal disease viz. the local disease, is prematurely suppressed, the internal disease remains, and the case is worse than before.

“§ 169. If the local affection is only locally and one-sidedly removed, then the internal treatment necessary for the complete removal of the whole disease is rendered uncertain; for there only now remains the other (weaker) symptoms, which are not so constant and permanent as the local affection and are often too little characteristic to furnish a distinct and perfect portion of the disease.

“§ 170. The practitioner, in carrying out the internal treatment,

must always remain in doubt as to whether the medicine, perfectly homœopathic though it may be, has completely removed and destroyed the whole disease without leaving any residuum, seeing that the most important and constant chief symptom, the local affection, has been prematurely removed from his observation. Having thus to work in the dark he will be apt to give either too little or too much of the medicine, and either fail to employ it up to the thorough curative point, or continue its use too long to the patient's injury.

“§ 171. If the remedy that is thoroughly appropriate to the disease has not been found before the local symptom has been destroyed by an irritant or desiccative topical application or by the knife, then the case, owing to the uncharacteristic and inconstant manifestation of the remaining symptoms, becomes still more difficult, because the external chief symptom which could have best guided and determined the choice of the most appropriate remedy and its internal administration to the point of complete cure has been removed from our observation.

“§ 172. Were it still there, its presence would show that the internal treatment is not yet complete; but if it had been cured by internal treatment only, this would convincingly prove that the malady has been radically extirpated and recovery from the whole disease satisfactorily obtained. An inestimable advantage!

“§ 173. Nature almost always compensates the mere topical removal of the local symptom by increasing and reviving the co-existent and hitherto dormant symptoms and by the production of new evils, that is to say, by intensifying the general disease. When this happens it is usually but improperly said that the external affection has been driven in by the topical remedy on the nerves or into the blood.

“§ 174. In some diseases this waking up of the other symptoms by the removal of the local affection only takes place *gradually*, so that the aggravation only becomes apparent after the lapse of a considerable time.

“*Note 1.*—The most striking example of this maxim is afforded by the venereal disease. When the chancre has become visibly developed some days after infection, this is a complete proof that the whole system has become, through it, universally venereal. Even at that early stage some persons show signs of general

illness, whilst in others these signs are less distinct and can only be ascertained by careful examination. But even in the latter case, when the general symptoms are not so apparent, the universality of the disease is indisputably proved by this, that even cutting out the fresh chancre will not remove the disease nor prevent the occurrence of subsequent venereal symptoms extending throughout the body. After some months they break out here and there, showing that the chancre was not a mere isolated local affection—there are indeed few diseases of that sort—but a mere striking sign of the existence of the venereal disease in the whole body.

“As long as the chancre remains in its place it remains the chief symptom constituting the greater part of the internal general venereal disease; and if left undisturbed it prevents the appearance of the other symptoms in whole or in part. It remains unaltered on the same spot—if not driven off by topical applications—to the end of life, even in the most healthy body, and thus testifies to the importance of the internal disease. How easily could such a little ulcer be cured by the peculiar energy of nature, were it not that an independent great internal disease, for which it serves as a vicarious chief symptom, lies at the root of it.

“If we now do as is usually done and burn off the chancre, or apply some locally destructive and dispersive remedy, or even the black oxyde of mercury, then it usually happens that this local symptom of the internal venereal disease is at once destroyed, but to the patient's injury.

“In that case the general condition remains not only just as venereal as when the chancre was present, but the internal and general venereal disease resents the loss of this chief symptom, which has hitherto served to arrest and modify the severity of the internal malady, by a gradual vivifying and intensifying of the other symptoms which previously lay dormant, and by the production of new evils of a much graver character than the suppressed chancre. The symptoms of the general disease break out sooner (buboes) or later (often after many months) as ulceration of the tonsils, as pustulous or eczematous eruptions, as flat, painless, round ulcers, as knotty growths on the uvula or nostrils, as periosteal swelling, with nocturnal pains, &c.

“None of those symptoms that are subsequently developed

are so distinct and persistent as the suppressed chancre was ; they are readily removed by the internal use of *Mercury*, but from time to time they either reappear themselves or give place to other venereal symptoms under one shape or another, and we are scarcely ever sure of the cure—the complete extirpation of the general disease. If we give too little of the medicine or unsuitable preparations of it, the disease will not be annihilated, but will in time break out afresh. But if we continue to administer these mercurial preparations for a length of time, in order to introduce a large quantity gradually into the system, because the acridity of these preparations in large quickly repeated doses would destroy the strength too rapidly, then, owing to the inconstancy of those symptoms, we can never know *when* or *if* the disease has been eradicated.

“In the mean time, by the long-continued use of such a powerful morbid agent as *Mercury* is, an insidious mercurial disease is added to the original malady, and the two unite to form a complicated, new third disease (commonly called *masked venereal disease*), which cannot be cured either by *Mercury* or by *Hepar sulphuris*, but which is aggravated by both the one and the other.

“On the other hand, if the important local symptom (the most permanent of all venereal symptoms—the chancre) is still present in its original and uninjured state whilst the internal treatment is carried out, and if it has not been treated by topical appliances (by the effort of nature it sometimes reappears in its original seat as a chancre after having been driven away by topical means, or when it has been partially destroyed it sometimes returns in that degenerated form called fig-warts, which now fortunately, as a local symptom, *i. e.* as a sure guiding symptom, can furnish the test of a complete cure when internal treatment alone is employed), it thus gets thoroughly cured in a most rapid manner, solely by the internal use of the most appropriate, most powerfully anti-syphilitic mercurial preparation, but never before the whole disease is completely eradicated. If by a *purely internal treatment* the chancre or the warts are at length cured, and their place is occupied by healthy skin, then the whole disease is indisputably eradicated.

“Of a similar character are the diseases which, as Brünings-

hausen observed, appear after the excision of old fatty tumours : as also the diseases on which old ulcers on the legs *always* depend ; when this important local symptom is suppressed by a desiccative or irritating topical application, a general, often dangerous affection is developed—and so with an immense number of other diseases, whose local symptoms ought only to be cured by the internal treatment of the totality of the disease without any topical applications, if we would proceed rationally to work. By the internal employment of a medicinal morbid agent accurately corresponding to the totality of the symptoms, the total disease being eradicated, its chief symptom, the apparently local affection, is naturally cured at the same time.

“ *Note 2.*—I may pass over here the mechanical and physical accessory measures in old local affections (employed at the end of the internal treatment of the whole disease) in order to raise the tone of the relaxed parts, such as cold foot baths, or the circular bandage, as adjuvants to the cure of ulcers of the legs, and several other like harmless external appliances.

“ § 175. Other diseases attended with local symptoms, when their important local manifestation is removed by topical appliances, frequently develop their other, mostly internal, sufferings and symptoms *suddenly* and *acutely* to a fearful height, often to a fatal extent. In these cases the local affection seems to be elevated by nature to the rank of a chief symptom, not merely, as in the case of the local diseases formerly described, which depend on a chronic malady, for the purpose of restraining the internal symptoms, but in order that it may, so to speak, absorb and vicariously substitute in a comparatively innocuous manner the other symptoms of the whole disease which would otherwise prove serious or even dangerous to life. Experience of the saddest character teaches how irrational it is in these, as in the former cases, to destroy the relatively beneficial local symptom.

“ *Note.*—The often most acute, frightful consequences of the local dispersion of many, especially long-standing cases of various kinds of itch, scald head, chronic eruptions, ulcers of the legs, &c., show how serious and important are the internal diseases lying at the root of their local symptoms (the itch disease, the ringworm disease, &c.), when they are deprived of their great local symptom which wards off the danger of their other symptoms before the internal disease has been cured. Then the

other symptoms, hitherto merely dormant and not to be detected without the most careful examination, often suddenly appear in their true original magnitude and severity; the mental weakness which was previously scarcely noticeable at once increases to mania, the slight cough, the scarcely perceptible asthma bursts forth as a rapidly suppurating pulmonary ulceration, or as an acute suppuration of the lungs; the hitherto hardly perceptible swelling of the feet quickly develops into general dropsy; the previously slight defect of sight and the little dulness of hearing increase to amaurosis and deafness before one is aware of it—that is to say, these diseases now appear in their proper form and magnitude as they would have been originally without a local affection to moderate their violence.

“It cannot be doubted that old local symptoms are always manifestations of serious internal diseases of that sort.

“It is mere superstition to attribute such violent diseases following the suppression of the local affection to a so-called recession of the morbid material into the interior of the body, whereby the internal disease primarily originates and out of which it is developed. No! it was already there when the local symptom was still going on, only it was hindered by the local symptom from bursting out in all its dangerous characters. ‘An apparently robust candidate, who had to preach the following day, and was on that account anxious to get rid of his itch, rubbed himself over one morning with itch-ointment, and in a few hours immediately after noon he was seized with anxiety, dyspnoea, and tenesmus, and died. The autopsy showed the whole lung distended with purulent infiltration (which could not possibly have been developed in those few hours, but must have been already present, only kept in abeyance by the local symptom of the eruption).’ Vide *Unzer's Arzt*, ccc, st., p. 508.

“On the other hand, the obstinate persistence, the frequently intense painfulness of the local symptom, which often plagues and torments even the most youthful and robust frame, shows how horrible and frightful the internal malady must be, for which it acts as a vicarious modifying substitute on the least dangerous part of the organism—to wit, its external parts.

“Are the often dangerous, sometimes acute, sometimes chronic affections, that appear after cutting off the diseased hair, aught else than the previously existing, though hitherto dormant

general plica polonica disease, which only woke into activity when it was deprived of the palliative subduer of the internal general disease, the vicarious local symptom, the plica polonica (that growing together of the hair degenerated from its roots into a sensitive morbid growth)? The same general disease of the body existed before the plica polonica appeared; it falls into abeyance when the plica polonica is developed, and expends all its violence on this local symptom; but, however long it may have been kept subdued by the undisturbed presence of this vicarious morbid growth, it is roused from its hitherto dormant state to its full virulence, when deprived of this chief symptom that acted as its almost complete substitute, when the diseased hair is cut off close to the head.

“ § 176. Fortunately the spontaneous activity of the organism sometimes reproduces on the same place the local symptom artificially destroyed. It is seldom that this restoration can be effected by artificial means. Even inoculation is often unsuccessful, because it is rarely that the same local disease can be inoculated, but only some other apparently resembling it.

“ § 177. All such diseases can only be rationally cured by the internal administration of a medicinal anti-disease agent homœopathically corresponding to the totality of the symptoms (among which the local symptom, as being the most characteristic, occupies the chief place). When this is given internally and an appropriate diet and regimen enforced it is seldom necessary to have recourse to the simultaneous topical application of the specific remedy.

“ *Note.*—Different diseases demand different modes of procedure. For example, it is most injudicious to use topical applications to chancres, which have often a great tendency to yield prematurely to local remedies. It is safer to employ *Sulphur* externally to the itch of wool-workers when it has been almost cured by internal homœopathic treatment. The same is the case with the topical use of *Arsenic* in some kinds of facial cancer, when the internal employment of the same remedy has already been of use and has considerably advanced the cure of the local symptom.

“ § 178. The difficulty of the homœopathic cure of those *one-sided* diseases, to which the so-called local diseases particularly belong, consists, as I have said, mainly in this, that in them little

more than a single well-marked symptom is apparent, whilst the other symptoms which are required for completing this portion of the disease remain in the background, and escape the notice of the ordinary observer.

“§ 179. This difficulty is to be removed by a more acute and attentive investigation.

“§ 180. In order to effect this, when a patient complains of his few severe symptoms, but is incapable at the time of mentioning any others, the physician will do well to delay for some days his prognosis relative to the curability of the disease and his selection of a remedy; for, as such diseases are mostly of a chronic * character, this postponement will be of little consequence. He will then direct the patient to pay particular attention to all deviations of his health from the perfectly healthy state, be they ever so slight, in order that he may be able to give an accurate description of all his little and hitherto unnoticed symptoms.

“§ 181. He will then divert his attention from his local affection and direct it to the accessory ailments and symptoms, slight though they may be, and then become cognizant of particular symptoms, which, unless his attention had been specially directed to them, he might not have noticed in the presence of his more engrossing local malady.

“*Note.*—If the patient is obstinate, if he persists in saying that he cannot observe anything more, and insists on there being no delay in prescribing for him, then it is useful, in place of giving him medicine, to let him take some non-medicinal fluid for several days, and by this means we make him keep a sharper look-out for all changes in his feelings, for all signs, symptoms,

* “Almost the only acute local diseases are those called *metastases*—i. e. a local severe symptom, which nature strives in acute diseases to bring to the outside, to the least dangerous parts of the organism, in order to transfer to it, in great measure, the severity and danger of the internal general affection. Here also the local symptom is a vicarious substitute for the other symptoms. In this case, however, the totality of the symptoms is more easily apprehended, owing to their presence just before the occurrence of the metastasis, and taken together with the local symptoms, they furnish the complete picture of the disease, the sum total of the symptoms, with which the homœopathic remedy, *which must only be given internally*, must correspond, in order to effect a radical and rational cure. The mere suppression by topical means of the local symptom would in this case be very detrimental.”

and circumstances, not usually observed in health—an innocent deception which will scarcely fail to make us acquainted with most of his peculiar symptoms.

“ § 182. These smaller and greater peculiarities in the remainder of his health will help the physician to complete his picture of the disease; and careful inquiries into the condition of the various functions, minute observation of his appearance and of his whole behaviour, together with the information his friends can give about them, even when asked privately, will furnish us with the necessary complement and corroboration of what we have already written down.

“ § 183. Thus, the practitioner cannot fail to discover the complete complex of symptoms of the chronic disease, be it ever so obscure, in order to be able to select from among the medicines proved as to their morbid elements on healthy persons, one most similar to it, a homœopathic anti-disease power capable of overpowering the natural disease. Here, too, the peculiar and characteristic symptoms of the disease must be especially represented in the pathogenesis of the remedy.

“ § 184. If the first-chosen medicine really corresponds to the morbid symptoms in their full extent it *must* cure the disease; but if, owing to the insufficient supply of medicinal morbidic agents known in their positive effects on the healthy body, the selected drug was not sufficiently homœopathic, this medicine will cause new symptoms, which will guide to a choice of the necessary and serviceable remedy.

“ § 185. The *mental diseases* seem to present the next great difficulty in the cure; but, in fact, they are not more difficult to cure than other one-sided diseases among which they may be classed.

“ § 186. Nor do they constitute a class of diseases sharply separated from the others, for in all other diseases the moral and mental condition is *always* altered, and in *all* cases of disease that come under our care, of whatever kind they may be, the mental condition of the patient must be taken into consideration in the totality of the morbid symptoms as one of the chief symptoms, if we wish to perform a rational and homœopathic cure.

“ *Note.*—How often, for instance, in the most painful chronic disease of many years' duration, do we not find a mild gentle

disposition, so that the practitioner feels constrained to regard the patient with esteem and pity. But when he has conquered the disease and restored the patient to health (which by the homœopathic method he is often able to do in a short time) he is often astonished and shocked at the horrible alteration he observes in the patient's *morale*. He often sees ingratitude, hard-heartedness, malice, and the most degrading and revolting passions appear, which were just the mental defects that possessed the patient in his former healthy days.

“ One who in his sound state was a model of patience, often becomes when ill passionate, violent, hasty, sometimes intolerably capricious, and sometimes also impatient or desponding. We not unfrequently find a clear-headed person become stupid ; on the other hand, the usually weak-minded cleverer and more reflective, and the man of slow comprehension endowed with intellectual activity and quick resolution, &c.

“ § 187. So much is this the case that in our choice of a medicinal anti-disease agent the mental disposition of the patient is often our main guide, the characteristic sign that among all the symptoms is the one that can least escape the observation of the careful physician.

“ § 188. The Creator of remedial agents has bestowed especial care on this chief element of all diseases, the altered state of the mind and disposition, for there is no powerful medicinal substance in the world that does not effect a very decided alteration in the mental and moral state of the healthy individual, and *every medicine produces a different kind of alteration*.

“ § 189. Hence we shall never learn to cure in a rational and homœopathic manner if we do not in every case of disease attend to the symptoms of mental or moral alteration, and if we do not select for the cure such an anti-disease agent among the medicines which is able to develop a similar mental or moral state.

“ *Note*.—Thus, in a gentle, uniformly calm mental temperament *Aconite* will never effect a rapid or permanent cure, nor will *Nux vomica* in a mild phlegmatic disposition, *Pulsatilla* in a happy cheerful disposition, or *Ignatia* in a placid, equable disposition without any tendency to fright or anger.

“ § 190. I need not, therefore, say much respecting the cure of mental and moral maladies, as they must be cured in the same way as all other diseases, that is, by a remedy that reveals in

its symptoms (manifested in the body and mind of healthy persons) a very similar morbid power, and we know that in no other way can they be cured.

“ § 191. The so-called mental and moral diseases are little else than bodily diseases, in which the usual symptom of mental or moral disturbance increases with greater or less rapidity whilst the bodily symptoms decline, often presenting a striking one-sidedness almost like a local disease.

“ § 192. The cases are by no means uncommon where a so-called corporeal disease that threatened to be fatal—a pulmonary suppuration or the degeneration of some important organ, or an acute dangerous disease, such as occurs in the puerperal state, &c., develops by a rapid increase of the existing mental symptoms into mania, melancholia, or madness, and all danger from the corporeal symptoms disappears. The latter in the mean time give place to almost complete health, or rather they diminish to such a degree that their obscure existence can only be perceived by the most careful and minute investigation. In a word, they develop into a one-sided disease, into a local disease, as it were, in which the mental disturbance, which was but a slight symptom in the original disease compared with the other symptoms, increases until it becomes the chief symptom, while these to a great extent act vicariously for the other symptoms, modifying their violence in a palliative manner, just as we have seen was the case with the great main symptom in so-called local diseases.

“ § 193. Hence, in the investigation of the complex symptoms in those mentally affected as in that of local diseases (§§ 180, 181), there is required as much patience, a similar acute observing power, an equally careful discriminating faculty, and a like careful investigation of the other symptoms of the bodily health, together with an accurate appreciation of the peculiar character of their individual predominant mental and moral state, in order to enable us to discover among known remedies for the cure of the whole disease one which in its pathogenesis contains not only this mental and moral state, but as nearly as possible all the corporeal symptoms besides.

“ 194. In order to ascertain the latter it is useful to obtain an accurate description of all the phenomena of the preceding so-called corporeal disease before it is developed into a one-sided

exaltation of the mental symptom, into a disease of the mind and disposition.

“ § 195. A comparison of these past morbid symptoms with what still remains of them in an obscure fashion, will serve to convince us of the continued presence of the latter, and enable us to construct a characteristic symptom-picture of the disease.

“ § 196. If the mental disease arising out of the bodily malady is not yet thoroughly developed, and if some doubt still exists whether it may not rather be some fault of education, some bad habit or corrupted morality, superstition or ignorance, we may determine to which category it belongs in this way; thus, if to the latter it will yield to sensible persuasion, to reason, to consolation or earnest representation, whilst a real mental disease is at once increased by such means, melancholia becomes more retiring, malicious insanity embittered, silly talk more silly.

“ § 197. There are, however, mental diseases which have not been developed out of corporeal diseases, but, on the contrary, with only trivial derangement of the health, have their origin in the mind owing to persistent grief, vexation, anger, and exposure to fear and fright. Mental diseases of this sort will in course of time undermine the bodily health often to a great degree.

“ § 198. It is only mental diseases of this kind originating in the mind from external impressions that, while they are still recent and have not materially affected the corporeal condition, can be rapidly changed into a healthy state of the mind (and body) by psychical means, confidential, kind talk, rational arguments, and especially by well-concealed deceptions.

“ *Note.*—In mental and moral diseases developed out of corporeal disease, which are only curable by appropriate homœopathic medicines, the patient's friends and physician must carefully practise a suitable psychical behaviour towards the patient by way of mental regimen.

“ To furious mania we must offer calm courage and cool firm determination, to dolorous lamentations a pitying expression, to nonsensical chatter a not unobservant silence, to disgusting and repulsive conduct and talk complete inattention. We ought merely to endeavour to prevent violent and destructive acts, and restrain the patient without reproaching him, and we should manage so as to dispense with all corporeal punishment. For as

the mentally diseased have no responsibility they cannot be subjected to punishment. This is the more easy to carry out because, in the administration of medicines (the only case in which compulsion could be justified) according to the homœopathic method, the small doses of the suitable remedy are never repulsive and can be administered to the patient in his drink without his knowledge, so that the necessity of compulsion does not exist. Contradictions, zealous explanations, energetic corrections, and harshness are as injurious in cases of mental disease as timid yielding in the wrong place. But most of all is the disease aggravated by contempt, deceit, and trickery. *We should always keep up the appearance of crediting the patient with reason.* At the same time we should endeavour to remove whatever may disturb his mind or excite his passions; there are no amusements, no agreeable distractions, no instructions, no soothing influences for the soul languishing or fretting in the chains of a diseased body, except those which are conveyed to his spirit by the improvement of his health by means of the appropriate remedy.

“If the remedy chosen for the individual case of mental or moral diseases (for their name is legion) is quite homœopathically suited to the accurately ascertained morbid picture—which is all the easier, for the state of the mind and disposition as the chief symptom manifests itself as unmistakably characteristic—then the smallest possible dose often suffices to effect the most striking improvement in the shortest time, which was not obtainable during life by the strongest and repeated doses of all other unsuitable medicines. Nay, more, I can safely assert that the great advantage of homœopathic curative art over every conceivable method of treatment is nowhere more triumphantly shown than in mental and moral diseases of long standing, which have been developed out of, or have occurred simultaneously with, bodily diseases.

“§ 199. Nothing in particular need be said as regards the cure of all other diseases. They are all subject to the eternal invariable laws of homœopathy.

“§ 200. Having thus seen what circumstances in diseases of the most various kinds are to be considered in the selection of the homœopathic remedy, *we shall now proceed to the more special*

rules of the rational art of healing as regards the mode of employing the remedies.

“ § 201. Every observable *progress in the amelioration* of an acute or chronic disease, be it ever so small, is a condition which, as long as it lasts, absolutely precludes the further administration of any medicine whatever, for all the good the first medicine is capable of effecting is not exhausted. Every new dose of any medicine whatever will only interfere with the work of amelioration.

“ § 202. It is important to bear this in mind, as we cannot with certainty determine the *exact* limits of the duration of the action of any medicine. As long as improvement goes on after the administration of a medicine, so long must we infer that the action of helpful medicine lasts, at least in the case before us.

“ *Note.* Some medicines have nearly exhausted their action in twenty-four hours (the shortest period of the duration of any medicine with which I am acquainted, and but few have such a short duration); others do not complete their action under several days, some not under several weeks.

“ § 203. It sometimes happens that when the remedy has acted in an appropriate homœopathic manner, the improved condition is maintained even after the medicine has exhausted its action. The good work will not be interrupted if a second dose be not exhibited until several hours (in chronic diseases even until several days) have elapsed after the termination of the action of the previous medicinal dose. The portion of the disease already annihilated cannot in the mean time recur, and the amelioration will always remain distinctly visible for a considerable time, even though no fresh dose of medicine is given.

“ § 204. If the improvement from the first dose of the homœopathically indicated medicine will not eventuate in perfect health (as not uncommonly happens), then there occurs a period of cessation of improvement (generally coinciding with the limit of the duration of action of the medicine previously given). Until this period occurs it would be useless and irrational, indeed injurious, to administer another dose of medicine.

“ § 205. Even one dose of the same medicine that has hitherto proved so useful, if repeated before the amendment has come to a pause in all directions (this new dose having an anti-disease power no longer necessary), will only cause an aggravation; for a not

quite chronic disease readily susceptible of change, the first dose of the best selected medicine, after the expiry of its peculiar duration of action, will have effected all the good, all the appropriate alterations the medicine is *for the present* capable of effecting—the degree of health capable of being procured by its means for the present—and a second dose of it will alter this good state, consequently must do harm and produce a medicinal disease in combination with the rest of the symptoms of the disease, a kind of complicated and aggravated disease, and this it will do all the more certainly if the second dose be given before the expiry of the action of the first.

“*Note.* The neglect of this rule is generally punished by aggravation of the diseases, especially those of a dangerous character, or at least by a retardation of the cure.

“§ 206. When the improvement that has hitherto gone on, but not to perfect cure, comes to a pause, a careful examination of the improved disease will show such a changed morbid state, though perhaps affecting but a small group of symptoms, that a fresh dose of the former medicine will now be no longer suitable, but some other anti-disease agent will always be found to be more suitable to the remnants of the morbid symptoms.

“§ 207. If then the first dose of the best selected medicine has not succeeded in restoring perfect health in the period of the duration of its action (which it can generally do in cases of recent disease), then nothing better remains to be done for the remaining though much improved morbid condition than to give a dose of another medicine whose effects correspond as closely as possible to the remainder of the symptoms.

“§ 208. If before the expiry of the action of a medicinal dose the condition of an original disease be, on the whole, not improved, but rather (somewhat) aggravated—showing that the medicine selected did not correspond to the case homœopathically in its positive effects—a dose of a medicine accurately corresponding to the actual symptoms of the disease must be given, even before the expiry of the action of the medicine formerly administered.

“*Note.*—Now all experience teaches that no dose of a specifically appropriate homœopathic medicine can be prepared that shall be too small (§§ 132, 244) to effect a marked improvement in the disease for which it is suitable (if we except, perhaps, the venereal disease); therefore we should be acting wrongly

and hurtfully, if in the case of non-improvement, or even of some slight aggravation of the disease, we were to repeat the same medicine, still more if we were to give it in a stronger dose. Every aggravation by the production of new symptoms—provided nothing injurious has occurred in the corporeal or psychical sphere—*always proves only unsuitableness* of the medicine given in this case of disease, *but never that the dose was too weak.*

“ § 209. If the sagacious practitioner who is carefully observant of the morbid state notices in a serious case, after the lapse of six, eight or twelve hours, that the medicine he has given has been wrongly selected, and the condition of the patient is evidently getting worse from hour to hour, though it may be but to a small extent, then it is not only permissible, but it becomes his duty, to repair his error by the selection and administration of a remedy that is not only tolerably suitable, but that corresponds with the greatest possible accuracy to the actual morbid state. (§ 138.)

“ § 210. Even in chronic diseases it seldom happens, especially in the commencement of treatment, that there is nothing better to do than to give the same medicine twice successively, although the action of the first given may have expired.

“ § 211. But if one single specific thoroughly suitable medicine cannot be found, there will generally be one or two next best remedies for the characteristic original symptoms of the disease, one or other of which, according to the actual state of the disease, will best serve as an intermediate remedy, and though given alternately with the chief remedy it may not suffice to effect a cure, yet it will obviously advance the recovery much farther than the repeated administration of the chief remedy alone that was not perfectly suitable for the original character of the disease, though it was the most suitable that could be found among the remedies with which we are acquainted.

“ § 212. But should it be found that the best treatment is to administer the latter alone in successive doses (in this case its anti-disease power must be very similar to the chronic disease), then we shall find that it ought only to be administered in smaller and smaller doses—always after the expiry of the action of the previous dose—in order not to interrupt the amelioration, and to conduct the cure in the most direct manner to the desired end.

“ § 213. But as soon as the chronic disease has yielded to a

single thoroughly suitable (for the case specific) remedy, or to one nearly specific (along with the intermediate employment of the next best medicine), then, if the disease is of long standing, say ten, fifteen, or twenty years old, it will be necessary to repeat the chief remedy at intervals of one or several weeks during a quarter or half a year—but it must always be given in ever smaller doses—until all the tendency of the organism to the chronic malady has completely disappeared and is extinguished.

“*Note.*—The neglect of this precaution may bring the best treatment into bad repute.

“§ 214. The careful observer becomes aware of the right time for repeating the dose by the slight reappearance of some traces of one or other original symptom of the former disease.

“§ 215. But should we observe that this is not sufficient, and that the patient requires as large or even a larger and oft-repeated dose of the still suitable homœopathic remedy in order to prevent a relapse, this is a sure sign that the exciting cause of the disease is still present, and that there is something in the regimen of the patient or in the conditions in which he is placed that must be removed in order to effect a permanent cure.”

The two editions agree in the three next paragraphs, but the two following are not in the last :

“§ 219. As some of the symptoms caused by medicines in the healthy human body (as we learn from observation of their positive effects) appear some hours or even some days later than others, so the corresponding symptoms in diseases may not disappear until after the lapse of similar periods, even though the others have already gone ; this need not surprise us.

“*Note.*—For instance, mercury requires several days, and in some persons several weeks, to display its tendency to cause round ulcers with elevated, inflamed painful borders, and so when given internally in venereal disease it cannot cure the chancre in the first days of treatment.

“§ 220. If we have the choice we should prefer for the cure of chronic diseases medicines which have a long duration of action, but, on the other hand, for the cure of rapid acute cases, that is to say, in diseases which are naturally disposed to frequent changes of their condition we should choose remedies of a short duration of action.”

The following differ from the corresponding paragraphs of the last edition (§§ 269—271):

“ § 232. As every medicine acts most definitely and uniformly in solution the rational practitioner will give all medicines in solution when their nature does not expressly require that they should be given in the form of powder. All other forms besides these render the comparison of observations and the dose of every powerful medicine uncertain.

“ *Note.*—Animal and vegetable substances that can only be obtained in the dry state are to be pulverised and dissolved in a spirituous fluid, namely, in alcohol of fixed equal strength ; this is the only way to preserve them from destructive fermentation ; this solution contains their medicinal powers in the most complete manner. The flowery seeds of grasses and papilionaceous plants do not yield their medicinal powers to alcohol, so they must be used in the powder form. A few substances require for their solution nitrous ether or naphtha.

“ § 233. As the genuineness of metallic, saline, and other preparations of this sort cannot be unmistakably ascertained at the first glance, the rational conscientious practitioner will preside personally over their preparation.”

The following differs considerably from the corresponding paragraphs in the last edition (§§ 276, 283) :

“ § 237. If we give *too large a dose* of a specifically chosen medicine, thoroughly homœopathic to, thoroughly suitable for, the case of disease before us, it will, no doubt, act beneficially on the original disease, in spite of the unnecessary, excessive impression it makes on the organism by reason of its too great quantity and consequent violent action.

“ § 238. For if this stronger impression on the organism by the excessive quantity of the medicine, though corresponding very closely to the original disease, be too strong in consequence of the dose being stronger than necessary, then, besides the increased homœopathic aggravation (§ 132),* there occurs at the very least an unnecessary weakening after the expiry of the drug's action. If the dose was very much too large, then, in addition to the increased primary medicinal symptoms (§ 132),

* Corresponding to §§ 157—160 of last edition.

there occur also symptoms of its secondary action, a kind of medicinal after-disease opposite in character to the first.

“§ 239. Now, as hardly any remedy can be selected so perfectly homœopathic that it shall correspond with mathematical exactness to the totality of the symptoms of the disease (§ 131, *note**), the new symptoms belonging to the medicine, which are inconsiderable when the dose is sufficiently small, develop into serious affections of many kinds if the quantity of medicine given be much too great.

“§ 240. For these and many other reasons the rational practitioner (who always does what is best in his treatment, *because it is the best*, and will not suffer himself to be kept from doing it because it is opposed to the usual blind routine) will prescribe the only suitable dose of the appropriate remedy for the disease, which is scarcely able to excite an appearance of aggravation of the disease (§ 132), in other words, can hardly raise its anti-disease power in the slightest degree above the disease to be cured.

“§ 241. This apparent aggravation and increase of the disease present by the homœopathic remedy ought to be scarcely perceptible, and that only in the first few hours after its ingestion.

“§ 242. One of the main rules of the homœopathic medical art is the following: *the most suitably selected anti-disease power (the remedy) for the cure of a natural disease should be made only so strong that it shall just fulfil the design it is intended for, and not in the least irritate the body by needless excess of strength.*

“§ 243. Now, as the smallest quantity of medicine naturally causes the least irritation in the organism we should choose the very smallest that is a match for the disease.

“§ 244. Here experience *invariably* teaches that the smallest doses given on the homœopathic principle are always a match for the disease. For if the disease is not evidently owing to a considerable degeneration of an important internal organ *the dose of a homœopathically selected remedy can scarcely be so small as that it shall not be stronger than the natural disease, and be able to conquer it.*

“§ 245. The commonplace observer has no conception of the degree to which the sensitiveness of the body to medicines,

* § 156 of last edition.

especially to homœopathically employed medicines, is increased in diseases. This is well known to the careful observer. It surpasses all belief if the disease has attained a high degree.

“*Note.*—A patient ill of typhus, lying comatose with burning hot skin, bathed in sweat, with snoring, jerky, irregular respiration by open mouth, &c., will in a few hours recover his senses by the smallest dose of *Opium*, and in a few more hours will be restored to health, though the dose was a million times smaller than was ever prescribed by any physician in the world. The sensitiveness of the diseased or delicate body rises in some cases to such a height that it is acted on and irritated by external forces whose very existence is often denied because they manifest no conspicuous action on the healthy robust body, nor yet on many diseases for which they are not suitable. Such a force is animal magnetism (animalism), that power emanating from one body to another by means of certain kinds of touching or nearly touching, which produces a wonderful excitement in weakly, delicate, and sensitive persons of both sexes. How inconceivably small, then, may not the still always material doses of homœopathic medicine be made in order to produce wonderful excitement on such sensitive diseased bodies!

“ § 246. So every patient is highly sensitive to the suitable medicinal power, especially in the seat of his disease, and there is no man, be he ever so robust, suffering from even a mere chronic or so-called local malady, who will not soon perceive the desired change in the affected part, if he has taken the helpful and homœopathically adapted medicine in the smallest conceivable dose, who, in short, will not be much more powerfully affected by it, than would a healthy infant of but a day old.

“*Note.* Any comparison of this truth with the frequently monstrous doses of ordinary practice is out of the question. These (to give here some reasons, I shall have occasion to give others further on) seldom stand in any sort of homœopathic relation to the disease (in which medicines are infinitely more powerful to alter the health than when used in any other way), and they are generally given only in combination with other strong medicines, or other medicines of powerful action are administered simultaneously or alternately. When mingled together each medicine no longer acts in its own peculiar way, but is altered by the action of the second, third, or fourth ingredient of the

mixture. The medicinal powers of several drugs in a mixture neutralise one another to a great degree, so that they may often be taken without producing any great effect. A single one of these powerful ingredients, if it be genuine and retain its proper medicinal power, if given *alone* in the same dose would often cause a fatal result; a painful circumstance which physicians have silently and, as it were, unintentionally been led to guard against by rendering less dangerous the medicines unknown to them in their positive effects by the complex combinations of their prescriptions. This idea seems to have floated dimly in their minds in the employment of the expression *corrigentia*. Such being the case, it may almost be considered fortunate that many of the medicines used in ordinary treatment, especially the extracts, are generally rendered almost completely inert by their mode of preparation.

“ § 247. If he wishes to act in a really rational manner the true physician will prescribe his well-selected homœopathic medicine in just such a small dose as will suffice to overpower and annihilate the disease present—in a dose of such minuteness, that, if human weakness should ever mislead him into choosing an unsuitable medicine, the disadvantage of its unsuitableness in the disease will be diminished so as to be of little account. The harm done by the smallest possible dose is moreover so slight that it can easily be repaired and removed by the innate energy of nature and by the immediate counteraction of a more suitably selected homœopathic remedy, also in the smallest dose.

“ *Note.*—When I speak of the dose employed in homœopathic practice being the smallest possible, I cannot, on account of the difference in the power of medicines, give a table of the right measure and weight of the medicines. I will only remark that, according to the degree of our culture, we have different standards for estimating large and small, that to many the number of miles in the circumference of our little earth already appears something stupendous, and that one dare not talk to them of the quadrillions and quintillions of our earth's circumference which separate the innumerable suns from one another in infinite creation. We meet with persons of such limited intelligence that they are unable to appreciate anything they cannot hold in their hands, who do not estimate things according to their real indwelling power, but only by the gross scales of the retail dealer, with whom the

smallest weight of medicines is rarely under a grain, whilst the tenth of a grain seems to them quite absurdly minute.

“How can we think that men with such limited ideas of great and small can comprehend the necessary division and diminution of the doses of medicine required in homœopathy into the smallest portions of a grain? It would be in vain to expect it! Their limited intelligence turns giddy at the idea of calculations and divisions that were never heard of, never thought of, in the compass of their sphere of action. And yet it is only too true that in the infinity of creation all that weak man deems great, very great, is really far from great; all he deems excessively small is far from small. Analyse, if thou canst, the component parts of the organs of an infusorial animal, and thou art scarcely over the threshold of the minute things of creation. And what *power* does not each of the organs of an infusorial animal possess, whereby its tiny body is shortened, lengthened, and made to move with such amazing rapidity through fluids, not to speak of those, to us unknown, functions that subserve its life, its destiny, its enjoyments, and its reproduction! What immeasurably great energy in those parts which appear to our limited intelligence so small! Short-sighted man! how wilt thou impose bounds to the wonderful, almost spiritual, powers of medicines, fix the weight according to thy gross standards, below which they shall cease to possess any efficacy?

“It lies in the very conception of *division* that no part can be made by us so small that it shall cease to be *something*, and that it shall not possess *all* the properties of the whole. If this smallest possible part were still as powerful as thou needest for thy purpose, why wouldst thou make it larger than thou requirest out of deference to traditional prejudice and to men conversant only with defective standards of measurement?

“And why should medicinal agents be given in larger doses when the smallest possible quantities suffice to effect the most rapid and most permanent cures of diseases when given according to the homœopathic principle? Why should we hesitate to admit the power of such small, yet always material, doses of homœopathic remedies, though they may be of the smallest calculable weight, when we see that the most powerful anti-disease forces are quite imponderable, and yet these imponderables exert a powerful influence on the health of human beings?

Who does not know the medicinal powers of cold and heat? Who is ignorant of electricity and galvanism? Who will deny the heroic, often too energetic, powers of animal influence (animal magnetism) to alter the health of human beings? And what is superior to the mighty anti-disease potency of the magnet in a number of diseases, as clearly proved by the united testimony of a great number of acute and honest observers? The magnet whose incessantly out-streaming imponderable matter is not cognizable by any of our senses, yet effects great changes in the health of even the most healthy persons, as may be proved by any one who will apply the north pole of a large magnet capable of attracting ten or twelve times its own weight to any part of his body for an hour, or as we may learn from the recorded experiments of trustworthy observers on healthy persons. (See Andry and Thouret, *Beob. und Unters. üb. d. Gebr. d. Magn.*, Leipz., 1785, p. 155.)

“ § 248. The fact that a certain homœopathically chosen medicine overpowers and extinguishes the morbid state for which it is suitable, by generally not much more than one single dose, and that any unnecessarily stronger dose affects the body more than is required, explains that important universally applicable maxim: that every division of the dose (distributed over several periods of administration) acts much more powerfully than when the whole dose is taken at once.

“ § 249. Eight drops of a medicinal tincture taken in one dose have four times less effect than those eight drops taken in eight doses of one drop each every hour or every two hours.

“ § 250. If we employ dilution in addition (whereby the dose is spread out over a greater extent) we may easily increase the effect to an excessive degree. The effect, however, will vary in no inconsiderable degree according to whether the mixture with a fluid is a mere superficial one, or is so uniform and intimate that the smallest portion of the fluid shall have received a proportionate quantity of the dissolved medicine; in the latter case the action is much more powerful.

“ § 251. Thus, a single drop of the medicinal tincture *intimately* mixed with a pound of water by *strong* shaking, and taken every two hours in doses of two ounces, will act four times as powerfully as eight drops taken at once.

“ § 252. From this last maxim of experience—that the power

of the fluid medicine is palpably increased the larger the volume of the fluid is with which it is intimately mixed—it follows incontestably that, in order to make the dose of the homœopathic remedy as small as is possible and requisite, it must be given in the smallest possible volume, so that as few nerves as possible may be touched by it when it is ingested.

“*Note.*—Hence the uselessness and disadvantage of drinking after taking a dose purposely made so small.”

The following paragraph, which is represented in a very condensed form by § 292 of the last edition, shows that Hahnemann in 1810 thought more of the administration of medicines by other ways than by the mouth than he afterwards did.

“§ 258. On the other hand, the outer parts of the body covered with skin and epidermis are less adapted to take up the medicinal power, still some of the most sensitive parts (the skin on the scrobiculus cordis and the bends of the joints) are more susceptible to the impress of medicines on the nerves and through them on the whole of the rest of the organism, but to a much less degree than when the same medicines are given by the mouth or injected into the rectum.”

The paragraph corresponding to the next terminates the second edition. The last edition practically ends with the paragraph corresponding to § 258 of the first, for the two terminal paragraphs are all about animal magnetism, which always seems to have interested the author, as we find a good deal about it in the paragraphs we have quoted from the first edition. From § 258 to the end of the first edition the paragraphs are peculiar to this edition, but the substance of those referring to palliation occurs in an earlier part of the second and last editions. However, it is interesting to read them in the original form, so we translate them here.

“§ 259. In cases, therefore, where we are prevented giving the necessary medicine by the mouth (if the appropriate medicine remains *only in the mouth* and cannot be swallowed, it nevertheless produces its *full* effect on all the other organs), or when we are unable or unwilling to introduce it by the anus, in such cases by merely laying the dissolved medicine on the most sensitive of the

external parts, *e. g.* the abdomen, the scrobiculus cordis, &c., we shall produce almost as much effect as giving it internally ; but for this purpose we require to use a stronger medicinal preparation and cover a large surface with it, and if we wish still further to increase the strength we must rub it in or even administer the medicine (in larger quantity) in a half or a whole bath.*

“ § 260. Among the causes which have given rise to the use of large doses in ordinary practice, the palliative employment of medicines is particularly prominent.

“ *Note.*—The utter antagonism of the palliative and the homœopathic methods is shown in this, among other things, that the former requires the largest possible, the latter the smallest possible doses.

“ § 261. In the *palliative employment* of medicines, which is the exact opposite of the homœopathic art, it was attempted by means of some known symptoms of medicines to drive away some exactly opposite symptoms of the disease.

“ § 262. As nothing similar to the actual morbid state (as happens in the homœopathic method) but something exactly opposite to it is produced by this system in the organism, we do not find in this palliative treatment the least trace of a primary (apparent) aggravation of the morbid state such as occurs in the homœopathic treatment (§ 132), but, on the contrary, an almost immediate diminution of the disease. The patient feels much relief within a few hours after taking the palliative; this *never* occurs after taking the homœopathic medicine.

“ § 263. Whilst in the homœopathic treatment *the whole morbid state* is overpowered, extinguished and *annihilated* in the organism by the very similar artificial anti-disease power of the specific remedy in a short time (only not in the first hour, but gradually and progressively from hour to hour); in palliation, whose rule is *contraria contrariis curentur*, a single morbid symptom is quickly *allayed* merely, by the exactly opposite symptom belonging to the medicine. The rationale of this is, perhaps, that the opposites neutralise one another dynamically (but only for a time) by a sort of mutual amalgamation, and in this way lose their influence over the organism *as long as the action of the opposite medicinal symptom lasts.*

“ § 264. At the commencement of palliative treatment the

* The note to this paragraph is retained in the last edition as a note to § 292.

malady seems to have disappeared, but it is not removed, not extinguished; as soon as the opposite action of the palliative ceases to act and has exhausted itself, which happens in a few hours or days, it returns, not only in equal intensity, but even increased by the accession of the after-action (secondary symptoms) of the palliative, which being the opposite of the primary effects, very much resembles the original symptoms of the disease, and thus, as an addition to these, essentially and permanently aggravates them.

“§ 265. In striking contrast to the homœopathic curative process, the patient feels himself much relieved in the first hour of the palliative employment of medicines, less so in the second hour, still less so in the third hour, and so on, until, after the expiry of the opposite primary action of the medicine, the secondary action sets in, and then the patient feels worse than before he took the palliative.

“*Note.*—As the addition of a new disease to an already existing one possesses exactly the nature of a medicine, and we can employ such a disease when its symptoms resemble those of the existing disease as a perfectly homœopathic remedy, and can by its means annihilate and extinguish the older disease (§§ 28, 30, 36), so we can also wrongly employ diseases as palliatives, as has occasionally been done.

“Thus Leroy, who knew nothing about this difference and its significance (*Heilk. für Mütter*, p. 383), imagined he could remove scrofulous induration of the glands all over the body by inoculation with variola. On the outbreak of the pocks all the glandular indurations immediately disappeared; but six weeks afterwards—the palliative suspension of the old disease did not last longer—all the indurated glands *reappeared*. And it was quite natural that they should, as the glandular indurations which occur from variola are not among its primary effects, that is to say, not in its acute stage, but in its after-disease (secondary action), consequently they cannot homœopathically cure, remove, and annihilate glandular indurations already existing in the body.

“§ 266. In order to renew the delusive amelioration, it is necessary to repeat the palliative in stronger, often very much stronger, doses, because each fresh dose has, in addition to the symptoms of the disease, to counteract the aggravation of the

morbid state caused by the secondary symptoms of the previous dose.*

“§ 267. Without an increase of the dose of the palliative, the (temporary) amelioration is always slighter, at length unobservable and not at all, and then ensues an ever-increasing aggravation of the morbid state.

“§ 268. Every medicine that only ameliorates in ever stronger doses (its action being the opposite of some main symptom of the disease) is a palliative.

Note.—The irritational character of palliative treatment is self-evident, as the patient requires not an illusive *temporary amelioration, which in the sequel aggravates the malady*, but a radical cure, and it is also defective on this account, because it is only capable of combating a single symptom, often only a twentieth part of the sum total of the morbid symptoms; that is to say, it acts only symptomatically, and therefore not effectually.

“And yet it was to some extent fortunate that the symptoms peculiar to the medicines were but imperfectly known, otherwise an all too frequent misuse of them for combating opposite states might have been made. Only a few operations of this sort were practised: habitual tendency to sleepiness was treated with coffee; diarrhœas, even those of a chronic character, with the primary constipating power of opium; sleeplessness, often of long standing, with the stupefying, soporific action of this drug; and all conceivable kinds of pain with the stupor and insensibility with which this substance enwraps the whole sensorium; a tendency to constipation was sought to be relieved by strong doses of purgative medicines and laxative salines that excite the bowels to frequent evacuations; a diminished heat of the blood and so-called weakness of the stomach were sought to be remedied by heating spices and alcoholic drinks; chronic nasal catarrh by sternutatories; the inflammation caused by burns was attempted to be checked by cooling applications; heat of all kinds was treated by bloodletting; paralysis of the bladder, even in chronic cases, was sought to be roused into action by cantharides, which have such an irritant effect on the urinary organs; chronic paralytic affections of various sorts were endeavoured to be dis-

* “A striking instance of this may be seen in J. H. Schulze’s *Diss. qua corporis humani momentaneorum alterationum specimina quaedam expenduntur*, Halæ, 1741, § 28.”

pelled by electricity and galvanism, which in their primary action set the muscles in motion, &c. But how seldom health, how often an increase of disease, or something even worse, was attained by these means, experience often taught when too late.

“§ 269. Only in cases of imminent danger, *e.g.* in asphyxia and apparent death from lightning, from suffocation, frost-bite, &c., is it allowable and advisable to rouse the sensibility and irritability (the physical life), *e.g.* by slight electric shocks, by strong coffee, by pungent smelling salts, &c., until we can, when required, resort to homœopathic remedies. To this category belong the various antidotes to sudden poisonings.

“§ 270. A homœopathic medicine has not been wrongly selected for the cure of a disease, even though some of the medicinal symptoms have only a palliative correspondence with some of the smaller symptoms of the disease, provided the others, especially the stronger, peculiar, and characteristic chief symptoms of the disease are homœopathically covered (by similarity of symptoms) by the same medicine.

“§ 271. In such a case none of the disadvantages attending the ordinary one-sided palliation of a single morbid symptom are met with. A perfect cure without accessory sufferings or after-pains ensues. But this occurs in such a manner that the symptoms which are here encountered by the contrary symptoms of the medicinal substance (*i. e.* in a palliative manner) do not generally go off until the action of the medicine has completely ceased.

“*Note 1.*—Another very common plan of administering medicines in ordinary practice, which has produced and kept up the delusion as to the necessity of large doses of medicine, is, by strong medicines, to excite in the organism irritations of a different character (neither analogous nor opposite), in order, as it were, to overpower the disease by the violence of the medicinal storm. As long as the differently-irritating medicine maintains the organism, or one part of it in particular, in a strong different morbid disposition, the original disease remains in abeyance, but immediately reappears when the patient leaves off taking a medicine of this sort. Most of the so-called revulsive treatment comes under this category.

“Thus, for instance, when the ordinary practitioner com-

mences to attack the itch with purgatives the itch commences to disappear from the skin; on carrying on the purgation further it almost entirely quits the skin, and remains away just as long as the purgatives keep the bowels very ill, more ill than the itch usually makes the skin. But when the practitioner is at last forced to leave off his purgatives the eruption returns in full intensity upon the skin, because no disease can be cured by a different morbid irritation, but merely (almost as in the case of palliatives, only not so rapidly and much more violently) suspended and *kept in abeyance* during the time that the superior force of the unsuitable artificial irritation prevails (§§ 22, 24, 26, 27). Setons, issues, exutories, &c., act in this way.

“*Note 2.*—The rational physician who practises the homœopathic art will very seldom have occasion to employ this revolutionary method of causing evacuations upwards or downwards, except when quite indigestible or hurtful foreign substances have got into the stomach or bowels.

“Besides this it is occasionally necessary to use some undynamic remedies. Such are fatty substances, which loosen the connexion of the fibres and their density, as it were, mechanically or physically; tannin, which condenses the living as it does the dead fibre; wood charcoal, which removes the fœtor of unhealthy parts in the living body, as it does that of lifeless things; chalk, alkalies, soap, and sulphur, which are capable of chemically decomposing, neutralising, and rendering innocuous the acrid acids and metallic salts in or on the human body, and acids and alkalies which are able to dissolve various kinds of calculi in the bladder; such also are the physically destructive actual cautery, the chemically corroding caustics of various kinds, &c.—not to mention the merely reducing, but seldom rationally applicable, blood-letting, leeches, &c.”

This brings our restoration of the differentia of the first edition to an end, and the reader who has taken the trouble to examine the paragraphs peculiar to the first edition, and to compare them with the corresponding portions of the last edition, will, we think, join us in thinking that the afterthoughts of the great medical reformer were not always an improvement on the original ideas. The chief doctrinal differences in the first as compared with the last are these:

the first edition contains no allusion to the great psora theory which exercised such a powerful influence on homœopathic practice, not always, it must be confessed, a salutary one. It is free from the theory of dynamisation or increase of potency in medicines by the processes of succussion and trituration, which Hahnemann afterwards insisted on so dogmatically, and which has, in our opinion, exercised such a pernicious influence on homœopathy both within and without, for while it has proved an everlasting subject of contention among the adherents of the homœopathic treatment of disease, it has led to the extravagances of the high-dilutionists, through which the minds of a number of estimable and industrious colleagues have been diverted from the cultivation of the essential points of the true medical art into the barren field of excessive attenuations of medicinal doses, and has repelled many from an examination of the great reforms of medical practice introduced by Hahnemann. The true explanation of the apparent increase of power by dilution is, it seems to us, well stated in § 250 of the first edition, where it is ascribed to the greater extension of the dose by its intimate mixture with a non-medicinal excipient, and to this extent all "rational" practitioners of homœopathy will go with Hahnemann. It is worthy of remark and significant that in subsequent editions of the *Organon* Hahnemann has carefully eliminated the term "rational" as applied to the practitioners of his system, by which omission he has almost seemed to imply that his followers are required to accept his doctrines as though they were the revelation of a new gospel, to be received as such and not to be subjected to rational criticism. The first edition makes no attempt to set up a standard of dose for every medicine, but justly says that as medicines vary so much in power, it is impossible to fix a uniform dose for all. This, his original doctrine, is almost universally held by his modern followers, who have rejected with almost complete unanimity his subsequent dogmatic assertion that the 30th dilution was the appropriate dose for all medicines. The first edition does indeed state that the dose should be the smallest possible in every case, but he admits an exception

with regard to the dose of *Mercury* in syphilis, and experience has shown that many more exceptions to this uniform standard of dose have to be made if we would obtain the full advantage of the homœopathic application of medicines. The concluding note of the first edition seems to show that Hahnemann at that period had not yet denied the occasional necessity of such heroic remedies as the actual cauterly, caustics, and blood-letting.

The reader cannot fail to notice that at the early period of the publication of the first edition of the *Organon* Hahnemann enforced his doctrines with a dogmatism and exclusiveness that must have been very repugnant to the minds of his contemporaries, and that he denounces the practice of the physicians of his own and of former times in a style that must have been very offensive, and tended to embitter their feelings towards him in place of attracting them to an impartial examination of his reforms. This asperity in the criticism of the prevalent medical practice was not softened, but, on the contrary, increased in his later writings, and is all the more regrettable as it tended and still tends to make the controversy respecting homœopathy more an affair of denunciations and recriminations than of calm inquiry into the scientific truth of a new system of medical practice.

A word in conclusion in regard to the literary style of the work. Hahnemann's sentences are very involved, tautological, and pleonastic, but this is evidently owing to his excessive straining after accuracy, and his endeavour so to frame his phraseology that no two meanings could be put upon it. This leads him to load his paragraphs with endless repetitions, which, while they detract from the agreeableness of his literary art, prevent the reader from making any mistake as to his meaning, and this, perhaps, is an advantage that more than counterbalances the want of elegance and the offence to literary taste.

CAUSES OF PROFESSIONAL OPPOSITION TO HOMŒOPATHY.

By FRANCIS BLACK, M.D.

DR. POPE in his able address to the Congress, held in September, 1877, at Liverpool, appears to me to have overlooked some important points in the history of homœopathy. He says :

“I maintain, and I hope to be able to prove to you to-day, that the opposition which has been persistently levelled against homœopathy in this country during the last fifty years has had nothing whatever to do with the alleged intolerance either of Hahnemann or his early disciples.”*

In proof Dr. Pope gives a sketch of the introduction of homœopathy into this country, and the kind of reception it met with at the hands of the profession, and in these instances he finds no intolerant symptoms operating.

Let me refer those who are interested on this point to Dr. Dudgeon's very able and comprehensive *Lectures on Homœopathy*. In his introductory lecture he gives a very clear biographical sketch of Hahnemann. He bears willing testimony, as I cordially do, to the genius, the perseverance, the industry and generosity of our great master, but true to history he has to confess that Hahnemann was intolerant. He gives instances of this spirit of intolerance, and he concludes :

“I am of opinion that it would have greatly contributed to the more general adoption of homœopathy had Hahnemann been more a man of the world, and had he taken into his confidence some of those of his followers who were distinguished for their independence of thought and proficiency in the medical sciences. Homœopathy would in that case not have presented such a harsh contrast, and stood in such violent antagonism to the old system of medicine ; for what was good and true in the latter would

* *Month. Hom. Rev.*, Oct., 1877, p. 591.

have been adopted and amalgamated with the reformed system to its advantage" (p. xlv).

I would quote another instance. At Magdeburg in 1836 a Congress was held of medical men practising homœopathically; they resolved, in order to explain to unprejudiced opponents the actual and essential points of difference subsisting between the two schools, to draw up a series of resolutions. Those were very ably expressed by Dr. Paul Wolf in the shape of eighteen theses, and they were unanimously adopted by the meeting. The sixteenth thesis is intended to meet the exclusive views and expressions which had been enunciated by Hahnemann in his *Organon*, and pressed with intolerant zeal by some of his followers to the detriment of the therapeutic reformation.

"We cannot consider a wholly derogatory estimation of every other method than our own as the necessary consequence of our adherence to the latter. The healing art is so far from having attained to a state of perfection that no school has the right wholly to despise or reject the other. We recognise the old method as a grade of advancement in the healing art, but according to our conviction as more imperfect than our own; nevertheless, we do not believe that we can yet wholly dispense with individual remedies furnished by the old method. We will not assert, for example, with respect to bleeding, that under all circumstances it can be avoided."

Turn now to a series of hostile and bitter criticisms which appeared between 1842 and 1853 in the Edinburgh medical press; in these the intolerant language used by Hahnemann and by some of his followers was a feature inviting attack. I know personally that in discussions in the Edinburgh medical societies Dr. Russell and myself had frequently to defend ourselves against the imputation of intolerance. The expressions complained of in these reviews and at these meetings were, *e. g.* "universality," "unerring," "eternal and infallible law," "sole law of cure." Though difficult to justify the above terms, no candid inquirer could think them sufficient to bar the examination of the homœopathic law, but they unfortunately offered a

tempting ground for the unfriendly critic who could use them, and too often successfully, in stimulating the prejudice of those who were not desirous to be disturbed in their medical faith.

We, as firm believers in the homœopathic law, could readily excuse the indefensible assertions of our great master; we know it is natural and almost unavoidable that great discoverers and great reformers do apply their views somewhat beyond their true province. We could explain that the law is "infallible" in the sense that it cannot fail when all the conditions necessary for its application are present; and "universal," that is having no exception in as far as experience of it has gone, when the circumstances necessary for its application have been complied with. But all such defences as showing Hahnemann's proper meaning were worthless; explain as we pleased, we found that such expressions coupled with the severe denunciations of ordinary practice did stimulate prejudice and turn hearers and readers aside from further examination. They were too glad to meet with so ready an excuse at the very threshold of inquiry. It was prejudice, not evidence, but nevertheless the cause of homœopathy was injured. "He whose assertion goes beyond his evidence owes this excess of his adherence only to prejudice; it is not evidence he seeks, but the quiet enjoyment of the opinion he is fond of with a forward condemnation of all that may stand in opposition to it, unheard and unexamined."*

I cannot agree with Dr. Pope that the intolerance of Hahnemann and his disciples has not been a factor in professional opposition. I gladly admit that the writings of the present generation do not as a rule give offence in this direction, yet the element of partisanship still occasionally crops up. The knight of old proved his deep affection to his lady love by assuring her "I could not love thee so well did I not love honour more." Do we always speak and think of homœopathy as dear to us because we love medicine more. As of value, not because it is our opinion, not because it is our

* Locke on the *Human Understanding*.

mode of livelihood, but because it is a precious addition to medicine. Is it homœopathy or medicine we serve? Do we not sometimes merit the observation, "they converse but with one sort of men, they read but one sort of books, they will not come in the hearing but of one set of notions; the truth is they canton out to themselves a little Goshen in the intellectual [medical] world, where light shines and as they conclude day blesses them; but the rest of that vast expansum they give up to night and darkness and so avoid coming near it."

I now turn to another passage where, I think, Dr. Pope has conveyed an erroneous impression.

He says: "In 1846, the late Sir John (then Dr.) Forbes published in the *British and Foreign Medical Review* that well-known article 'Homœopathy, Allopathy, and Young Physic.' This was the first, and even now it is with, I believe, but two exceptions, the last occasion on which homœopathy was adversely reviewed by one possessing some degree of theoretical and literary acquaintance with it.

"With the tone of this article, with the manner in which the character and labours of Hahnemann were reviewed, no homœopathist could do otherwise than feel satisfied. Nay, more, the appearance of a critique, evidently written in a spirit of fairness, gave us hope that at last we were likely to be met in a manner which would compel honest enquiry—an enquiry which would ensure the triumph of truth over error. But what was the result? Sir John Forbes was driven from his editorial chair; he had ventured to criticise homœopathy with a degree of fairness and honesty which the medical profession of that day refused to endure" (loc. cit. p. 595).

The minor error in this statement is that Dr. Forbes was driven from his editorial chair because he had ventured to criticise homœopathy with a degree of fairness and honesty which the medical profession of that day refused to endure. The subscribers to the *British and Foreign Medical Review* rapidly dropped off because Dr. Forbes had ventured to say of ordinary practice that "it was so bad it could not be worse," because he advocated the cause of

young physic, the necessity for therapeutic reformations, and the study of disease undisturbed by any medication.

It was the following conclusions as to ordinary practice which roused the indignation of the subscribers to his *Review* :

“1. That in a large proportion of the cases treated by allopathic physicians the disease is cured by nature, and not by them.

“2. That in a lesser but still not a small proportion the disease is cured by nature, in spite of them; in other words, their interference opposing instead of assisting the cure.

“3. That consequently, in a considerable proportion of diseases, it would fare as well, or better, with patients, in the actual condition of the medical art, as more generally practised, if all remedies, at least all active remedies, especially drugs, were abandoned” (p. 257).

Dr. Pope's major error is the statement that Dr. Forbes' review was such that “no homœopathist could do otherwise than feel satisfied!” This is Dr. Forbes' summing-up of homœopathy: “*We still adhere to ALLOPATHY. In doing so we consider that though we are embracing a system extremely imperfect, we are at least embracing one which, with all its faults, contains a considerable amount of truth, and a yet greater amount of good; and which, above all, is, or may be made, in its exercise, consonant with the principles of science, and is capable of indefinite improvement; while in rejecting homœopathy, we consider that we are discarding what is, at once, false and bad—useless to the sufferer and degrading to the physician.*”

Can any epithet be more opprobrious than “degrading”? This review, on its surface so plausibly fair, is to my mind the most insulting in its terms, and the most injurious in its effects that has yet been written. Such were the opinions of myself and other colleagues actively engaged in the practice of homœopathy when this review appeared, and now a reperusal revives and confirms all the unfavourable impression. Who can rest satisfied with the charge that his practice is bad, false and degrading? This review added

70 *Causes of Professional Opposition to Homœopathy,*

to the confidence of the medical sceptic, and it effectually damped inquiry at the hands of many medical men who were becoming conscious of the presence of homœopathic cures. It greatly neutralised the gain to be naturally anticipated on the conversion of so able and so practical a physician as Dr. Henderson. The same views as given in this article are still current in the present day in the action of our opponents. A cure occurring under homœopathic treatment very rarely excites any interest in their minds, and if it attract any attention it is readily dismissed as attributable to a system which leaves diseases to the operation of nature. If by chance a stray remedy attracts attention, then it is adopted and empirically employed, the homœopathic law being ignored as false, or if the similarity be alluded to it is regarded as a mere coincidence, bearing no relation as cause and effect. So that the great fundamental change which homœopathy has wrought, greater by Dr. Forbes' admission than any previous system since the days of Galen, is viewed by the most cultivated of our opponents, simply as a grand natural experiment in therapeutics.

As true scepticism is the spirit of scientific progress, so to the therapeutic sceptic might we naturally look for sympathy, but the views current in this Review at once damp inquiry or deflect it into another channel. Into this latter course our best and most prominent remedies are gradually appropriated with little or no acknowledgment of the law round which they cluster and which gives them their value. They become the acquisition of simple empiricism or at the best their utility is explained in a non-homœopathic sense.*

* In a series of very interesting articles by Dr. Rabagliati, of Bradford, he maintains that the law of similars may be phenomenally true, but is only so phenomenally. Commenting on Dr. Lewis's observations on the influence of various alkaloids on the generation of animal heat, he says, "Had Dr. Lewis been less careful in his observations, he would have said that chloral caused a great increase in heat-formation. Some medical practitioner would have 'discovered' that small doses of chloral lowered the temperature, and would have attributed the success of his treatment, which would doubtless follow, to the truth of the Law of Similars. He would, however, only have proved his

In this country and throughout Europe we are undergoing a steady process of absorption into ordinary medicine. How then can we while we have the opportunity still more effectually to leaven therapeutics? How can we while we rejoice with Dr. Hughes in the prospect of losing all we have of separateness in name and position leave our mark on therapeutics?

“My only dread would be lest our method should suffer in the process of amalgamation—should be shorn of its integrity, and remain only in the specific remedies which it has up to this time discovered. Believing that its loss would be a disaster alike to medical science and to humanity, I plead for this fuller carrying out of its developments in own carelessness in not noticing that ‘both small and large doses of chloral have the double action, first, of lowering, and, second, of elevating the temperature,’ this twofold and contrary action being possessed by all remedies.”—*The Practitioner*, Nov., 1877, p. 330.

Under this aspect it is to be hoped the profession may be induced to prosecute the inquiry—“Are there therapeutic laws?” I believe the view presented by Dr. Rabagliati may tempt many to examine who now reject all evidence coming from the homœopathic side; they may discover, as Fletcher long ago stated, that the apparent or phenomenal similia are the true contraria, and thus the practical formula still remains *similia similibus curantur*.

The eclectic view is a favourite one with many, and is thus expressed by Dr. Dobell in the sixth edition of his well-known work on Diet and Regimen, p. 10—“Every honest and intelligent practitioner of rational medicine knows that there are remedies of unquestionable potency, the action of which could never have been discovered by any such dogmas as *contraria contrariis curantur* or *similia similibus curantur*. On the other hand, he knows that there are remedies the action of which may appear to be explained by one or other of these principles, but that the more intimately we become acquainted with the occult properties of medicines and the occult physiology of diseases, the more plainly do we see that these apparent explanations of the *modus operandi* of remedies are absurdly superficial and incorrect. He will not then refuse to benefit his patient by the use of the one remedy because he cannot explain its action, or of the other because it appears to act by similarity, or of a third because he thinks it acts by contrariety. Again, he knows that the same disease may assume such different phases, in different constitutions, at different times, and in different places, that in one case it may require stimulation, in another depletion; that at one period of the same case water treatment may be advisable, at another gymnastic, at another mechanical, at another climatic. And he claims these, and all other means beneficently placed within our reach which can protect health or benefit the sick, as the legitimate weapons in the armoury of rational medicine.”

which its distinctive nature is and will remain unmistakable.”*

To carry out this great end we must ever bear in mind the cardinal point in Dr. Forbes' review that many, yes, the greatest number of diseases, are curable wholly independent of drugs. Such a fact must be clearly admitted and steadily remembered, for its neglect weakens and invalidates much of what we flatter ourselves to be drug results. The neglect of it encumbers our field of posology, yielding crops of the wildest and most unscientific produce. Until some such curb is put on our inquiries the very difficult question of dose remains an opprobrium to us, and proves very repellent to the most thoughtful of our opponents; the *post hoc, propter hoc* is of all guides the most deceitful in examining the question of dose, and clinical results.

To make our leavening enduring we must carefully guard against empirical routine; it saps the roots of specific medicine. Generalise as much as we please the disease, but individualise the patient.

If we are desirous to influence the medical body we must labour in a scientific and catholic spirit, “each animated” (as Dr. Pope wisely says) “with but one purpose, each rising superior to the views his previous investigations have led him to confide in, each prepared to regard impartially the new lights evolved by deeper and yet deeper research, both

* The whole of Dr. Hughes's admirable paper read to the Congress, “The Two Homœopathies,” is most interesting as bearing on the question of professional opposition. I wish at present to quote his excellent advice as to one great feature of the dose—“If I may give a word of counsel to those whose position I have now been surveying, it would be that they should follow up their own tendencies to the full by testing the capabilities of the mother tincture. Every now and then our brothers of the old school borrow a bit of practice from us, and (though sometimes the reverse is true) by giving larger doses than we have been accustomed to employ they outdo us with our own weapons. We cry out, ‘This is homœopathy; we have been giving such a remedy for years past.’ It is true; and yet we have never got such results from it. Recent communications on the use of *Phosphorus*, *Silica*, and the alkaline sulphides illustrate what I mean. It is a pity that we should leave such developments of our principle to those who oppose and reject it, when we are ourselves placed on such vantage ground for instituting them.”—“The Two Homœopathies,” *Month. Hom. Rev.*, Oct., 1877, p. 674.

together striving with energy and zeal for the development of truth, for the fixing yet more securely the foundations of that science on which is built the most beneficent of all the arts—the Art of Medicine,” p. 599. In plain language throw off the partisanship which cleaves to us, and work not as *Homœopaths*, but as *Physicians*.

REVIEWS.

Leçons de Clinique Médicale professées à l'Hôpital Homœopathique Saint-Jacques 1875—7; par le Dr. P. JOUSSET. Paris: Baillièrè et fils, 1877.

Éléments de Médecine Pratique, contenant le traitement homœopathique de chaque maladie; par le Dr. P. JOUSSET. Seconde édition, revue et corrigée. 2 vols. Paris: Baillièrè et fils, 1877.

WE have many times, in the notices we have given of our foreign contemporaries, called attention to the valuable clinical lectures in course of delivery by Dr. Jousset at the Hôpital Saint-Jacques, and reported in the pages of *L'Art Médical*. It gives us therefore great pleasure to introduce to our readers a complete collection of these discourses in the shape of the volume first mentioned above. They constitute a production of no common interest and value. They have all the characters of good clinical lectures, based on actual cases related in detail: there is plenty to learn from them in the way of pathology, semeiology, and diagnosis; while they have (to us) the additional advantage that the therapeutics they present are conformed to the precepts of homœopathy, and illustrate what that method can accomplish. While thus entirely satisfactory to ourselves, they constitute a book which we can without qualification—and indeed with pride—commend to any

inquirer of the old school who desires to see our system at work. We have hitherto had nothing like it save the *Chronic Diseases of the Respiratory Organs* of Dr. Meyhoffer and the *Clinical Lectures* of our own Russell; and Dr. Jousset's capacity for making an impression is greater, as his range is so much wider.

We have so often noted the special points made by the lecturer as his teachings appeared in *L'Art Médical* that it would be useless repetition to go through them here; we content ourselves with commending the volume, with unqualified appreciation, to our French-reading colleagues in every country.

The other work of Dr. Jousset's named above is a second edition of his treatise on practical medicine, which, in its original form, was reviewed by us in our volume for 1869. While finding much in it to commend, we at that time regarded its therapeutic portion as somewhat defective; and the author tells us in his preface to the present edition that, influenced by the friendly criticisms which he has received, he has considerably extended this part of his work. "In the first edition," he writes, "we confined ourselves to enumerating the medicines indicated in the treatment of a malady; in the present we have always given the indications which should guide the practitioner in the choice of his remedies. We have profited largely by the practical writings of the English and American physicians, and have neglected nothing which might place the therapeutic part of our work *au courant* with the knowledge of our time."

Dr. Jousset has also considerably enlarged, and sometimes modified, his sections on cerebro-spinal affections, on Bright's disease, and on the affections of the skin and the eyes. His work is thus a complete treatise on the whole range of disease not strictly surgical, embracing every information which the student and beginner can need; while the treatment it commends is homœopathic. It will thus, we apprehend, be the text-book of our school throughout the Latin nations, where French is if not their mother-tongue, at least a necessary acquisition, and as a source of instruction and interest will spread more widely still. No one was

more capable of writing such a book than Dr. Jousset, and we may be grateful to find every spot of the field of practical medicine receiving the light of his large experience and cultivated observation. No writer should discuss the homœopathic therapeutics of any form of disease without referring to his pages, and no practitioner would be the worse for doing so in his study of the individual cases which come under his care.

The Encyclopedia of Pure Materia Medica ; a record of the positive effects of drugs upon the healthy human organism.
By TIMOTHY F. ALLEN, A.M., M.D., Vol. vi. New York : Boericke and Tafel. London : H. Turner, 168, Fleet Street.

We have the pleasure this quarter of greeting another instalment of Dr. Allen's *opus magnum*, bringing its series of medicines down to *Niccolum*. No volume will be more welcome than the present, for it presents us, for the first time, with the full pathogenesies of several of our most valued medicines. *Lycopodium*, hitherto known to most of us only by Hahnemann's symptom-list in the *Chronischen Krankheiten*, with its 1608 symptoms from eight provers, has here the latter number increased to forty-five, and the former to 3114. *Mercurius corrosivus* has now a pathogenesis of its own. *Mezereum* appears with its provers doubled and its symptoms nearly trebled in number. And, lastly, the Austrian proving of *Natrum muriaticum* makes its first appearance in an English dress, enlarging Hahnemann's 1349 observations to 2901.

Besides these, we have to note two original pathogenesies of Dr. Allen's own—those of *Mercurius* and of *Morphinum*, their effects being collected from medical literature at large. The way in which Mercury is treated is an apt illustration of Dr. Allen's method, and a good specimen of its merits. Hahnemann had given us a full proving of *M. solubilis*, and a few symptoms obtained from *M. corrosivus* and *Cinnabar*, appending to these a list of effects of "mercurial

preparations" in general, compiled from authors. Dr. Allen, of course, presents the first in its integrity. But he gives an independent list of his own formation of the symptoms of "*Mercurius*" (represented by *M. vivus*) as such; another, containing several provings, by *M. corrosivus* (1127 symptoms); and shorter ones of *M. aceticus*, *M. bromatus*, *M. cyanatus*, *M. dulcis*, *M. nitrosus*, *M. præcipitatus albus* and *ruber*, and *M. sulphuricus*, besides the American provings of *Cinnabar* and of the mercurial iodides. So with *Opium*. We shall be sure to have a full list of the observed effects of this drug itself in the next volume; but in the mean time we have a list of all that is known of its several ingredients, beginning with *Codeinum* in the third volume, and including *Meconinum*, *Morphinum*, *Narceinum*, and *Narcotinum* in the present.

We cannot express too strongly, on behalf of all English-speaking homœopathists, our obligations to Dr. Allen for the thoroughness, industry, and perseverance with which he continues to perform his gigantic task. We are now promised a repertorial index to the complete work; and, if this is satisfactorily made, the possibility of finding *similima* to the multitudinous morbid conditions which come before us will have been vastly increased. Homœopathy, and thereby the healing art, will have received from this undertaking the greatest impetus it has had since Hahnemann gave us the *Reine Arzneimittellehre*.

It is solely with a view to promote the completeness of Dr. Allen's collection of symptoms and information as to their origin that we note the absence from the pathogenesis of *Lycopodium* of Arnold's experiments with the tincture, translated in the second volume of this journal, and suggest that a reference to the original proving in the *Archiv* would have enriched the account of the authorities for *Mezereum*. With these two exceptions, the present volume seems to our eyes faultless, and a model of what such a work should be.

Pathology and Treatment of Diphtheria. By Wm. C. DAKE, M.D., Nashville, Tenn. New York: Boericke and Tafel. London: H. Turner, 168, Fleet Street.

This little brochure contains an account of an experience in the treatment of diphtheria, extending over 176 cases. It is presented modestly and thoughtfully, and is a useful contribution to our knowledge. *Capsicum* and *Nitric acid* for the throat, and *Spongia*, *Kali bichromicum*, and *Hepar sulphuris* for the larynx, with alcohol locally, seem to have been the remedies relied on; and eleven deaths only out of the whole number treated speak well for their efficiency.

Homœopathy the Science of Therapeutics: a collection of papers elucidating and illustrating the principles of Homœopathy. By CARROLL DUNHAM, A.M., M.D.

In this volume Mrs. Dunham has begun to fulfil the task she has undertaken of giving us in a collected form the writings of her late husband, our valued and lamented colleague. It takes its title from the essay published in 1862 in the *American Homœopathic Review*, and subsequently reprinted in pamphlet form; and the other papers contained in the present volume are chosen because of the relation of their subject-matter to the same object, viz. the elucidation and illustration of the principles of our method. His studies of individual medicines which have so often instructed and delighted us, and his miscellaneous contributions and addresses, are reserved for subsequent publication.

Besides the opening and eponymous essay of the series, which—though familiar to us—we are glad to read again, the present volume contains a number of similar productions unearthed from old journals and transactions which will be new to many of us, and welcome to all. Dr. Dunham was an advocate of homœopathy in its most Hahnemannian form, with its strict individualisation, its symptomatic indications, and its high potencies; but his mind was so scientific, his knowledge so large, and his spirit so catholic, that his advocacy is entirely free from the narrow-

ness and bitterness which the writings of his school so often display. There is a "sweet reasonableness" in all he says which is irresistibly winning; and if in the end we are not convinced by the arguer, we are always in close sympathy with the man. His lucid style is but an index to the clearness of his thought; and the high regard for truth and the loftiness alike of means and end which shine out from his pages dispose every reader to the most respectful attention. The book will do us all good; but it is above all things the right one for the student just after he has read the *Organon*. In Carroll Dunham Hahnemann found an expositor who knew how to reconcile him to science and expound him with reason without sacrificing an iota of his essential principles. He will enable the beginner to start from the Hahnemannian stand-point, instead of (as so many of us have had to do) finding his way back to it after years of distance; and this is far better for him, however much he may be compelled to modify the rigidity of his homœopathy as he goes on.

Besides the "elucidation" of which we have hitherto spoken, there is no lack of "illustrations" of the mode of practice for which he contended. His cases are excellently described and diagnosed, as well as most accurately and successfully treated. There is none of the contempt of nosology and pathology so often paraded by our exclusive colleagues, although symptoms alone are allowed to determine the choice of the similar remedy. His cases are thus beyond question, and they render scepticism as to the efficacy of at least the 200th potency inexcusable. He never seems to have gone beyond this point, and in his later practice he used all his medicines of such a strength, having prepared them (in the strict Hahnemannian fashion) himself. While we are not prepared to follow him in this respect, the continuance of his own satisfaction and of his patients' confidence in his treatment shows that in such—to most of us—unfamiliar attenuations our remedies at least retain their efficacy.

We part from this volume with increased regret that its beloved and honoured author is no longer among us to

increase the treasures of our literature, of which it is one of the richest and rarest.

Traité des Maladies Oculaires, à l'usage des praticiens en générale, par le Docteur HENRY C. ANGELL. Traduction française, publiée, avec l'autorisation de l'auteur, par le Dr. Albert Dekeersmaecker. Premier fascicule. Paris : Baillièrè et fils, 1877.

We are pleased to see that our Boston colleague, Dr. Angell, of whose book we have testified our appreciation in these pages, has received the honour of a translation into French. And we congratulate ourselves that our Belgian *confrère*, by whose hands the work has been done, brings to the task not only the necessary linguistic knowledge, but also a practical acquaintance with the subject-matter of the work. Dr. Dekeersmaecker is surgeon-oculist to the Homœopathic Dispensary at Mons, and the notes and appendices with which he has enriched his translation show that he has thoroughly studied his specialty and knows how to utilise his experience. The book, when complete, will be a real addition to our knowledge of the homœopathic therapeutics of the diseases of the eye.

Yellow Fever, its Treatment and Prevention. By EDWARD A. MURPHY, M.D.

Dissection of Casanova's Forceps. By the same.

Spinal Affections. By the same.

Aphasia. By the same.

We have received these four pamphlets from the author, who is one of the representatives of our system in New Orleans. They seem to be reprints, and bear no publisher's name. We can only say that they show Dr. Murphy to be a practical man. We may note one point,—a proving of *Geranium maculatum*. "I once," writes the author, "made an infusion of this plant, and took a teaspoonful. In a few moments I became giddy, and saw double. When I would

close my eyes and lie down I felt comfortable, but I could not open them without the recurrence of the above-mentioned symptoms. There was also ptosis and dilatation of the pupils, and my countenance assumed the appearance of one who had been indulging in strong drink a little too freely. I had great difficulty in walking with my eyes open, while I could walk easily with my eyes closed. I have tried the decoction on several persons, and five times on myself with the same result." This is an action on the third nerve like that exerted by *Conium*, as ascertained by Harley and Curtis.

The Treatment of Functional Dystocia, or Difficult and Painful Labour. By EDWIN M. HALE, M.D.

Our indefatigable colleague, Dr. Hale, sends us this little pamphlet. It is a "reprint from Richardson's *Obstetrics*"—a work we have noticed below; but it deserves to exist in a separate form, as many would be glad of its practical hints who do not care to add to their books on midwifery generally.

A System of Obstetrics on Homœopathic Principles. By W. C. RICHARDSON, M.D., &c. St. Louis, 1877.

THOUGH Dr. Richardson's name alone appears on the title page, he is not the sole author of the volume before us. In the preface he tells us that the therapeutic portion has been written by Dr. A. Uhlemeyer, the chapter on Hygiene by Professor J. C. Cummings, and the two chapters on Functional Dystocia by Professor Edwin Hale. The "supervision of the proofs," which we presume is equivalent to the "correction of the press," has been performed by Dr. S. A. Legg, and all that we can say with regard to this part of the work is to make young Primrose's safe criticism, "it would have been better had the artist taken more pains." The chapter on diseases of the new-born infant is taken from Dr. Leadam's well-known work.

Being of such a composite character the book is necessarily of very unequal merit in its several parts. Dr. Richardson's own department, which relates chiefly to the mechanical part of obstetrics, is well and clearly written, and without the others would be a very good manual for the obstetric practitioner. Of course it is impossible to teach midwifery by books, but those who have already some practical acquaintance with the subject will find in Dr. Richardson's work a useful remembrancer and a help in the various complications that arise to trouble the practitioner.

We cannot say very much for the therapeutic part of the work. It is generally neither better nor worse than what we usually find in our homœopathic text-books. Some of it is transferred bodily from Ludlam (pelvic cellulitis). The chapter on functional dystocia and its treatment by Dr. E. M. Hale is an exception to the dull mediocrity of the other therapeutics of the work. We have here a fresh and masterly survey by a practical obstetrician of original genius of the therapeutic means likely to be useful in difficult and painful labours, and it is refreshing to read Dr. Hale's remarks upon the special indications for such remedies as *Caulophyllum*, *Cimicifuga*, *Collinsonia*, *Digitalis*, *Helonias*, *Gossipium*, *Viburnum*, and others. In fact, Dr. Hale's contribution redeems the therapeutics of Dr. Richardson's work from the charge of commonplace and routine that might otherwise be brought against them.

The chapter on hygiene by Dr. J. C. Cummings is interesting on account of the earnest belief of the author in the efficacy of a vegetable or fruit diet in securing an easy labour. Painful labours are chiefly owing to the rigidity of the bones of the child, and by keeping the mother on a diet of fruit, vegetable and carbonaceous substances to the entire exclusion of the phosphates, such as Graham flour, oatmeal, cracked wheat, corn meal and hominy, the bones of the infant are kept in a cartilaginous state and allow the child to be squeezed into any required form on its passage through the pelvis. It seems that this fruit diet plan of procuring easy labours was imported from

England, and was the invention of a chemist here. If so, we do not think the method has met with much success in the land of its origin, and though the child produced by the chemist's wife under this frugivorous regimen was very soft, "his bones being all gristle," we have not heard that many here have adopted this simple plan of making gristly in place of bony children. Possibly the idea that such soft flabby things might never harden into the firmness required for the battle of life may have deterred from the adoption of this vegetable diet, or perhaps paterfamilias discouraged the idea of painless labours, as presenting no sufficient check to unlimited increase of his progeny in this over-populated old country.

Cyclopædia of the Practice of Medicine, edited by Dr. H. VON ZIEMSEN, vol. xv, Diseases of the Kidney, vol. xvi, Diseases of the Locomotive Apparatus and General Anomalies of Nutrition. London: Sampson Low, 1877.

In the original announcement of the publication of this work it was stated that it would be completed in fifteen volumes, but here we have vols. xv and xvi and the promise of another still. The work is so excellent that it would have been a pity that it should have suffered undue curtailment by a supposed necessity for abiding by the exact number of volumes promised in the beginning. We should have regretted that any of the volumes hitherto published had been kept back for the purpose of keeping faith with the subscribers. Vol. xv is an extremely interesting work on diseases of the kidneys, while vol. xvi is a sort of olla podrida or miscellaneous volume, containing articles on rheumatism, gout, arthritis deformans, rickets, malacosteon, slight disorders caused by catching cold, general disorders of nutrition, anæmia, chlorosis, progressive pernicious anæmia, corpulence, scrofulosis, idiopathic adenitis, malignant lymphoma, diabetes mellitus and insipidus. Our space this quarter does not allow us to enter on an extended review of either volume, but we hope to be able to return

to an examination of their interesting and important contents at no very distant period. In the meantime we can heartily recommend them and the whole work to our readers as the best and most complete cyclopædia, not perhaps of the practice of medicine—for in the main part of the practice of medicine viz. therapeutics, we consider them too much tainted with the nihilistic doctrines of the so-called physiological school to be of much use in a therapeutic point of view, though now and then some useful hints may be found even on the subject of treatment—but of disease, including etiology, pathology, pathological anatomy, complications, sequelæ, diagnosis and prognosis.

Our Foreign Contemporaries.

GERMANY.—*Internationale Homöopathische Presse.*—

We resume our survey of this excellent journal with the second number of vol. ix. It is with a feeling of melancholy interest that we do so, as we fear that the lamented death of its learned and energetic editor, Dr. Clotar Müller, will deprive the homœopathic world of this worthy representative of homœopathy in Germany. Under his able management this journal has, during its short career, published a large number of excellent articles from some of the ablest exponents of our system, and if, with the death of its founder and editor, it should cease to appear, the regret we feel for the untimely death of our valued colleague will be intensified. Let us hope that some worthy successor—and we have no doubt many might be found in Germany—will carry on the work so well begun by him.

Dr. Payr, of Passau, opens this number with a paper on "Glaucoma," which is finished in No. 3. He gives excellent descriptions of the three main varieties of this disease, glaucoma simplex, inflammatorium, and secundarium. The cause of the increased intra-ocular pressure in glaucoma he believes, with Donders, to lie in a morbid altera-

tion in the fifth pair of nerves, which presides over the secretion of the fluid contents of the eyeball. This view is, he says, corroborated by the physiological experiments of Hippel and Grünhagen, who found that irritating the roots of that nerve within the cranium would cause an immediate increase of the intra-ocular pressure, whereas division or paralysis of the same nerve was followed by a manifest decrease of the tension of the eyeball. Glaucoma simplex consists in increased tension only, glaucoma complicated with inflammation constitutes glaucoma inflammatorium. The latter form is twice as frequent as the former. Glaucoma secundarium is glaucoma associated with other pathological processes of various sorts. The author gives a detailed description of each of the three forms, which we regret our limited space forbids us to reproduce.

As regards the treatment, he is of opinion that internal remedies are nearly, if not quite, useless, except in subduing and relieving the attendant inflammatory symptoms. He believes that the recorded cases of cure of glaucoma in our homœopathic literature are merely examples of an erroneous diagnosis respecting the nature of the disease in the cases recorded. We should be sorry to think that this was always so, and we think there is evidence to prove that at least *Phosphorus* and *Gelseminum* have in some cases shown a decided power in diminishing the intra-ocular pressure, even when considerably advanced. The only remedy in which the author has any confidence is iridectomy, but he is far from considering this a universal panacea, for he admits that in many cases it fails to cure, and in some it only does harm. At best, according to him, the therapeutics of glaucoma leave much to be desired. If the pathology of glaucoma consists, as Donders believes, in a morbid irritation of the fifth pair of nerves, we may hope that the homœopathic remedy for this condition may eventually be discovered, and that this disease may not always prove to be beyond the reach of specific medication.

Dr. Schaedler, of Bern, makes a very important rectifica-

tion of a mistake committed by Dr. von Villers in a previous number of this periodical, which furnished Dr. Jürgensen with an argument against homœopathy in his celebrated essay, "Scientific Medicine and its Opponents," in Volkmann's *Sammlung*. (By the way, this essay of Jürgensen's has not been admitted into the translation of Volkmann's work, published by our Sydenham Society.) Dr. von Villers had stated that the results obtained by Dr. Tessier, in his homœopathic treatment at the Hôpital Ste. Marguerite, compared unfavourably with those obtained by his allopathic colleagues in the same hospital. Dr. Schaedler shows that this is a perfectly erroneous statement. He gives the comparative statistics of the homœopathic and allopathic treatment in the hospital during the years 1849, 1850, and 1851, from the published official report, which are briefly as follows:—Tessier's wards contained 100 beds. Those of his allopathic colleagues, Dr. Valleix and Marotte, 99 beds. The patients were assigned on alternate days to the homœopathic and allopathic wards. The results were as follows:—

Homœopathic wards—

	No. of patients treated.	Died.	Mortality per cent.
1849 . . .	1292	126	9.75
1850 . . .	1677	138	8.22
1851 . . .	1694	135	7.96

Mortality during the three years 8.55 per cent.

Allopathic wards—

1849 . . .	1087	169	14.71
1850 . . .	1195	107	8.99
1851 . . .	1442	135	9.36

Mortality during the three years 11.3 per cent.

According to this the mortality in the homœopathic wards was about one fourth less, *i. e.* 25 per cent. The duration of treatment in the homœopathic wards was also about one fourth less. For in these three years Tessier received and treated 4663, while Valleix and Marotte had only 3724 patients during that time. The cost of the treatment in the homœopathic wards was also considerably less than in the allopathic wards.

Dr. von Villers makes a full acknowledgment of his

error; he had not seen the work in which these official statistics are given, and his erroneous statement was only founded on hearsay report. He expresses his regret at having been led to make such an erroneous allegation, the more so as it afforded to our bitter opponent Jürgensen a telling argument against the superiority of the homœopathic treatment. It would be too much to expect that Jürgensen will take any notice of this rectification.

No. 3 commences with the article by Dr. Julius Petersen on "The Physiological School and its Influence on Therapeutics," of which we have given a translation in our July number.

Dr. Ed. Huber, of Vienna, continues his excellent study of *Mercury* in its pathogenetic and therapeutic relations to the digestive organs. This masterly and exhaustive article is continued through the subsequent numbers of this volume. It is unfortunately much too long for our columns, but those who can refer to the original will assuredly derive great advantage from a careful perusal of it.

In the next number, which is a double one (4 and 5), Dr. Koeck, of Munich, continues his interesting record of cases treated by himself. The first is one of diabetes in a woman (age not mentioned), who had been declining in health for three months, was very thin, and looked ill. She had been some time in attendance at the allopathic dispensary, but without receiving any benefit. She complained of inordinate appetite and inextinguishable thirst, which compelled her to drink very large quantities of water, especially at night, and she passed so much urine that she had to empty the utensil two or three times every night. The urine had been chemically investigated in the allopathic dispensary, and the disease was found to be diabetes. Dr. Koeck omitted to make a chemical examination or to ascertain the specific gravity of the urine, but took the diagnosis on trust from the former medical attendants, which says a great deal for his confidence in their judgment, but not so much for his own carefulness. Besides extensive emaciation and debility the patient had

no complaints to make. He resolved to make a trial of *Uranium nitr.* From a solution of one eighth of a grain in an ounce of water he took two drops and shook them up in a phial with a drachm of alcohol, telling her to take two drops of the solution in a spoonful of water three times a day. He likewise enjoined a diet consisting of little bread, meat, and cooked fruit. After a fortnight of this treatment she said that she felt better, her hunger had diminished much, she did not require to drink half as much as before, but the quantity of urine passed was not materially diminished. He continued the medicine, but in smaller quantity, only two drops per diem, and in another fortnight the urine had diminished to the normal quantity, and she was able to get through her work satisfactorily. The urine was now examined and found to contain no sugar, and the specific gravity was normal. A short course of *Chin.* 1 sufficed to restore her strength perfectly.

Dr. Koeck next relates his treatment of an epidemic among the children of Holzkirchen. They were suddenly seized with violent pain, great heat of body, thirst, and restlessness, and the urine contained a large quantity of albumen. On the administration of *Kali arsenicosum* 4 the fever declined, the urine became normal, and an eruption resembling scarlatina appeared over the body, after which the little patients rapidly recovered. He treated twenty-seven such cases with the same remedy and they all recovered, whereas many of those treated allopathically died on the fourth day of the illness. One case of diphtheria occurring at the same time likewise yielded to this remedy.

The next case was Dr. Koeck's wife, who, on coming home from a concert on a cold night complained of violent pain in the abdomen from the navel downwards, and on either side. The abdomen was so tender it could not be touched. The pain was of a cutting, cramp-like character. The legs could not be extended, but must be drawn upwards. She could only lie on her back, and there was a sort of rigor that caused the whole body to shake. The pulse could hardly be felt. There was violent thirst, and

after a few hours the most severe diarrhœa came on with vomiting, altogether presenting the picture of a severe attack of cholera. None of the remedies employed, *Acon.*, *Bell.*, *Coloc.*, *Verat.*, and *Arsen.*, was of the slightest use. In his despair he sent at 2 a.m. for Dr. Quaglio, who prescribed *Cuprum arsenicosum* 3, a drop dose every ten minutes. After an hour the rigor and restlessness ceased, as also the diarrhœa and vomiting, and at 5 a.m. she fell into a quiet sleep. The abdomen continued tender, and the legs could not be stretched out without pain. In two days she was up and well.

This number contains an excellent tribute to the lamented Professor Hausmann by his friend Dr. Argenti.

No. 6 contains a careful and thoughtful paper by Dr. Goullon, junr., on *Apis mellifica*. He compares it with *Belladonna*, *Arsenic*, *Cantharis*, *Graphites*, and *Thuja*, showing wherein it agrees and wherein it differs from those medicines. The paper is a valuable contribution to our knowledge of this powerful medicine, and will do much to facilitate our employment of it in disease.

This number concludes with a notice of Dr. Clotar Müller's illness, and an announcement of his withdrawal from the active management of the journal. It is, however, intimated that its publication will be continued as before though under a different editor. As no further numbers have reached us we do not know if this promise has been fulfilled, but our hope is that such a valuable organ of our system may be continued though its talented editor has now, alas! gone to his eternal rest.

Allgemeine Homöopathische Zeitung.—Our arrears in respect to this periodical are very heavy, and we fear that the space at our disposal will only allow us to give a very imperfect account of the volumes received since our last notice in October, 1876.

We begin with vol. 92, No. 12. This number contains a continuation of the late Professor Hausmann's experiments with medicines on animals, a continuation of Dr. Goullon's prize essay on *Thuja*, and a continuation of Imbert Gourbeyre's lectures on homœopathy.

At the meeting of the Berlin Homœopathic Society of January 19, 1876, there was a discussion on *Carbo animalis* and *C. vegetabilis*. Träger said *C. veg.* was useful in stuffed and fluent coryza with great inclination to sneeze, but without result. In hæmorrhoids with copious discharge of mucus and burning in anus or itching in perinæum and the inner surface of the thighs, caused by the escape of the mucus; and generally in obstructions to the portal circulation. Falling asleep of the hands or feet on lying on them in bed. Great sleepiness in the morning, going off in the open air. In gangrene and putrid states, both *C. an.* and *C. veg.* are indicated externally, especially in scorbutus. In skin diseases *C. veg.* corresponds to the herpetic kind, *C. an.* to acne rosacea and similar forms. *C. veg.* is useful in bronchial catarrh with arthritic sufferings and cyanosis; both in emphysema and in heart diseases. Rademacher says *charcoal* is an excellent spleen remedy. Sorge cured with it an old bronchial catarrh with emphysema and accompanying asthmatic sufferings and violent headache of a congestive character. Fischer saw marked improvement from *C. veg.* 30 in a case of typhus with cyanosis, cold limbs, and apparently at the last gasp. The patient got quite well. Jacoby frequently used *C. veg.* alternately with *Calc. carb.* in typhus, especially where the lungs were implicated. Fischer gives in chronic hoarseness *Phos.*, and if that does not succeed, *C. veg.*, and with this he generally effects a cure. In *Casper's Zeitung*, *Aq. carbonata* is spoken of as highly efficacious as an external remedy in some chronic eruptions. It is made by heating 500 grammes of powdered charcoal to a red heat and suddenly plunging it into 1½ kilos of water, letting it stand covered, and then filtering. Burckhardt in his allopathic days treated a tuberculous lady for profuse diarrhœa, that had lasted fourteen days and gave rise to the suspicion that she had intestinal tuberculosis. There was present much tympanitis, for which symptom he gave *charcoal* and milk-sugar rubbed up together in equal quantities, about a grain at a time. Under this treatment the tympanitis disappeared and likewise the diarrhœa.

Sorge related a cure of diphtheria in a girl of fifteen, where the diphtheritic process extended into the glottis, by *Brom.* 3. Windelband lately cured two very severe cases of diphtheria, with implication of the glottis, by means of *Brom.* and *Hep.* in alternation.

Windelband treated a case of acute rheumatism that came on eight weeks after a mild attack of varicella. Almost all the joints were affected one after another, pericarditis came on, and afterwards pleuro-pneumonia. Nothing did good until he gave *Iod.* 2, five drops every hour. This caused speedy amelioration, and eventually completely cured the patient. He often employed *Digitalin* externally, in the form of an ointment, to the affected joints with marked benefit. *Digitalin*, grm. 0·2, solve in alcohol. dilut. misce c. *Adip. suill.*, grm. 30·0 ut ft. ungu. This to be spread on a rag and laid on the affected joint and covered with oiled silk. Sulzer relates two cases of articular rheumatism. One of a shoemaker, where the disease was limited to the right shoulder, which was swollen, red, and very tender. *Ferr. phos.* 6th trit. cured in a few days. The other was a case of more general articular rheumatism in a little girl of seven, which yielded to *Bry.* 2. Jacoby related a case of gouty inflammation of the big toe-joint, with fistulous opening into the joint and numerous sinuses extending to the sole of the foot. An allopathic surgeon had recommended amputation. The case was cured by *Aq. Silicata* 3 alternately with *Sabina* 2.

Offenberg's case of cure of supposed hydrophobia by *Curare*, which has recently formed the subject of an article in the *Times*, is quoted from the *Allg. Wiener Med. Ztg.* It does not seem to be very sure that the case was one of real hydrophobia. It is as follows:—The patient, a girl of twenty-four, had been bitten eighty days previously by a dog suspected to be rabid. After an ineffectual employment of injections of morphia and inhalations of chloroform, seven doses of 0·2 grammes of *Curare* were injected in the space of five and a half hours. First the muscular restlessness declined, then the convulsive attacks became less frequent, the dread of water and photophobia disappeared;

the anxious mood was replaced by cheerfulness. On the other hand, paralytic symptoms appeared, which attained their maximum on the following day. The second day the hydrophobic symptoms returned, but in slighter degree. The injection of 0.03 grammes of *Curare* sufficed to suppress them. The patient recovered slowly; two months afterwards she still felt weak and prostrated, moved her limbs slowly and without energy, and complained of slight photophobia and dim sight. At the point of injection there occurred inflammation and infiltration, but no suppuration.

In No. 13 Dr. Kafka continues his rare clinical experiences. A woman, aged fifty, had got a chill from being exposed to cold wind whilst freely perspiring. She had been treated allopathically without any good result. Her face was much swollen, especially under the eyes and about the angles of the mouth. Her hands too were considerably swelled. The lower extremities were also œdematous. She complained of constant headache day and night, that deprived her of sleep and all appetite, and made her extremely weak. There was occasional vomiting and excessive thirst, but drinking water gave her pain in the bowels and diarrhœa. She had constant desire to pass water, which, however, only came away in small quantities. It was very turbid and sometimes bloody. She looked very ill, eyes lustreless, head hot, lips and tongue dry, complete anorexia; she could only take soup, which occasioned eructations and sometimes vomiting. Thirst inextinguishable; there was dyspnœa, palpitation; the abdomen swollen and tense. She had often rigör over the back and goose-skin. Pulse 120, small, easily compressible. Great anxiety. Renal region painful to pressure. She walks much bent, not being able to straighten her back. The urine on being boiled deposited 50 per cent. of albumen. *Belladonna* was first prescribed, which diminished the headache and enabled her to sleep a little. *Hepar sulph.* 3 given for six days did no good; on the contrary, the œdema increased and extended upwards to the genitals. The other symptoms continued as before. *Arsen.* 3, every two hours for eight days, only slightly diminished the dyspnœa, but

the swelling and weakness increased. The pulse was 128. Previous experience had taught the doctor the efficacy of *Calc. ars.* in albuminuria. He prescribed it in the third dec. trituration, three times, then twice, and at length only once a day. During the first days of the use of this remedy the appearance and strength of the patient improved, the pulse became fuller and quieter, the urine more copious, the albumen in it decreased greatly, and the œdema declined. After eight days more she had copious diuresis; the œdema was nearly gone; the albumen diminished to 5 per cent. In another fortnight, *i. e.* after four weeks of the medicine, she was quite well.

Dr. Mayländer relates an interesting case of croup which, threatening suffocation, was successfully treated by laryngotomy. The canula had to be retained for six weeks.

In No. 14 Sorge relates a case of deep melancholy, which he treated successfully with *Rhus tox.* 3.

At the meeting of the Austrian Homœopathic Society of February 18th, 1876, reported in No. 18, the veteran Gerstel related two cases of biliary colic with icterus which yielded to *Colocynth* followed by *Chelid.* Incidentally he mentioned that one of his patients had been to Carlsbad, but the waters did not suit her complaint. This called up Porges, who insisted that Carlsbad was suitable to such affections, only we must know how to employ the waters rightly. At another meeting of this society Dr. Müller, the physician to the Sechshaus Hospital, mentioned that in his experience *Dulcamara* 1 to 3 was a very efficacious remedy in acute Bright's disease, with dropsy, pain in the kidneys, and a large amount of albumen in the urine. He lauded the efficacy of *Millefol.* 1 in hæmoptysis of tubercular patients, and of *Sambucus* 1 in their night sweats. Prof. Molin, on the contrary, had never seen any good from *Millef.* in hæmorrhages, but had found *Ergotin* 1 of great use, especially in renal hæmorrhages; *Hamamelis* he had found serviceable in epistaxis and bleeding from throat. Müller replied that *Ergotin* had proved useless in his hospital. Molin related a case of serious hæmoptysis in which *Hamam.* cured.

In No. 20 Bojanus, of Moscow, relates a case of diphtheria complicated with scarlatina in which *Merc. corr.* 3 effected a cure.

Gerstel found *Mezereum* 4 successful in a case of pruritus senilis that had received no benefit from *Sulphur*.

Goullon, junr., relates in No. 24 a remarkable case of the cure of amaurosis by *Phosphorus*. The patient, two years old, had previously suffered from pneumonia, which was followed by cerebro-spinal meningitis. It had recovered from both these diseases, but remained perfectly blind, pupils dilated, and insensible. Goullon applied to his colleagues in a former number of this periodical for their advice, and three recommended him to try *Phosphorus*. Goullon accordingly prescribed the "highest centesimal dilution" (whatever that may be) of *Phosphorus*, a dose night and morning, and in less than a fortnight the child began to see. The medicine was continued, and as the improvement advanced a sort of impetiginous eruption appeared on the tarsal edges of the lids. It could not be ascertained if the restored vision was perfect on account of the infantile age of the patient, but it seemed to be so, and nothing remained but a slight indolence of the pupils.

In No. 25 at a meeting of the Austrian Homœopathic Society, Huber related a case of diabetes occurring after boils, which he treated with *Uran. nitr.* 3. Under this medicine the sugar in the urine increased greatly. On changing to *Phos. ac.* 4 the sugar decreased rapidly, and in six or eight weeks it had completely disappeared. Porges stated that Carlsbad waters exercised a decidedly beneficial effect in diabetes, but the amelioration only lasted a few months. Veith cured two severe cases of diabetes with *Arsen.* 3. One of the patients lived ten years after being cured. Molin reminded them of Buchner's experiments with *Arsenic* on rabbits, where sugar appeared in the urine. Huber said the same result had been noticed by Saikowsky in his experiments with *Corrosive sublimate*.

Vol. 93 contains the last work of the lamented von Grauvogl, entitled *Buds and Leaves*, an interesting and instructive *olla podrida*, abounding in useful practical

observations and original reflections on many subjects, which well deserves to be translated, but which we cannot afford space for.

The proceedings of the meeting of the Central Society at Buda-Pest occupy a large portion of this volume, and we find in it many translations from the English and American journals. Goullon, sen., gives an earnest warning to the disciples of Hahnemann to follow more closely the teachings of the master. Lorbacher gives a long address on the internal development of homœopathy, but we find little of an original practical character to notice.

In No. 17 Mossa relates a case of delirium tremens in a railway official, which was cured by *Stramonium* 3.

In No. 18 Mayländer relates two cases of scrofulous affections of the joints, knee and hip respectively, but as the treatment was chiefly surgical we need not dwell upon it. We may only remark that M. considers cider an excellent remedial drink in scrofulous affections. His experience on this subject was corroborated by several of the members of the Berlin Society.

Von Grauvogl recommends *Naphthalin* as an excellent remedy in asthma from pulmonary emphysema. He gives it in the 2nd dec. trit.

Dr. Kafka read a paper at the meeting of the Congress of the Central Society on croupous pneumonia, in which he recommended as the best remedies *Iodine* and *Bromine*. In the *Revue hom. Belge* Dr. de Keghel says that Kafka is all wrong, that croupous pneumonia is only a name that signifies nothing, that all pneumonias are alike, differing only in degree, and that the best remedies are *Aconite* and *Sulphur*. Kafka, who, by-the-bye, is the editor of the *Allg. hom. Zeitung* at this period, fires up at this, and emphatically declares the distinctive epithet "croupous" to be correct and indicative of a form of pneumonia that is not the ordinary one. He says mild cases of pneumonia, croupous or otherwise, recover readily without medical interference, and therefore under *Aconite* and *Sulphur* as well as under any other innoxious remedies; but that true croupous pneumonia of an intense character is not affected

in its course or modified in its stages by *Aconite*, *Sulphur*, *Phosphorus*, *Tartar emetic*, *Bryonia*, or any of the other favourite pneumonia remedies, which are all well enough in their way, and where they are indicated, but that they are not indicated in severe croupous pneumonia. The analogy of the pathological process to croup of the larynx led him to try in a desperate case, where none of the ordinary remedies did good, *Iodine* in the second decimal watery dilution, and with such admirable results that he has ever since given it in all similar cases, and it has almost invariably been at once serviceable. But when it seems to be less useful, he finds that *Bromine* of similar strength is generally efficacious.

In No. 26 Grauvogl makes some more remarks on his treatment of pulmonary emphysema with *Naphthalin*, and gives an illustrative case. The patient, a woman, æt. 21, mother of two children, had observed that the number of her respirations from her childhood was fewer than those of other persons. Her thorax was fixed in the position of inspiration; each inspiration lasted much longer than expiration. On coming under treatment the respirations were only from ten to twelve per minute, and every five or six minutes she had a deep sighing inspiration. The diaphragm was depressed, and every three or four days, without obvious cause, she had an attack of dyspnœa with great oppression of the chest. These attacks had formerly been about once a week; at a still more remote period they had occurred once a month or once in three months. She had no other morbid symptom, and she menstruated regularly. She obtained some relief to the dyspnœa by violent movements of her arms and the upper part of her body. After each of the long sighing inspirations, when free from the attacks of dyspnœa, she experienced great difficulty in expiring, she felt as if she could not get rid of the inspired air. All this made her life a burden to her. She was completely cured in a year by *Naphthalin*.

Vol. 94 has now Dr. Lorbacher for editor, in place of Dr. Kafka. No. 1 contains an interesting case by Dr. Sorge. The patient, an undeveloped girl of sixteen, was

seized, on the 12th of June, with pain in the bowels and diarrhœa, for which the allopathic doctors prescribed *Opium*. This caused constipation; but the abdomen swelled and became more painful, whereupon a purgative was given, which brought back the diarrhœa, which was again checked by *Opium*, which caused constipation. On the 24th June six leeches were applied to the left groin, where the sharp pain was, but neither these nor diligent use of poultices removed the pain. All attempts to move the bowels by gentle means were attended with vomiting. At length everything was vomited, even water. On the 25th June the doctor pronounced the case to be hopeless, and recommended frequent subcutaneous injections of *Morphia*, to produce euthanasia. In the night of the 25th fœcal matter began to be vomited, and this was repeated several times during the 26th. On the evening of that day Sorge was consulted. He found the abdomen distended; a hard, painful, immovable tumour was felt in the left side about the size of two fists, extending from the sigmoid flexure to the mons veneris; the rest of the abdomen was not painful on pressure. The tongue red, cracked, dry. Pulse full, soft, not quick. Complains of great thirst and weakness. Injections of camomile tea had caused neither wind nor fœces to pass, but excited vomiting. Nothing had passed out of the rectum for four days; urine freely passed. The diagnosis was—enteritis mucosa gradually involving all the tissues of the sigmoid flexure, considerable deposit in the subperitoneal cellular tissue, the peritoneum itself inflamed. The lower part of the descending colon, owing to the deposit of exudation masses between the intestinal membranes and about them, was completely paralysed, so that antiperistaltic movements were produced. Sorge judged *Sulphur* to be the most appropriate remedy. He prescribed two drops of the tincture in water every three hours. After three doses the vomiting ceased; the following forenoon a small thin motion was passed. She had after this, one, two, or three such thin motions every day until the 2nd July. After this the motions began to be formed, the abdominal distension gradually subsided, and the tumour in

the left side diminished in size, though it remained perfectly perceptible and gave a dull percussion sound. Sorge visited his patient for the last time on the 4th July, and she was able to come to his house on the 24th July, when she had quite regained her usual health, but there still remained some thickening of the sigmoid flexure, for which he directed her to continue the *Sulphur* for another week.

In No. 2 we find the following case by Dr. Pröhl. Miss E. D—, a Swiss governess, thirty years old. She had been treated allopathically for a month. She is tall and thin, dark hair, brown eyes. Breath fetid. Tongue furred, whitish-yellow. A hard painless swelling behind the molars of left upper jaw. Thoracic organs sound. Left lobe of liver somewhat swelled, gastric region very tender to touch; pain in the stomach partly burning, partly aching and gnawing, going through to the back, which is also tender to touch. After eating or drinking ever so little, vomiting of ingesta alone or mixed with mucus and blood, often hæmatemesis alone with increase of the burning pain. Very little thirst. Disinclination to move. Better when at rest. Abdomen not distended. Urine with slight excess of uric acid. Obstinate constipation, bowels only moved by enemata. Pulse 80, hard. Can hardly walk a step. Nights sleepless. For years previously had suffered from stomach ailment, irregular scanty menstruation, and frequent vomiting. Her allopathic doctor had allowed her to take anything, lemonade, wine, fruit, meat to strengthen her, which had naturally the opposite effect. She was now limited to teaspoonfuls of warm milk every hour or every two hours. The first evening the vomiting of blood was less frequent and the burning pain lessened. After three days she got *Nux vom.* 30 every three hours. After three doses she could take two teaspoonfuls of milk every hour; on the third day three spoonfuls every two hours. She got clysters every eight days to open the bowels, which caused burning in the rectum, but brought away large masses of fæces mixed with blood. After eight days she got *Arg. nit.* 30x every three hours, and every fourteen days *Carb. veg.* 30. When the pains were intense *Arsen.*

30. For rheumatic pains which sometimes occurred *Bryon*. 3. By-and-bye she got toast with her milk or biscuit soaked in milk. Then yolk of egg alone or with milk. Then fish. Meat, wine, beer, coffee, and tea were prohibited. After fourteen days she could get up and lie on a sofa in the balcony. After three weeks she could walk about in the room. After four weeks she could walk in the garden, and after eight weeks she was quite well. The diagnosis was round ulcer of the stomach.

In No. 8 there is a report of the Gyöngyös Hospital, and we observe that the medical director Dr. Joseph von Vezekinzi, corroborates Kafka's assertion as to the value of *Iodine* in croupous pneumonia. V. says when he commenced homœopathic practice he used the 30th dilution exclusively, but that he afterwards, especially when he came to see much of hospital practice, gave the 3rd dilution in acute diseases, continuing to give the 30th in chronic. Now, after forty years' experience, he gives the lower dilutions in all cases, and thinks they act in every case just as well as, if not better than, the higher.

In No. 8 Kafka relates the following case which he calls *hyperæsthesia ventriculi hysterica*. A woman, delicate and hysterical, had been under his medical care for thirty years, during which she had been treated by him successfully for many hysterical symptoms, sometimes convulsive, sometimes neuralgic. She went to reside at a distance from Prague, and fell under allopathic treatment, which did her no good, so that at last she came into the Prague Hospital, where she remained five weeks without benefit. She left the hospital and put herself again under homœopathic treatment. Her ailment was constant vomiting of everything she took into the stomach. She could not take even water without vomiting. Even ice pills were rejected by the stomach. What she vomited was neither sour nor bloody, it generally consisted of the ingesta or of glassy-looking mucus. She had often nausea, but generally only retching followed by vomiting. She was very weak, and often fainted after vomiting. The gastric region is very sensitive to touch; the uterine and ovarian regions cannot

bear pressure. The menses had ceased, but she had leucorrhœa. There is some ptyalism; the appetite is not altogether absent, the tongue clean, the taste unaltered; she has much thirst, but everything she drinks is immediately ejected. Her appearance is not very bad, though she is very thin. Great loss of strength; sleep not disturbed. Pulse weak, but not quick. In the hospital she had been treated with narcotics, Aq. lauroceras., morphia, effervescent waters, hypodermic injections of morphia, ice externally and internally, baths, &c. But all in vain. K. considered this a case of nervous irritability of the stomach; there were no indications of a catarrhal state, nor of ulcer of stomach, still less of carcinoma. She had no headaches, to which the vomiting might have been sympathetic. Urine and bile secretion unaffected. The tenderness of uterus and its appendages pointed to a hysterical character of the malady. The symptoms pointed to *Arsenic*. He gave it in powders of the 3rd dec., a dose night and morning. The diet prescribed was teaspoonfuls of chicken tea, and teaspoonfuls of weak wine and water. After three powders the vomiting diminished, together with the thirst. After the fourth powder the vomiting entirely ceased, and the patient commenced to take food with benefit. After eight powders the appetite returned, the strength increased, and the sensitiveness of stomach and uterus diminished. After eight more powders, only one per diem, the patient was completely cured. The allopathic treatment was continued for forty-two days without the least benefit. The homœopathic treatment cured her in twelve days.

Kafka relates another case which looked surprisingly like carcinoma of the stomach. The patient was a clerk who became affected with dyspepsia; he grew pale and thin, and after some time so weak that he could not attend to his business. He went into the hospital, where he remained several weeks without benefit. He then left the hospital and came under Kafka's care. He said that after the first medicine given him in the hospital he began to vomit, and this increased to such a degree that he was

unable to retain anything; he became emaciated and anæmic. On the ticket above his bed the words "carc. ventr." were written. On examining the gastric region some tumours could be detected, from the size of a walnut to that of a goose's egg; they could be shoved about, were not very hard, and felt smooth. He could bear pressure on the tumours without pain; the abdomen was distended but not painful. All he swallowed was vomited in the form of some fluid which set his teeth on edge, and could be drawn into strings. The vomiting was always preceded by burning in the stomach, and aching up into the chest; after vomiting he felt very weak and faint. Sometimes when the burning in the stomach lasted long he got griping in the bowels and diarrhœa. Complete anorexia, great thirst, frequent eructations. Tongue furred white, taste insipid, abdomen distended, urine normal, sleep unrefreshing, great weakness and emaciation, striking paleness of complexion, pulse small and weak. Kafka thought the diagnosis of the hospital physician must be correct; the largest tumour was in the pyloric region. The rapid emaciation, the anæmia, and the loss of strength all seemed to point to carcinoma. He gave eight powders of *Arsenic*, one to be taken every night and morning. The same diet as in the preceding case. After taking these eight powders the vomiting quite ceased, the appetite returned, and the appearance improved. After a second course of eight powders he felt so well that he would not take any more medicine, and returned to his office business. The tumours on examination were much smaller. On examining him four weeks afterwards no trace of the tumours could be discovered. Kafka says, of course the case was not one of carcinoma of the stomach, though at first sight it seemed to be this disease.

In Nos. 9, 10, and 11, Dr. Goullon, jun., has a suggestive paper on the use of *Salicylic acid*, which he says has hitherto only been used by homœopathic practitioners (viz., Dr. Davison, of Florence) in certain forms of diphtheria, and Lewi, of Dresden, has shown that it is capable of causing a sort of diphtheritic sore throat.

At a meeting of the Austrian Homœopathic Society, among other observations, Müller said that at the Sechshaus Hospital he had successfully treated several cases of diphtheria after scarlatina with *Kal. bichrom.* 3 internally, and a gargle of 40 drops to 2 oz. of water. Gerstel mentioned that he had cured a case of burning in œsophagus and aching pain in stomach extending through to the back, coming on when at rest, relieved by movement, that had lasted fourteen days with *Cyclamen* 2 in two days. Gerstel cured a case of traumatic periostitis attended by violent pains so as to keep the patient in bed, which had been treated allopathically for ten days without result, in a short time with *Symphitum* internally. Müller said he had found the best remedy for burns and scalds to be *Tinct. of Cantharis* (half a drachm to four ounces of oil) applied externally.

An announcement is made of a homœopathic children's hospital in Vienna of forty beds, founded by Dr. Traube, which was to be opened at the beginning of 1878. It is close to the Gumpersdorf Homœopathic Hospital.

The death of Dr. Käsemann, of Lich, one of the veterans of our school, is recorded as having occurred on the 4th February, 1877.

In No. 12 Mossa relates a case of severe affection of the stomach. The patient, a lady, æt. 55, had suffered from renal dropsy in 1867. Since then she had suffered from hæmorrhoids. A fortnight before Christmas, 1875, she was seized with febrile symptoms and trembling of the left leg and thigh; frequent visceral and rectal tenesmus. She is robust, and has a tendency to accumulation of fat upon the abdomen. Mossa found her in April, 1876, lying in bed on her back, the legs drawn up to the body. The trembling now extends to the upper part of the body. She has violent pains in the stomach as from an ulcer; from this part pains of a shooting character radiate to the breast and left shoulder and downwards to the navel. She has convulsive movements in the chest and neck; in both hypochondria, which are painful to pressure, she complains of pains like an ulcer. Tongue white; appetite

tolerable; she can only take her soup lukewarm. Bowels confined; on straining she can sometimes pass albuminous-looking mucus, but no formed or coloured fæces. After such motions she has pains in the left side of the abdomen. The urine is scanty, straw coloured when the pains are bad, otherwise dark coloured. Sleep very disturbed. Liver somewhat enlarged. She had undergone a good deal of allopathic treatment without benefit, rather the reverse. Mossa gave her first *Pulsatilla*, then *Phosph.* 30 without benefit. He then prescribed *Arg. nit.* 3 three times a day. Under this treatment she rapidly improved, and after using six grammes of this dilution she was quite well.

In No. 17 Dr. Tritschler calls attention to the great remedial power of *Gold* in the form of *aurum muriaticum natronatum*, in congestions, chronic enlargements and displacements of the uterus, and relates a number of cases in which it proved curative.

In No. 25 Grauvogl writes:—"In thirty-seven cases of hooping cough, some of which were of the most severe character, *Naphthalin* used in the same way as described above in emphysema, cured completely in from three to eight days, which no other remedy ever did in my experience."

In vol. 95, No. 8, Hirsch gives the details of a cure with *Platina*. A lady, æt. 40, who had been in former years frequently treated for nervous and uterine symptoms of various sorts, and always with success, was suddenly attacked by a new series of morbid phenomena. The menses that had always previously been normal became all at once very irregular. They recurred at frequent intervals, often only of a few days, and were very profuse. In the intervals she had more or less leucorrhœa, clear, albuminous looking. When she came under H.'s treatment her complexion was pale, blue rings round the eyes, and she was rather thin. She had alternate rapid changes of disposition. Some days she was irritable, cross, often violent, and other days she exhibited remarkable agility and activity. Then, again, she would show depression and tendency to tears, conjoined with complete apathy and such debility that she

must lie all day on the sofa or in the arm-chair tortured with anxiety and fear of death. Then she would have days when she was uncommonly cheerful, enjoyed life, and was able to pass cheerfully through attacks of neuralgia, to which she was subject. The menses were all this time irregular, frequently recurring, and the discharge was often of masses of coagulated blood, attended with bearing-down pains. She said that though she had great dislike to coitus, she was often troubled with lascivious dreams amounting to a high degree of ecstasy, which terminated in a profuse discharge of viscid fluid. She would not submit to an examination, but said she had been examined by a specialist, who had declared there was nothing abnormal. When she was cheerful the appetite was good, when depressed the reverse. The motions were sometimes diarrhœic, but generally she was constipated. Hirsch prescribed *Platina* 15, a dose every other day. Two days after the first dose she was much better, cheerful, and inclined to walk. The menstrual discharge was also decidedly diminished. After eight doses she was quite well.

Goullon, junr., relates a case of severe sciatica, which he cured with *Salicylate of Soda*, made with one grain of *Salicylic acid*, one grain of *Carb. soda*, and six grammes of *milk sugar* rubbed up together; about a grain for a dose three times a day.

CLINICAL RECORD.

*Case of Cutaneous Emphysema occurring in the course of
Pneumonia.* By Dr. DUDGEON.

The patient is a gentleman, æt. 60, who had been a victim to dipsomania for many years, but for the last eighteen months had been a strict teetotaller. The previous winter I had attended him for an affection of the lungs, consisting chiefly of cough with muco-purulent expectoration, and attended by a long-continued crepitation at the base of both lungs, though without any marked dulness on percussion. He was not exactly ill, being able to get about and even attend to his business in the City, but he continued ailing until the spring, the crepitation and thick yellow expectoration only leaving him when the fine warm weather set in. During the many years I have known him he has always had a remarkably quick and feeble pulse, the least illness sending it up to 120.

I was sent for on the 9th October last, and was told that he had "caught cold," by which he meant began to cough severely, a week ago, but he had not sent for me before, hoping it was a mere cold, which would go off without the assistance of the doctor. He complained of some pain at the base of the right lung both anteriorly and posteriorly, and auscultation there showed mucous râles mingled with fine crepitation over a circumscribed space of no great extent. The percussion sound was but slightly altered. The expectoration which was copious was muco-purulent. There had been, so far as I could ascertain, no rusty-coloured expectoration previously, but the yellow colour of the sputa had only come on a day or two ago. His appetite was bad, but tongue not much furred, and he was able to eat quite sufficient food though without relish. He perspired a great deal when asleep, and his sleep though disturbed occasionally by the

cough was not on the whole bad. Pulse 120, weak. He complained of great debility and craved for a stimulant, which was, of course, not to be thought of. I prescribed *Arsen.* 3. I need not go into the daily history of the case. Suffice it to say that symptoms of circumscribed pneumonia continued, and on the 13th the report was: a bad night, complains of more pain (stitches) in the lung, pulse 120. Expectoration rather rusty coloured. A rough pleuritic friction sound at lower part of the thorax. Temp. 100·5°. *Acon.* 1 every two hours. 14th.—Passed a better night; pulse 120°; temp. 98·5. Pain in chest better, crepitation in right lung rather increased. Perspired much during the night. *Phos.* 2 every two hours. He went on improving slightly, till the 18th when the report is—feels weaker; he had been confined to his room the last two days; previously to that he had come down stairs every day and sat at meals with the family. He would not remain in bed during the whole course of his illness, but must be up every day, and though he had the greatest difficulty in moving about he persisted, in spite of all my persuasions, in getting up almost every day from first to last.) The pain in the chest extends right round to the front and reaches to about the fifth rib; it is sometimes very sharp, catching his breath. The temperature never again exceeded the normal. Thus he went on with few important changes, except that the pain soon subsided under the influence of *Rhus* 1. The breathing remained very short on the least exertion; the pulse ranged from 100 to 120. The expectoration continued as before, but there appeared at the seat of the pneumonic infiltration marked resonance of voice amounting almost to pectoriloquy, giving me the idea there was destruction of lung substance in that region though but to a limited extent, for the resonance of voice was limited to a small space at the base of the right lung posteriorly. This conviction forced itself upon me gradually, for these symptoms occurred while the patient seemed to be improving and was gaining strength, and while the pain was diminishing and, in fact, becoming quite insignificant. On the 29th I observed in the expectoration some streaks of bright blood, which the patient imagined to be from the throat, but which did not appear to me to bear that character. However, as nothing new could be discovered in either objective or subjective symptoms I did not alter the medicine he was taking, *Phos. ac.* 2. The following

day (30th October) the expectoration showed no traces of blood; the pulse was 115; cough and physical signs as before. Confirmed in my suspicions of a small abscess or vomica in the lung, I prescribed *Hepar s. 6.* Next day at my visit in the morning I was shocked to find the whole of the right side of the chest, the anterior part of the neck up to the lower jaw, and the left side of the chest about two fingers' breadth below the clavicle, distended with emphysema, which crackled under pressure, whereby the air was displaced, running underneath the skin from one part to another. With all this the pulse had fallen to 100, and the breathing was better. The patient complained of no discomfort, nor was his cough more severe than it had been, rather less so. As he was not alarmed or agitated, though usually of a very nervous disposition, I said nothing calculated to excite his fears, and made no change except to enjoin rest in bed, friction with oil on the affected parts, and I prescribed *Arnica*. I alternately with *Kal. bich.* The perforation through which the air got beneath the skin was evidently just over the seat of the vomica, at the posterior and inferior part of the right lung, for there the emphysema seemed to be greatest. The crackling sound on applying the ear was greatest at that spot. Not to alarm the patient I did not offer to come again later in the day, but privately told his wife to send for me if she observed any increase of the swelling or if the patient was distressed in his breathing. I was not sent for, and next morning (1st November) I found the emphysema had not spread, he had had a good night, and even the cough was considerably better. The emphysema steadily declined after this, so that on the 4th I was able to leave off the *Arnica*, and I now gave him *Phos.* The emphysema continued to decline, and on the 13th I was able to convince myself that it was all gone. It first disappeared from the neck, then from below the clavicle on the left side, and its superior limit gradually descended, until on the eleventh there was only a slight remnant of it just in the neighbourhood of the pulmonary abscess. All this time the signs of a cavity in the lung had been gradually going off, and towards the end of November there was no appreciable difference in the auscultation signs of both lungs. The patient still remained weak, though very much improved in that respect, and his pulse was still liable to get up, and his breathing became short on very moderate exer-

tion. Otherwise he was very much in his usual condition. He ate well and slept well, and the cough was almost nil. The expectoration had ceased to be muco-purulent, and consisted merely of white frothy mucus from the third or fourth day of the appearance of the emphysema.

Though cutaneous emphysema is a common sequel of a fractured rib, and is occasionally met with in whooping-cough and other severe spasmodic coughs, as also in pneumothorax, I think it must be rather a rare phenomenon in connexion with pneumonia. Fraentzel (in Ziemssen's *Cycl.*, vol. iv, p. 757) says:—“Cutaneous emphysema is sometimes observed in caseous pneumonia without pneumothorax in the case of a vomica reaching as far as the pleura pulmonalis, causing adhesions between this and the pleura costalis, and perforating both folds at once.” A case of general emphysema produced in the course of a pneumonia is related by Patruban in the *Æst. Zeitsch. f. prakt. Heilk.*, v. 32, 33, 1859. The patient was a girl, aged 10. She was attacked by a severe cough, attended with inflammatory symptoms, and after a few days the sputa became fetid. There occurred dyspnoea, high fever, and swelling of the left side of the neck. There was emphysematous swelling of the right supra-clavicular region, which in the course of a day extended to the whole of the right side of the neck, to the parotid region and upwards, and along the acromion into the dorsal region. On the second day the emphysema extended over the pectoral muscles down the abdominal muscles of the left side to the mons veneris, across the mesial line of the body to the inguinal region. From this it extended upwards and downwards, until in four days it extended over the whole surface of the body. On the tenth day of its appearance there came round, tympanitic, emphysematous swellings on the left calf and at the angle of the right scapula. The skin was very sensitive to the touch. Cough in violent fits; expectoration moderate. On the eleventh day no displacement of the heart, no signs of pleuritic exudation, no pneumothorax could be discovered. At the middle of the back part of the right lung there was bronchial breathing and amphoric resonance on coughing. The emphysema extended up in the head to the linear semicircularis of the parietal bones and to the root of the nose. The jugular fossæ were quite obliterated, and the clavicles could not be felt. Voice hoarse; swallowing difficult; great

dyspnœa. She died on the twelfth day after the emphysema showed itself. The autopsy showed complete pleuritic adhesion of all the right lung, and at the lower part of its inferior lobe a cavity the size of a pigeon's egg, filled with fetid pus and surrounded by pus-infiltrated parenchyma, into which numerous bronchial tubes opened. On forcibly separating the adherent pleura an opening the size of a bean was found from this cavity into the posterior mediastinum, where the air had spread upwards to the neck and thence over the body. A similar case is described by Cruveilhier, *Gaz. Hebd.*, iii, 11, 1856.

There are, no doubt, many cases of this peculiar complication of pneumonia on record in our literature, but I am unable to lay my hand on more than the above, which do not correspond to my case in this, that the opening was into the posterior mediastinum, whereas in my case the opening was more externally. The pathological process in my case and that quoted above by Patruban seems to have been much the same, viz. an abscess in the lung-substance occurring in a lung with adherent pleura. Fortunately in my case the leak soon closed, otherwise I might have seen the emphysema extending all over the body. Cutaneous emphysema from a fractured rib is of little importance, and generally subsides soon after the application of the appropriate bandage, the wound caused by the broken bone having a tendency to heal rapidly. But in the case of a perforation by ulceration through the walls of the lung and the pleura pulmonalis and costalis the probability of a rapid healing up of the ulcerated orifice is not nearly so great. I have noticed a great tendency to suppurative destruction of lung tissue in the pneumonia of dipsomaniacs, and as this gentleman had formerly been of that persuasion his lungs were probably predisposed to the formation of abscess.

The affection in this case, I believe, must be of considerable rarity, for though Fraentzel mentions the possibility of its occurrence, and in the case I have quoted from Patruban the reporter in *Schmidt's Jahrb.* (v. 106, p. 43) refers to Cruveilhier's case, and incidentally mentions that the abscess did not usually open into the posterior mediastinum, it is worthy of observation that Jürgensen, in his classic article on pneumonia in Ziemssen's *Cyclopædia*, makes no allusion to it as a possible complication or accident in pneumonia, nor does Wilson Fox in his contribution on pneumonia to Reynolds' *System of Medicine*.

The treatment I employed offers nothing of special interest. My first idea on perceiving the emphysema was to put a bandage tightly round the chest, but I was deterred from doing so by the strong objection of the patient to anything that should compress the thorax ; so I resolved to wait and see if the emphysema spread before I applied the bandage. Fortunately the emphysema did not extend, and I limited my external appliances to frictions with oil, but whether they were of any service is a matter of doubt. I ascribe the limitation of the emphysema to the decided amelioration of the cough that followed the administration of *Kal. bich.* This lessening of the cough allowed the opening from the vomica to heal up rapidly. Unlike Patruban's case above quoted, there was never any tenderness of the emphysematous skin in my patient.

CORRESPONDENCE.

N.A.J.A.

To the Editors of the British Journal of Homœopathy.

GENTLEMEN,—Please allow me through your Journal to call the attention of the profession to the fact, that we have now a new and reliable supply of the very valuable drug *Naja*. It has been prepared by Messrs. Thompson and Capper, homœopathic chemists of this town, in the same way and with the same care as our recent supply of *Crotalus* was, with, however, this slight difference, that in the case of *crotalus* the original stock was the pure venom in its naturally liquid state received direct from the fang of the living snake in this country, whereas in the case of *naja* the original stock has been the pure venom that had been received and dried on glass in India, and brought to this country in small glass tubes carefully sealed.

In the case of *crotalus* the venom was, with the assistance of Dr. Drysdale, Dr. Proctor, and Mr. Isaac Thompson, received in small glass vials direct from the fangs of the living snakes, and immediately mixed with equal quantities of pure glycerine. This

was afterwards, and before any dilutions were made from it, tested by injecting a few drops of it underneath the skin of rabbits, birds, and mice; death with the usual symptoms was the result within a few minutes. This preparation was then entrusted to Mr. Isaac Thompson, of the firm of Thompson and Capper, who added glycerine to it so as to make the proportion one of the venom to nine of the glycerine, in order to make sure of preserving the venom free from decomposition, glycerine being the best menstruum for preserving animal substance from decomposition. This preparation of one in ten was called ϕ as the strongest officinal preparation, and it is the preparation mentioned under that designation in the *Pharmacopœia*, 2nd ed., p. 123; and it is the preparation from which all our dilutions of crotalus are now, or ought to be, made.

As an assurance that glycerine preserves the venom potent, even in a less proportion than one in nine, I may mention that a few days ago I injected underneath the skin of a dog a few drops of some that I have had for five years, half venom and half glycerine, and death with the usual symptoms was the result.

In the case of naja we have had two supplies of the dried venom, one was presented to Messrs. Thompson and Capper by Dr. J. H. Ramsbotham, of Leeds, and which was given to him by a medical friend who received it direct from the secretary of the snake-poisoning commission in Calcutta, the other was received by myself direct from Surgeon Edward Nicholson of the Army Medical Department, and author of an excellent treatise on Indian snakes, and which he himself collected and brought over to this country.

As four drops of the liquid venom yield one grain of dry residue, these two supplies were separately dissolved in glycerine in the proportion of one grain to three, so as to represent venom of the natural strength. These were then separately tested by Mr. Isaac Thompson and myself; of one of them as much as would represent one fifth of a grain of the dried venom was injected underneath the skin of a cat, and of the other as much as would represent one grain was injected underneath the skin of a dog. In the case of the cat death with the usual symptoms took place within fourteen minutes, and in the case of the dog within ninety-five minutes. Glycerine was then added to both so as to bring them up to one drop of the liquid venom

in ten, the ϕ of the *Pharmacopœia* and corresponding with that of crotalus.

From these Messrs. Thompson and Capper have prepared the ordinary dilutions, and it is to be hoped that all homœopathic practitioners and chemists will procure a supply of this new and reliable preparation, which, as with crotalus, may be had as low as the first centesimal dilution.

I am, Gentlemen, yours truly,

JOHN W. HAYWARD, M.D.

117, Grove Street, Liverpool;

Dec. 1st, 1877.

OBITUARY.

DR. CLOTAR MÜLLER.

HOMŒOPATHY has sustained another great loss. Dr. Clotar Müller has for many years been one of the most prominent personages in the German homœopathic world. Son of the renowned Dr. Moritz Müller, one of Hahnemann's earliest disciples, he worthily followed in a course pursued with so much honour by his eminent father. He founded and conducted the *Vierteljahrschrift* for many years, and after a short pause established the *Internationale homöopathische Presse*, which has exercised such a beneficial action on the external and internal development of our system. In May last he was attacked with embolic pneumonia, from which he completely recovered, but sought rest and sunshine in a southern climate. He removed for the winter to Lugano in Switzerland, and there was attacked with pleurisy from which he seemed to have recovered perfectly, so much so that a friendly physician who had come to attend him was on the point of leaving him, when he suddenly expired in his chair. The cause of death was probably embolism in the brain. Homœopathy can ill afford to lose such an able representative, and the many friends whom he made in his native country and here and in America, where he was for a short time in 1876, will deeply regret the death of a genial and highly cultivated colleague.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

HAHNEMANN'S DOSAGE.

By Dr. HUGHES.

IN the discussions about dose which from time to time arise in the school of Hahnemann, the practice of the master is frequently cited by either side, and statements made on the point by one party are frequently contradicted by the other, so that the would-be learner is left in confusion. It has seemed to me that it would be a useful contribution to the controversy if a chronological account were given—taken from the original documents—of all that Hahnemann wrote on this subject from his first promulgation of the homœopathic method until his death. I am not unmindful of the valuable materials brought together by Dr. Dudgeon in relation to Hahnemann's dosage in his *Lectures on Homœopathy*. But at the time of their publication it is obvious that my esteemed colleague had not at his command several of the most important sources of information on this score:—I refer to the first edition of the *Reine Arzneimittellehre* and the *Chronischen Krankheiten*, and the second edition of the first and second volumes of the former work. With these now before me, I

am able to fill up certain gaps in his statement, and to present a complete account of the facts.

1796—1798.

It was in 1796 that, in his essay entitled "A new principle for ascertaining the curative power of drugs, with a few glances at those hitherto employed," Hahnemann first propounded the homœopathic method. In this paper he several times speaks of "small doses" as being necessary when similarly-acting medicines are given, the context showing (and, indeed, sometimes stating) that he means doses too small to produce the physiological effects of the drugs. That such smallness did not, in the case of most medicines, mean their use in even fractional quantities, appears from his recorded practice during the next two years. In 1797 we find him reporting a case of colic in which he gave *Veratrum album* in four-grain doses, and another of asthma, treated by *Nux vomica* in the same quantities. In 1798 he relates a series of cases of continued and remittent fevers occurring in that year, in which he gave "a few grains of *Arnica* root," *Ignatia* in doses of two or three grains to children from seven to twelve, from one-fifth to half a grain of *Opium*, thirty to forty grains of *Camphor*, six to seven grains of *Ledum*. In another paper "On some periodical and hebdomadal diseases," appearing in the same year, he speaks of giving eight grains of *Ignatia* and half-drachm and drachm doses of *Cinchona*.

1799.

To this year belongs the introduction, sudden and without explanation, of what are now known as infinitesimal doses. In a pamphlet "On the cure and prevention of Scarlet Fever," published in 1801, Hahnemann relates his treatment of an epidemic of this disease commencing in the summer of 1799. He mentions the use of four medicines only—*Ipecacuanha*, *Opium*, *Belladonna*, and *Chamomilla*, and speaks of all as given in quantities of a minuteness

hitherto unknown in medical practice. His tincture of *Ipecacuanha* was to contain one part of the drug in two thousand of alcohol; of this from one to ten drops were to be taken, according to the age of the patient. *Opium* was so diluted that a drop should only represent the five-millionth of a grain, and children below four were to have even this dose broken up. *Belladonna* was given in a dose of the 432,000th part of a grain of the extract; and for prophylactic purposes a solution was made containing only a twenty-four millionth part of a grain of the same, of which from one to forty drops, according to age, were to be taken every third day. The tincture of *Chamomilla* was to contain the 800,000th part of a grain of the dry extract, of which one, two, or more drops were to be given.

1801.

In the second part of *Hufeland's Journal* for this year Hahnemann answers the question aroused by his pamphlet—What effect can these minute doses of *Belladonna* have? I am not now concerned with his defence of them; I have only to note that he speaks several times of the effects of a millionth part of the ordinary doses, and says,—“Those who are satisfied with these general hints will believe me when I assert, that I have removed various paralytic affections by employing for some weeks a quantity of diluted solution of *Belladonna*, where for the whole treatment not quite a hundred-thousandth part of a grain of the extract was required; and that I have cured some periodical nervous diseases, tendency to boils, &c., by not quite a millionth of a grain for the whole treatment.”

1806.

Hahnemann says nothing more upon the subject of dose (not even in his *Fragmenta de viribus medicamentorum positivis*; published in 1805) until his essay on “The Medicine of Experience,” which appeared in *Hufeland's Journal* in 1806. Nor, indeed, does he advance here beyond the

point he seems to have reached in 1799—1801. He speaks of the "smallest possible dose" sufficing, of its being of little or no importance how small the dose is; but whenever he comes to particulars, he mentions only the hundredths, thousandths, and millionths of an ordinary dose with which we are already familiar.

1809.

I find no further mention of dose (beyond such general statements about smallness as those cited above) until we come to 1809. In a paper, entitled "Observations on the three current methods of treatment," published in *Hufeland's Journal* of that year, we meet with a paragraph stating that in certain so-called "bilious conditions" "a single drop of the tincture of arnica-root will often remove, in the course of a couple of hours, all the fever, all the bilious taste, all the tormina; the tongue becomes clean, and the strength is restored before night."* But in another communication belonging to the same year we find that in the case of two potent poisons Hahnemann had come to attenuate much farther than three years back. For a fever which had prevailed for a twelvemonth past in Germany, and which he describes in the *Allg. Anzeiger der Deutschen* for 1809, he names as remedies *Nux vomica* and *Arsenicum*, according to the symptoms, recommending the former to be given in doses of a trillionth, the latter in those of a sextillionth of a grain, *i. e.* in the 9th and 18th dilutions respectively.

1810.

In this year appeared the first edition of the *Organon*; and we naturally expect to find in that section of it devoted to the subject of dose some more detailed exposition of Hahnemann's views upon the point than had as yet been vouchsafed. Little is said, however, beyond what we have already seen in the "Medicine of Experience." In a note

* *Lesser Writings*, translated by Dudgeon, p. 599.

to § 247, he writes:—"When I speak of the dose employed in homœopathic practice being the smallest possible, I cannot, on account of the difference in the power of medicines, give a table of the right measure and weight of the medicines."

1814.

In 1814, in an article "On the treatment of the typhus or hospital fever at present prevailing" (it was the time of the uprising of Germany against Napoleon which followed his retreat from Russia) we have further insight into Hahnemann's posology. The medicines he recommends, according to the symptoms, are *Bryonia*, *Rhus*, and *Hyoscyamus*. The first two are to be given in the twelfth dilution, and the third in the eighth, of a scale different from the centesimal, in that six drachms instead of a hundred drops of alcohol are to be used at each advance in attenuation. This would (as Dr. Dudgeon says*) make the 12th dilution correspond to something between our 15th and 16th, and the 8th to our 10th. Sweet spirit of nitre is also directed to be given under certain circumstances, and a drop of it is to be shaken up with an ounce of water, the mixture to be consumed by teaspoonfuls in the course of the twenty-four hours.

1816.

This year is an important epoch in the history of Hahnemann's dosage, or at least in our knowledge of it. In the first volume of the *Reine Arzneimittellehre*, published in 1811, he had not said a word, in his prefatory remarks to the several pathogenesies, as to the doses of the medicines he thought most suitable to be given. We thus know nothing of his views at that time regarding the dosage of *Belladonna*, *Dulcamara*, *Cina*, *Cannabis*, *Cocculus*, *Nux vomica*, *Opium*, *Moschus*, *Oleander*, *Mercurius*, *Aconite*, and *Arnica*. Now, however, this reserve is abandoned; and in the second volume (published in 1816) and its successors, nearly every medicine is given its appropriate doses. In

* *Lectures*, p. 401.

that now before us we find the following recommendations:—

Of *Causticum* a drop of the original preparation is to be given for a dose.

Arsenicum is to be administered in the 12th, 18th, or 30th dilution, preferably the last.

Of *Ferrum* the $\frac{1}{100}$ th, $\frac{1}{10000}$ th, or $\frac{1}{50000}$ th of a grain is mentioned as appropriate.

Ignatia is recommended in the 9th or 12th potency; and

Rheum, in acute affections, in the 9th.

As to *Pulsatilla*, *Rhus*, and *Bryonia*, very similar directions are given. If the patient be robust, and his malady of some standing, a drop of the pure juice will be an appropriate dose. But in delicate subjects and acute affections attenuations are to be given—the 12th being specified for the first medicine, the 12th or 15th for the second, the 18th for the third.

These views are well illustrated by the two celebrated cases published at this time by Hahnemann as examples of homœopathic treatment, and which are given in the preface to the present volume. The first was one of gastralgia, with water-brash, of three weeks' standing, occurring in a robust woman otherwise in good health. She received a drop of the juice of the root of *Bryonia*. The second was one of spoiled stomach, which had existed five days, and whose subject was a weakly and delicate man. His remedy was half a drop of the twelfth dilution of *Pulsatilla*. Both these cases were treated towards the end of 1815.

From the same preface, moreover, we learn that Hahnemann had now adopted the centesimal scale of attenuation, —great care being taken (in which later homœopathic pharmacy has not followed him) to make each potency what it professes to be. Dry plants are to be treated with twenty parts of alcohol, and each drop of this tincture to be reckoned as containing a twentieth part of medicinal power (*Arzneikraft*) in making the dilutions. Correspondingly, the tinctures prepared from fresh plants by mixing

their expressed juice with equal parts of spirit are to be considered as of half-strength, so that two drops are to be added to 98 of alcohol to make the first centesimal dilution.

1817.

This year brings us a third volume of the *Reine Arzneimittellehre*, and in it we find the following recommendations as to dose.

China is to be given in the 12th dilution,
Asarum in the 12th or 15th,
Ipecacuana in the 3rd,
Scilla in the 15th or 18th,
Stramonium in the 9th,
Veratrum in the 12th.

Nothing is said on this score as to *Chamomilla* and *Heileborus*. In the preface Hahnemann speaks of a drop of the thirtieth dilution of *Arsenicum* as being sometimes "altogether too large a dose."

1818.

A fourth volume of the *R.A.M.L.* now appears, containing twelve medicines. The following are the statements and recommendations about dose to be found in it.

Of *Hyoscyamus*, it is said in the preface to the medicine, that a dose which contains the trillionth part of a drop of the juice (*i. e.* of the 9th dilution) is more than sufficient for homœopathic purposes; and in a note to one of the symptoms, suggesting its use in hydrophobia, and warning against giving it in too large doses, the 12th, 15th, and 18th dilutions are mentioned as most suitable.

Digitalis is recommended, with the qualification as to "often more than enough," in the 15th dilution.

About *Aurum* he gives no definite advice, but speaks of using the first and second triturations of gold-leaf (this mode of preparation is now introduced for the first time), and the 15th and 18th dilutions of the muriate.

Of *Guaiacum* a drop of the mother-tincture is said to be a full dose.

Camphor is to be given in drop doses of the primary solution, which is in the proportion of one part in eight.

Ledum is recommended in the 15th dilution ;

Ruta in a dilution containing one part of the juice in 100,000, *i. e.* what we should now call the 5th decimal ;

Sarsaparilla in drop doses of the mother-tincture ;

Sulphur, *Hepar sulphuris* and *Argentum* in grain doses of the second trituration.

1819.

This year gives us several expressions of Hahnemann's views on the subject of dose.

1. The fifth volume of his *Materia Medica Pura* bears its date. In this we find him making the following recommendations :—

Of *Euphrasia*, *Menyanthes*, and *Sambucus*, “ the smallest part of a drop of the juice ” is mentioned as a sufficient dose.

Cyclamen is to be administered in the same proportion of the third dilution.

Of *Calcarea acetica* a drop of the saturated solution is advised ;

Of *Muriatic acid*, the smallest part of a drop of the thousand-fold dilution, *i. e.* our 3rd decimal ;

Of *Thuja* a similar quantity of the 30th.

A single drop of the juice of *Taraxacum* is to be given ;

A small part of a drop of *Phosphoric acid* in the second dilution ;

Of *Spigelia* and *Staphisagria* the smallest part of a drop of the 30th.

2. In this year was published the second edition of the *Organon*. The paragraphs on the subject of dose are very differently worded from the corresponding ones in the first edition, and are identical with those of the fifth, which we all have in our hands. In a note to one of them Hahnemann refers to the prefaces to the several medicines in his

Reine Arzneimittellehre for the appropriate dilution of each, but says that further experience has shown that it is better to go still "lower" than the doses there indicated. By "lower" he evidently means what we understand by "higher."

3. In the same year we have a short communication to a popular journal "On uncharitableness towards suicides," in which he states that "this most unnatural of all human purposes, this disorder of the mind that renders them weary of life, might always with certainty be cured if the medicinal powers of pure *gold* for the cure of this sad condition were known." For this purpose he recommends an attenuation to the billionth degree, *i. e.* the sixth potency. In the previous year he had spoken of effecting cures by using altogether from three to nine grains of the first trituration.

1821.

In this year was published the sixth and last volume of the first edition of the *Reine Arzneimittellehre*. The phrase "the smallest part of a drop," which we have so often encountered in the fifth volume, is now constantly used, and seems to imply the regular employment of globules as the form of administration. Understanding this, I may briefly state Hahnemann's recommendations as to the suitable dilutions of each medicine.

Of *Angustura* he mentions the 6th ;

Of *Manganum aceticum* the 24th ;

Of *Capsicum* the 9th ;

Of *Colocynth* the 18th and 21st.

Of *Verbascum* the pure juice is to be given ;

Of *Spongia* the mother-tincture for goitre; for other purposes higher attenuations (the range not specified) ;

Of *Drosera* the 9th dilution ;

Of *Bismuth* the 2nd trituration ;

Of *Stannum* the 6th.

In a note to one of the symptoms of *Cicuta* Hahnemann speaks of giving a small part of a drop of the juice for a dose in impetigo.

In the same year *Aconite* and *Coffea* are recommended as the remedies for "purpura miliaris." The former is to be given in the 24th, the latter in the 3rd dilution.

1822.

Hahnemann now began to issue a second edition of his *Materia Medica Pura*, the first volume appearing in the present year. As in the corresponding volume of the first edition nothing was said about dose, I must limit myself to stating the dilutions now mentioned.

- Of *Belladonna* the 30th is recommended ;
- Of *Dulcamara* the 24th ;
- Of *Cina* the 9th ;
- Of *Cannabis* the pure juice ;
- Of *Cocculus* the 12th ;
- Of *Nux vomica* the 30th ;
- Of *Opium* the 6th ;
- Of *Moschus* the 3rd decimal (1000 *facher*) ;
- Of *Oleander* the 6th ;
- Of *Mercurius solubilis* the 12th (trituration) ;
- Of *Mercurius corrosivus* the 15th ;
- Of *Aconite* the 24th ;
- Of *Arnica* the 6th.

The phrase "small" or "smallest part of a drop" is used for each of these, save that of *Mercurius solubilis* "a grain or less" is to be given.

1824.

The second volume of this edition, appearing in 1824, can have its recommendations as to dose compared with its fellow in the former issue. Making such comparison, accordingly, we find that the only material change which has occurred relates to *Rhus* and *Bryonia*. Of *Pulsatilla* it is still allowed to give a drop of the pure juice in a suitable case ; but of the two other drugs, of which formerly the same direction was given, it is now said that the juice is never required, the 30th dilution answering equally well for

all cases. *Arsenicum*, *Ferrum*, *Ignatia*, and *Rheum* are to be given as in 1816 ; and of *Causticum* the original solution is still prescribed, in doses of " a drop or less."

1825.

Two volumes—the third and fourth—of the second edition of the *Reine Arzneimittellehre* appeared during this year. In the third the recommendations as to *China*, *Asarum*, *Ipecacuanha*, *Scilla*, *Stramonium*, and *Veratrum* remain unchanged ; and the twelfth is for the first time specified as the appropriate dilution for *Chamomilla*. In the fourth the doses of *Guaiacum*, *Camphor*, *Ledum*, *Ruta*, *Sarsaparilla*, *Sulphur*, and *Argentum* remain as they were in the first edition. *Hyoscyamus* is raised from the 9th to the 12th dilution ; and in the note about hydrophobia the 24th and 30th are substituted for the 12th, 15th, and 18th, as the most appropriate potencies. Of *Digitalis* the 30th is said to be still better than the 15th ; and of *Aurum* he states that he now gives the 12th dilution instead of the 1st and 2nd triturations. *Hepar sulphuris* is raised from the 2nd to the 3rd.

1826.

In the fifth volume, published in this year, the only changes which occur are as to *Muriatic* and *Phosphoric acids*. The former is now to be given in a "millionfache" instead of a "tausendfache" solution, i.e. in the 3rd potency ; the latter in the 9th attenuation instead of, as hitherto, in the 2nd.

There also occurs, in this volume, one of the few notices given by Hahnemann of those potencies above the 30th which afterwards played so large part in homœopathic posology. He says that, in sycotic gonorrhœa, he finds *Thuja* more potent in the 60th than in the 30th dilution. It would seem, however, that he did not attach much importance to this observation, as subsequently, in both editions

of the *Chronischen Krankheiten*, the appropriate dose for *Thuja* in sycosis is said to be the 30th.

1827.

In the sixth volume, *Angustura*, *Capsicum*, *Verbascum*, and *Bismuth* remain as they were in respect of dose. *Manganum* is raised to the 30th, *Colocynth* to the 24th or 30th, and *Drosera* also to the latter point. *Cicuta*, of whose dosage in Hahnemann's hands the only trace hitherto was his use of the pure juice in a case mentioned, is now recommended in the 30th; and this dilution is specified as the one most appropriate for *Spongia* in all affections save goitre. On the other hand, *Ambra*, *Carbo animalis*, and *Carbo vegetabilis*—here introduced for the first time—are all to be given in a small part of a grain of the third trituration; and of *Stannum* he says that he has hitherto used the 6th, but now finds the third to answer every purpose. We shall see directly that this last exhibits his usual practice somewhere about this time with all drugs prepared by trituration and given in chronic disease.

1828.

This year brings us a very important addition to our knowledge of Hahnemann's posology at the time to which we have reached. It is the first edition of the *Chronischen Krankheiten*, of which the first three volumes now appeared. I will give all the statements about dose which they contain.

In the introductory essay, speaking of the "antipsoric" medicines generally, he says that he began by giving a small portion of a grain of the 2nd or 3rd trituration (by which process all then recognised were prepared); but that later, feeling this to be an uncertain quantity, he prepared and used the subsequent attenuations. In accordance with this statement we find him mentioning in a note cases of itch which he had treated with half-grain doses of the third trituration of *Carbo vegetabilis* and *Sepia* respectively. In speaking of the treatment of the three miasmatic diseases

he describes, he recommends—for sycosis *Thuja* 30 and *Nitric acid* 6; for syphilis *Mercurius solubilis* 6; and for recent itch, three globules saturated with a tincture made by treating five grains of *Sulphur* with a hundred drops of alcohol. If a second dose is required, he advises the 6th dilution to be used, as prepared in the usual way; and if *Carbo animalis* or *vegetabilis* should be required, they are to be given in the 12th. Recommending *Antimonium crudum* where a spoiled stomach was annoying the patient, he mentions the 6th potency as appropriate; and in a letter dated April, 1829, we find him using the medicine at this strength in certain intermittent fevers.*

In the prefaces to the several medicines the following recommendations are made as to dose:—

For *Ammonium carbonicum* and *Baryta carbonica* the 18th is said to be most suitable;

For *Calcarea carbonica*, *Graphites*, and *Lycopodium* the potencies from the 18th to the 30th;

For *Iodium* the 30th.

Of *Magnesia carbonica* he says that he has long employed the 12th, but now prefers the 24th and 30th.

For *Magnesia muriatica* he mentions the 6th as the most generally suitable, but says that we may at times go with advantage to the 12th and 18th.

Natrum carbonicum he at first employed in an aqueous solution to the 3rd degree; but now recommends the 12th potency prepared from the third trituration.

Nitric acid as an antipsoric should be given in the dilutions from the 18th to the 30th;

Petroleum in the 18th;

Phosphorus and *Sepia* in the 30th;

Silica and *Zincum* from the 18th to the 30th.

1829—1843.

We have now followed Hahnemann through the whole course of his posology from 1796 to 1828. We have seen him diligently following his experience in whatever direction

* See *Brit. Journ. of Hom.*, xi, 64.

it led him, on the whole advancing from lower to higher attenuations, but never hesitating (as in the case of *Stannum*) to take the opposite step when the facts seemed to require it. We have found him recognising throughout the great difference between medicines as regards their dose, so that his latest instructions fix this for one and the other at all points of the scale of dilution from the mother-tincture to the 30th. All has hitherto shown life and progress, and the history is worthy of our best attention. But at the point we have now reached a chilling blast sweeps over the scene, and stiffens it to a rigid and monotonous blankness. At some time in the course of 1829 Hahnemann determined to fix the dose of all medicines indiscriminately at the 30th dilution. The thing was done solely, as he himself says, for the sake of uniformity. The "medicine of experience" had nothing to say to it, for we are told in the fifth edition of the *Organon*, published in 1833, that "it holds good, and will continue to hold good, as a homœopathic therapeutic maxim, *not to be refuted by any experience in the world*, that the best dose of the properly selected remedy is always the very smallest one in one of the high dynamizations (x)," which last is his sign for the 30th. Accordingly, in the fourth volume of the first edition of the *Chronischen Krankheiten* (1830), in the first and second of the third edition of the *Reine Arzneimittellehre* (1830-3), and throughout the second edition of the later work (1835-9), every medicine whose pathogenesis is given is directed to be employed in the 30th dilution.

Not that Hahnemann himself rigidly observed the uniformity he inculcated. Without laying any stress on the cases which Dr. Dudgeon has cited, as treated by him in 1842-3, where the language is obscure; or on the contents of his pocket-case found after death, in which all dilutions from the 3rd to the 30th were present, it is sufficient to refer to the second edition of the *Chronic Diseases*. In the introductory essay thereto (1835) *Nitric acid* is still recommended for sycosis in the 6th; and in the preface to the third part (1837) he states that if, after the 30th potency has exhausted its action, the medicine is still indicated, it

should be given in a lower potency, suggesting the 24th. At the end of this preface he speaks of giving, where the same medicine had to be continued several days, a dose daily each time in a lower degree of potency. On the other hand, there are indications of a tendency to look beyond the limit of the 30th; for we read in the *Organon* of 1833—"The higher we carry the attenuations accompanied by dynamization, with so much the more rapid and penetrating action does the preparation seem to affect the vital force and to alter the health, with but slight diminution of strength even when this operation is carried very far—in place, as is usual (and generally sufficient) to x, when it is carried up to xx, l, c, and higher; only that then the action always appears to last a shorter time." By these figures he meant what we should call the 60th, 150th, and 300th potencies. In the preface to the fifth volume (1839) he speaks of "obtaining, even in the fiftieth potency, medicines of the most penetrating efficacy;" and von Bönninghausen tells us, that in his last years he not uncommonly employed the 60th.

On the basis of this survey of the facts of the case it is not unfair to argue that the truest disciples of Hahnemann in the matter of dose are those who follow him as he was in the years from 1796 to 1828, rather than those who count the 30th itself a low potency, and dwell habitually in an exalted region far above that which the master but looked into and himself but seldom entered.

A CASE OF DUCHENNE'S PSEUDO-HYPERTROPHIC PARALYSIS.

By A. C. CLIFTON, M.R.C.S.E.

M. J—, æt. 18, has been ill more than a year. She states that about a year ago she noticed purple spots, about the size of a shilling, on her legs, and felt very weak. She

bathed her legs with cold water for several days, which did them good, but at the next catamenial period she was unwell merely for a few hours and had only a slight and pale discharge. She continued to feel weak, lost her appetite, suffered with headache and palpitation of the heart, and was unable to retain her situation of general servant. Whilst in this condition she went as in-patient to the Northampton Hospital, but received no benefit, and now applies for relief at the Northampton Homœopathic Dispensary in the following condition :

It is with great difficulty she can walk a few yards ; when she does so it is with her shoulders thrown backwards, the abdomen prominently forward, the legs separated, walking in a waddling side-to-side manuer, and it is with difficulty she can even stand, as her legs feel as if they will give way except when widely separated. She cannot rise from a chair without assistance. Complains of numbness and pins and needles sensation in lower extremities ; in the upper extremities no pain or numbness is felt, but some amount of stiffness. She can grasp an object with her hand for a few minutes, but cannot retain the grasp longer than that time. Her face is pale and anæmic in appearance, appetite is poor, suffers some pain in her left side. Bowels act every third or fourth day. The catamenia are irregular, only occurring every six, seven, or eight weeks, very little and pale in colour. The urine is normal. There is no vertigo, headache, or defective vision. There is some tenderness of the lower dorsal vertebræ. When standing there is a deep anterior curve of the lumbar vertebræ, which, however, is much diminished when in a prone position. The glutei muscles are firm and hard and somewhat enlarged ; so also are the oblique abdominal muscles. The muscles of the upper arm are enlarged, hard, and firm ; the right arm across middle of biceps when the arm is extended measures in circumference $9\frac{3}{4}$ inches, and the left arm in the same place measures $9\frac{1}{2}$ inches ; the forearms are apparently normal. The muscles of the thighs and legs are much larger and harder than normal ; the circumference of the middle of the right thigh is $19\frac{3}{4}$ inches,

that of the left $19\frac{1}{2}$ inches ; right calf measures $14\frac{1}{2}$ inches, the left $14\frac{1}{4}$ inches. This being her condition when admitted, the question of diagnosis was important. I was at the time treating a similar case of a little girl about six years of age, but treating merely symptomatically, not having seen this disease before. Dr. D. Dyce Brown, then of Aberdeen, was staying with me for a day on his way to London ; he saw both cases and diagnosed them as the "pseudo-hypertrophic paralysis" described by Duchenne, a case of which he had recently had under his care, and an account of which he had published. Dr. Brown, however, gave me but little encouragement in the way of treatment, saying that there had never been a case known to be cured except when treated before the pseudo-hypertrophy had commenced and when only in the first stage of weakness, and that the only hope was in electricity. This I could not let the patient have, living as she did some miles from here, and as I had no institution for *in-patients*. I resolved, however, to give the patient a chance of recovery by drugs. She was advised to return home, receiving a placebo till time could be given for studying her case and getting any more leading symptoms of it previous to her present condition. On inquiry I found that as a child she had been subject to frequent violent attacks of epistaxis, frequent diarrhœa or rather lienteria, sometimes profuse flow of urine for several days together, and that her growth from twelve to fifteen was very rapid, causing weakness and fainting. These were the only additional symptoms which could be obtained. Notes were made of several medicines which appeared more or less indicated, such as *Natr. Mur.*, *Pulsatilla*, *Phos. Acid*, *Ferrum*, and *Zincum*, but *Phosphorus* was decided on as the most likely to do good. Three weeks after her first visit *Phosphorus* 3^x two drops three times a day was prescribed, and sufficient medicine was given to last her a month. At the end of this time she was rather better, felt stronger, appetite was improved, face was of better colour, there was less stiffness in her arms and less weakness in her legs. The medicine was therefore repeated.

I need not relate her report from time to time, as it was always improved in some respect or other, and therefore the same medicine was continued for a period of fourteen months, with the exception of one month when she had *Ferrum Phosphoricum* 1^z, 2 grains three times a day, and that because the catamenia, though increasing in quantity, were still very pale. It was an error, however, to have given it, as she did not improve by its administration.

At the end of the fourteenth month from commencing *Phosphorus* she walked a distance of two miles to Northampton and two miles home, though when she first came she could only walk a few yards. She is now able to do household work, her appetite is good, the catamenia are regular and of good colour, and her complexion, though rather pale, is otherwise healthy. The muscles of her arms and legs are much smaller and much less hard; but on walking, her shoulders are still thrown somewhat backwards, owing to the anterior curve in the lumbar region. For this she wears a spinal support, which I should not have recommended could I have taken her into an institution and given her appropriate treatment by friction, movements, &c. She, however, considers herself well. The course which her improvement took was the reverse of that of the development of her disease; the arms were the first to be relieved, then the numbness and pins-and-needles sensations in her legs, then the weakness of her legs, next the walking powers, followed by diminution of the enlargement and hardness of her muscles, and finally her general health and strength.

Remarks.—This case was a very well-marked case of Duchenne's pseudo-hypertrophic paralysis, and seems to me to be well worth recording, not only on account of the comparative rarity of the disease, but still more on account of the success of the treatment. This is, I believe, the only case on record where the disease had advanced to the stage of decided pseudo-hypertrophy with all the concomitant symptoms and yet was cured by the use of internal treatment alone. For although the anterior spinal curve remained and required the aid of mechanical support, I

think I may with perfect correctness say that the case was cured, seeing that at the commencement of treatment she could only walk a few yards, while at the end of fourteen months she could walk four miles and resume her domestic work. The effect of the *Phosphorus* is all the more evident, as, with the exception of one month's use of *Ferr. Phosp.*, during which time there was no improvement, she had no other medicine whatever.

In the hands of the old school no treatment but that of faradisation, and that only in the early stage, before the hypertrophic condition has been developed, has been found to be of any service.

The disease is chiefly met with in children. In the first stage there is simply general weakness and inability to walk well. When the patient does walk he does so with the lower limbs widely apart and with a characteristic waddling gait. The shoulders are thrown backwards to compensate for the deep anterior lumbar curve which is formed. The centre of gravity lies behind the line of the spinal column. With this weakness the muscles of the body, especially, at first, those of the lower limbs, become markedly enlarged and hard, so that a child looks like an infant Hercules, although he is so weak as to be hardly able to move. This hypertrophy gradually extends to other muscles of the body, till most of them became enlarged and hard. A period of inaction of the disease next follows, and lasts from two to three years. Increasing weakness then comes on, the patient is unable to move, and has to lie helpless on the couch; the muscles now are seen to waste, and he dies from pneumonia, phthisis, or some other disease.

The hypertrophy of the muscles is only apparent, hence the name "pseudo-hypertrophic" paralysis, but is produced by excessive development of the connective tissue between the muscular fibres. Sometimes also fat is developed. The pressure of this abnormally developed connective tissue causes absorption and degeneration of the muscular fibres; the transverse striation becomes less visible, and there comes to be a deposit of granular and fatty matter in them.

At first there is no absence of electric contractility in the muscles, but as the disease advances this is gradually lost. There is no loss of sensation, nor of power over the sphincters. No definite disease has been found to be constantly present in the nervous centres. In some cases nothing whatever abnormal has been found, while in others there has been an excessive development of connective tissue in the anterior and lateral columns of the cord, with corresponding disappearance of the proper nerve-substance. The ultimate source of the disease is, therefore, at present doubtful.

RATIONAL MEDICINE.

By R. E. DUDGEON, M.D.

THE great medical reformer of our times, the modern Hippocrates, called the first edition of his work, wherein his reforms were aphoristically enunciated, *Organon of Rational Medical Science*. But he published the later editions of that work under the title of *Organon of the Medical Art*, or, as Dr. Wesselhœft will have it, *Organon of the Art of Healing*. He was evidently of opinion that his first chosen title was unsuitable, and to me it seems that the second title is inappropriate. For his reformation is a reformation of therapeutics, *i. e.* of the treatment of diseases by drugs,* and the medical art does not solely consist of therapeutics, as a doctor's prescriptions are not all drawn from the *Materia Medica*. The title *Organon of Rational Therapeutics* would best express the character of the book, for Hahnemann's work was essentially an attempt, and as I believe a successful attempt, to establish therapeutics on a rational basis. But, as before said, therapeutics are not the whole of medical science or medical art, and in spite of Hahnemann's labours all therapeutics cannot yet be said to

* I am fully aware that the word *therapeutics* (from *θεραπεία*) has etymologically no such limited meaning, but as it is usually employed in the sense of *drug-treatment* I shall so use it in these pages.

be rational. A great deal of the empirical and not a little of the conjectural still cleaves to therapeutics, and even those who are convinced of the truth of the great law of cure discovered by Hahnemann and are most enthusiastic in their practice of his rational therapeutics find the occasional necessity of resorting to the empirical and conjectural in their treatment of diseases.

But cases, and those not few in number, present themselves to every busy practitioner where therapeutics or drug-treatment is inadmissible and unavailing. And yet these cases belong just as much to the domain of the "healing art"—*ars medendi*—as do those that require drugs for their cure. The sphere of medical practice is very extensive, and the rational practitioner would have his power of doing good sadly curtailed were he to be limited to drug-giving. Outside the domain of therapeutics we are all rational practitioners. But those who are conversant with homœopathy are the only medical artists who claim for their therapeutics the character of rational. All the champions of orthodoxy in medicine agree to throw up the sponge when the question is as to the rationality of their therapeutics. The confessions of the coryphæi of old physic on this subject have been quoted again and again, they are all of the same tenor. A recent saying of Virchow, one of the greatest of living authorities in the old school, expresses curtly what all admit with more or less circumlocution, "*We have no rational therapeutics.*" In opposition to this the united voice of Hahnemann's followers declares, "*We have rational therapeutics.*"

As Hahnemann said long ago, there are but three possible modes of applying medicines to the cure of diseases :

1. To give a medicine capable of causing in the healthy a morbid state the *opposite* to that of the disease to be cured.
2. To give a medicine capable of producing in the healthy a morbid state *different* from that of the disease to be cured.
3. To give a medicine capable of causing in the healthy

a morbid state *similar* to that presented by the disease to be cured.

Now, the first mode, expressed by the formula *contraria contrariis curentur*, has only a superficial semblance of rationality. For in the application we have first to determine what are the opposites of diseases, and if we reply truly we can only say, the opposite of a disease is health. But it will hardly be said that drugs are health, so this rule is incapable of application; it is, therefore, irrational. We may grant that there are certain symptoms whose opposites may be imagined; thus, the opposite of heat is cold, and when we find a patient with an elevated temperature we may plunge him into an ice-cold bath and so reduce his temperature.* But heat is only one symptom of a disease, and never the whole disease; so to treat heat with cold or cold with heat is to treat but one symptom of a disease and not the disease itself; therefore, this application of the rule *contraria contrariis* is mere unscientific symptomatic treatment, and cannot constitute a rational treatment. Again, the opposite of diarrhœa is constipation, the opposite of a diminished renal secretion is a free flow of urine, but these are only single symptoms of a disease, and never the whole disease; so here again treatment by the rule *contraria contrariis* is symptomatic and irrational. "The doctors, like the bishops, have the keys of binding and loosing" sneered Bacon; but what avails the binding or loosing of a single symptom when the whole of the remainder of the disease is left untouched?

Still less claim to rationality has the second mode of applying medicines in disease. To give a medicine that shall excite a different morbid state to that of the disease is to produce a new disease in a part not previously in-

* This is the present fashion of treating diseases with increase of temperature, such as typhoid fever and pneumonia. But, as Sydenham long ago remarked, "This method of merely introducing different qualities can no more effect the direct destruction of specific diseases than a sword can quench a flame. What can be done by cold, or heat, or wet, or dry, or by any of the secondary qualities that depend on them, against a disease whose essence consists in none of them?" But we have got wiser than Sydenham, and expect to cure with cold a disease whose essence consists in something quite different.

volved in the disease. Thus, to treat a head affection by developing a diarrhœa is as sensible as would be the advice of a shoemaker, when we complained of his shoe pinching us, to give ourselves a headache by putting on a hat too tight for our head. This rule is, no doubt, easily acted on, for there is no disease in which we cannot find some organ of the body exempt from suffering on which we may work our wicked will. But it is not easy to understand how the patient will be benefited by adding a fresh disease to that he is already afflicted with. However, this mode of treatment was ever the favourite, because, though utterly irrational, it is so simple. It does not require a great knowledge of *materia medica*. A few powerful drugs known to act on the bowels, the kidneys, the skin, are all that is required. If the disease has spared the bowels, give a purgative and add a diarrhœa to the existing malady; if the kidneys are unaffected, give a diuretic and add diuresis to the original disease; if the skin is exempt, give a sudorific or clap on a blister to bring the cutaneous organ into a harmonious morbid state. Here the doctor is the *minister naturæ* with a vengeance. He carefully examines the patient to discover what organ has been spared by the disease, and having found it he straightway proceeds to repair the neglect of nature by making this organ properly ill. "See," he might say to the patient, "you are ill, very ill; your head, chest, liver, heart, and kidneys are all involved in morbid action, but the disease has spared your bowels. I will soon remedy that omission; take this excellent purge and your bowels will soon be as actively diseased as all those other organs. And," he might add, "if this treatment does not shorten your disease, it will at least convince you of the power of my drugs, and impress you with a due sense of my cleverness in their application, a conviction cheaply purchased at the expense of a few days more of illness than the unassisted disease might have inflicted on you." But, of course, he would not speak this way to the patient nor even think this way to himself, but would think and talk learnedly

according to the traditions of his school about counter-irritation, alterative treatment, elimination of the *materies morbi*, and what not. These delusions still cling to orthodox medicine, and to many of its adherents and especially to their patients these phrases are as meaningless but as comforting as was the word "Mesopotamia" to the pious old lady of the story. One unfortunate result they have had, and that is that they blind those who employ them to the real character of the treatment they euphemistically indicate, and keep them in a fool's paradise of content with things as they are. "If the patient is no better, but rather worse, for this sort of treatment, that is his fault; at least it is owing to the perversity of his disease, which refused to eliminate its *materies morbi* by the way we indicated, or would not allow itself to be counter-irritated in the manner we proposed, or objected to the alteration we suggested for its advantage. We, at all events, have done our duty, and our medicines have acted splendidly on the organs we set them to attack. There are some obstinate diseases which, like some serpents, will not listen to the voice of the charmer, charm he ever so wisely, plague on them! but will keep on their own perverse course, flying in the face of all authorities from Hippocrates to Abernethy." *Sanantur in libris, moriuntur in lectis*, and so it has ever been. Unfortunately, diseases will not march in the course prescribed for them by the great men who have taken them under their particular care. They seem to say—

"Alas! what is 't' us
Whether 't was said by Trismegistus,
If it be nonsense, false or mystic,
Or not intelligible, or sophistic?
'Tis not antiquity, nor author,
That makes truth truth."

These two modes of applying medicines in diseases constitute a portion only of orthodox medicine, and being under some sort of rule may be termed "regular" methods of treatment, though it does not follow that because they are "regular" they are therefore "rational." The rules

they acknowledge being false, they are necessarily the reverse of rational, and we may call them "regularly irrational." But in addition to this regular though irrational practice there is a great deal of very irregular practice in the old school, and indeed the irregular practice is, we may say, the rule, while the regular is the exception. The Nizams are few, the Bashi-bazouks numerous, in the army of the self-styled true believers. This irregular practice is founded on no rule, but simply on conjecture. As thus: the physician from the symptoms forms his hypothesis respecting the inner nature of the disease, its hidden seat or proximate cause, and he attacks this hypothetical essence with a medicine respecting whose essential nature and power he has also formed a hypothesis, for he scorns to adopt the obvious and common-sense mode of ascertaining the powers of medicines by proving them on the healthy. And when the result does not correspond to his anticipations, when the disease, in place of being put to flight by his medicine, is not altered or only aggravated, he either tries some other hypothesis with regard to disease and medicine, or perseveres with his first conjecture until the disease wears itself or its victim out. Speculation being the order of the day in this method of applying medicine to disease, every doctor thinks he has as good a right to speculate on the nature of diseases and the powers of medicines as his neighbour. *Quot homines, tot sententiæ.* When it is an affair of opinion, one opinion is as good as another, if not better. "Whom do you regard as the head of your branch of the profession?" enquired an innocent layman of a doctor. "We are all heads," was the rejoinder. Which was a true answer as regards this conjectural method. Each speculates for himself and despises the speculations of his colleagues.

"The Galenist and Paracelsian
Condemn the way each other deals in."

The result is chaos. The reasoning may be correct, but the premises are false. Correct reasoning from false premises is the rationality of Bedlam. Here is the result as summed up by a recent orthodox writer in that most

orthodox medical periodical, the *Weekly Medical Gazette of Vienna*:—"Building goes on briskly at the therapeutic town of Babel. What one recommends another condemns; what one gives in large doses, another scarce dares to prescribe in small doses, and what one vaunts as a novelty another thinks not worth rescuing from merited oblivion! All is confusion, contradiction, inconceivable chaos! Every country, every place, almost every doctor, has his own pet remedies, without which he imagines his patients cannot be cured, and all this changes every year, aye every month!" Evidently conjectural therapeutics have no claim to be considered rational.*

* I may give a concrete example of this conjectural method. I take up the very last volume of *Ziemssen's Cyclopædia*, the latest outcome of scientific medicine, and it opens at the article *angina pectoris*. The disease is characterised by the following group of symptoms: *pain in the region of the heart, occurring in paroxysms, which usually radiates over the left side of the thorax and the left arm, more rarely over both sides and both arms; the pain is usually associated with a peculiar sensation of anxiety and constriction, and often also with other motor, vaso-motor, and sensitive disturbances.* In the first place the names by which it has been known betray the variety of pathological speculations as to its nature—*asthma convulsivum, asthma dolorificum, diaphragmatic gout, asthma arthriticum, syncope anginosa, sternalgia, stenocardia, pneumogastralgia, cardiodynia.* It has been variously ascribed to be due to gout, to ossification of the coronary arteries, to enlargement or dislocation of single organs of the abdomen pressing mechanically on the heart. Some have assumed an exclusively nervous origin for the disease, or else have assumed the existence of a nervous dynamic form in addition to the organic or heart disease. Its seat has been laid in various nerves, as the phrenic, the intercostals, the vagus, and the sympathetic. Some have stated it to be a neuralgia of the nerves of the heart, others an epileptiform neuralgia, others, again, a hyperæsthesia of the cardiac plexus. Others have considered it a paresis or paralysis of certain nerves, others a weakness from fatty heart; others, again, as the opposite to this, a hyperkinesis of the heart with hyperæsthesia; others a hyperæsthesia with spasms of the heart; others as due to over-exertion of the heart owing to mechanical obstacles to its activity; others have called it a trophoneurosis of the heart; others a vaso-motor neurosis. Others have ascribed it to increased excitement of the vaso-motor centre, others to reflex excitement due to irritation of abdominal organs, &c. Now, the particular pathological speculation as to its origin adopted by the physician would influence him in the selection of his remedy, but as speculation was equally rife as to the mode of action of every remedy it will easily be seen how improbable it must have been that the doctor could be right in his speculations both as to the nature of the disease and as to the action of his remedy. Let us look at the

But though in conjectural therapeutics, as a general rule, physicians have mostly acted on their own inspirations like Cicero's wisest man, "*Sapientissimum esse dicunt eum cui quod opus sit ipsi veniat in mentem,*" in some cases they have acted the part of his second-rate character, "*proxime accedere illum, qui alterius bene inventis obtemperat,*" and been content to follow some one whom they regard as an authority, just as the flock of sheep follow their leader, some wise-looking bell-wether, without troubling themselves to think whether or no he is properly qualified to lead them. In this way many absurd and pernicious practices have received a sort of traditional sanction and been perpetuated through ages, until some accident has shown their hurtful character or revealed a better mode of treatment. In medicine it is particularly true that

"All the inventions that the world contains
Were not by reason first found out, nor brains,
But pass for theirs who had the luck to light
Upon them by mistake or oversight."

The history of the treatment of gun-shot wounds is a striking example of this. Some one in the early days of gunpowder had authoritatively pronounced that the proper treatment of wounds inflicted by firearms was to pour boiling oil into them. Why he said so it would be hard to guess. To be sure, the good Samaritan, we are told, poured oil into the wounds of the half-dead traveller. It is not stated that he poured in boiling oil, but then those wounds were certainly not caused by firearms. No doubt the sage who suggested boiling oil for gun-shot wounds

remedies recommended for its cure—general and local bloodlettings, frictions, mustard poultices, stimulating baths, stimulating embrocations, valerian, musk, camphor, succinate of ammonia, narcotics of all sorts, cold, heat, inhalations of ether, oxygen, chloroform and amyl nitrite, narcotic clysters, hypodermic injections or the internal administration of morphia, atropia, coniin, nicotin, aconitin, delphinin, veratrin, physostigmin. Besides these, courses of steel, sulphate of zinc, nitrate of silver, arsenic, bromide of potassium and calcium, quinine, phosphoric acid, digitalis, prussic acid, anti-arthritic remedies, the wearing of a magnetic plate, the application of irritating plasters, issues, setons, the induced current, faradization, &c., have all had their advocates. Truly, as Eulenberg, the writer of the article, says, "the remedies are many, the cures few."

reasoned thus :— If cold oil is good for wounds caused by cold steel, for which we have Scripture warrant, hot oil is the appropriate remedy for wounds caused by hot bullets. However that may be, boiling oil was the universally accepted treatment for gun-shot wounds, and no doctor of the period would have questioned the propriety of the treatment or neglected to employ it, any more than he would have doubted the efficacy of or refrained from using phlebotomy in inflammation or diuretics in dropsy. Now it so happened that in the course of time a French army was sent into Italy, and in crossing the Alps it had a smart engagement with the enemy in which many gun-shot wounds were inflicted. The celebrated surgeon Ambrose Paré was with the army, and having collected the wounded he proceeded to treat them *secundum artem*. But on applying to the storekeeper he was told that not only was there no oil, but not even a stick to make a fire to boil it with had there been any. “ Mon Dieu ! ” we can imagine him exclaiming, “ what am I to do ? No boiling oil to be had for these poor sufferers ! What neglect ! To think that the comfort of these brave fellows should be so infamously sacrificed ! I cannot even substitute boiling water for the oil, for there is no fuel to boil it with ! I will certainly write to the *Times* (I mean its French equivalent) the first post town we come to. But in the mean time what is to be done ? Faute de mieux, I will dress the wounds with cold water. Pauvres blessés ! how I feel for them deprived of the solace of boiling oil for their wounds ! ” And so he proceeded to dress the gun-shot wounds with the only thing at hand, viz. cold water, no doubt apologising all the while to his patients, and protesting that it was not his fault that they did not get nice boiling oil poured into their wounds, but instead those nasty damp cloths applied to them, but it was all owing to the careless bungling at headquarters ; everything, even indispensable medical comforts, such as boiling oil, having as usual been sacrificed to the exigencies of the mere fighting element. But they might rest assured that the very next town they came to he would lay in a good stock of oil and the means of boil-

ing it, so that no wounded soldier would have to complain of the treatment hereafter.

We may fancy the trembling anticipations of evil that possessed the good and humane surgeon when he looked next morning at his water-dressed wounds, and his delight on finding that, in place of gangrene or erysipelas having set in, the wounds looked altogether better than he ever saw them under the usual treatment, and the patients had been spared the dreadful torture of the orthodox remedy (for anæsthetics were not as yet). In place of writing to the papers to complain of the neglect of the commissariat, he forgot all about that and wrote to the French *Lancet* of the period, if there was one, or, as is more in accordance with the custom of those days, perhaps he published a ponderous folio in latin, with his name altered to Ambrosius Paræus, showing the superiority of the water-dressing to the boiling-oil treatment in gun-shot wounds. Not without stout resistance from the old conservative party did the new treatment prevail and eventually supersede the old. We have no doubt heaps of old army surgeons of the most humane and benevolent disposition went on to the end of the chapter serenely pouring boiling oil into the wounds of their patients, all the while denouncing, in perfect good faith, that innovating upstart Paré, and calling on the authorities to prohibit his unscientific cold-water treatment, which was contrary to reason and common sense, opposed to all the traditions of the faculty, and fraught with incalculable evils to our brave and helpless soldiers, who ought to be protected by the state they served against the dangerous experiments of visionary enthusiasts.

But eventually boiling oil for gun-shot wounds went out, as bleeding in inflammation has gone out, at least everywhere except in Italy, the land of antiquities, where mighty kings, illustrious statesmen, and insignificant peasants, are still bled to death with sanguinary impartiality; as issues, setons and perpetual blisters have gone out—or nearly so.

It is difficult to imagine how some of the practices that have disfigured the medical art could ever have originated. The practice of bleeding, for instance. Tradition says it

was introduced into medicine by the Egyptian doctors, who observed the hippopotamus rub his round rump on rough riparian rocks till the blood flowed amain, which seemed to make him comfortable. But it is hardly likely that these grave and reverend signiors would condescend to be taught anything by such a stupid beast as a hippopotamus. More plausible is the notion that bleeding in diseases is an instinctive habit transmitted to the human race through some ancestral pachyderm who had discovered for himself the relief afforded to him by scraping his own thick hide against sharp corners. We all know how habits are retained by descendants long after they have ceased to be useful, just because they were adopted for special purposes by some remote ancestor. Thus, our pet dog turns himself three times round before he settles to his couch on the rug, because the ancestral jackal found this revolving action useful for smoothing the grass on which he made his lair. So the habit of drawing blood, useless, nay injurious though it is, is no doubt the remains of an ancestral practice not without its uses in primeval times. Like those rudimentary organs found in animals of superior organization, it indicates a thing that formerly had its uses, but for which there is now no longer any necessity. That it is a pure instance of what the learned call *atavism*—"progeniem usque ab atavo proferens"—is, I think, evident at once from its hoar antiquity (for it dates from prehistoric times), its long continuance and its universality. A doctor from at least the time of Richard of the Lion's Heart, if one may credit Sir Walter Scott, down almost to our own days, was called a *leech*, as if his main occupation was to draw blood, and the chief medical periodical of this country is the *Lancet*, showing that when it was first set up (about 1823) bleeding was regarded as the chief end of medical men; though some of the *Lancet's* supporters may now say: "nous avons changé tout cela, et nous faisons maintenant la médecine d'une méthode toute nouvelle." Its utter uselessness is another proof of its being a mere rudimentary survival. Even the *Lancet* acknowledges its uselessness, for a few years since, when a French ambassador died in London of pneumonia, the

periodical named after a phlebotomizing instrument severely censured the attending doctor for having bled the illustrious patient. The doctor's excuse for his bleeding resembled that of the *traviata* of the story for her inopportune baby: "It was only a very little one." It might be thought that the *Lancet*—the periodical we mean—would have judged it advisable to change its name when the surgical instrument—its godfather—went so completely out of fashion, but as it has not thought fit to do so we presume it anticipates a time when lancets may again become the *mode*. Similarly Mr. Windham, it is said, was always very civil to the classical gods, taking off his hat to statues of Jupiter, Mars, Mercury and the rest of the Olympians when he chanced to see them in a gallery, with the remark that we did not know but that their turn might come again, so it was prudent to keep on good terms with them.

There are other practices which cannot claim such a high antiquity as we have ascribed to bloodletting, but which, though quite artificial, nevertheless seem to come almost instinctively to medical men, as pointer puppies stand to their game as their sires were taught to do, without instruction. Such is the use of *Quinine*, *Iron* and stimulants "to give strength;" whereas experience shows that these powerful agents are more frequently promoters of weakness. Still, the idea that they are absolute, not conditional strengtheners has been transmitted through several generations of doctors, and reappears in the cerebral protoplasm of the very latest recipient of a medical diploma.

Again, there are practices which barely survive one or two generations of doctors, such as those of Brown and Broussais, just as qualities, and those chiefly of the defective sort, are sometimes transmitted from parents to children. Thus, we have read of mutilations and monstrosities being reproduced in the offspring. Cases are recorded of a parent with an amputated limb begetting children without that member, six-fingered fathers having six-fingered children, and we know of a pair of deaf-mutes having six children, three of whom have the parental

defect. There are, however, certain mutilations that have been practised for many ages, and yet have not become by long use implanted on the progeny. Such is the initiatory rite of the Hebrews, which has been performed since the days of Abraham, and is still required by his latest descendants. "De minimis non curat lex (hæreditatis)."

"There's a divinity that shapes our ends,
Rough-hew them how we will."

The third and only remaining* mode of applying medicines in disease, that, namely, expressed by the formula *similia similibus curentur*, is the only one that fulfils all the requirements of a rational method. By proving drugs on

* There is yet another way of practising medicine, as we must by courtesy call it, though, like "lucis a non lucendo," medicine is only conspicuous by its absence, which we can only notice in a footnote. This is what is called euphemistically "the expectant system"—*medicus expectat dum defuat morbus*—and is much in favour with the new physiological school, especially in Germany, though it has not taken deep root in Britain, where the prejudices of both patients and doctors will not allow them to suffer a disease to go through its course without medicine of some sort. The nihilistic therapeutics of the German physiological school make their works on practice of medicine very queer reading. Diseases are described with a minuteness and accuracy of detail in every respect that is simply admirable. Etiology, pathology, diagnosis, are all there; but therapeutics, the chief thing in the practice of medicine—the Hamlet of the play—is left out, or only alluded to in an "aside" and with a sneer. Our German contemporaries seem to fulfil accurately the part assigned to doctors by their great countryman—

"Ihr durchstudirt die gross' und kleine Welt,
Um es am Ende gehn zu lassen
Wie's Gott gefällt."

Perhaps they satisfy their minds with the philosophic reflection: *quod ratio nequit sæpe sanavit mora*; or they may say with the Frenchman, "tout réussit à celui qui sait attendre," but then only, one would suppose, if they adopted the view of the hyper-physiological doctor, "the chief duty of the physician is to verify his diagnosis on the dissecting table." Thirty-two years ago Sir John Forbes said, in reference to the therapeutics of that time: "Things have arrived at such a pitch that they cannot be worse. They must mend or end." Evidently the physiological school have abandoned as hopeless the task of *mending* them, so they have adopted the other alternative and *ended* them. We remember an old professor in Edinburgh saying, when a man has been twenty years in practice he should be able to write his pharmacopœia on his thumb-nail; but for the pharmacopœia of this modern school a much smaller writing space would suffice.

the healthy we can produce definite morbid pictures which can be compared with natural diseases. All we have to do in the application of this method is to find a medicine that can cause a morbid state like that of the disease, and to give this medicine in an appropriate dose. The truth of this therapeutic rule is attested by experience, and does not depend on any theory of the nature of disease or the supposed qualities of the medicine. Theories may be and have been invented to explain why such a medicine cures the disease, but the theories may be false, and yet the fact, vouched for by experience, remains. The arguments against homœopathy touch only the theoretical explanations, but no way affect the great fact that medicines given on this principle cure diseases, and this is all that is required by a *rational art*. Here there is no treatment of a single symptom, as by the *contraria contrariis* method; no attacking a healthy organ that the disease has spared, as in the allopathic method. The medicine is applied exactly to the parts affected by the disease as ascertained by the similarity of the symptoms of both drug and disease, and on these points it exerts its medicinal or healing power. How it cures is a matter for speculation and belongs to the domain of science, but the law remains true however erroneous may be the speculations. So the truth of the law of gravitation is independent of the speculations as to the cause of gravitation. It should always be borne in mind that the application of the law is an art and not a science. It is by forgetting this that so much irrelevant criticism has been wasted on the subject. Thus, we read in Lewis's work on the *Influence of Authority in Matters of Opinion* (p. 36):

“Mock sciences are rejected after a patient examination and study of facts, and not upon a hasty first impression, by the general agreement of competent judges. . . . Mesmerism, homœopathy, and phrenology have now been before the world a sufficient time to be fairly and fully examined by competent judges; and they have not stood the test of impartial scientific investigation, and therefore have not established themselves in professional opinion,

they may be safely, on this ground alone, set down under the head of mock sciences.”

There are several errors in this brief passage. First of all, homœopathy is not, as above said, a science, but the practice of a law of cure—an art. Whenever it has been fairly and fully examined by competent judges its truth as a law of cure has been acknowledged. It is not a subject for scientific investigation apart from the application of practical tests. That most of those trained to the practices of traditional medicine reject it is no proof that it is untrue; this rejection is only owing to the circumstance that they have not tried it and will not try it. Like any other art it must be practically tested, not condemned untried. No doubt the vast majority of the old women who earned their livelihood by knitting stockings failed to see the excellence of Lee's stocking-frame and denounced it untried. Had it been left to the “professional opinion” of the knitters the stocking-frame would have been utterly condemned and abolished. But stocking-wearers wanted cheap stockings, so they encouraged the frame and the knitters had to give in. And thus, as patients wanted to be cured speedily and cheaply, they encouraged the homœopathic method and forced the orthodox to abandon many of their favourite practices and to assimilate their treatment ever more and more to the homœopathic method.

It is curious to observe that the attacks upon homœopathy from the earliest to the latest are invariably directed against some theoretical explanation of the law of similars, and nothing like a practical refutation of it by a careful testing at the bedside of the sick has ever been attempted, for the so-called trial of Andral was a glaring instance of an attempt to apply the rule of similars to the treatment of single symptoms, which is utterly opposed to the whole spirit of the homœopathic method.

The very latest article on homœopathy by an adherent of the orthodox school, entitled *Examen critique de l'Homœopathie par le Dr. D. J. G. Ollivier* in the *Archives de Médecine navale* of last November, is an illustration of what we have said. He attacks the explanation given by

Hahnemann of the supposed' rationale of the homœopathic cure, viz. that the natural disease is converted by means of the appropriate remedy into a similar but stronger artificial disease, which in its turn yields to the reparative action of the vital force ;* which may be true or false, but its truth or falsity no more affects the fact of the homœopathic cure, than the truth or falsity of the undulatory theory of light affects the fact of the decomposition of white light by the prism. If the undulatory theory does not explain all the phenomena of the reflexion and refraction of light, so much the worse for the theory. In like manner if Hahnemann's theory of the action of the homœopathic medicine does not explain all the facts of the homœopathic cure, not even the most rabid Hahnemannian would imitate the celebrated French theorist and say : *tant pis pour les faits*.

The following passage shows how thoroughly Dr. Ollivier understands and appreciates the facts of homœopathy, and how well fitted he is to pass a judgment on the doctrines by Hahnemann.

"Vomitus vomitu curatur, said Hippocrates [by the bye we were not aware that Hippocrates spoke Latin]. Just so, all my doctrine is there ! boastfully cries Hahnemann. [Hahnemann never cried or even whispered anything of the sort—but let that pass]. No doubt vomiting can be cured by vomiting ; but this vomiting, which disappears after the ingestion of an emetic, does not constitute the true disease, it was the natural effort employed to relieve the stomach of the saburral or bilious matters, the proximate causes of the morbid symptoms. It is not by the law of similars that can be explained the case of cure by *White hellebore* of a biliary flux termed cholera, reported in the book on *Epidemics*.† The same error occurs in his explanation of

* This very theory has been adopted by the great orthodox luminary Trouseau, who tries to smuggle homœopathy into "legitimate" medicine under the name of "médecine substitutive."

† In the first and third books of *Epidemics*, which are the only ones generally credited to Hippocrates, there is no mention of any case of this sort. Plenty of cases are given, but no treatment mentioned, at least no drug-treatment.

the mode of action of certain other drastics. *Jalap* cures colics by emptying the intestines, not by producing colics. *Colchicum* stops the course of a dropsy due to insufficient urinary secretion, by opening a way of elimination, not by causing anuria. When *Ipecacuanha* causes a fit of asthma to cease, it is not because in the form of powder it produces a more or less serious spasm of the bronchial passages, because it is never given in this form. It is because, when introduced into the stomach it determines, by reflex action, an augmentation of the mucous secretion of the bronchial tubes, which is deficient in the fits of dyspnoea characterising the suffocative attacks of asthmatics."

Vomiting cured by vomiting is not Hahnemann's homœopathy, but vomiting cured by a medicine capable of causing vomiting in the healthy, but in a dose so small as to be incapable of producing its physiological effects—that is Hahnemann's homœopathy. Of course I do not deny that vomiting caused by the presence of irritating substances in the stomach may be cured by an emetic in full dose, but that is not homœopathy, it is the mere mechanical removal of an irritant, just like picking a thorn out of the skin it is inflaming cures the inflammation. Most assuredly the cure of cholera by *Veratrum* is not explained by the law of similars, it is only an illustration of that therapeutic law. *Jalap* will cure certain colics in doses so small as to be capable of causing neither colics nor evacuations. If *Colchicum* removes dropsical symptoms by acting as a diuretic, this is an illustration of allopathic treatment, which we are far from denying to be sometimes successful. That *Ipecacuanha* will sometimes relieve an attack of asthma in very minute doses is an undoubted fact, and it is equally a fact that practitioners have been led to use it for this affection by its ascertained power of causing dyspnoea. Whether Dr. Ollivier's learned jargon about reflex action and so forth is the true explanation of its mode of action in minute doses, is quite beside the question, and does not affect the fact that the guide to its selection was the law of similars.

These and many equally glaring passages in Dr. Ollivier's work show that he is either incapable of understanding the elementary principles of homœopathy, or that he has wilfully misrepresented them. At the commencement of his inquiry he says, "I am not one of those who say with Riolan, 'Malo cum Galeno errare quam cum Harveyo esse circulator.'*" We should accept truth from whatever quarter it may come. In scientific discussion sincerity marches *pari passu* with logic. Nothing can be durable or solid without sincerity. Therefore I shall act with perfect good faith in this critical study. I shall bring to it all the loyalty that is due to a medical subject of such great importance, because questions of this nature affect the most direct and the dearest interests of humanity." After this declaration it would be impossible to doubt Dr. Ollivier's sincerity and good faith, so we can only ascribe his misrepresentations to incapacity. When there is a doubt as to whether we must consider our opponent a knave or a fool, it is apt to cause us some embarrassment, but in the face of Dr. Ollivier's solemn asseverations we are precluded from the notion of attaching any suspicion of knavery to him when he presents such an erroneous picture of the system he means to criticise. Like his namesake, the last prime minister of the second French empire, he goes to war with a "cœur leger," and like him he thinks he is thoroughly ready for the attack even to the last button on his gaiters, but, still following his political prototype, it is only in gaiter-buttons that he is ready, his fighting forces are of the most miserable description.

Dr. Ollivier concludes his laboured diatribe with the words "Si mihi desint vires in me est voluntas!" We can testify that the *vires* are wanting, and we are ready to believe that the *voluntas* to upset homœopathy is present in full intensity—only in scientific matters it is not usual to take the will for the deed.

I have dwelt on Dr. Ollivier's article, not because it is

* I doubt very much if Riolan ever said this. He was much too conceited to acknowledge that he could by any possibility err, either with or without Galen. The saying was, no doubt, some student's jest.

the best or the worst of its kind, but only because it is the last. It differs in degree only, not in kind, from all the other allopathic criticisms of homœopathy we have seen, from Simpson, Forbes, and Routh, down to Brodie, Bushnan, Jürgensen, Barr Meadows, and Ollivier. Each successive writer thinks he has "dished" homœopathy—Barr Meadows even celebrates his imaginary victory by some lines he imagines to be poetry—but not one has ever attacked the essence of the homœopathic method, they have wasted their energies in assaulting some useless out-works and detached forts, but the citadel of homœopathy, founded on the impregnable rock of experience, has remained unscathed amid the storm of ill-aimed projectiles. No assailant has yet shown that homœopathy is not a rational method of treatment, and no one has yet been able to prove that any other therapeutic method has the slightest claim to be considered rational. "We have no rational therapeutics," say all our opponents, from Forbes to Virchow. There is a bitterness and affected contempt in all the criticisms on homœopathy we have read, that do not promise much for the millennial concord of the two schools of which we have lately heard so much. The wildest fanatic for reconciliation would certainly fail to discover any tendering of an olive branch in our direction by this Ollivier.

"Wer nicht im altem Gleise geht,
Der muss es bitter büssen;
Denn was die Menge nicht versteht,
Das tritt sie stets mit Füßen."

But in spite of their protestations they do occasionally practise rational therapeutics, we will not say without knowing it, but at all events without confessing it. We have only to look at the periodicals of the orthodox persuasion *passim* for proof of this. I take up the last number of the *Practitioner* for this month of February in which I am now writing, and I find a series of cases of mania treated by *Hyoscya-mine*, as the author calls it, but the preparation used is really the extract of *Hyoscyamus*. The author, Dr. H. Clifford Gill, of the York Lunatic Hospital, says with charming naïveté, "If a moderate dose of *Hyoscyamine* be

given to a healthy man he will exhibit many of the phenomena of an attack of mania, plus certain well-marked physical conditions; he becomes loquacious, incoherent, rambling, and has certain well-marked hallucinations of vision and audition, great weakness, especially of the lower limbs, and considerable loss of co-ordination, similar to that seen in a drunken man, intermittent drowsiness, hypermetropia, dryness of lips and throat, and, not uncommonly, vomiting. Now it was once thought that if in a person already the subject of disorganised brain action another process could be induced, a reaction might take place, and a changed condition for the better be the result. Be that as it may, as a fact great benefit and amelioration does take place in many classes of cases, and this, too, when all the more common forms of narcotics, such as the various preparations of *Morphia*, *Chloral*, *Cannabis indica*, *Conium*, &c., not forgetting the universal neural panacea, *Bromide of Potassium*, have been tried and have proved failures."

Here the doctor for once practises rational therapeutics, that is to say he is guided to the use of *Hyoscyamus* by the fact that it causes in the healthy a series of morbid phenomena similar to those of the disease to be treated, and he has every reason to be satisfied with the result, and he measures his doses by eighths of grains.

The adoption of the rational therapeutics of Hahnemann by the nominal adherents of the orthodox sect, or, as we may term it, the school of irrational therapeutics, is not limited to isolated instances, but more or less pervades the whole old-school practice, as a cursory glance at the most recent works on therapeutics in England will convince any one. If things maintain the pace they hold at present, in a few years the whole of the practice of the orthodox sect will become rational, though, like Drs. Gill (just quoted), Ringer, and the rest, they may be practising pure homœopathy without mentioning the word. In phrases more or less veiled they intimate that the remedies they employ excite in the healthy morbid states similar to those of the diseases they cure, and inferentially imply that the rule for the selection of these remedies is *similia similibus*. Acting

on the Talleyrandian idea that the use of language is to conceal thought, they do not name the word homœopathy, but that does not much matter provided they give their patients the benefit of homœopathic treatment. The present race of doctors is, perhaps, too near that past generation that committed itself publicly and irrevocably by denouncing Hahnemann and all his works with all the arrogance of ignorance, to allow us to expect that it will take the generous and manly course of acknowledging the services to medicine of the discoverer of the homœopathic law. But time will gradually efface the inherited animosities even of doctors, and many years will not elapse before the name of Hahnemann will excite no more passion than does that of Harvey (though he was hated and reviled by his contemporaries as much as ever Hahnemann was*), when the practice we owe to his genius, which is superseding the old Galenic medicine even in the strongholds of tradition, shall be acknowledged as Hahnemann's by every teacher of medicine. In the mean time it is annoying to see our *Materia Medica* rifled by the enemy; and we have no opportunity of reciprocating their attentions, for they have no treasures to steal. Their happiness is never clouded by the thought that any one will ever think of stealing anything from them.

“*Cantabit vacuus coram latrone.*”

But though the allopathic lion is not quite ready to lie down with the homœopathic lamb, and though it has not yet abandoned its inherited *penchant* for blood and flesh, and acquired the simple tastes of its innocuous rival, it has abandoned many of its sanguinary and carnivorous propensities, and gives promise of the eventual shedding of its cruel fangs and claws.

Before concluding my remarks upon rational therapeutics, I should mention that although Hahnemann inveighed against the tendency to pathological speculations in the treatment of disease, homœopathy cannot be practised

* “Towers are measured by their shadows and great men by their calumniators.”
—*Chinese proverb.*

without a certain admixture of these very pathological speculations which Hahnemann denounced. He himself practically confessed this when he promulgated his doctrine of chronic diseases. The *psora theory*, as it is termed, is a purely pathological speculation, and its pendant, the doctrine of antipsorics, is a therapeutic speculation. It differs no way in kind from the older doctrine of phlogistic diseases and antiphlogistics. Both set out with the idea that there is a certain class of diseases distinguished by a certain definite pathological character common to them all, for which there is a certain set of remedies, to each single one of which is attributed a peculiar power over this pathological character. Against his own theory of psora and antipsorics Hahnemann's denunciation of the pathological and therapeutical speculations of previous physicians would apply with equal force; so also would his objection to arranging diseases into classes and genera; for in his theory of chronic diseases and the corresponding remedies he has arranged diseases into classes for precisely the same objects as those he condemns, viz. in order to be able to treat them in a more general way and by a more limited number of medicines than if he had insisted on his previous maxim of strict individualisation of each case and selection of the remedy with sole reference to the similarity of symptoms. Few now believe in the psora theory as Hahnemann propounded it, and not even the most rabid Hahnemannist would hesitate to treat a so-called psoric disease with any medicine that offered a homœopathic similarity to it in its symptoms, whether it belonged to the class of antipsorics or not. But we all occasionally act on the principle contained in Hahnemann's famous theory of chronic diseases, and are guided to the selection of certain drugs more by their correspondence to what we believe to be the pathology of the disease than by the mere similarity of symptoms of disease and drug. In fact, cases are constantly occurring where we can find little or no symptomatic correspondence in the pathogeneses of our medicines, and where we must either speculate regarding the pathological characters of disease and drug, or leave them untreated. The great and

real advances made by pathology of late years render this not such a hopeless task as it was in Hahnemann's time, and the excellent provings of many of our drugs enable us to form a very plausible opinion as to their pathological sphere of action. Still this—though a perfectly rational practice when it is successful—is tainted with the blemish of uncertainty on account of the risk that our idea of the pathological nature of the disease may be wrong, or that our inference respecting the pathological sphere of action of the remedy may be erroneous, or that both may be incorrect. In every case, when practicable, a selection guided by close similarity of symptoms of disease and drug is to be preferred as at once the most rational and the most successful. The speculative plan is only to be adopted as a *pis aller*, in the event of failure to discover among the recorded effects of drugs the *simile* to the symptoms of the disease. When there can be no doubt about the pathology of the disease and drug, our selection of a remedy among a number presenting similar symptoms will be much facilitated, and we can even suppose cases where there is no correspondence between the ascertained symptoms of the drug (from imperfection of proving) and those of the disease, where a knowledge of the general pathology of disease and drug would suffice to enable us to select the right remedy. But even in this extreme case there is no departure from rational therapeutics, we give the medicine that has a pathological relation to the organ or tissue affected by the disease, *e. g.* *Iodine* in periostitis.

But, as before said, it is only in therapeutics, or the treatment of diseases by drugs, that we find the broad division of practitioners into "rational" and "irrational." The medical art does not, however, consist entirely of therapeutics. Apart from therapeutics there is a large field of medical practice, and here there is perfect agreement among all sensible practitioners. We are here all equally rational or equally empirical, and where there is so much agreement it seems a pity that there should be such a great gulf of separation on account of differences respecting what is, after all, but one branch of the medical art.

Were the practice of medicine to be judged by the perusal of treatises on the practice of physic and the articles furnished to our periodicals it would seem to be almost an affair of drug-giving. But these would give no truer idea of the ordinary employment of a medical practitioner than the dainty specimens we see in a mineralogical museum would give us a correct notion of the general appearance of the earth. As the earth contains much that is not thought worthy of a place in a museum, so medical practice presents a vast number of cases that no one would ever think of embalming in a treatise or in the columns of a periodical, and very much that is quite outside of drug-giving. The practitioner who would confine himself to prescribing medicines would cease to be rational, and would certainly fail to cure many cases that daily come under his care. Nay more, with all deference to my colleagues who boast that their practice consists entirely of prescribing homœopathic medicines, I will assert that in cases that require medicine he who would confine himself to homœopathic medicines only would fail to do all the good he might. In order to illustrate these points I propose to follow the example of our lamented colleague, Dr. Watzke, and give what he called "a day of my practice." I will not say that all the cases occurred in one day, but they happened sufficiently near to one another to render it at least possible that they might all have been seen on the same day. I select them from my case-book, as each illustrates some point of ordinary daily practice, and the whole prove (if I may be allowed to parody the well-known lines)—

How few of all diseases men endure
Are those that medicine alone can cure.

1. The first one I shall mention was my own servant, who announced to me that he had not been able to sleep all night nor to take a bit of breakfast on account of sore throat. I looked into his throat and found intense inflammation of the uvula, manifesting itself by bright redness, elongation, swelling and pain, especially bad on swallowing. I bethought me

of Bolle's rapid cure of uvulitis and determined to adopt it. Taking a solution of *Corrosive sublimate* in alcohol, one part of the metallic salt to ten of the spirit, I applied it to the inflamed uvula with a camel's hair brush. Instantly the uvula shrank up to its normal dimensions and the patient could swallow without difficulty or distress. Later on in the day I enquired how his throat was, and ascertained that it is was quite well.

This is a simple instance of empirical treatment. There was no guiding rule here, nothing but the experience of another in a similar case to lead me to do what he had done and found successful. Doubtless *Mercurius corrosivus* is homœopathic to inflammation of the uvula, but given in the ordinary way it does not effect a cure so instantaneously as when applied in this way, and it remains doubtful whether it cures here in virtue of its homœopathicity or by reason of its astringency. If the latter, then it is probable that another astringent metallic salt, like sulphate of *Copper*, or *Alum*, or even a vegetable astringent like *Tannin* might produce the same effect, but of this I have no experience, and being quite satisfied with the effect of the alcoholic solution of *Corrosive sublimate*, I always now employ it in such cases; and as the result is in my experience always equally satisfactory, I am content to practise empirically in this affection without concerning myself about the rationale of the cure.

2. I was called to see a lady who was suffering from severe inflammation of one eye. She told me that while travelling by rail the previous day she suddenly felt acute pain in the eye, which forthwith began to water, and the pain and inflammation had increased so much during the night that she could get no sleep. She felt assured that something had got into her eye, as she had a sensation as if there were sand in it whenever she closed the eye. On examining the eye with a lens I perceived a minute black object right in the centre of the cornea, and apparently embedded in it. With some difficulty I removed this little black object on the point of a needle and found it to be a small fragment of coke. Its removal was followed by instant relief to the uncomfortable sensations, and in a few hours the inflammation quite disappeared.

There was no need for any medicine in this case, it was a simple example of *sublata causa, cessat effectus*. The treatment was entirely rational, but had no bearing on therapeutics.

3. The next case was one of inflammation of the eyes of a different character. The patient, a lady very subject to rheumatic and neuralgic affections, had, when in good health, driven out in an open carriage on a very cold day. She was soon afterwards affected with sore throat and fever (she had formerly suffered from ague) and the eyes became much inflamed and very painful and swollen. The sore throat had disappeared under *Belladonna* and *Mercurius* which she had taken of her own accord, but the eyes remained inflamed and painful, with considerable swelling of the lids, intolerance of light, and the conjunctiva much injected. Cold air and bathing the eyes with cold water temporarily relieved the pain and inflammation, which, however, always returned. Finding that her own remedies failed to cure the eyes she applied to me. I prescribed *Apis* 2, and she told me some time afterwards that the medicine acted "like magic," and in a very short time all trace of inflammation had disappeared.

This is an instance of pure rational therapeutics. *Apis* produces exactly the same kind of inflammation of the eyes as that she suffered from, and the knowledge of this led me to prescribe it with the result stated.

4. A gentleman, of middle age, came into my consulting room to see if I could do anything for the relief of his deafness. He had been deaf of one ear, he told me, for several years, and the deaf ear was also affected with a constant singing noise, like a tea-kettle, which was even more annoying than the deafness. Otherwise he was in perfect health. I ascertained that he could only hear the tick of a watch when closely applied to the ailing ear. I applied the vibrating tuning-fork to his teeth and bade him notice which ear he heard it with. He at once said with surprise that he heard it much louder on the deaf side than on the other side on which the hearing was perfect. I then told him that I thought I could soon cure him. On looking with the speculum into the affected ear I found, as I expected, the meatus

blocked up with hardened wax. On removing this by syringing with warm water, I found the membrane of the drum of the ear quite healthy, and he could immediately hear the tick of the watch at several feet distant, in fact, as well as with the other ear.

Here again the treatment was quite rational though not therapeutical. The cause of the deafness and singing in the ear was the accumulated wax, on the removal of which the abnormal symptoms at once ceased. I may mention that he had previously consulted several medical men, who had prescribed various remedies without benefit. By omitting to examine the ear they had failed to discover the cause of the deafness, and their treatment, however rational it might have appeared, was in fact irrational.

5. An unmarried lady, aged about 55, consulted me for noises in the ears. The right ear had for fifteen years been affected with constant buzzing noise, and the hearing of that ear was considerably impaired, she could only hear the watch at two inches. The left ear for two months had been subject to a "booming" noise, synchronous with the pulse, especially annoying when she lay down at night and often preventing sleep. The hearing of this ear is not impaired, she hears the watch distinctly at eight inches. Music, especially that of a street organ, is painful to the right ear, not to the left. She has some dull pain in the left ear. Before this ear became affected she suffered from a curious nervous affection of the legs up to the hips. She described it as feeling as if the bone was broken, and as if she had been stung with nettles. On the cessation of this affection of the legs, the booming noise in the left ear came on. It ceased on the recurrence of the pains in the legs, but recommenced when they went off. Damp weather aggravates the noise in the left ear and increases the pain in it. Nothing abnormal was to be seen in either ear on inspection with the ear-speculum. I diagnosed subacute inflammation of the periosteum of the middle ear and prescribed *Aurum* 8. After taking this medicine a week she reported that the noises in both ears were much worse. I now gave *Iodine* 8. After a fortnight she returned and complained that the noises were no better and her nights were miserable. Music was quite intolerable. Prescribed *Sulphur* 30. A fortnight later she reported, no improvement of the

buzzing in the right ear, but the booming in the left ear was somewhat less, so that she could now sleep at night. I now gave *Silica* 30. After taking this for a fortnight she reported that the booming in the left ear was much better, and the buzzing in the right ear considerably relieved. She could now sleep quite comfortably, and the sound of music was not so unpleasant. I gave the same medicine in the 15th dilution, which completely removed the booming noise in the left ear, and reduced the buzzing in the right ear very much. I saw her a year after this and the improvement still continued. The hearing was not altered.

In this case the selection of the remedy was assisted by speculation as to the pathological state on which the symptoms depended. Considering the buzzing noise synchronous with the pulse to be caused by a certain morbid condition of the periosteum of the middle ear, I gave medicines which are known to act on the periosteum, *Aurum*, *Iodine*, *Sulphur* and *Silica*. The first two only aggravated the evil, whereas the last two produced decided amelioration and eventually cured the symptoms, by, as I imagine, restoring the periosteum to the normal state. This may therefore be considered an instance of rational therapeutics, though by no means a model illustration of a homœopathic cure, for the symptoms were not numerous enough to enable me to decide from them alone which, among many remedies, was the proper one for the case. The supposed pathological condition of the ear enabled me to limit my choice among a small group of medicines, but did not at once enable me to fix on the true curative ones, because neither of these medicines, nor, I may add, any other in our *Materia Medica*, presents a perfect simile to the symptoms observed in this case. This was therefore one of those instances alluded to above, where pathological speculation has to be employed in order to direct the choice of a remedy. That the remedy was successful affords a strong presumption that the pathological speculation was correct.

6 A military officer, aged about 45, who had served in India, and had studied and practised homœopathy for many years, consulted me respecting a peculiar form of dyspepsia to which he

had been subject more or less for thirty years, and for which he had taken various medicines, among the rest *Arsenic*, *Belladonna*, *Chamomilla*, *China*, *Nux vomica*, *Rhus*, *Sulphur* and *Veratrum*. He was sometimes better, sometimes worse, but was never altogether free from his complaint. Latterly it had become much worse. It was always so much aggravated by tea, that he had long abandoned that favourite but neuralgia-producing beverage. For a long time past he had almost given up every kind of food except milk, which was the aliment he suffered least from. The main symptoms are a dead aching in the stomach, attended with flatulent eructations, coming on after all food or drink. He has a great tendency to diarrhoea, with straining at stool, and sometimes darting pain up rectum. When he can get a hot bottle applied to the stomach, the pain is generally relieved in about a quarter of an hour. As this gentleman had treated himself for so many years, and given a long trial to so many medicines, all apparently pretty well indicated for his complaint, I was precluded from employing any of those he had already taken without effect. My first shot was a bad one. I prescribed *Argentum nitricum* 3. This was persevered with for a couple of weeks, but did no good at all. The pain in the stomach after all food except milk was, as he explained it, agonising. Huskiness of the throat frequently comes on after dinner, and sometimes a bruised feeling in the bowels on both sides. I now gave *Anacardium* 3, whose pathogenesis contains a very accurate picture of the symptoms of this case. It was perfectly successful. After a few doses the distress in the stomach went off completely, and he was able to eat a considerable variety of food with perfect comfort.

This case may be regarded as one where the remedy was selected entirely from the correspondence of the medicinal symptoms with those of the disease. There was no question of any guidance by general pathological suitability, for any previous idea I had formed of the pathological affinities of *Anacardium* was certainly not in the direction of gastralgia. Some of the other medicines taken by the patient, and the *Argentum* prescribed at first by myself, were much more strongly recommended by general pathological indications, but these had proved altogether illusory, and the cure was effected by a medicine selected by what may be

termed an unscientific comparison of drug-symptoms and disease-symptoms. But admitting the soundness of the homœopathic law, the treatment, though unscientific, was perfectly artistic and rational. A treatment guided solely or chiefly by general pathological inferences is apt to fail us on account of the difficulty of referring many diseases, with few and purely subjective symptoms, to their real pathological cause—pathology itself being an ever-shifting science, *opinionum commenta delet dies*—but if we can find an accurate resemblance of morbid and medicinal symptoms all round, we may prescribe with almost perfect assurance of a happy result, without concerning ourselves about pathological speculations and vain search after proximate causes. The inestimable advantage of a repertory, such as the *Cypher Repertory*, for ferreting out the simile among the vast collection of symptoms in our pathogeneses is self-evident.

7. A lady, age about 30, consulted me for chronic nettle-rash, which in spite of long homœopathic treatment has only become worse. Formerly it only used to come out at night after undressing, now it troubles her even during the day. It appears on various parts of the body. A long course of Turkish baths failed to give her any relief. She suffers from piles occasionally, and complains of soreness in the groins. I gave her successively *Arsenic*, *Calcarea*, *Graphites*, and *Apis*, without permanent benefit. She became pregnant and lost the nettle-rash until two months before her confinement, when it returned in all its former intensity. Fifteen months after her confinement she again visited me (she resided in the country at some distance from London). She still suffered from the nettle-rash as badly as ever, but had abandoned all hope of ever getting rid of it, and now she came to me on account of a new symptom that tormented her. This was a frequent sudden feeling as of scalding water in the left knee. For this I prescribed *Petroleum* 6, a dose three times a day. A month later she came and reported that while taking the medicines the painful sensation in the knee had quite left her, and to her great delight she had entirely lost the nettle-rash. She was not again in the family-way. Months have now elapsed without a recurrence of her former sufferings.

Petroleum is no doubt a remedy that has been recommended, though I am not aware that it has been used, in urticaria, but it was not for this symptom I prescribed it, but for the scalding sensation in the knee. Without this characteristic symptom I might not have thought of prescribing it at all in this case, as on the former occasions when the patient consulted me the knee symptom was not present. This latter symptom proved what our American colleagues term a "key-note" symptom leading to the selection of the right remedy for the whole morbid state. The cessation of the nettle-rash must be attributed to the *Petroleum*, as there was no other ascertainable cause for its disappearance. It was nevertheless an instance of rational homœopathic treatment, unbiassed by pathological speculation, as the medicinal symptoms corresponded to the totality of the disease symptoms.

8. Two ladies, a mother and her daughter, both attired in the latest development of fashionable costume, came to consult me. They suffered from the same complaint, viz. great pain in their toes when they walked. Their feet, which they displayed to me, were swollen and tender about the toes; the proximal joint of the great toe was especially tender, red, and swollen, but some of the joints of the other toes were also red and tender. I begged to look at their boots and found, as I expected, that they were constructed on the most fashionable and unscientific principles. The heel was at least two inches high, while the front was narrowed to an acute point. I explained to my fair patients that by wearing such boots the whole of the weight of the body was thrown upon the toes, which were squeezed into a space quite insufficient for them. While boots of this construction gave to their gait that peculiar mincing hobble now so much affected by the fair sex, and caused their bodies to assume that highly desiderated attitude called the "Grecian bend," these advantages could not be purchased without serious detriment to the complicated arrangement of joints and ligaments with which nature had, without regard to the exigencies of fashion, provided the foot. I advised them to get boots with low heels and roomy in the toes, and promised them that they would then soon lose the redness and tenderness of their feet, and be able to walk with ease and comfort. They seemed quite too awfully sorry that I could

not suggest anything to enable them to retain their fashionable *chaussure* without the attendant torture, but they were forced to admit that my advice was perfectly rational.

9. A young gentleman while playing football received an injury to the back in the region of the lower lumbar vertebræ. He suffered much pain in the seat of the injury, and was confined to bed for some weeks. When at length he was able to leave his bed he found that the legs were so weak that he could hardly stand. The paralysis increased to such a degree that he could only move about the room with the aid of two sticks. He consulted many doctors, and was subjected to every variety of treatment. He spent some weeks at Wildbad without benefit, and when he consulted me he had been paralysed for three years. He had lost all the tenderness and pain in the back, and sensation was perfect. He was now about twenty years of age. I recommended him to try the Swedish regulated gymnastics, and sent him to Dr. Roth. After three months of this treatment, without any medicine, he was completely cured, and at present (three years after Roth's treatment) he is quite well and strong in his legs.

This is given as an example of rational treatment without therapeutics, and shows the advantage of an acquaintance with other resources of the medical art besides mere drug-giving and conventional prescriptions of mineral waters. Cases are constantly occurring in the practice of every medical man where physic is useless, and the doctor who trusts entirely to medicines will fail to cure, whereas by availing himself of some of the many appliances and modes of treatment within the domain of medicine, he may benefit patients to whom nothing in the whole pharmacopœia is of the slightest use.

10. A married lady came up from her suburban residence to consult me. Like John Anderson my Jo, "her locks were like the snow," though she had little more than half a hundred weight of years on her "frosty pow." She was by no means a robust person, having in former years suffered occasionally from severe attacks of nervous depression, and her appearance was anæmic. She had, however, enjoyed very good health for several years past. She now complained that for the last six weeks she

had every morning regularly, as soon as she got out of bed, a violent attack of diarrhœa accompanied by a sensation as if everything would come away. Living in the country at a distance from a doctor, and having an amateur's knowledge of homœopathy, she had treated herself with various remedies; but finding them of no use she had given them all up for several days. But as this renunciation of all medicine had been of no more service than the taking of her own medicine, she resolved to come and ask my assistance, which, of course, I was only too happy to give her. After carefully considering her symptoms I gave her two small phials of *Arsenic* and *Iris*, both of which seemed to be equally indicated, to be taken alternately three days each, beginning with *Arsenic*.

Treating patients who live at a distance and cannot come frequently to see their doctor, when the symptoms do not point very conclusively to one medicine, it is often better, as in grouse shooting, to have a double-barrel, so that if one misses the other may hit. I did not see my patient for three weeks, when she again visited me to consult me about her only daughter's health. "How about your own diarrhœa?" I asked. "Well, I have never had the slightest return of it since the day I was here." I felt gratified at the accuracy of my aim, evidently the first barrel had been enough. My self-satisfaction was short-lived. "But what do you think, doctor?" continued my patient, "I did not take a single dose of your medicine. The following morning I had no diarrhœa, so I ventured to wait and see if it would return before having recourse to your medicine; but from that day to this I have been perfectly well."

I was at a loss under what head to put this remarkable cure, until I read Dr. Ollivier's pamphlet, which teaches me that this is an example of pure homœopathic treatment. For Dr. Ollivier, describing the peculiarities of homœopathic medication says: "Enfin, il n'est pas rare, nous le savons, que la seule vue de ce flacon opère des actions thérapeutiques." Now that we know this on such unexceptionable testimony, all is clear; the patient was cured by the sight of the bottle containing the medicine. Hurrah! who after that will limit the powers of homœopathy? We would not have ascribed such a wonderful virtue to the sight of a bottle of homœopathic medicine ourselves, but when an

enemy asserts it we must accept his testimony as an involuntary tribute to truth—*fas est et ab hoste doceri*.

11. An old lady, very much disposed to bronchial attacks and bilious affections, had while residing on the sea-coast got a severe attack of congestion of the liver with jaundice to a very great extent. On the subsidence of these liver symptoms there remained behind the most violent and intolerable itching of the skin, which rendered life during the day a burden, and deprived her of almost all sleep at night. The skin was harsh and dry, but presented no signs of an eruption, except what was produced by the irresistible scratching. I tried various remedies without effect for some weeks, when it occurred to me to give her Turkish baths. Being beyond seventy and rather feeble, I had some difficulty in persuading her and her husband that there was no great risk in taking these baths. At length she consented, and finding they did her good she went on with them, at first every other day, then every day. After each bath the itching was perceptibly ameliorated, and when she had taken about twenty she was perfectly well, and has remained free from itching ever since, now three years.

In jaundice, as is well known, itching of the skin is a frequent symptom, but it is usually more a premonitory symptom, declining when the jaundice is fully developed. In this case it not only did not decline, but it became worse and worse after the entire disappearance of the jaundice, and lasted for many weeks, until it was cured by the Turkish baths. The treatment in this case was rather conjectural than empirical. I imagined that the skin being so dry and harsh, the itching might be caused by want of action of the cutaneous sweat glands, and knowing that the Turkish bath is a powerful purger of these glands, I put this and that together, and the result was a success. The treatment may be considered rational, because it succeeded. In medicine the Jesuitical maxim, that the end justifies the means, is not generally considered immoral. When the means succeed, we are always ready with a pathological reason for their success. When they do not succeed, we are equally ready with a pathological reason for their failure—*in utraque fortuna parati*.

12. I received a pressing message to go and see an old dispensary patient whom I had had under my care several years previously. She said she thought she was dying, but would like to see if I could suggest anything for her relief. I found her lying in bed, pale as a sheet, and bedewed with cold, clammy perspiration. Her pulse was extremely feeble and hurried. She told me her bowels had not acted for ten or twelve days, and she had been suffering intense pain and ineffectual straining for most of the time, and latterly constant vomiting, especially when she attempted to take any nourishment. She had been attended by the parish doctor, who had given her a good deal of medicine, all of which her stomach had latterly rejected. He told her he could do nothing more, hinted that the bowels were strangulated, and left her to die. Under these circumstances she had sent for me, but without much hope that I could do her any good. On making an examination I found the lower bowel obstructed by a hard mass of impacted fæces. I removed as much of this as I could mechanically with considerable difficulty. This gave her immediate relief, and in a short time a large motion was expelled naturally, and the patient speedily recovered without medicinal aid.

Here the treatment was quite rational, fulfilling the indication "*tolle causam.*" All this frightful suffering and danger might have been prevented had the doctor, relying less on the omnipotence of physic, taken the trouble to ascertain at first whether any mechanical obstacle existed to account for the constipation.

*Principiis obsta ; sero medicina paratur
Cum mala per longas convaluere moras.*

13. As I was sitting down to dinner the servant of a gentleman residing a few doors off came and begged me to go at once to his master. I hurried off and found the gentleman sitting at his table, with the dishes before him but with an anxious expression of countenance. He told me he had just eaten a bit of fish and a bone had stuck in his throat, and was causing him acute pain and made him fear he might choke. I looked down his throat but could see nothing, indeed he pointed out the seat of obstruction half way down his neck. I made him take a large mouthful of potato and swallow it. This he did, and though it caused him considerable pain, it carried the fish bone

along with it down to the stomach, and he was able to finish his dinner in comfort.

This is a trifling case, and would not be worth recording, were it not that it illustrates a not uncommon incident in practice, where the doctor has to resort to other means than drug-giving to effect a rational cure.

14. This is the last case I shall mention to complete the day's work. As I was going to bed I received a summons from a lady to come at once to see her husband, who had been taken suddenly ill with what she considered alarming symptoms. I found the gentleman in bed. He told me he had been out hunting that day and had got thoroughly chilled; on coming home, he felt severe pain in the left renal region, which had steadily increased but slightly changed its position. He had vomited, and was much distressed with sickness and flatus in the bowels. The pain was of a grinding intolerable character, and extended from the kidney down the left iliac region. There was also some urging to urinate, with pain at the end of the urethra. The urine, passed in small quantity, was clear. He thought he had caught cold in his kidney, and that it was now highly inflamed. As there was no heat of skin and the pulse was quiet I assured him this was not the case, but that he was suffering from an attack of gravel. I explained that a small calculus was in the act of passing down the ureter into the bladder, and that as soon as this occurred the pain would cease. I advised him to drink plentifully of barley water and to move about the room frequently, as by so doing he would expedite the progress of the offending body, and get the desired relief sooner. He said he thought he could not endure the pain. I gave him a prescription for a solution of one grain of *Acetate of Morphia* in six ounces of water, to take by teaspoonfuls every five minutes until the pains subsided or he fell asleep. This plan was taught me by Dr. Wyld, and I have found it very successful in procuring rest and relief from suffering during the passage of renal calculi. At the same time I told him that if he abstained from the narcotic and kept moving about and drinking plentifully he would greatly expedite the expulsion of the calculus. The following day he had several severe fits of pain, but he heroically resisted taking the narcotic, and towards evening the pain suddenly ceased and he had a good night's rest. When he awoke he felt

perfectly well, ate a good breakfast, and went to business. On examining the urine he had passed I found a small rough uric acid calculus, about the size of a hemp-seed. He had never suffered from anything of the kind before. I left him with some useful cautions respecting diet and indulgence in alcoholic stimulants, and he has not been again troubled with gravel.

Here the narcotic was prescribed (though it was not taken) not for any curative purpose, but simply to lull the pain for a time, and so enable the patient to pass through a process necessary for his relief more comfortably than he could have done without the soothing influence of the morphia. It may be thought by those who are in the habit of ordering large doses of opiates that the quantity of the narcotic prescribed in this case was ridiculously small, but practically I have found that from four to eight such doses of one forty-eighth of a grain each of morphia generally suffice to give the patient almost complete exemption from suffering, and enable him to get a few hours' refreshing sleep. The treatment here is rational though not curative, as the only cure of the affection is the expulsion of the calculus, and that is the work of time. The indication is to make the time pass as agreeably as possible. I do not say with Sydenham: "*Sine opio nolo esse medicus,*" but I contend that opiates have their uses in the ordinary practice of the rational physician, and we should be wanting in our duty to our patients did we refuse to give them in cases where they can give relief to intense suffering of a temporary character, without materially delaying the cure.

In the above cases, which very fairly represent the daily routine of a busy practitioner, it will be observed that only a small proportion exemplify pure therapeutical treatment; and though on many days the proportion of such treatment to non-medicinal treatment may be much greater, there are days when it is even smaller than in the specimen I have given. I might have multiplied to any extent, from my own case-books, the instances where we are compelled to resort to other than medicinal remedies, and many practitioners could do the like. How many cases of over-loaded stomachs, or fits of indigestion from eating indigestible things,

do we not cure by directing the patient to put his finger down his throat, or take copious draughts of warm water to rid himself of the "pernicious stuff" he has swallowed? How many cases of gout and rheumatism do we not relieve by employing an experienced rubber, or sending our patients to Aix-la-Chapelle, Wildbad, or Bath, or even by prescribing abstinence from alcoholic liquor?* How many neuralgias have we not conjured away by the use of the induced electrical current, or by the magnetic rotary machine, or even by so-called mesmeric passes? How many lumbagos do we not cure by the Turkish bath or the lamp bath? How many cases of chronic cutaneous disease do we not remedy by similar means, or by the use of sulphur mineral waters? How many cases of brain-fag do we not send with advantage to Ragatz? How many cases of torpid livers and sluggish digestion, with all their concomitant sufferings, do we not cure by enjoining vigorous exercise in the open air,† or by some apparently trivial alteration in the diet, such as varying the everlasting bread made of emasculated and zymotised wheat, by a daily plateful of good oatmeal porridge?‡ How

* In spite of Sydenham's dictum: "Water alone is bad and dangerous, as I know from personal experience."—*Treatise on Gout*, § 47.

† Exercise, to be thoroughly beneficial, must be amusing, and should bring into play as many muscles as possible. The constitutional walk or the regular use of the dumb-bells soon becomes irksome; but rowing, fencing, racquets, cricket, golf, and other muscular sports which combine amusement with exercise do not so easily pall, and are to be preferred. Many of those most eminent in literature, science, art and politics recruit their energies by games such as those mentioned, or by hunting, shooting, fishing, or other muscular recreations. One distinguished legislator is a zealous bicyclist, and our most energetic and many-sided statesman is a skilful woodcutter. He seems to have had his prototype in very ancient times:—"A man was famous according as he had lifted up axes upon the thick trees."—*Psalms* lxxiv, 5.

‡ "OATS, *n. s.* A grain, which in England is generally given to horses, but in Scotland supports the people."—*Johnson's Dictionary*. Of course this was "meant sarkastic" by the great lexicographer, but Scotsmen may console themselves with the reflection that England displays the finest specimens of horses, while Scotland abounds in "bairdly chieils," of whom she has no reason to be ashamed. Whether the excellence of these animal products of the two countries is owing in any measure to their diet I am not prepared to say; but as we know that bees can make an august and sagacious queen out of an ordinary larva by feeding it on a particular food, it would be rash to deny that the peculiar

many cases of dyspepsia from excessive addiction to the pleasures of the table, late hours, and sedentary habits, do we not send with advantage to Homburg or Kissingen, or to a water-cure establishment? How many cases of congested wombs and deranged menstrual function do we not restore to health and fertility by the baths of Ems? How many cases of anæmia do we not benefit by sending the patients to Tunbridge Wells, Schwalbach, or St. Moritz? Then, again, with regard to remedial means in daily use, how often have we not occasion to employ poultices, fomentations, compresses, cold and hot, inhalations, frictions, heat, cold, steam and electricity? How often must we open an abscess to avoid extensive destruction of the skin, or even the fell disease pyæmia? How often must we use some vermifugal drug to kill the parasitical infesters of the body? How often employ an enema, or other mechanical means, to remove an accumulation in the rectum? Nay, how often do we not find it easiest and best to overcome this temporary obstruction by a simple purgative? The many prescriptions that we have daily to make regarding diet and regimen, need scarcely be alluded to—*cela va sans dire*. In short, the exigencies of practice compel us to include in our armamentarium against disease an infinite number of implements besides those contained in our *Materia Medica*, and we are not the worse but the better for being as thoroughly conversant with the use of them as with the pathogeneses of our homœopathic remedies. The truly rational physician might parody Terence's well worn words and say: "Medicus sum, medicinalis nihil a me alienum puto."

When a doctor in large practice solemnly assures the public that he treats all his patients entirely on the homœopathic principle, of course we are bound to believe him, food of the horses in England and the men in Scotland may have something to do with their good qualities. The Scotch seem to attach great virtue to their favourite cereal, as is evident from the first line of one of their popular rhymes:

"Parritch is the life o' man."

Our German neighbours likewise recognise the valuable properties of oats in their *Volksage*:

"Vernunft, Geduld und Hafergrütze
Sind zu allen Dingen Nütze."

“For Brutus is an honourable man, so are we all, all honourable men,” but then our belief is of that qualified character expressed in the saying of Tertullian, “credo quia impossibile;” and we are quite convinced that if the doctor who makes this statement were to hark back on his memory, he would recal many cases which would lead him to modify this statement, and not make such a great demand on our credulity.

No man’s practice consists entirely of cases for which drugs are the proper remedial means, still less does it consist solely of cases for which drugs given on the homœopathic principle are the true curative. The examples I have given above bear me out in this. Again, cases occur in which the most diligent research will fail to find a simile among the medicines known to us in their physiological effects. Such cases, rare though they may be, must be treated, if with drugs or mineral waters, empirically, if with other means, then as rationally as possible. The line of homœopathic curability must be drawn somewhere by every practitioner. He who is most conversant with his *Materia Medica*, and has the necessary complement of this, a thorough knowledge of pathology and diagnosis, is able to draw the line so as to include the largest number of diseases. But the line must be drawn where knowledge fails, or where reason or experience teaches us that the cases are not proper ones for drug treatment.

In the face of this inevitable limitation of homœopathic treatment, in view of the large number of cases occurring in our daily practice, which are altogether beyond the domain of drug-therapeutics, I am at a loss to understand how any practitioner can consistently call himself a homœopathist, or a homœopathic physician. True, in all cases where drugs are required, he prescribes medicine on the homœopathic principle when that is possible, but how about the cases in which drugs are not required? The assumption of this exclusive title appears to me as ridiculous as would be, in the opposite profession to ours, the conduct of the general who should call himself a “bayonetist,” because the bayonet formed part of his soldiers’ equipment,

forgetful of all his swords, lances, pistols, rifles, guns big and small, mortars, mitrailleuses, and the rest.

The physician who, when he selects his medicines, where medicines are required, according to the principle *similia similibus*, is merely a physician of advanced views. He has carried the principle of rationality into the matter of drug-prescribing. Those who do not adopt the homœopathic therapeutic law have discarded the light of reason at the threshold of the temple of *Materia Medica*, and stumble along in the dark, indignantly refusing the aid of Hahnemann's light, and moaning dolorously, "We have no rational therapeutics!" They remind us of Galileo's contemporaries. "Jupiter has no moons," they said. "Look through my telescope and you will see them," responded Galileo. "Telescope be hanged! how can that piece of metal tube, with a bit of glass at either end, show us anything?" "Only look," persists Galileo. "Never! have not all astronomers, Thales, Pythagoras, Hipparchus, Ptolemy, and the rest, proved conclusively that Jupiter can have no moons, and is the wisdom of these sages to be overturned by you and your miserable tin pipe? Hist! good dog, Inquisition, seize him, worry him well!"

And similarly we are seized and worried by our incredulous colleagues for daring to profess our confidence in Hahnemann's law as the sole safe guide in therapeutics. The persecution takes the form of professional ostracism, exclusion from the honours and emoluments of the profession, expulsion from societies, denial of the right of reply in medical journals to attacks and insults. And all this for having the honesty to confess our obligations to Hahnemann for his immortal discovery. Honesty is the best policy, no doubt, but, like some other virtues, it is sometimes its own reward. It is a pity, certainly, that our open declaration of confidence in a certain therapeutic law should excite the animosity of colleagues with whom we agree on every other point of the vast field of medical practice, or if we do not agree yet all agree to differ amicably. It is not very clear why the attempt to make therapeutics rational should be the red rag that puts the medical bull in a

fury. Time, the great effacer of scientific wraths, will no doubt extinguish this manifestation of the *odium medicum* as it has extinguished others.*

The "physiological school," as it is termed, has distinguished itself by the minute and careful manner in which it has investigated diseases, and tracked them throughout their course, from their beginnings, through their periods of increment and decline, following them with all the aids and appliances of the highly developed and perfected machinery invented for this purpose by ingenious scientists, through all their phases in every tissue, organ, secretion, and function. It has accumulated in systematic treatises and monographs a wonderful collection of morbid phenomena and processes, presenting striking and faithful pictures of all diseases. The followers of Hahnemann, the cultivators of rational therapeutics, have done and are doing precisely the same for medicines. They have accumulated a vast array of faithful medicinal morbid pictures by their provings of the effects of medicines on the healthy human body.† The *Materia*

* Perhaps the wrath displayed against their colleagues is sometimes dictated by a less exalted motive than scientific zeal. The prizes and honours of the profession being limited in number, it is sound policy on the part of the actual holders of the medical loaves and fishes to restrict the number of possible competitors—*beati possidentes!* So the orthodox monopolists give the homœopathic dog a bad name, and have reason to be satisfied with the result. But possibly the followers of Hahnemann have their compensations in other directions. *Quanto più la volpe è maladetta, tanto maggior preda fa.*

† It is physiological experiment which makes the practice of homœopathy possible. Its *Materia Medica* is a record of the agonies endured by those who have been subjected to the torture of drug-proving. In every case, except the accidental poisonings, the victims voluntarily submitted to the martyrdom for the good of science. They had vivisection without anæsthetics performed on them with their own consent. With self-denying courage they laid themselves on the rack and gave the signal for the physiologist to turn the screws, watch the torments of their quivering bodies, and record their shrieks and groans in his note-book. The minutely detailed sufferings of our self-immolating provers, arranged in methodical order, constitute the armoury whence we derive our defensive weapons against the inroads of fell disease. The man who daily consults this bulky record of aches and pains, of sharp and sudden agony, and "lingering sufferance" long drawn out, can scarcely feel a very lively horror at the physiological experiments carried on on animals—mostly under chloroform—for scientific purposes. Pain inflicted on dumb creatures for no useful purpose or only for our own amusement is not justifiable, but many physiological dis-

Medica of homœopathy is the therapeutic pendant of the results of the labours of the physiological school in reference to diseases. It is, in fact, the therapeutic complement of the latter. The rational medicine of the future is the application of the work of the physiological provers of medicines to that of the physiological investigators of diseases. The therapeia of the latter is a blank, pure nihilism. In order to make it a real therapeia, the physiological school must do for medicines what they have done for diseases, or avail themselves of the work already done in this direction by Hahnemann's followers, and complete it where it is still defective. When they are convinced of the necessity of this—and the work of Jörg, Harley, Ringer, and some others in this direction, shows that they are commencing to be so convinced—then they will cease to travel through therapeutics from Dan to Beersheba and cry "all is barren!" On the contrary, they will then only be able to found a real and helpful medical art. The physiological

coveries of importance to human health and life have been made by experiments more or less painful on some animals. And yet, while the former scarcely evokes a comment from those hyper-sensitive humanitarians who love to hear themselves spout at public meetings, the latter has roused these feeling creatures into a fury of hatred towards physiologists, and the medical profession generally as the aiders and abettors of physiologists, as it is the doctors, they allege, who profit by the wicked works of the vivisectionists.

After howling themselves hoarse at some public meeting denouncing the shocking cruelty of the vivisectioning doctors, we can imagine the self-satisfied inveighers against cruelty to animals, after mutual congratulations on the success of their meeting (undisturbed by medical students), separating, one to have a "splendid run" with Her Majesty's staghounds, where he enjoys the exciting spectacle of a tame deer torn to pieces by a pack of hounds; another to engage in a grand battue of pheasants, hares and rabbits, in some friend's well-preserved coverts, where some thousand head of game are killed outright and probably an equal number get off wounded to die a lingering death of prolonged agony; another to play a lively salmon for an hour or two at the end of his line until the fish, exhausted by his desperate struggles, is drawn towards the bank and dexterously "gaffed;" another to assist at a "tournament of doves" at Hurlingham; another to chase a fox or a hare for hours till the agonised creature, incapable of further flight, is overtaken and rent to shreds by the dogs. It is wonderful to observe the curious optical effect of a beam in our own eye, how it magnifies a mote in our neighbour's eye. Thus we

"Compound for sins we are inclin'd to
By damning those we have no mind to."

school and Hahnemann's followers are working in parallel lines. True medicine will result from the combined labours of both. Each needs the other's help. When the prejudices that at present prevail among the adherents of the physiological school are extinguished, they will see, as we have long seen, that the only possible way of creating a real art of medicine, is to join hand in hand with the cultivators of rational therapeutics. The most profound knowledge of disease is but a barren science if not complemented by an equally profound knowledge of the weapons with which disease is to be combated. That this fraternal and mutually respectful alliance between the zealous students of diseases and medicines will soon be consummated can hardly be doubted.

"Then let us pray that come it may,
 As come it will for a' that,
 * * * * *
 That man to man the world o'er
 Shall brithers be for a' that."

MEDICAL COINCIDENCES.

By FRANCIS BLACK, M.D.

IN the Church of Rome no proposed saint can be canonised until the Devil's Advocate has had ample opportunity to debate the weaknesses and possible sins of the candidate. It is to be regretted that in several branches of medicine, especially in pharmacodynamics, such an advocate is not more frequently consulted before mere statements are recorded as facts; his interference would not unfrequently reduce supposed proofs of drug action to simple coincidences, and thus save the garnering of much chaff as valuable grain. If astronomers were to found their calculations on the apparent and not the real dimensions of the sun, how ridiculous their results would be; so in therapeutics numerous errors occur because the apparent is taken for the real, and the *post hoc* recorded as the *propter hoc*, e.g.

Pulsatilla in Amenorrhœa.

An unmarried lady, æt. 22, has had amenorrhœa for three years; she has tried various kinds of treatment, and she is now persuaded to try homœopathic remedies. I prescribed *Puls.* In twelve days the prescription is finished and the patient writes—“*I am quite well. On the day after seeing you and the day before commencing the medicine the period appeared.*” Had the patient commenced the medicine twenty-four hours earlier what a brilliant cure might have been recorded, instead of a curious coincidence.

Amenorrhœa.

Another case of amenorrhœa of long standing resisted every medicine I prescribed for nearly a year; I then advised the patient to discontinue all treatment. Two months after, the catamenia appeared. Had my medicine, no matter what or in any dose, been administered a little previous to this appearance, the result would have been attributed to the medicine, and a natural recovery recorded as a cure.

Hydrocele.

I published many years ago an account of several cases of well-marked hydrocele, in which I believed *Graphites* to have been the curative agent.* But a certain amount of doubt now diminishes the value of these results, reducing perhaps some of them to mere coincidences. A gentleman with well-marked hydrocele of some standing consulted Dr. Ker. He resolved to give *Graphites*, but owing to some circumstance the patient did not receive the medicine. *He returned in two months free of the hydrocele.*

Physiological action of Mercury.

A lady consulted me for a bilious disorder to which she has long been liable. The attacks occur about three times in the year; she has used various ordinary remedies and now desires to try homœopathic treatment. I prescribed trit. *Merc. sol.* 3^x about every four hours. After thirty-

* *Brit. Journ. Hom.*, vol. vii.

six hours she complained of the gums and the root of the tongue being tender, with increased flow of saliva. The medicine was discontinued; these symptoms still increased, and *Nitric acid* 1^x was ordered; but until eight days had elapsed there was no improvement, and by the tenth day the patient was well.

This lady was naturally very angry, and expressed her feelings in the freest manner, my only answer being that such effects from such doses were most uncommon occurrences.

A year after this I received a letter from this lady expressing regret for the manner in which she had criticised my treatment. She stated that six months after seeing me a similar attack occurred, and again another in five months. In both attacks salivation and tenderness of gums showed themselves, and continued unchecked for about eight days. She took no medicine during these two attacks.

The receipt of this letter reduced the supposed mercurial action to a mere coincidence.

Local physiological action of Arnica.

A lady sprained her ankle and applied steadily a strong lotion of *Arnica*. On the fourth day I was consulted; she complained of heat and itching and where the *Arnica* had been applied there were numerous red papulæ. From these points the redness extended, and soon involved the leg as high as the calf. Intense itching was complained of. Hot fomentations and camphorated oil were used, later *Rhus*. It continued in this state for three weeks, when patches of eczema appeared on the leg, soon the thigh, and especially the groins were attacked, then the eruption appeared on the right leg. In two months other portions of the body became affected with eczema.

There was a steady increase of the eczema for eight months and then a gradual decrease during two months, at the end of which time it had wholly disappeared.

The patient attributed this attack to the *Arnica*, and I
VOL. XXXVI, NO. CLIVI.—APRIL, 1878. M

was of the same opinion, especially as this middle-aged lady was certain "she never had had a spot on her skin."

A few months after her recovery an aged aunt of this lady wrote to say her niece had suffered when about fifteen years old from a similar attack. A slight recurrence of the eczema ten months after receipt of this letter confirmed the opinion that the eczema was a coincidence and not the result of the *Arnica*.

Arnica.

A lady, æt. 40, the mistress of a boy's school had, to my personal knowledge, three attacks of sharp papular erythema due to the local action of *Arnica*, one attack occurring after applying *Arnica* to her sprained wrist, another affecting fingers and back of hand from dressing a boy who had sprained his knee. The third occurred after dressing for several days with *Arnica* the ankle and knee of one of her pupils. The eruption affected not only both hands, but also affected lips and side of nose, and was well marked lasting nearly three weeks. Five years after this, when this lady was no longer under my care, I received a letter informing me that a few days after applying *Arnica* to a pupil's bruised arm she was attacked by erysipelas of lips and cheeks which lasted about four days, and then delirium set in and she was removed to a lunatic asylum where she was detained four weeks; the mania passing off after the first ten days of detention. Her letter enclosed a full report of the attack. She was very desirous to get a medical opinion certifying the attack was due to *Arnica*, and not an ordinary case for temporary insanity.

I was unable to comply with her wish. This attack of erysipelas differed from the cutaneous action of *Arnica*, in that it had no papular appearance, it was attended by no itching which is so marked in the action of *Arnica*, and its duration was only three to four days, whereas if such cutaneous action is set up by *Arnica* it continues for at least ten days. A cursory consideration of this peculiar case held out great temptation to rank as a result that which was a mere coincidence.

REVIEWS.

The Organon. A Quarterly Anglo-American Journal of Homœopathic Medicine and Progressive Collateral Science. Edited by Drs. SKINNER, BERRIDGE, LIPPE, and SWAN. No. 1.

THIS new journal is established as an organ of the pure "Hahnemannian" party among us; and we are pleased that they should have their representative in periodical literature. We hope that all who rank themselves among them will communicate their thoughts and observations thereto, leaving the existing journals to express the mind of the (as we think it) more enlightened and progressive homœopathy which now reigns supreme in the school of Hahnemann throughout the world. Each view will then stand or fall on its own merits, and neither party will have to bear reproaches only meant for the other.

We must urge our friends, however, if they mean to represent Hahnemann correctly as well as purely, to be careful about their renderings of his German. We were astonished to find them (p. 10) quoting him as speaking in disparagement of what we always thought a most valuable discovery of his—the process of trituration. "These developments of properties (dynamizations) in crude medicinal substances, which were unknown before my time, *are not accomplished, as I first taught, by the trituration of dry substances in a mortar, but by the succussion of liquid substances, which is nothing less than a trituration of them:*" thus he is made to speak. On turning to the preface to the fifth part of the *Chronischen Krankheiten*, from which the citation is made, we found his German to run thus:—"Diese vor mir unbekanntes Eigenschafts-Entwickelungen (Dynamizationen) roher Natur-Stoffe geschehen, *wie ich*

zuerst gelehrt habe, durch Reiben der trochnen Substanzen im Mörsel, der flüssigen aber durch Schütteln, was nicht weniger eine Reibung ist." We think that the merest tyro in German would see that no comparison between trituration and succussion, to the depreciation of the former, was intended here.

There is plenty of interesting matter in this first number, mainly contributed by its editor, among which we may note two cases of vaginismus cured by Dr. Skinner, one with *Silicea*, the other with *Nux vomica* and *Ignatia*. We ought all to read *The Organon*, that we may not lose the benefit of anything which the school it represents may have to teach us.

Ophthalmie Strumense. Preuves positives d' experimentation clinique, par le Dr. Albert Dekeersmaecker. Mons, 1877.

L'Homœopathie a l'Académie de Médecine de Belgique en 1877. Réponse au défi de M. le Professeur Crocq, par le docteur Gailliard. Brussels, 1877.

Homœopathy seems stirring just now in Belgium. A new journal, *L'Homœopathie Militante*, has begun to appear in the present year; and the two pamphlets named above are devoted to the same cause. Dr. Dekeersmaecker establishes the value of homœopathic treatment by the positive proofs of clinical experimentation in the case of that obstinate disease—scrofulous ophthalmia, recording thirty-eight treated by him. Dr. Gailliard adventures a more laborious task. Professor Crocq having attacked homœopathy in a somewhat insulting manner, Dr. Gailliard has accepted his challenge to substantiate the reality of Hahnemann's pathogenesises. He has selected those of *Arsenic* and *Phosphorus*, and proposes to submit to the Academy of Medicine of Brussels a collection of their effects as observed by practitioners of the old school since Hahnemann's time, which shall conclusively verify every effect ascribed by him to the drugs. We shall be interested to see this done in the

case of *Phosphorus*, as we have little evidence at present of the bulk of its 1915 symptoms having been obtained by experimentation of a pure and genuine kind.

Repertory to the New Remedies, based upon and designed to accompany Hale's Special Symptomatology and Therapeutics. By C. P. HART, M.D. Boericke and Tafel: New York, 1876.

To all who possess Hale's *New Remedies*, as his meritorious work was called in the first editions, or the enlarged later edition designated as above, the need of a good repertory has been greatly felt, and their obligation to Dr. Hart for attempting to supply this need is undeniable. The plan on which the author has proceeded bears some resemblance to that of the ordinary repertories, such as Bönninghausen's and Jahr's, in arranging the symptoms under different sections, such as *Mind, Sensorium, Head, Eyes, Ears, &c.*; but it is an improvement on the well-known arrangement of the older repertory makers, in so far as that the conditions and concomitants are placed in their natural connexion with each symptom and not lumped together in sub-sections at the end of each of the main sections. This plan demands greater space than that followed by Bönninghausen and his imitators, but the inconvenience of the greater size of the work is more than compensated by the practical advantage of having the symptoms in their entirety under our eye.

The purely alphabetical arrangement of the symptoms of each section has this great disadvantage, that it separates widely symptoms which are close allied, and imposes a good deal of trouble on the practitioner in turning over page after page in his search for an analogue to the morbid symptom he desires to find. This might have been obviated by arranging the symptoms in classes under more general headings. This alphabetical dislocation is sought to be remedied by continual references from one symptom to another, but this becomes irksome to the searcher, and might easily have been avoided by a more scientific arrange-

ment. Moreover, the references are not always as satisfactory as they might be. Thus, to take the first section *Mind*; we find under the symptom "*Incoherency of thought*" we are referred to "Mind, wandering of the," but on turning to that we are referred back to "Alienation, mental." Some of the references are still more unsatisfactory. Thus, in section *Head*, under "Lightness, sense of," we are referred to "Emptiness," but there is no such symptom in the section. So also in Section XVIII, under "Sexual Diseases," we are referred to "Diseases, sexual," but we cannot find such a heading in this or any other section. In the same section, under "Spermatorrhœa," we are referred to "Emissions without erections," but here, again, there is no such symptom in the section; the reference ought to have been to "Semen, emission of, unassociated with erections." Then the sections are not all on the same plan. Thus, the sections *Eyes* and *Ears* are arranged entirely anatomically and physiologically, and the alphabetical arrangement of the symptoms adopted in the other sections is dispensed with, which must cause considerable embarrassment to the practitioner. The orthography also, in several instances, requires amendment. Thus, we find *schlerotic* for *sclerotic*, and the *prostate* gland is invariably spelt *prostrate*, and its derivations *prostratitis* and *prostratic fluid*. However, notwithstanding these little blemishes, the work is a great boon to the practitioner, and Dr. Hart and his coadjutors deserve the thanks of their colleagues for their labour, which must have been very considerable, in the preparation of this repertory.

If we may be allowed to make one other criticism we would say that the symptoms derived solely from clinical use are rather too numerous and not sufficiently carefully selected in some of the sections.

Our Foreign Contemporaries.

FRANCE.—*L'Art Médical*, July—Dec., 1877.—The first and third numbers of the series now before us contain the record of some curious experiences with *Iris versicolor*, communicated by Dr. Claude. He had seen somewhere the 30th dilution of this medicine recommended for constipation, and, being at that time sceptical as to the efficacy of the higher infinitesimals, determined to test them by its means. He relates case after case of the most obstinate confinement of the bowels in which *Iris*, in the dilutions from the 12th to the 30th, acted more like an aperient than in the way our remedies usually behave in this condition. Like this, moreover, it seems to have had no permanent good effect against the tendency to costiveness, though it was nearly always effectual to give immediate relief. Lower attenuations than the 6th were inert. In several of the patients treated migraine was a frequent visitor, and its attacks were always rendered less frequent and severe by the use of the remedy; and in one a salivation of four years' standing was cured.

In the September number there is an observation by Dr. Jousset of a case presenting those peculiar *accès* of apnœa which were first described by the English Cheyne as occurring in a patient named Stokes. We mention this latter fact as Dr. Jousset speaks of the affection as "Cheyne Stoke's," which is hardly the form its name should assume. *Carbo vegetabilis* 12 seemed to arrest it on each occasion of its recurrence.

In the December number the same physician relates a deeply interesting case of hydrophobia lately occurring in the Hôpital S. Jacques. The patient died in the usual time, *Stramonium*, *Hyoscyamus*, and *Lachesis* having been given in vain. During the last twenty-four hours of life decided temporary benefit was obtained from subcutaneous injections of from four to six drops of a 1 per cent. solution of *Sulphate of Atropine*.

Bibliothèque Homœopathique, July—Dec., 1877.—These

numbers present nothing noteworthy. We have only to observe the appearance of two more of Dr. Chargé's useful therapeutic studies in the shape of articles on cholera infantum and scarlatina. The "Pathogénésies Nouvelles" are continued as before.

Bulletin de la Société Médicale Homœopathique de France, June—Sept., 1877. Our last notice of this journal carried us on to May, and since that time we have received the numbers up to September (no farther).

The first two of the present series contain an account of a curious "new departure" in homœopathy, advocated by a Dr. Finella. It consists in the administration of complex admixtures of our remedies, so designed as to meet every indication which a given case can present. Thus, in affections of the spinal cord a compound is administered containing three parts of *Nux* and *Aconite*, two of *Rhus*, *Zinc*, *Opium*, and *Arsenic*, and one of *Causticum*, *Cocculus*, *Mercurius corrosivus*, and *Ipecacuanha*, with a half part of *Secale*—all in the third dilution.

In the same number Dr. Crétin calls attention to the confusion which frequently prevails in French homœopathic literature between the cochineal *Coccus cacti* and the lady-bird *Coccinella septempunctata*, both being known in that language as *cochenille*. He points out that it is *Coccus cacti* which is good for whooping-cough, while the medicine which Dr. Jousset recommends in some cases of prosopalgia is the *Coccinella*.

In July Dr. Espanet commences a series of "Causeries cliniques," which promise to be very instructive. Up to the present date they have consisted mainly of illustrations of the value of *Pulsatilla* and *Mercurius* (6th dil.) in phlegmasiæ of a venous character occurring in organs on which they have an elective action. His desire is to simplify homœopathic therapeutics by counteracting the tendency to an excessive individualisation.

Intolerance seems to flourish as actively as ever among the French doctors, for we read in the August number of the expulsion of a Dr. Rochot from the Société Médicale du Louvre for his homœopathic tendencies.

In September Dr. Guérin Meneville records a case of typhoid fever treated throughout with *Baptisia* 1x, and remarks: "M. Ozanam tells me that he has observed not long ago a similar case in which *Baptisia* had alone sustained the treatment, and had evidently abridged, as in the present instance, the duration of the fever. Our colleagues will notice that we do not say 'cut short,' but merely that the remedy has shortened the time of the fever and reduced it to its simplest possible expression."

BELGIUM. — *Revue Homœopathique Belge*, July—Dec., 1877.—Almost the only original matter contained in this series of numbers is the continuation of Dr. Martiny's "Conferences on Homœopathy" for a popular audience (which we are glad to see are about to be issued separately), and some further letters from Drs. Kafka, Jousset, and Goullon on the question of the treatment of pneumonia.

ITALY.—*Rivista Omiopatica*, August—October, 1877.—Since our last notice of this journal (which was also our first) the above numbers have reached us. We are sorry to see from one of them that our esteemed colleague Dr. Rubini, of Naples, has been unable to resist the temptation of using the "marvellous medicines" of Count Mattei. The firm stand made against these secret remedies by the homœopathists of this country has prevented their gaining any acceptance here, and we hope that Dr. Rubini's mistake may not lead to a more successful career for them in Italy.

There is nothing else to notice in these numbers.

AMERICA. — *American Homœopathist*, July — Oct., 1877.—This is a new journal, dating its existence from last midsummer. It is published at Chicago under the editorship of Dr. J. P. Mills, and appears to be designed as a representative of the new homœopathic college recently founded in that city. We have received no numbers since that of October, and hope that the journal is not defunct, for it has seemed likely to be the embodiment of much useful matter. The paper entitled "Notes on some of the Newest Remedies," contributed by Dr. E. M. Hale to the September number, contains so much really novel experience that we hope to give it entire among the Miscellanea of

our next number. The same number contains two cases by the editor, which, as illustrating the action of a little known medicine, we will extract in this place.

1.—SANGUINARIA SICK-HEADACHE. J. P. MILLS, Chicago.

Mrs. H., a very fleshy lady of fifty years, nearly passed the climacteric, complained of a distressing "sick-headache" hanging about her for years. In some degree the symptoms were almost always present. A typical headache would commence in the forenoon, gathering violence with the hours, until sunset, when it would quietly subside, or else would confine her to her bed for a day or two. The pains originated low in the occiput, drawing upward in rays, locating over the right, sometimes the left, eye, attended with vomiting—often vomiting of bilious matter. She was subject to sudden flushes of heat, burning of the soles of the feet, and that singular symptom noted in Hale's third edition, "a quickly-diffused transient thrill" felt at the remotest extremity. At times she had sensible throbbings of every pulse in the body. The urine was generally scanty before and during the severe headache, but quantities of clear urine would pass away when getting better.

Prescribed *Sanguinaria* 200, six pellets night and morning for a week. Eight months afterwards patient reported relief from the *first dose*, during the week *complete relief*, and from that time until now not a vestige of the old complaint has shown itself, neither the flushes, burning of the soles electric thrill or headache.

We have, then, as prime symptoms of *Sanguinaria* :

1. Sick-headache, pains drawing upwards in rays, from the occiput, locating over the right eye.
2. Flushes of heat.
3. Burning of the soles of the feet.
4. A quickly-diffused transient thrill felt at the remotest extremity.
5. Scanty urine; the headache passing off with the flow of large quantities of clear urine.

Remarks.—1. *Sanguinaria* for usefulness at the critical age should be classed with *Lachesis* and *Sulphur*.

2. Sun headaches, *i.e.* those increasing in violence with its ascent, decreasing as it declines, are generally preceded by *scanty*

urine and pass off attended by *profuse flow of clear urine*, which symptom I regard as a "key-note" for *Sanguinaria*.

3. The habit of recurring sick-headache is sometimes produced by the habitual use of green tea; this fact was suggested in an article written by Dr. R. R. Gregg.

4. I have radically cured cases by proscribing its use. In each case a cup of *strong tea*, it was argued, would give *temporary relief*.

2.—SANGUINARIA HEADACHE. J. P. MILLS, Chicago.

Mr. W., railroad engineer, was taken early in the morning with headache and nausea, the symptoms increasing hour by hour. At 4 p.m. the pain and distress had reached such a height that, fearing "brain fever," I was summoned. I found the patient on the bed groaning and writhing in agony, face very red, head hot, injected eyes, sensitive to light. The arteries about the head and in the scalp were distended like whip-cords, the blood coursing through them at a furious rate, giving a sensation to the hand as if the scalp and temples were alive with irrepressible pulsation. The pain was *over the whole head*; paroxysms of retching occurred every few minutes with such violence that I feared rupture of blood-vessels.

I prescribed *Belladonna* 200, in water, every half hour. Called four hours later, found patient no better. Gave *Glonoine* 2nd centesimal, in water, every half hour, to be followed if not better in two hours by *Bryonia* 30. At midnight a messenger came saying that Mr. W. was wildly delirious, with no abatement of symptoms. I sent *Sanguinaria* 200, to be given the same as the preceding. Fifteen minutes after the first dose symptoms began to abate; in an hour and a half he fell into a quiet slumber for a little time, awaking quite relieved from the acute pain, but an intense soreness continued for two or three days, which compelled him to keep quiet or to walk with great circumspection.

Remarks.—This man was subject to ordinary sick-headaches. I knew that they passed off with free flow of clear urine, that he, being an engineer, would be subject to kidney trouble, yet the violence of the symptoms and the patient's inability to describe particular sensations diverted me from the consideration of the *Sanguinaria* at first. This headache, by the way, passed off with the characteristic flow of urine.

California Medical Times, July—Oct., 1877.—Another new homœopathic periodical greets us in the *California Medical Times*. It appears quarterly, at San Francisco, under the editorship of Drs. Hiller, jun., and Sidney Worth. It is as yet of little bulk, but, as representing the numerous homœopathists of California and the neighbouring states, it ought to have a fine future before it. We give it our welcome.

North American Journal of Homœopathy, Aug., 1877 (the November number has not come to hand).—This number of the *North American* contains a list of "Clinical Symptoms of Lycopodium," compiled from published cases of cure by it, by Dr. Allen, which to those who take most pleasure in symptomatic parallels will be invaluable. For ourselves, we should have preferred an epitome of the series of cases used, with index and references. The collection, however, shows well how wide is the range of research from which Dr. Allen marks the symptoms of his *Encyclopædia* as having been verified in practice. Dr. Lilienthal commences a translation of Gerstel's exhaustive article on *Zincum*, which we have several times noticed as appearing in the *Internationale Presse*. A paper by Dr. Hering on "Our Nosodes" is of much interest. He considers that our alcoholic solutions of the animal poisons—as snake-venom—act otherwise than do the poisons themselves when inoculated; and that all "nosodes" must accordingly be proved by ingestion on the healthy body ere they can be properly used as homœopathic remedies. Dr. Deschere communicates an excellent study of *Cina*, and Dr. Lilienthal some facts about *Natrum salicylicum*, which suggest that homœopathy has something to say to its action in acute rheumatism. The useful "General Record of Medical Science" which the indefatigable editor compiles contains another case of apparent scirrhus of the stomach cured by Friedreich's *Infusion of Condurango*.

Hahnemannian Monthly, July—Dec., 1877.—From the six numbers of this excellent journal now before us we extract the following noteworthy items:

In July Dr. Oehme shows how the epileptifacient action

of *Enanthe crocata* (which we recently brought before our readers) may be turned to account by relating a case of albuminuric convulsions occurring in pregnancy which its administration (3rd dil.) rapidly arrested.

In August Dr. McClatchey, *à propos* of the power of *Salicylate of Soda* to cause deafness and tinnitus with vertigo, mentions a case of Menière's disease in which, after several remedies had proved useless, he gave two-grain doses every three hours, with almost immediate relief and cure within a week.

In September Dr. G. A. Heath, of Newark, records a case of general paralysis in an old woman, in whom the control over the stools and urine, long completely lost, was rapidly restored under the influence of *Equisetum hyemale* (1st trit.). We have already mentioned the commendations given to this drug in the enuresis of childhood. In the same number Dr. Kornderfer mentions the usefulness of honey to effect the expulsion of ascarides, and to relieve pruritus ani even when otherwise caused. This is of a piece with the usefulness of glycerine in piles, to which attention has lately been drawn.

In October Dr. Allen states that the sensation as of an undigested egg in the stomach experienced by Dr. St. Clair Smith after chewing the gum of the *Abies nigra* (as recorded in his *Encyclopædia*) has led him to give it (3rd dil.) in dyspepsia where similar feelings are experienced, and with striking benefit.

In November and December we find an interesting controversy between Drs. Burdick and Swan as to the "fluxion-potencies" prepared by the latter. As Dr. Burdick (who has eminent scientific qualifications) promises us a full paper on the subject, we will not go into it now; simply stating that his results are that the potency which Dr. Swan represents as mm. (*i. e.* a thousand thousandth, or millionth) "cannot exceed the tenth centesimal of Hahnemann, and is liable to be much lower than the tenth."

United States Medical Investigator, July—Dec., 1877.—
Dr. Woodyatt's statement of the value of *Physostigma* in

acquired myopia having been questioned, Dr. Fowler, of Chicago, comes forward in this journal for July 15th to corroborate it from his own experience, which is very satisfactory. It even shows that in all cases of apparent myopia it is well to try what *Physostigma* will do before prescribing glasses. Like Dr. Woodyatt, he gives the 3x dilution.

In the issue for September 1st, the following statements as to the value of *Baptisia* in the treatment of phthisis are an important contribution to our knowledge of this remedy. They are from the pen of Dr. Mitchell, one of the staff of the Chicago Homœopathic College.

Baptisia tinctoria has an efficacy which I have failed to find attributed to it by any other writer. It very materially modifies the febrile movement, and diminishes cough and expectoration.

I have for several years sought for a remedy that would have pronounced effect in diminishing the fever of phthisis pulmonalis. *Aconite*, so useful in sthenic fever which presents its characteristic symptoms, has, as is well known, no power to relieve the febrile movement of phthisis, unless it may be in the earliest stage of the pneumonic type.

Bryonia holds a high place in the treatment of tuberculosis, not only from the effect upon the pleuræ secondarily involved, but from its sphere of action upon the pulmonary tissue. Tessier's observations upon its use in pneumonitis, so often confirmed by other homœopathic writers, established its value in promoting absorption of exudations into the lung tissues.

Our writers give it place in the treatment of acute miliary tubercle, but do not accord it high rank in the chronic form. Before I used *Baptisia* as now, I regarded *Bryonia* as the remedy to diminish the recurring fever, prevent waste, and limit the duration of the disease, in cases where it was not contra-indicated. I believe I have added many a week of enjoyable life to some of my tuberculous patients with *Bryonia*. I have never, however, been satisfied that it was not to be superseded by a better remedy in many cases.

We cannot expect, according to the homœopathic law, any one remedy to cover the ground in all cases. Certain cases presenting a well-marked disposition to chills accompanying the fever

induced me to try *Baptisia*. In ten cases of tuberculosis treated during the past few months, I have had such excellent results that I am satisfied we have in *Baptisia* a remedy of marked power in this disease. I am aware that it is too often the habit to say—never mind the hectic in phthisis. Treat the individual symptoms. It is doubtless well to note the hemoptysis, and to prescribe for it, to do likewise with the cough and expectoration, the night sweats, the diarrhœa, &c., but shall we do nothing more to reach the general condition than recommend *Cod-liver Oil*, the hypophosphites, *Iodine, Calc., Kali carb., Lycopodium, Natrum, &c.*

No remedy can mitigate the fever without striking at once at its cause. I say this because it is well confirmed by the pathological conditions. In several cases, in fact, even in the same individual, during the course of phthisis, we may have all the varieties of fever, all grades of temperature curves. It is as chameleon-like in character as any malady known. The fever may be continued, remittent, or intermittent (hectic). It is, however, in the hectic variety that *Baptisia* is best indicated. Where we have a disposition to well-marked chills, either in the morning 11 a.m., or 3 a.m., or when there is merely chilly feeling, followed by fever and perspiration (not profuse night sweats, but like ague), very steep temperature curves, when there is general weakness, languor, *loss of the buoyancy so common in phthisical patients*, when there is dyspnœa, very great but very quickly ameliorated after subsidence of fever, profuse expectoration of tuberculous pus, anorexia marked, but bowels regular, laryngeal phthisis, cough quite severe and constant, and emaciation considerable. This form of fever, with its accompaniments, indicates suppuration.

It may be said in general *Baptisia* is therefore best adapted to the suppurative (hectic) fever. I find in looking over all the authorities at my command no mention of its use in such conditions. From eclectic and allopathic authorities, hints are gathered of its probable usefulness in such remarks as, "it is effective in deficient capillary circulation with atony of tissue and tendency to ulceration;" "it is valuable in dysentery with ulceration," and "it is efficacious in gangrene when used internally and locally." It diminishes the fever because it arrests the local process, *i.e.* necrosis of pulmonary tissue, that causes it. I

assume without discussion here, the origin of the fever. That it so acts is evinced by the fact that the purulent expectoration diminishes, that the cough is better, the soreness and pain in the lungs ameliorated. That it does not act by striking directly at the root of the matter, the unduly excited nervous system, is shown by the fact, that with the improvement in the lungs there is not manifest a corresponding increase in tone in the general system. *Baptisia* is claimed to be a depressor of the nervous system. I do not, however, for the reason given above, believe it exerts much, if any, specific effect upon the nervous system in phthisis.

I say the general improvement does not correspond with the beneficial effects.

When you reduce a pulse from 126 or 130 to 80 or 96—change a steep temperature curve to one comparatively smooth, reduce profuse purulent expectoration to almost nothing, and nearly banish cough in a phthisical patient, you may reasonably expect a marked increase in general strength, appetite, &c. You will not always find it as great as hoped for, since you have only accomplished one step in the curative process. The limits of this paper forbid a full discussion of the other methods to be employed. Its scope has aimed merely to place *Baptisia tinctoria* in its proper niche in a process which must necessarily involve several remedies, and much tonic and hygienic treatment.

While these are the only points we can stay to notice, there is abundance of interesting and useful matter in the present series of the *Investigator*. We would mention especially certain clinical lectures from Drs. Ludlam and Hawkes, and a paper on the action of *Argentum* and *Lilium* on the ciliary muscle, by Dr. Woodyatt, which we should have transferred to our pages had it not already appeared in the March number of the *Monthly Homœopathic Review*, where our readers have doubtless seen it.

New England Medical Gazette, Aug.—Nov., 1877.—The numbers of this journal for July and December have failed to reach us. From that of August we are pleased to learn that Iowa has followed the example of Michigan in instituting a homœopathic department in its State University. Dr. Dickenson is appointed to its chair of *Materia*

Medica, and Dr. Cowperthwaite (whose communications to our periodical literature we have more than once noticed with approval) to that of Practice of Medicine.

The following notice of *Stillingia* (taken from the October issue), from our industrious colleague Dr. E. M. Hale, will be interesting.

Stillingia in Scrofulosis of Children.

By E. M. HALE, M.D., Chicago.

While we possess in *Calc. carbonica* a powerful remedy against scrofulosis in children, I believe it is used too generally in a routine manner. Hahnemann's original indication that it is only indicated in children of *pale, lymphatic temperament, with tendency to fat, but general flabbiness*, is often forgotten and lost sight of. *Calc. phos.* will often prove a better preparation when there is a *tendency to emaciation*.

I have often found that *Cistus canadensis* was a better remedy than either when the patient was thin and scrawny. *Cistus* and *Stillingia* are near congeners. They correspond to similar conditions of the system. Both are remedies for the scrofulous diathesis, as we understand the term, but while *Cistus* is better when we suspect *tuberculosis*, *Stillingia* is to be preferred when there is any recent or remote syphilitic taint in the blood.

For several years I have relied upon the above four remedies, with occasionally the *Calc. iod.*, which is often indispensable.

The indications for *Stillingia*, however, are not generally known, and I will here present them as I have verified them in practice:

Enlarged cervical glands.

Moist, brownish, excoriating eruption on the scalp.

Muco-purulent discharge from the nose, with excoriations of the upper lip and *alæ nasi*.

A dull, pasty complexion.

Capricious and unnatural appetite.

Tumid and enlarged abdomen.

White, pasty stools, very fetid.

Dull red, soft, tubercular (or syphilitic) eruption on the skin, ulcerating and furnishing a large quantity of unhealthy pus. A tendency to laryngeal cough.

When these symptoms occur, give the child steadily for weeks

a few drops of the first or third dil., in a spoonful of glycerine and water, equal parts, or a syrup made of sugar of milk. This, together with an appropriate diet and good hygienic measures, will cure all cases presenting the above characteristic symptoms.

Still more valuable is this of Dr. Ludlam's, from the November number.

Tartar Emetic as a Remedy for Chronic Corporeal Cervicitis.

I beg to call the attention of the Society to the value of *Tartar emetic* as a remedy for some cases of corporeal cervicitis, which are intractable and incurable by the ordinary means. Its use was suggested by the following reflections :

1. Inflammation of the substance of the cervix, with concentric hypertrophy, is due to the effusion of serum into its tissues. That serum undergoes a form of organization which is identical with the lesion known as hepatization of the lung in acute pneumonia. The effect of *Tartar emetic* to change that condition in certain cases of pneumonia, and in some other inflammations also, as in mammitis and whitlow, renders it probable that it might be of use in corporeal cervicitis.

2. The reputation of this remedy in the olden time for the relief of a very rigid os uteri complicating labour, and the experience which some of us have had with it in this way, prove that it is possessed of a direct and specific effect upon the neck of the womb. For the relaxation produced by *Tartar emetic* was certainly active and not passive, like that of tobacco, lobelia, and other emetics, which were sometimes given for the same purpose. It does not affect the terminal nerves of the cervix uteri as it does those of the œsophagus, the stomach, and the intestines (and of the skin when topically applied), else it would be more useful in cervical endometritis with patches of pustular ulceration ; but it seems to have a marked relation to the vaso-motor apparatus which regulates the circulation and nutrition of the part, and the functional derangement of which causes this form of cervicitis.

3. It is one of the best internal remedies for a catarrhal inflammation of the glandular portion of the cervix, as it is also for follicular tonsillitis. This result displays its direct and specific action upon the neck of the womb.

It is now ten years since I began to use this remedy in cervicitis, in leucorrhœa, and also in some cases of dysmenorrhœa. At first, and for a long time, it was applied topically by means of suppositories, ointments, injections, and the tampon. In some instances I certainly obtained very satisfactory results. It was of real and lasting service in two cases of obstinate spasmodic dysmenorrhœa, which had been accompanied by intractable vomiting, and proved a good remedy for catarrhal leucorrhœa also. But this local application of it was too bungling and unsatisfactory, and I became convinced, from the reasons already given, that whatever good results were obtained must be attributed to the specific, and not merely to the topical effect of the remedy.

I have since learned that given internally these conditions are quite as promptly and permanently cured. In a chronic case of corporeal cervicitis (Case No. 1821) occurring in the Hahnemann Hospital, I found the cervix uteri too large to be brought into the field of the speculum (Cusco's) at one view. The examination was made and the case carefully diagnosticated in the presence of my clinical class. The neck of the womb, measured horizontally, was much larger than the body of the organ, and whenever the patient was upon her feet she suffered greatly from prolapsus.

She was given *Tartar emetic* in the third decimal trituration three times daily. This was the only remedy prescribed for the cervicitis. She had no local treatment. She reported at my clinic every alternate Wednesday, and we observed the gradual and steady diminution of the size of the cervix from the time she began to take the remedy. All the incidental symptoms improved in ratio. I never saw a more unequivocal cure than followed. She had been ill for more than two years. The prolapsus and the excessive enlargement of the cervix disappeared after about six weeks' constant use of the *Tartar emetic*.

Ohio Medical and Surgical Reporter, July—Nov., 1877.
—The July number of this journal contains a valuable communication from Dr. Geo. S. Norton, of New York, on "Gelsemium as a remedy for detachment of the retina, with some remarks on the etiology of this affection." In discussing the latter part of his subject, he concludes that the effusion which causes the separation of the retina from

the choroid is due to vaso-motor paralysis, often brought on by neuralgia of the trigeminus. He was led to give *Gelsemium* (as Dr. Allen would have us call it) as its remedy, from observing its efficacy in serous choroiditis. He relates four cases illustrative of its usefulness, which are very satisfactory. Rest in the recumbent (best supine) position he considers an essential to the treatment, with bandaged eyes or a deeply darkened room. It is of course only in recent cases that such treatment can be expected to prove curative.

American Observer, July—Sept., 1877.—Our statement in October last that we had seen nothing of the *Observer* since the beginning of the year brought us the three numbers noted above; but nothing has come from the same quarter since. We are especially sorry, as it is to this journal that Dr. Samuel Jones sends his communications, and these are always amusing and not seldom instructive. Nothing, for instance, can be more delightful than the following, from the September number:

A SILICEA CURE.

[*The following case is put on record as a tribute to the memory of him whose genius inspired the application of the remedy—DR. CARROLL DUNHAM.*]

“*Emigravit* is the inscription on the tombstone where he lies, Dead he is not, but departed, for the artist never dies.”]

ANN ARBOR, February 26th, 1877.

PROF. S. A. JONES, M.D.—Dear Sir,—In accordance with your request I send, as near as I can recollect, the outlines of my case.

During the summer and fall of 1875 I had been very attentive to study, and was also engaged actively in practice, devoting to them an average of eighteen hours a day. My habits were regular, appetite good, head clear; in fact, I felt in every sense of the word, *well*.

About the first of November I began to perceive a little sluggishness in the morning, which required an hour or two of exercise before I could get into working order. After this preliminary rousing up of myself, I was able to work with more

than usual intensity, and it was only when the town clock had struck its midnight "one" or "two" that I was warned I *must* retire.

It was now a little difficult to fall asleep, for I was frequently getting up to look up some point that was running in my mind. My memory, always good, was now more retentive than ever. Indeed, there seemed to be a general exaltation of all mental functions, and with this came a disposition to be easily annoyed. This latter feature became so noticeable, that again and again did my preceptor, Dr. Sawyer, warn me that I was overworking.

Thus passed a few weeks when occipital headache made its appearance, with fever, great restlessness, some wandering of mind, and protruded, injected eyeballs—these phenomena continuing over forty-eight hours. During this time I took *Acon.*, *Bell.*, and *Gelsem.*, without relief.

Dr. Sawyer was called in, and he prescribed, from symptoms which I do not recollect, *Hyos.* 6th, with the result of relieving the pain in a few hours. The restlessness and sleeplessness continued, with the addition of a terrible satyriasis—no emissions, however. (*Hyos.* ?).

This state of things continued for several weeks. There was great loss of amorphous phosphates, the last portion of the urine passed looking like milk. This symptom continued throughout my difficulty.

Great general debility obtained, and some well-marked attacks of chorea supervened (which were always promptly controlled by *Macrotin* 3d or 6th); loss of flesh; pale face; deep, dark streaks under the eyes; loss of appetite; great irritability; terribly despondent; then again for a few hours the other mental extreme.

The headache now became almost constant, commencing low in the back of the neck, with a feeling as though the muscles could not support the head, gradually increasing until there was a sensation as if the neck had been severely bruised (struck with a club), but it was not sore to the touch. Gradually the pain would work up over the head, leaving in the vertex a sensation of heat, or as though one had caught cold in the scalp; finally settling in the fore part of the head, and at times involving the eyeballs and making them sore.

I was now extremely nervous and uneasy, constantly moving

about; would read for a few moments, then be obliged to throw down the book and walk about and smoke.

My memory became so impaired that often I could not remember what remedy a patient was taking from one day to the next. I would sometimes ask the same question three or four times over within a few minutes. Was constantly very tired; could get relief only by lying down in a dark room, closing the eyes, and forgetting for a moment all surroundings, or by getting *very much interested* in anything. Then I was capable of greater exertion than ever, and this made me wonder if a great deal of my trouble was not imaginary; the *constantly-following collapse* always removed that delusion.

Throughout my whole trouble my bowels remained regular, though my tongue was always heavily coated with a white, dry fur—no particular thirst.

Matters continued thus for more than ten months, during which time I took a great variety of drugs without the least benefit.

My case was pronounced one of meningeal sclerosis, and very little encouragement was given by some who had had experience with such cases.

I had almost given up the great aim of my life—to be a student—when a perusal of your admirable comparison of *Silicea* with *Picric acid* (wherein you call attention to the fact that the depression of *Silicea* may be overcome by *will-force*) caused me to take, without the least idea of benefit, a dose of the 30th of *Silicea* during an unusually severe day of headache. No good angel could have more quickly lifted the terrible nightmare that had hung over me for ten long months. One more dose was taken the next day. No more headache, only a few symptoms which had been premonitory.

Thirty-five days after the first dose I packed my trunk and started for my loved haunt of pleasure—the University. The first week of study brought a little headache. Again *Silicea* did its work, and to-day, three months after the first dose of *Silicea*, I feel perfectly well.

Your grateful servant,

[Signed] N. BALDWIN, M.D.

[Dr. B— made the choice of *Silicea* because he had perceived the *geist* of the remedy, and for this perception both he and all of us are in debt to the genius of Dunham.

I can vividly recollect the occasion when he revealed to me

his conception of the *genius* of *Silicea*, without which I could never have written the comparison which Dr. Baldwin mentions, and I revert to it now because I may be able to give some little hints as to the manner in which our Dunham worked.

It will have been observed by those who analyse his incomparable drug-studies, that he was not a pedler of "key-notes;" such picayune jobs were not for him. He knew that Cromwell had a wart over the right eyebrow, but he could recognise Cromwell in a night that would hide all but the "trick i' th' voice" which wart-seekers can never catch. A freak of nature made the wart of Cromwell, but God voiced him as he would that men should hear him; aye, and the world of shams and unrighteousnesses hear him too! Dunham listened for the God-voice in everything, knowing that God had given a voice to everything; knowing, too, that when he had caught this, he listened to one of God's verities. His own truthfulness helped him to see the truth, for he ever sought that with all the simple, unassuming, single-heartedness of a child.

From his essay—*Homœopathy the Science of Therapeutics*—we can learn to what a searching analysis he subjected each pathogenesis; and this analysis was one source of his keen-sightedness.

But he knew that the most subtle analysis furnished only half of the solution of the problem; that without as subtle a synthesis, the application of the drug was an induction, not a deduction. He made his analysis over the pages of the *Materia Medica*; his synthesis at the bedside. From the "case" he got that symptom-*ordo* of which the loss of Hahnemann's provers' day-books has deprived us, and without which Dunham well knew that we were in danger of covering the letter of the patient's symptoms rather than the spirit of the patient's condition.

In his scrutiny of the patient, there was little that escaped his observation; yet it is doubtful if any physician who records his cases took as few notes as Dunham. He sifted a patient's detail, and noted only essentially, and his knowledge of *Materia Medica* was so extensive, that when one symptom of the patient's had put him upon the scent of the remedy, he knew what was essential in the rest of the recital.

In this manner he not only got the lost order of symptom-evolution, but he seized upon some of those finer symptoms

which are not observed by drug-provers, because a drug can never have that exquisite fulness and finish which characterises a disease. A proving is an imitation, a bungling "prentice" job, when done by the best of us; a disease is nature's handiwork, and *that* we can only caricature.

The finer symptoms thus obtained, be it observed, are of those to which many intelligent, scholarly, and well-meaning physicians refuse a place in a *Materia Medica Pura*. As well refuse a pearl because some intrepid diver found it far, far below the wonted depth of other pearls. To reject such symptoms is to cast out the very best of Carroll Dunham's life work; and, mayhap, some are for rejecting much of Hahnemann's life work from similar considerations. Perhaps the "symptoms from the 30th potency observed on the sick," which so sorely exercise the hard and honest-working author of the most readable book in English homœopathic literature—Hughes' *Pharmacodynamics*—are of this nature. None of us *know*; and until we *know*, writs of ejectment are an usurpation of authority and a violation of law.

But, beyond all peradventure, this pearl-diving into the deeper depths demands a master. Such an one we had—yea, and still have, "for the artist never dies"—in Carroll Dunham.

Let me close this poor tribute to his genius by describing the material from which he made the synthesis that has revealed to us the *geist* of *Silicea* as applicable to many neurolytic conditions.

This material was derived from the merchant princes and the overworked and under-paid shop-girls of New York city.

"Shop-girls! Carroll Dunham treating shop-girls:" says some medical snob whose soul is somewhere *perhaps* between the buckle and the toe of his shoe.

If any man ever learned "the luxury of doing good" that man was Carroll Dunham.

"His pity gave ere charity began."

And, indeed, I have realised in the flesh and blood of my translated friend all that poor Goldsmith depicted in the pastor of the *Deserted Village*, and now that the modest blush cannot paint his cheeks to reprove me, let me instance, as Touchstone has it.

I once left Lilienthal's office, and turned my back on business

a whole month for the sake of examining the viscera, &c., of a dog which had been poisoned with a drug that was being studied. In the interim Dunham called several times to see me and found me missing. Such a neglect of business—and God knows I needed shekels then—as now, *cheu!*—led my friend to give me an awful dressing as he one day met Dr. Lilienthal. Said “S. L. :” the “polyglottic Teuton,” as McClatchey *profanely* called him ; “Do you know what Chones is doing, the tam rascall ?” “No,” was the response. “Studying the guts of a dog that Dr. Couch sent him, and he’s been gone a month !”

The day after I received a letter, somewhat as follows :—
“Dear Jones, I have called at your office three times to see you in regard to some points in a case. I have just learned from Lilienthal the cause of your prolonged absence. I claim the right to a share in your researches. Your friend, CARROLL DUNHAM.”

Enclosed was his cheque for fifty dollars ; and a poor paper for *his* last offices—the centennial session of his beloved Institute—was the slender return for that cheque.

Alas, I have cut up dead dogs since, but the *heart* has gone out of the profession, as many a poor scholar has learned by this time ! Green be the turf above thee, O man of men ! They said thy “heart was diseased,” but it was worth a thousand other hearts for all that, and it shall ache no more, for He of Nazareth whom thou didst love, and imitate, so far as man may, has made it whole by a divine similitum in that its loving kindness was like His.

* * * *

Would that I could paint his looks, and depict his appearance when he was telling some one of some feature of drug-action which he had observed. But I must tell of the time, and the place, and other things which all homœopaths should know of him. Hence I will again take up the thread now broken off.

S. A. JONES.

We shall be glad indeed for some more of such reminiscences.

Upon the paper from the same pen, “On the indications for the use of Picric Acid as obtained from analyses of the Urine,” contained in the August number, we have received some criticisms from Dr. Foote, the original prover of the

drug, which must be considered ere we accept its results. We shall probably, as the remedy promises to be an important one, print the two papers together, with our own comments.

In September Dr. Gilchrist, after collecting the cases of cure of tumour on record in homœopathic literature, mentions one of his own as a pendant to that related by Dunham, in which *Colocynth*, given because of the pains present, caused the disappearance of what seemed to be an ovarian tumour.

Homœopathic Times, June—Dec., 1877.—We have been more fortunate as regards the *Times*, for our notice of its defective supply has caused previous omissions to be repaired and subsequent issues to appear with exemplary regularity. Of the many interesting items contained in the present series of numbers we extract the following:

In August Dr. C. Hering suggests, for reasons assigned, ozonised *Oil of Turpentine* as a substitute for *Quinine* in the prophylaxis of the African fevers so common and fatal to explorers in that continent.

From the September number we find that a Dr. Dessau, an old-school practitioner of New York, has been communicating to his colleagues his experience of “the value of small and frequently repeated doses;” and in December a similar discovery appears as having been made known by a Dr. Piffard with respect to the homœopathic triturations.

In a paper on “The Treatment of Diphtheria” in the October number, by Dr. W. A. Allen, the following statement is made about the drug which has gained so much repute in the treatment of this disease, *Mercurius cyanatus*. “A partial proving gave great prostration and weakness, a low febrile condition, a whitish-grey deposit upon the tonsils and uvula, extending along the right side of the tongue, with slightly swollen tonsils and difficult deglutition. I am well aware that these symptoms are not stated with as much exactness as might be attainable, but they are given as communicated to me by the prover. The prostration and other symptoms were so severe that he ceased taking

the drug—the second potency had been used—and rapidly recovered by the use of *Baptisia*.”

The *Times* announces its intention of publishing, as an appendix, a Retrospect of Homœopathic Literature. This will begin to appear with its April number, and will be separately paged and indexed for binding. We should have mentioned that a somewhat similar undertaking is being carried out, under the title of “Spirit of the Medical Press,” in the *Hahnemannian Monthly*; but we can hardly commend the writer’s power of presenting a correct *résumé* of the articles he handles. Perhaps the *Times* will do better.

CLINICAL RECORD.

Typhoid Fever cut short by Baptisia.

By Dr. HARMAR SMITH, Margate.

THE interest of the following case is entirely dependent on the question whether it was or was not a true case of typhoid or enteric fever cut short or aborted by *Baptisia*?

The father of my patient had a short time previous to her illness had a sharp attack of diarrhœa, which commenced immediately after imbibing the gas from the cesspool, and others of the family had illnesses developed after reaching the metropolis, which a London colleague attributed to the same cause. The cesspool is of large dimensions, and when shortly afterwards emptied was found to be immensely loaded.

Miss S—, æt. 12, Cliftonville, Margate.

April 25th.—Has appeared "out of sorts" for some days. To-day has had several rigors. Has vomited several times, ejecta tinged with bile and tasting bitter. Now skin hot and dry; pulse 120; headache; dry cough; bowels confined. *Tr. Acon.*

26th.—Vomited pure bile late last night; restless night; now face flushed; pulse 115. Tongue red and baked down centre, and furred at edges; skin hot and dry; dry cough; bowels confined. *Tinct. baptisia* (φ), one drop every hour.

Evening.—Drowsy all day, with occasional delirium; pulse 120; temp. 103·8°; skin hot and dry; bilious vomiting once.

27th.—Slept little; pulse 130; temp. 103·6°; short dry cough with pain in chest; bowels moved; breath foul; urine high coloured. Continue *Baptisia* and *Bryonia* p. r. n.

Evening.—Pulse 130; temp. 104·2°; no return of delirium; one solid motion. Compress to abdomen.

28th.—Slept well and lost chest pain; still hacking cough; pulse 120; temp. 104°. Continue *Baptisia* and omit *Bryonia*.

Evening.—Temp. 102; pulse 115; drowsy all day, but not incoherent.

29th.—Temp. 103·2°; pulse 115; constant hacking cough; no râles; tongue very foul, with raised papillæ; bowels confined, with urging. Continue *Baptisia* and *Nux vom.* 1x p. r. n.

Evening.—Temp. 103·4°; frequent dozing and occasional slight incoherency; purging relieved though bowels not moved. Omit *Nux vom.*

30th.—Good night; pulse 112; temp. 103·2°; copious solid motion. *Baptisia* (1x) 2dis horis.

Evening.—Temp. 103·2; pulse 112; cough; no râles; drowsiness exchanged for irritability and fretfulness.

May 1st.—Decided improvement; slept well; pulse 96; temp. 100·1°; tongue cleaning; still constant dry hacking cough. Remove compress from abdomen to chest. Continue *Baptisia* (1x).

Evening.—Pulse 96; temp. 99·5°. Refuses everything except milk and water.

2nd. *Evening.*—Temp. 98; pulse 96; all symptoms abating; a very copious solid motion; tongue nearly normal. *Baptisia* (1x) 4tis horis.

May 3rd.—Continual improvement; pulse 80; still some cough. *Acid. nitric.*; omit *Baptisia*.

5th.—Cough much better. *Ferrum.*

14th.—Still weak, but came downstairs.

The details of this case, I think, justify the title which I have given to it. If it were not an aborted case of typhoid fever what was it?

I was pleased to notice in the last number of *The Annals of the British Homœopathic Society* that the discussion after the reading of Mr. Kyngdon's interesting paper proved that there was a considerable accession to the number of our colleagues who believe in the abortive power of *Baptisia* since the question was first mooted in the Society eleven or twelve years ago. To any who are still sceptical on the matter I would recommend the perusal of Dr. Madden's cases, published in the 24th vol. of this Journal; also the cases collected by Dr. Bayes in a pamphlet published by Balliere and Co. in 1872.

MISCELLANEOUS.

Homœopathic Congress in Paris in 1878.

DR. CHANCEREL requests us to give insertion to the following circular, which we willingly consent to do :

Paris ; 28th November, 1877.

HONOURED COLLEAGUE,

The Universal Exhibition of 1878 being certain to attract to Paris a large number of French and foreign medical men, the Homœopathic Medical Society of France has thought it desirable to bring together in a Congress medical men from all parts of the world who practise or study homœopathy. Having invited the homœopathic practitioners of Paris to associate themselves with it, the Assembly appointed a Provisional Partial Committee, composed of two members of the Society and a physician not connected with the Society. It moreover decided that the Medical Committee of the Hahnemann Hospital and the Federal Homœopathic Society should be invited to name on their side members empowered to represent them in the Organizing Committee of the Congress. This proposal having been accepted, the Medical Committee of the Hahnemann Hospital and the Federal Hahnemannian Society each appointed two gentlemen to act along with the three former committee men.

The Committee entrusted with the organization of the Homœopathic Medical Congress of 1878 has thus been regularly constituted by delegates from each of the groups representing homœopathy in Paris—MM. Jousset and Gonnard for the Homœopathic Medical Society of France ; MM. Teste and Leon Simon for the Medical Committee of the Hahnemann Hospital ; MM. Heermann and Chancerel for the Federal Hahnemannian Society ; and, lastly, M. Bourdais for those practitioners who belong to neither of these three groups.

The utility of the Homœopathic Congress of 1878 is indicated by its object, which is to bring together the greatest number of homœopathic practitioners, in order that they may become acquainted with one another, come to some agreement with regard to questions that are still subjects of controversy, and establish, as far as possible, uniformity of doctrine and practice. It was at the Homœopathic Congress of Paris in 1867 that the generous and bold idea of establishing homœopathic hospitals was first broached. From this great idea there issued in succession the Hahnemann Hospital of Paris, the St. James's Hospital, and the Hahnemann Hospital of Madrid.

The *Fifth Homœopathic Congress of Paris* will commence on the 6th of August next, and will terminate on the 13th of that month, unless the Congress itself should wish to prolong its session beyond the time stated.

The Organizing Committee begs those practitioners who approve of the Congress to have the goodness to communicate to it beforehand the questions to which they would like the attention of the Congress to be directed. All the papers, letters, or communications sent to the Committee should be addressed to M. le Dr. V. Chancerel, Rue du Faubourg Poissonière No. 98, Paris.

When the Committee shall have received from those who are favourable to the Congress the titles of all the questions proposed, it will prepare a programme, which will be sent to each of them.

All the papers ordered to be printed by the Congress will be sent to each member of Congress.

We hope, esteemed colleague, that you will join with all those practitioners who maintain the doctrines of Hahnemann, and honour by your presence the *Fifth Homœopathic Congress of Paris*

Be pleased to accept the expression of our most distinguished sentiments.

TESTE,

President of the Committee.

BOURDAIS, GOUNARD, HEERMANN,

JOUSSET, LÉON SIMON,

Members of the Committee.

V. CHANCEREL, *Secretary.*

BOOKS RECEIVED.

Ziemssen's Cyclopædia. Vol. xiv.

Is the Human Eye changing its Form under the Influence of Modern Education? By ED. G. LORING, M.D.

The Application of Homœopathy to Obstetrics. By HENRY N. GUERNSEY, M.D. 3rd edit. New York: Boericke and Tafel. 1878.

Homœopathy: a Letter addressed to a Friend. By GEORGE HILBERS, M.D. 2nd edit. London: Hamilton, Adams, and Co. 1878.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

Bibliothèque Homœopathique.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

The Calcutta Journal of Medicine.

Allgemeine homöopathische Zeitung.

Ohio Medical and Surgical Reporter.

The Homœopathic World.

The Homœopathic Times.

California Medical Times.

L'Homœopathie Militante.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

OUR EDITORIAL TABLE.

THE field of homœopathic literature has been unusually productive during the last six months; and we propose to devote the initial article of our present number to a survey of its fruits.

Beginning, as is meet, at home, we have first to notice—

The Laws of Therapeutics, or the Science and Art of Medicine : a sketch. By JOSEPH KIDD, M.D. C. Kegan, Paul and Co.

The appearance of a volume from Dr. Kidd's pen will arouse a peculiar interest. Long identified with our body, a frequent contributor to this Journal, and a member of the medical council of our London Hospital and School, he has yet occupied a somewhat distinctive position as regards homœopathy. When, recently, the papers announced his being sent for to Berlin, to attend upon a distinguished statesman, and the advocates of our system were pluming themselves thereupon, the *Lancet* endeavoured to destroy their gratulation. In a paragraph headed "Homœopaths and Homœopaths" it said, "Dr. Kidd is, we believe, a practitioner who repudiates the description attributed to him, and who by no means avowedly pursues the method of

VOL. XXXVI, NO. CXLVI.—OCTOBER, 1878.

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Hahnemann in his treatment." We were ourselves too well aware of Dr. Kidd's divergence from most of us in certain points of practice if not of doctrine to rebut altogether this statement. It has been very opportune, then, that after a few weeks both the *Lancet* and ourselves should have been able to learn from our colleague's own words what his real therapeutic position is. The large measure of success and public confidence he is known to have gained would, moreover, at any time have claimed attention for such a publication, and have led us to hope for interest and instruction from it.

The general tenor of the volume is eminently satisfactory to us, far more so, we apprehend, than it will be to our old-school contemporary. Its object is to urge the necessity of bringing therapeutics under the domain of *law*, instead of being content to leave it in its present state of empiricism. Inquiring into the possible laws of the action of remedies, he finds them to be two only, that of contraries and that of similars. The former he shows to lead to palliation only, and therefore to be of merely temporary and exceptional usefulness; the latter he proclaims as clearly as any of us could do the great and prevailing law of cure. He advocates, therefore, the habitual observance on the part of the physician of these two laws, each in its place; and, while admitting that some remedies must at present be used empirically, would have their field of action as limited as possible.

In what respect, then, does it appear from his book that Dr. Kidd differs from other practitioners of homœopathy? In the first place, he altogether throws overboard the Hahnemannian posology. "Twenty-seven years ago," he writes, "I saw that the essential truth of Hahnemann's law was totally independent of his speculations about dynamisation. Adopting with great delight the law of 'similia similibus curantur' as the chief, though not the only, foundation for therapeutics, I learned for myself that Hahnemann's 'sober' teaching, the use of the pure undiluted tinctures, was a far better guide to heal the sick than Hahnemann 'drunk' with mysticism, calling for the

exclusive use of infinitesimal doses. The latter I gradually cast aside *in toto*, as untrustworthy and unjust to the sick, whose diseases too often remained stationary under globules, but were most effectually and quickly cured by tangible doses of the same medicines which failed to cure when given in infinitesimal doses."

Now, we can have no fault to find with Dr. Kidd for thus accepting the law of homœopathy, but rejecting its ordinary dosage. On the contrary, we are glad that that non-essentiality of dose which we are always proclaiming should become actual in practice, and be tested in respect of successful result. That Dr. Kidd should have worked homœopathy on such lines for twenty-seven years, and over no small range of ground, and at the end of the time should express hearty confidence in his mode of proceeding, is a fact of considerable significance as regards either school of medicine. But we hardly think him justified in claiming "Hahnemann sober" in his support. He does so on the strength of the fact that of the two cases Hahnemann published in 1816 to illustrate his mode of prescribing, one was treated with "the strongest or mother tincture of *Bryonia*;" and that when cholera invaded Europe in 1831, he "prescribed *Camphor*, in large doses, frequently repeated; at the time, too, when he was full of the idea of infinitesimal doses, which he recognised were not potent enough to grapple with that terrible disease." But we must remind Dr. Kidd that in the companion case of 1816 *Pulsatilla* was prescribed in the twelfth dilution; and that, although *Camphor* was recommended to be freely given, *Veratrum* and *Cuprum* were advised (when its opportunity was passed) in the thirtieth attenuation, showing that the unusual dosage of *Camphor* was not determined only by the severity of the malady.

Another point in which Dr. Kidd is peculiar is the large use he avowedly makes of what are commonly called "auxiliaries," claiming them all for the domain of law, and chiefly for that of similars. We are all of us wont to maintain that counter-irritants, galvanism, and the application of heat and cold are homœopathic in their *modus operandi*,

but we hardly employ them the more for this belief. Dr. Kidd does so, and devotes a chapter of his book to each of these therapeutic measures, besides others to mechanical agencies, to the removal of obstacles to the action of medicines, and to food. Illustrating the value of all these means by cases, chiefly from his own experience, he fairly presents to his readers the whole art of the physician, as he conceives it.

We think this book likely to do a great deal of good. Many practitioners of the old school will read it who would never open an avowedly homœopathic work, and will learn from it the value of direct specific medication, in preference to the roundabout and often injurious measures they are in the habit of employing. They will see that the homœopathic law surely guides them to remedial means of this kind, and that it can be practised (to some extent at least) without the adoption of those minute doses which so offend their prejudices. On the other hand, while no one who values infinitesimals will lose his faith in them on account of what he reads here, we shall all be encouraged to a large range of dosage and a liberal cultivation of remedial measures of all kinds for the aid of those under our charge.

Hailing Dr. Kidd's volume for these reasons, we have not cared to criticise it minutely. We could have wished it to have been more carefully written and printed, but this is a small matter. We heartily commend it as it is to the welcome of our colleagues of either school of medicine.

We turn next to France, whence we have received—

Traité de Matière Médicale Homœopathique, comprenant les pathogénésies du Traité de Matière Médicale Pure et du Traité des Maladies Chroniques, par Samuel Hahnemann, traduit sur les dernières éditions allemandes, par Dr. LÉON SIMON et Dr. Vt. LÉON SIMON. Tome première. Paris. Baillièrre et fils.

The MM. Léon Simon—inheriting that honoured name by emulation as well as by descent—tell us that they have undertaken the present work to fill a gap. M. Jourdan's

French translation of the *Reine Arzneimittellehre* has long been exhausted, so that many physicians in that country know the pathogenesies of Hahnemann only by such *résumés* as are contained in Jahr's and other manuals. They justly consider such substitutes for his full work insufficient, and have set themselves to give their compatriots the benefit of the master's original observations. For this we are sure that they will earn their thanks, and we might have left to our French colleagues the duty alike of acknowledging and of criticising the present work. Since, however, many English practitioners of homœopathy read French much more easily than German, there are not a few who (in the present deficiency of a good English version) would be glad to read Hahnemann in the translation of the MM. Léon Simon, as hitherto in that of Jourdan. For their sakes, therefore, we are bound to examine the work before us.

Our translators propose to throw together in one alphabetical series the whole number of pathogenesies contained in the *Reine Arzneimittellehre* and the *Chronischen Krankheiten*, taking either work in the latest German edition. They will not limit themselves, moreover, to translation alone, but will attempt to arrange the symptoms produced by each drug, for this purpose modifying the order adopted by Hahnemann. They have redistributed his symptoms, beginning with those of a general kind (including disturbances of sleep, febrile phenomena, and mental and moral disturbances), and then going on to the local symptoms as manifested in the various regions of the body. Each subdivision is separately designated, and in each the symptoms of Hahnemann's own observation belonging to it are placed first, and then (in one collection) those of his fellow-provers and of authors.

Now we must confess to a regret that our authors have not thought good to translate the works of the master just as they stand in the originals. These ought, we apprehend, to be considered as more than materials for homœopathic practice: they are classics in the literature of our system, one day, we hope, to take such rank in that of medicine at

large. It is the intention of our own Hahnemann Publishing Society to render the *Materia Medica Pura* into English after this manner, and we have reason to hope that America will do the same thing for the *Chronic Diseases*. However, the MM. Léon Simon have thought otherwise, and, taking their work as it stands, we are much indebted to them for the labour they have bestowed upon the task of rearrangement. We certainly greatly prefer the order they have adopted to that of Hahnemann, and think it likely to promote the intelligent study of the pathogenesies. They have also enriched their work by lists of concordances and antidotes, and also by pharmaceutical and (occasionally) clinical remarks. For *Aconite*, moreover, they have added the symptoms obtained by the Austrian provers; it is to be regretted that they did not follow the same course with regard to *Bryonia*.

Having thus acknowledged the excellent work our colleagues have done for French-reading homœopaths, they will pardon us if we find fault with them on certain points, assured that we only do so in the interests of their own undertaking in its future progress.

1. MM. Léon Simon announce their translation as made "from the latest German editions," and so of course it should be. But they seem to be unaware that a third edition of the first two volumes of the *Reine Arzneimittellehre* was issued in 1830—1833. We suspected this from their stating Jourdan's version (1834) to have been made from "Die reine Arzneimittellehre, Dresden, 1825," whereas he used the edition of 1830-3 for the medicines of the first two volumes; and also from their affirmation that Hahnemann's own symptoms and the observations of others were "nettement séparés dans les éditions allemandes," which does not hold good of the third. When we turned to the four medicines which this error would affect, viz. *Aconite*, *Arnica*, *Belladonna*, and *Bryonia*, we found our suspicions confirmed. The pathogenesis of *Aconite* has lost 112 symptoms thereby, these being added in the third edition, chiefly from a proving which had appeared in the third volume of the *Archiv*. The other medicines have not

suffered so much, *Arnica* being only forty-six, and *Belladonna* eighteen symptoms short, while *Bryonia* has the same number in both editions. But the perpetuation of the error would make a serious difference as regards some subsequent medicines—notably *Ignatia*; and we therefore call our authors' attention to it.

2. The chief peril incurred by the mingling of the pathogenesies of the *Materia Medica Pura* and the *Chronic Diseases* is that the prefaces and notes of the master tend to be lost. They are often much fuller in the earlier than in the later work, and if the pathogenesis of a medicine which occurs in both is taken from the *Chronic Diseases*, we are apt to lose accordingly. We are glad to find, in the present version, the notes of Hahnemann faithfully reproduced; but we cannot say so much of the prefaces. They are treated in a very indeterminate and unsatisfactory manner. Sometimes a portion of them is rendered verbatim, but mingled, without sign of distinction, with the remarks of the translators; sometimes they are greatly condensed; rarely are they presented as they stand in the original. We shall hope to see them in a better form in subsequent volumes. We think that, when the alternative presents itself, the version should always be made from the *Chronic Diseases*, and any further matter contained in the *Materia Medica Pura* added between brackets. When (as here with *Aurum*) the opposite course is followed, the latest observations and the opinions of the master fail to appear.

3. The third particular in which we desiderate improvement in this new translation has regard to Hahnemann's citations from authors. We have often pointed out in these pages to how much injury symptoms so obtained are liable when they are rendered direct from his German instead of from the originals from which he himself took them. No version, we think, should be executed at the present day without an endeavour being made to deal with these symptoms as we should do with texts of Scripture or quotations from classical authors. We could wish, indeed, that the MM. Léon Simon would go farther, and make their edition of Hahnemann's pathogenesies doubly valuable

by verifying, correcting, and illuminating his citations from their originals, as is being done in Allen's *Encyclopædia*. The information given there is, of course, at their disposal, and they might well supply some of its gaps from the great libraries of Paris to which they have access.

We shall hope to find advance made in these particulars in the subsequent volumes of the MM. Léon Simon's work.

Belgium has sent us two *brochures*. The first is entitled—

Lettre sur l'hygiène de la Vue, par le docteur ALBERT DEKEERSMAECKER. Mons.

In this pamphlet our Belgian oculist shows himself as observant of all that has regard to the hygiene of the eyes, as previous publications have shown him cognisant of the remedies necessary for their diseases. It contains many valuable hints.

The second is a short treatise on—

Les Affections diarrhéiques des Enfants et leur traitement Homœopathique, par le docteur H. RICHALD. Brussels.

Upon the management, general and medical, of children attacked by this frequent and dangerous malady Dr Richald gives his readers much useful information, and shows himself an enlightened and careful practitioner.

From Spain we receive a translation—

Lecciones sobre las enfermedades del Corazon, por el Doctor EDWIN M. HALE. Traducidas de la segunda edicion Inglesa; augmentada por D. JUAN MANA. Barcelona.

We congratulate our Chicago colleague on the estimation of his work evinced by this Spanish version. As we have not received the "second English edition," we looked with some interest to see if the strictures we felt it our duty to make on the description of the sounds of the heart in the first edition* had led to improvement. We are glad to report that the matter is here correctly stated.

* See vol. xxx of this Journal, p. 170.

Our Italian contribution is also a translation, but this time into English instead of from it. It is—

A Treatise on Typhoid Fever and its Homœopathic Treatment.

By C. F. PANELLI, M.D., of Naples. Translated by G. E. SHIPMAN, M.D., with copious additions. Chicago: Duncan Brothers. London: Turner, 170, Fleet Street.

Dr. Panelli having had a good many cases of typhoid to treat, and having studied his *Materia Medica* with assiduity and applied it with success to meet the many individual varieties the malady assumes, has thought it well to give his colleagues the benefit of his researches and observations. We have thus a volume containing a very full study of the symptomatology of typhoid, and a number of indications of the same kind for its remedies. He seems to use many more of these than most homœopaths employ, and is unaware of the virtues of those of later introduction, as *Baptisia* and *Gelsemium*. Dr. Shipman has rendered the work into readable English, and has added an appendix of "Symptomatic indications," taken from a yet unpublished portion of Dr. Hering's *Analytical Therapeutics*.

And now we come to America, which is as usual our chief source of supply. We give, as is meet, the first place to—

The Encyclopædia of Pure Materia Medica: a Record of the Positive Effects of Drugs upon the Healthy Human Organism. By TIMOTHY F. ALLEN, A.M., M.D. Vol. VII.—*Nicotinum—Plumbago littoralis*. New York: Boericke and Tafel. London: Turner, 170, Fleet Street.

Faithful to the *nulla dies sine linea*, Dr. Allen allows no year to pass by unmarked by the appearance of one if not two volumes of his great undertaking. The range of the present one will show how many valuable medicines it contains; and we have only to say that here, as hitherto, the new pathogeneses have been most industriously constructed, and the old ones richly augmented. Of the former we may mention *Ceanothe*, *Physostigma*, *Picric acid*, and

Plantago, as especially noteworthy ; of the latter *Opium* and *Phosphorus*—the former having 350 authorities and 2300 symptoms, the latter 232 of the one and 3920 of the other. We congratulate both Dr. Allen and ourselves on the steady, rapid, and most satisfactory progress of this gigantic work—one which would have made Hahnemann's heart glad, and which ought to render his method more widely and accurately applicable than ever it has been before.

The Application of the Principles and Practice of Homœopathy to Obstetrics and the Disorders peculiar to Women and Young Children. By HENRY R. GUERNSEY, M.D. Third edition, revised, enlarged, and greatly improved. Philadelphia : Boericke and Tafel. London : Turner, 170, Fleet Street.

In January, 1868, we received Dr. Guernsey's work at its first appearance. The second edition failed to reach us ; but we now receive the third, a quarter as large again, and purporting to be as much improved as augmented. It can hardly be, indeed, that another ten years should have passed over so industrious a worker as the author without adding to his store of experience, and making the information he supplies of greater value to others.

In noticing the first edition, we expressed dissatisfaction with the enunciation there made, without apology or defence, of a doctrine of impregnation widely different from that ordinarily held. We are glad to find that Dr. Guernsey now finds it necessary to sustain his view by argument ; though even now we think it would have been better if he had first stated the ordinary doctrine on the subject, and then given his reasons for advocating a modification. It is undoubtedly a difficulty in the way of the common view that conception should have occurred in cases of imperforate Fallopian tubes and absent os uteri. But when Bischoff found that in mammalia, after intercourse had taken place, the surface of the ovaries was generally covered with spermatozoids (Hermann), it seems impossible to doubt that the semen containing them had reached its destination through the Fallopian, and that this is their

ordinary route. Dr. Guernsey now admits that "the actual reception of some portion of the semen into the ovule is necessary in order to impregnate it," and also that the ducts in the uterine walls and ovarian ligaments, which he supposes to transmit the "fecundating principle," have not been ascertained to exist, and are "probably quite invisible." The plate he appended to illustrate his hypothesis he now credits to Bartholinus (or, as he strangely calls him, Bartholiniana); and it is certainly more worthy of the science of its date (1677) than of that of the present day.

The two other points on which we commented were Dr. Guernsey's use of special "key-notes" as indications for remedies, and his unbounded reliance on medicinal treatment in almost every kind of disorder, including ovarian tumours, uterine displacements, and hernia. On the former head we have nothing fresh to say. The "key-notes," of which Dr. Guernsey may fairly be called the father, as he is certainly the best expounder, have multiplied during the ten years' interval which separates the two editions; and the student cannot better learn these supposed "characteristics" of our remedies than by reading the indications given for them in various morbid conditions in the present volume, in which he will be greatly aided by the "Clinical Index" appended. As to the other point, Dr. Guernsey says in his preface, "It is proper that the author should here place on record an expression of his increased confidence in the methods of practice strictly medical, which were laid down in the first edition of the work, and which were regarded by certain critics as chimerical. Increased experience has only served to add to the author's faith in the efficiency of homœopathic medication in the greatest exigencies of life, and this faith has been additionally strengthened by the related experience of many of the most eminent and skilful practitioners of the homœopathic school."

We have only to repeat our previous commendation of Dr. Guernsey's work to any who desire a practical treatise on obstetrics in combination with a multitude of characteristic indications for homœopathic remedies.

Diseases of Infants and Children, with their Homœopathic Treatment. Edited by T. C. DUNCAN, M.D., assisted by several Physicians and Surgeons. Part I. Chicago : Duncan Brothers. London : Turner, 170, Fleet Street.

Dr. Duncan, the editor of the *United States Medical Investigator*, has long shown a special interest in the maladies to which infancy and childhood are liable, and now announces his intention of issuing a treatise on the subject. He has appealed to his colleagues for help, and seems from his title-page to have received it. We can hardly judge of the work from this first part, as it includes only such branches of the subject as ante-natal development, diseases of the fœtus, congenital deformities, viability, hereditary transmission, and the management of the infant after birth. Much industry seems to have been shown, however, in compiling and presenting the requisite information on these heads; and we shall look for matter of real value from subsequent parts of the treatise.

A Plea for Pure Homœopathy against Eclectic Homœopathy.
By EDWARD BAYARD, M.D.

At a meeting of the Homœopathic Medical Society of the County of New York, on March 8th in the present year, the following resolution was carried, with only three dissentients :

“*Resolved*, That in common with other existing associations which have for their object investigations and other labours which may contribute to the promotion of medical science, we hereby declare that, although firmly believing the principle *Similia similibus curantur* to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognising and making use of the results of any experience; and we shall exercise and defend the inviolable right of every educated physician to make use of any established principle in medical science, or any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.”

Dr. Bayard sends us a report of his speech made on the occasion, opposing the resolution ; but we need hardly say that it meets our entire approbation. It is the only legitimate ground on which a practitioner of medicine can stand. If his practice is to be purely homœopathic, it must be so in virtue of the superior results he obtains thereby, and his proper preference of the method accordingly. It cannot be by his pledging himself beforehand to use that and no other. We are not surprised to hear that there are prospects of the right hand of fellowship being held out on the part of the old school in New York to those who have accepted this statement of their position.

The Science of Therapeutics in Outline: a Systematic Arrangement of Principles concerned in the Care of Human Health, showing their several departments. By J. P. DAKE, A.M., M.D., Nashville.

Dr. Dake is one of those who, if a New Yorker, would have cordially assented to the profession of faith made by the County Society, but who is not the less convinced of the supreme value of the homœopathic method. He shows, by the classification adopted in the present *brochure*, how wide is the field of extra-medicinal therapeutics, embracing the application of the agencies he styles "physiological," drugs being in contra-distinction "pathogenetic," *i. e.* capable themselves of disordering the body, and in virtue of that power restoring it to order when this has been subverted. Even among these last he (like Dr. Kidd) recognises the value of the palliation induced by antipathic measures. The deliverance is timely, and to our mind entirely satisfactory.

Diseases of the Brain and Nervous System. By S. MARTINE KERSHAW, M.D. Part I. *Facial Neuralgia and the Visceralgiæ.* St. Louis.

Dr. Kershaw seems to intend supplying homœopathic literature with complete treatises on the maladies affecting the nervous system. We are unable, however, to gather from the present instalment that he has any special qualifi-

cation for the task he has undertaken. His account of the pathology and diagnosis of neuralgia is taken from authors, chiefly from Anstie, and his indications for remedies present little that is new. Perhaps the work will improve as it proceeds.

Prolapsus Uteri and its Homœopathic Treatment. By W. EGGERT, M.D. Chicago: Duncan Brothers.

Dr. Eggert considers prolapsus uteri as nothing but the symptom of a diseased condition of the whole system, and treats it purely medicinally accordingly. This pamphlet gives the medicines he has found (or thinks he might find) useful, with their symptomatic indications.

EFFECTS OF POISONS.

THE latter part of the seventeenth volume of Von Ziemssen's *Cyclopædia* is of especial interest to us. It treats of the toxicological effects of certain drugs, and is in fact a record of the physiological action of various potent substances, which are or may be employed as medicinal agents.

The first division, by Boehm, relates to poisoning by metalloids, acids, alkalies, earths and their salts.

Chlorine.—Authorities differ as to whether the action of this substance is to be regarded as only a local irritant or caustic, or whether a more constitutional or specific action must be ascribed to it. The primary effects of the gas when inhaled are, first, irritation of the nerves in the mucous membranes of the organs of respiration, and, second, certain reflex actions caused by that irritation. Spasmodic closure of the glottis was formerly considered the cause of death. But it has recently been observed, that animals placed in chlorine gas were only temporarily affected by closure of the glottis, which, however, went off after a time, when they were able to breathe the gas. Workmen em-

ployed in chemical works and in manufactories where they inhale larger or smaller amounts of gas, are not very decidedly injured, and may live to an advanced age. The symptoms of acute chlorine poisoning are violent coughing, flow of tears, sharp pains in the thorax, and dyspnoea. If the poison acts for a longer time, there occur spitting of blood, difficult respiration, temporary spasms of the glottis, and pneumonia, that mostly ends fatally. It has been credited with the production of phthisis, but this has been denied by all recent authors. Workmen exposed to the fumes of chlorine lose flesh, have an unhealthy colour, and suffer from mild catarrh of the stomach and chronic bronchitis. Inflammation of the trachea, the bronchi filled with a bloody fluid, and congestion of the lungs, have been found in fatal cases.

Iodine (tincture of iodine and potassium iodide).—There seems to be no doubt that both iodine and the salt named can be absorbed through the skin. It is eliminated by the urine and also by the milk in nursing women. The emaciation attending iodine poisoning is attributed by our author to the derangement of the digestion accompanying it, whereby the general nutrition of the body is affected. The existence of a so-called “iodine fever” is doubted, as no rise of temperature in the body has been observed, though there is often flushed face and quickened pulse. Iodine paralyses the power of voluntary motion in frogs, apparently by its action on the spinal cord. Workmen exposed to the fumes of iodine experience a copious flow of tears and slight fits of coughing. Many cases of fatal poisoning by iodine have ensued on its injection into various cavities and ovarian cysts.

Large doses of *Tincture of Iodine* taken internally cause violent burning pains in the fauces, pharynx and œsophagus, as well as in the stomach and abdomen. Nausea, retching, and sometimes vomiting follow. The stools, which are usually profuse, are at first pappy, later bloody and slimy. At the same time there is generally complete anuria.

Injection of *Iodine* into ovarian cysts is sometimes fol-

lowed by violent pains, then weakness and apathy, paleness of face, cyanosis of the visible mucous membranes, coldness of the extremities. The pulse grows weaker, very quick, and soon disappears at the wrist, while the heart's sounds are forcible and even increased in intensity. There is generally repeated painless vomiting provoked by any attempt to take nourishment, intense thirst, diarrhœic stools, suppression of urine. If the patient survives this stage the paleness of the skin gives place on the second or third day to a deep flush, the temperature rises to the normal level, the pulse gets slower, and is again perceptible in the extremities. The vomiting persists, but the kidneys begin to secrete slightly albuminous urine. During the next few days the characteristic exanthema, angina and coryza, appear. In one case death occurred quite suddenly on the tenth day, apparently from paralysis of the heart. Rose assumes the pathognomonic effect of iodine poisoning to be prolonged arterial spasm, which would account for the above symptoms, viz. the paleness of the skin, the extinction of the pulse in the extremities, the suppressed urinary secretion, the increased action of the heart being caused by the difficulty experienced in the attempt to overcome the obstacles to the circulation promoted by the arterial spasms. The cessation of the spasm was shown by the reddening of the skin and the relative rise of temperature.

In some cases a single moderate dose of *Iodine* is followed by violent vomiting and diarrhœa, dizziness, palpitation of the heart, headache, and slight convulsive movements.

The symptoms of *iodism* caused by the prolonged use of small doses of *Iodine* or *Pot. iod.* are—1, nervous disturbances; 2, derangements of digestion; 3, affections of the mucous coats of the eye, nose and throat, with anomalies of secretion; 4, affections of the skin; 5, atrophy of certain glands.

The nervous disturbances, besides those above mentioned are motor and mental disturbances of the character of general paralysis, and neuralgic pains in the lower and

anterior part of the left epigastrium, simulating pleurodynia, though Ricord calls it neuralgia of the fundus ventriculi.

Conjunctivitis with marked lachrymation may occur on the second or third day, but sometimes does not appear till the second or third month.

Coryza and angina (cynanche) are very common. Salivation has been noticed, the saliva having a salt taste; sometimes a mumps-like swelling of the salivary glands has been noticed, but there is no fœtor of the breath, as in mercurial salivation. The coryza is characterised by a copious secretion of watery mucus and slight reddening of the Schneiderian membrane. In the angina the patients complain of intense itching in the throat, without much difficulty of swallowing; the posterior wall of the pharynx is deep red and intumescent. The coryza is accompanied by intense frontal headache.

The iodine exanthemata are variable in form and seat. The commonest form is an eruption of acne-like nodules on the face (forehead, temples), neck, and upper half of thorax, more rarely on abdomen and extremities. Sometimes there occurs an *erythematous* form in the shape of urticaria-like knobs more or less universal. Out of this is developed the more common *papular* form. The larger papules have a deep red areola, vanishing for a moment on pressure. A *pustular* exanthem is sometimes developed from the papular; it occurs in scattered spots on face, throat, and extremities. The pustules sometimes develop into small dermal abscesses. Œdema of the eyelids, the skin of the abdomen, and forearms, has sometimes been noticed.

Hæmoptysis and metrorrhagia have frequently been noticed. (We have ourselves met with a case where the slightest homœopathic dose of Pot. iod. immediately caused hæmoptysis, but this was in a case of syphilitic phthisis.)

The mammæ often become completely atrophied under the use of iodine. Hufeland alleged that the testicles were also liable to atrophy from iodine, but this has not been observed by later writers.

The pathological anatomy of iodism is scanty. The mucous membrane of the stomach has been found of a brownish colour, and the kidneys showed a similar colour when cut into. Slight hæmorrhages in the pelves of the kidneys have been seen.

Hermann found, in a case of poisoning by tincture of iodine, the mucous membrane of pharynx, epiglottis, and œsophagus covered in spots with an orange-yellow pseudo-membrane. Beneath the false membrane the mucous coat was swelled and suppurating.

Bromine and potassium bromide.—Little is known of the poisonous effects of bromine beyond a severe spasm of the glottis, which the inhalation of its vapour causes.

Acute poisoning by Pot. brom., which has been observed after the first small doses of the drug, is shown in general tremor of the muscles, formication, and transient parietic phenomena. Sometimes general restlessness and nervous agitation are observed, also increased salivary secretion, eructations, and nausea. Depression of spirits, dizziness, disturbance of vision, somnolence, and sleep with bad dreams; unsteady gait, thickness of speech, bluntness of sensibility and of reflex excitability.

Bromism is produced by the prolonged use of larger or smaller doses. The symptoms are composed of—1, disorders in the sphere of the central nervous system; 2, anomalies of digestion and nutrition; 3, affections of the skin. The nervous disturbances usually precede the exanthem.

The symptoms of bromism begin after a few days with feeling of great exhaustion, weakness of the muscles, and vague pains through the whole body. The patients become depressed in spirits, listless, apathetic, have an extremely unsteady gait, and a thick, indistinct mode of speaking, with sometimes partial amnesia. Single words fail them in conversation. A striking disturbance of memory in writing has been noticed; some words are written which are quite incomprehensible, and other words only half finished.

In higher degrees of bromism absolute stupor supervenes, with marked diminution of mobility. The patients on

attempting to move forward fall down, the movements are ataxic, or attempts to move provoke a general and prolonged trembling of the muscles. The entire condition has been compared to the later stages of general progressive paralysis of the insane. One form of bromism is characterised by paroxysms of insanity and delirium, but as these occurred in epileptic patients they have been ascribed to the checking of the epileptic fits.

One of the most striking and characteristic symptoms of bromism consists in the peculiar change in the reflex excitability of the palate and throat. The sensibility of these parts is not affected, but the roughest touch does not provoke the usual active reflex contractions of the pharyngeal muscles. There is often marked diminution of the sensitiveness of the mucous membrane of the urinary tract, and of the conjunctiva.

The patient has a bad complexion; his face is of an earthy hue, the expression is dull, and the mobility of the countenance impaired; the mucous membranes are pale; the salivary secretion is sometimes increased, but more frequently the cavity of the mouth is dry, the breath fetid, and the nose stopped by hardened secretion, the weight of the body diminishes in consequence of loss of appetite, and sometimes as a result of obstinate diarrhoea. Dyspnoea and croupy cough have been observed. Sometimes there is palpitation, sometimes weakness and irregularity or retardation of the pulse.

The exanthemata occur during the first two or four weeks, last about a week, and then disappear, whether the treatment is continued or not. The exanthem usually assumes one of the forms of acne, and consists of discrete dark-red blotches; they attain the size of smallpox pustules, and show a depression in the centre and suppurate. They heal leaving a dark-coloured spot on the skin. The exanthem is usually confined to the face, especially the forehead, mouth, and nose, less frequently is it seen on the cheek, neck, breast, and back. It is not painful nor itching.

In rare cases the skin disease occurs in the form of erythema, urticaria, eczema, or furuncles.

Death sometimes ensues with phenomena of asphyxia, apparently from paralysis of the heart or nerve centres.

Poisoning by the mineral acids, as *Sulphuric*, *Hydrochloric*, and *Nitric acids*, refer almost entirely to the corrosive action of those substances on the tissues, and need not detain us.

Little is known respecting the poisonous effects of *Hydrofluoric acid*. A man who swallowed half an ounce of this acid died thirty-five hours afterwards, the symptoms being violent vomiting, followed by collapse.

The inhalation of *Sulphurous acid* has been followed by inflammation of the lungs. By small doses the vaso-motor centre is first excited and afterwards paralysed; large doses cause paralysis at once. Prolonged exposure to an atmosphere containing from 5 to 7 per cent. of the gas causes severe bronchial irritation, long-continued fits of coughing, and conjunctivitis.

Acetic acid causes in animals periodical tetanic spasms, in men general tremor of the muscles, shivering, and rapid collapse. When taken by the mouth it causes severe burning pains extending to stomach and abdomen, dysphagia, bloody vomit, diarrhœa, and collapse.

Oxalic acid in large doses is a corrosive poison like sulphuric acid. Cyon tried to prove that it was a heart poison. It sometimes causes formication on trunk and extremities, numbness and anæsthesia of the finger-tips, dragging pains in the back and lower extremities, tonic and clonic spasms, and sometimes fatal tetanic paroxysms. Pains in the region of the kidneys and loins, extending to the extremities, with painful urination, have been observed.

Ammonia and *Sal ammoniac*.—Ammonium compounds when absorbed in poisonous quantities produce great increase in the frequency of breathing; this is ascribed to irritation of the respiratory tract in the medulla oblongata. They also cause tetanic convulsions from irritation of the spinal cord. They all produce an enormous increase in the blood-pressure. Very large doses diminish the blood-pressure so much that the animal dies, at the same time they

deprive the respiratory centres of their excitability and vitality.

Inhalation of the gas produces the usual symptoms of irritant gases, as spasmodic expiration and temporary closure of the glottis. After the cessation of the spasmodic reflex movements a persistent and violent burning pain is felt throughout the whole extent of the air-passages. It is combined with quick and laboured respiration, interrupted by fits of coughing. The vocal cords cease to perform their work. Either complete aphonia ensues, or speaking aloud causes severe pain and coughing. The mucous membrane continues to swell, dense masses of exudation are formed and ulcers, whereby the lumen of the air-passages becomes more reduced and the breathing more laboured. A painful feeling of suffocation, accompanied by violent pains in the region of the larynx and under the sternum, deprives the patient of sleep. Even a slight poisoning by ammonia fumes causes a severe catarrh of the air-passages, which lasts a long time. Occasionally pneumonia has been found at the autopsy. Oedema of the lungs is a more frequent occurrence.

When caustic ammonia is taken by the mouth, the lips, tongue and palate swell, the latter assuming a bright scarlet hue; small extravasations of blood are observed in them. Sometimes profuse salivation occurs. The vomit often contains blood and much tough mucus. Often obstinate, profuse, bloody diarrhœa, sometimes passed involuntarily, are observed. There is severe epigastric pains and general tenderness of the abdomen. The pulse usually becomes very rapid, small, and weak. The temperature of the body is reduced and the extremities are cold. The patient presents the picture of prolonged collapse; the face is pale, the eyeballs sunken and surrounded by dark rings; the visible mucous membranes are livid or cyanotic. The sensorium is usually unaffected. At a later period sopor, somnolence, and rarely convulsions ensue. There are wandering pains in the muscles, formication and complete anæsthesia, ringing in the ears, and dizziness. The course of the poisoning by ammonia compounds is usually slow,

lasting several days and sometimes weeks. A croupy pseudo-membrane was observed in the larynx and trachea of one patient.

Caustic and carbonated alkalies (potassium and sodium).—Concentrated solutions have a corrosive action similar to mineral acids.

Potassium salts cause paralysis of the heart, but this is only a temporary effect, as the animal may be restored to life by persistent artificial respiration, showing that the poison does not cause a profound alteration in the physiological condition of the heart.

The effect produced by potassium on the rest of the nervous system consists in a transitory state of excitement followed by general paralysis. More or less general clonic spasms precede the paralysis of the motor and sensory nervous centres. Respiration does not cease until after the heart's action stops. On the other hand, respiration is not restored until some time after the heart has resumed its action. The animal is in a state of total narcosis, and does not respond to irritation of any kind. After some time the reflex actions gradually return, and then an abnormal increase in the reflex excitability is often observed. Then a slight touch will often cause spasms. The effect on the stomach and intestines is the production of gastro-enteritis.

Poisoning by *Nitre* manifests itself by violent vomiting and purging, combined with severe pains in epigastric region and abdomen. Sometimes the vomit is bloody. There are coldness of extremities, cold sweat, and sometimes painful strangury and tenesmus. Pulse frequent, small, irregular, respiration laboured. There is a feeling of intense anxiety, pains in the back, spasmodic contraction of certain muscles (pectoralis, calves of legs), aphonia, general convulsions, loss of consciousness, coma. During recovery there are various nervous symptoms (twitchings, neuralgic pains, &c.) and disorders of the digestion, lasting a long time.

Barium compounds.—The action of barium must be compared to that of the narcotic poisons. It exerts an undoubted influence on the circulatory apparatus. The

older toxicologists even called barium a heart poison. Paralysis of the heart has often been observed. The cessation of the heart's action occurs during *systole*. In this it resembles digitalis. The blood pressure is enormously increased by the injection of small quantities of barium solutions into the veins; this increase is usually preceded by a not inconsiderable lowering of the pressure. The pulse at the same time becomes much more rapid. It is probable that the muscular coats of the blood-vessels, as well as the heart, are affected by the poison, as division of the spinal cord in the neck does not interfere with the development of this phenomenon. The smooth muscular fibres of the intestine and bladder are also excessively contracted. There occur at the same time diarrhœa and vomiting. Frequent tetanic spasms are seldom absent. Other symptoms are nausea, anxiety, and vomiting, followed by epigastric pains, profuse diarrhœa, some colicky pains, ringing in the ears, diplopia, præcordial anguish, weakness of the muscles eccentric pains, cramp in the calves, and general convulsions. Loss of sensibility and paraplegic symptoms have been observed. Coldness and paleness of the skin are among the most constant phenomena.

Alum.—The most constant symptoms are pains in the cavity of the mouth, in the œsophagus and stomach, vomiting, sometimes bloody, dysphagia, torturing thirst, retention of fœces, great weakness of muscles, depression, great anxiety, and convulsive tremor of the muscles. Pulse small and frequent. The autopsy disclosed yellowish-grey deposits on the mucous membrane of mouth, pharynx, and œsophagus. Stomach, intestines, and kidneys hyperæmic.

The next subject treated of is *poisoning by anæsthetics*. The first of these substances is alcohol.

Concentrated alcohol, from its great affinity for water, acts on the animal tissues like an irritant corrosive poison. But the most important injuries occur from its absorption and reception into the circulation. It can be absorbed through the unbroken skin, "by the pores," according to Joey Ladle. In the form of vapour it can be taken up by the lungs. It goes through the tissues of the mucous

membranes straight into the blood-vessels. Introduced into the stomach it is absorbed directly by the gastric veins, and is not taken up by the lymphatics and lacteals. It can be absorbed by the surface of suppurating wounds. Intoxication sometimes occurs from the application of spirit lotions to stumps of amputated limbs. It is eliminated by the breath, the urine and the perspiration. It is not shown how the uneliminated alcohol is disposed of in the body, though many guesses have been made on the subject. From the large amount of testimony to the diminution of the excretion of carbonic acid and uric acid and the lowering of temperature caused by alcohol, it is beyond doubt that alcohol diminishes the forces concerned in tissue metamorphosis.

Alcohol first increases then diminishes the energy of the heart. It brings about a diminution of all secretions, hence the common notion that it assists digestion must be modified. It ought rather to be said that it retards and even arrests digestion. But it increases the excretory function of the kidneys. Drunkenness in its various degrees is only acute alcoholic poisoning.

Acute alcoholic poisoning in its first stage causes general excitement of mind as well as body, succeeded by coma, narcotism, and almost complete paralysis. If large quantities of alcohol are introduced into the system at one time, profound general depression of all vital functions occurs at once. A person thus poisoned is usually found in a state of coma and stupor, with various degrees of general anæsthesia, deep stertorous respiration, small, rapid, compressible pulse, dilated insensible pupils (in less severe cases the pupil is contracted to a pin's point). Face red and bloated, sometimes cyanotic, skin of trunk and extremities cold and covered with clammy sweat. Mucous membrane of mouth and throat often whitish. Vomiting not a constant symptom. Sometimes thin slimy stools mixed with blood. Death may even occur, but it is generally preceded by convulsions. If the patient lie long on the ground, acute gangrene often occurs in those parts of the skin exposed to pressure. The tongue is often dry, red, and fissured. The coma sometimes

alternates with furious or frisky delirium; convulsive movements or chronic spasms are often observed. The post-mortem appearances are not remarkable. Sometimes the mucous membranes of the digestive tract are swollen and red, sometimes ecchymosed. In some instances there has been observed remarkable resistance to putrefactive processes. The cerebral meninges are usually much injected, and there are sometimes serous exudations.

Chronic alcoholism.—The habitual abuse of alcohol is one of the primary causes which combine together to generate many forms of disease, but it cannot be said that it is peculiarly the cause of imbecility, paralytic dementia, melancholia, tubes dorsalis, atrophy of the liver, Bright's disease, and other affections with which it has been improperly credited.

The diseases specially belonging to chronic poisoning with alcohol are—1. Delirium tremens. 2. Chronic alcoholism. As these are more subjects for a special pathological treatise, we must not dwell upon them in this place. Suffice it to say in this article by Boehm, they are treated of at length and in a tolerably satisfactory manner. One practical remark we may call attention to. It is that alcoholism in the father is worse as regards the offspring than alcoholism in the mother.

With regard to the use of *absinthe*, a compound containing several ethereal oils (notably that of *wormwood*) in addition to alcohol, which is very much drunk in France, it has been observed that habitual drinkers of it are very subject to epileptiform convulsions. Magnan found that moderate doses of oil of wormwood sufficed to bring about paroxysmally occurring tetanic convulsions in dogs and other warm-blooded animals.

Chloroform.—The great utility of this substance as an anæsthetic has induced much careful investigation into the causes of its occasional fatal effects when used for the purpose of causing insensibility to pain. In experiments performed with it decrease of arterial pressure was found to be a constant effect, showing a paralysing effect on the heart, which no doubt is one of the most frequent causes of the

fatality attending its administration. Various other theories have been given relative to the cause of death from chloroform inspiration, but we need not dwell on them.

The most common cases of poisoning by chloroform are when it has been given for surgical purposes. But there are other cases in which it is taken as a sort of intoxicating agent for the pleasure it affords, and then it gives rise to a sort of chronic poisoning.

Ether.—Cases of poisoning with sulphuric ether when given for anæsthetic purposes are so much rarer than poisoning from chloroform inhalations, that in some countries ether has almost superseded chloroform as an anæsthetic. Its effects nearly resemble those of chloroform.

Chloral hydrate.—The idea of Liebreich that chloral hydrate was decomposed in the blood into chloroform and formic acid has been contested by other observers. It is at all events extremely doubtful if any such decomposition is effected. Small doses diminish the frequency of the respiration, whilst larger ones cause stertorous breathing and stoppage of respiration. The experiments of Heidenhain have established the paralysing effects of chloral on the centre for vascular nerves. This paralysis is manifested by an enormous diminution of the arterial blood-pressure in animals. In man it is shown by the feeling of weakness and ultimate failure of the radial pulse. A great many cases of poisoning from its use, either under medical treatment or for the purpose of obtaining sleep, have occurred since its introduction. The differences in the susceptibility to the action of this drug are very great. Some persons appear to be absolutely unaffected by it, whilst very small doses will produce very unpleasant effects in others. Over-indulgence in stimulants hinders the effect of chloral. The symptoms it causes as long as they are salutary are those of simple narcosis. As a rule no dreams occur during the sleep. Sometimes there follow headache, want of appetite and muscular weakness. During the narcosis, the temperature of the skin and the frequency of the pulse and of the respiration are diminished. Sensation is not so far abolished as to permit the performance of painful

operations. Sometimes there is great excitement, as in the chloroform narcosis, manifested by talking, laughing, crying, and all sorts of movements. When death ensues it is not preceded by any outward warning. The patient sinks into a helpless condition, from which he never wakes again.

Chronic poisoning by chloral is shown in disordering the digestion; in one case jaundice was produced. Numerous cases of skin disease have been produced by it. They may assume the forms of various exanthems (erythema, urticaria, papulæ, pustulæ, &c). It often gives rise to bedsores, ulcers, blisters on the trochanters, knees, knuckles, tips of the fingers, face, ears, and other parts. Besides these there sometimes occurs an erythematous blush, spreading itself over a large surface of the skin, sometimes on the face, and then with hyperæmia of the conjunctiva and retina.

The effects of *Amylene*, *Bichloride of Methylene*, and *Bichloride of Ethyldene* differ inappreciably from those of chloroform.

Nitrous oxide.—When inhaled along with oxygen or atmospheric air it produces a condition of cheerful inebriation, hence its name “laughing gas.” But used as it is by dentists without administering oxygen it produces narcosis, combined with the first stage of suffocation. If its use were prolonged for a few minutes death by suffocation would necessarily result. Though used to an enormous extent by dentists very few accidents have resulted, and these appear to have been simply due to suffocation, and not to any specific poisonous effect of the gas. In fact, pure hydrogen will produce precisely the same effects.

We may pass over poisoning by *Carbonic oxide*, *Carbonic acid*, *Bisulphide of carbon*, and *Sulphuretted hydrogen*, as these are substances not likely to come into use as medicines.

Prussic acid.—The oil of bitter almonds, though not poisonous, is usually found so intimately combined with prussic acid that it is often the cause of toxic effects. Prussic acid also exists in considerable quantity in the leaves and kernels of the cherry laurel, also in the stones and kernels of peaches and plums, and the seeds of several other mem-

bers of the almond and apple tribe. The chemicals containing prussic acid are potassium, ammonium, and mercury cyanides. Formication and numbness of the parts follow the immersion of the finger tips in this acid. A typical poisoning case commences with 10 or 12 unusually hurried respirations, immediately succeeded by an attack of tetanic convulsions, during which the diaphragm remains contracted and immovable. Should the animal not die, then all the muscles become relaxed, and deep respirations succeed with very short inspirations, strikingly long expirations, and unusually long intervals between the individual breaths. After the first convulsive seizure all reflex irritability and sensation are totally lost. The cause of death in prussic acid poisoning seems to be paresis of the respiratory centres. The effect on the heart and circulatory organs originates partly in the respiratory disturbances, and partly in a directly paralysing effect of the poison on the vaso-motor nerves. The convulsions of prussic acid poisoning are the expressions of a transient but energetic irritation of the central apparatus of the brain and spinal cord. Such is the explanation of the toxical action of this powerful substance by Boehm, the author of the article; we cannot say that it is very lucid.

Nitro-benzin.—This substance has an odour strongly resembling prussic acid. It is obtained by dissolving benzin in concentrated nitric acid and decomposing the solution with water. It is a bright yellow oily liquid, and has been mistaken for a liqueur, and caused fatal accidents in consequence. It is used for flavouring liqueurs and sweetmeats, and so causes accidents. The symptoms of poisoning do not occur, as a rule, until a considerable time after the ingestion of the drug, from half an hour to two hours. It causes general feelings of discomfort, weariness, nausea, and a rapidly increasing, peculiar, dull, benumbing of the head. The skin is often of a dirty-livid colour, particularly on the face; this afterwards reaches a high degree of cyanosis. Vomiting sometimes. With increasing anxiety, dyspnoea, confusion of head and intellect, the true narcotic symptoms are developed. They are sometimes of

an irritant, sometimes of a paralytic, character. Sometimes there are general convulsions, sometimes particular members are affected; tetanus and trismus have been noticed. At the height of the poisoning consciousness is quite lost, as well as sensation and reflex irritability. The pupils are dilated, but still act feebly. Contracted pupils have also been observed, also rotary spasms of the ocular muscles. The face is ashy grey, the lips purplish red, the fingers blueish black. Either a convulsive or a comatose stage precedes death by asphyxia. There is often vomiting, pains in abdomen, scraping in the throat, and swelling of the tongue. Sugar has been found in the urine. Results of post-mortem examination negative.

Anilin.—This is obtained from nitro-benzin. It is a colourless oily sort of fluid, having a bitter and peculiar smell. It forms the basis of many beautiful colours used in dyeing. These colours are not in general poisonous of themselves, but they are often injurious owing to their admixture with arsenic, especially the green anilin colour. In like manner the eczematous or papular skin disease caused by wearing articles of clothing, dyed with corallin, are owing to adulteration or admixture with other substances. The cases of poisoning recorded have been all caused by breathing the vapour of anilin or from its application to the skin (for psoriasis). The first symptoms are oppression in head, nausea, vertigo, and headache, sometimes vomiting. Gradually a sense of suffocation, dyspnœa, somnolence, even occasionally to loss of consciousness. Pains in extremities, muscular weakness with fibrillary cramps and convulsions, and anæsthesia of skin, have been noted by all observers. The colour of the skin is blueish grey, that of the mucous membrane of the nose and the ears and nails is of a dark cyanotic hue. The pulse and respiration are quickened at first; afterwards the pulse becomes slow and compressible. The breathing is dyspnœic. All these symptoms vanish after one or two days. Few fatal cases have been observed.

Charcot has described chronic poisoning by anilin. There were general nervous symptoms, vertigo, stupidity, muscular

cramps, and muscular weakness in the extremities, hyperæsthesia, anæsthesia, or neuralgic pains, along with gastric symptoms. (How vague!)

Carbolic acid.—In a concentrated form this acid acts on the skin like other caustic acids and metallic caustics. When it is absorbed from the surface of a wound the urine often assumes a dark green or almost black colour after standing for some time. The cause of this is as yet unknown. When frogs and other animals are poisoned by it, after a stage of paresis they are subject to clonic convulsions in the extremities, gradually increasing in severity, like those caused by strychnine. The breathing becomes quickened and superficial. This occurs even when the vagi have been divided. On the other hand, the frequency of the heart's beats is diminished.

In human beings poisoned by it, with large quantities, there occur loss of consciousness and voluntary movements. Coma supervenes. Breathing becomes stertorous or laboured. Pupils very contracted, and insensible to light. Skin cool, moist, and livid. Urine and fæces suppressed. Vomiting occurs at the beginning, when the pulse is strikingly slow, later on it is accelerated. The dark colour of the urine, as in poisoning by external application, is sometimes seen. There are violent pains in the œsophagus, below the sternum, and in the stomach, with vomiting. The mucous membrane of the mouth is coloured white.

Nitro-glycerine or glonoin.—In frogs and mammals there were tetanic convulsions, dyspnœa, quickened pulse, mydriasis, and general paralysis.

In human beings small doses cause severe and persistent headaches, with knocking or hammering in temples, increased by moving head. There have also been observed heaviness of head, clouds before eyes, vertigo, quickened pulse, palpitation, and heat of face. Larger doses cause dyspnœa, oppression of chest, lassitude, muscular weakness, and stiffness of jaw-muscles. One observer lost consciousness after ten drops; on awaking he had severe headache and muscular tremblings. When swallowed it causes burning

in throat, pains in epigastrium, hiccough, nausea, vomiting, colicky pains, diarrhœa.

We must reserve to a future number, the consideration of the other toxical agents treated of in von Ziemssen's *Encyclopædia*.

THE PHARYNX; CLINICAL VALUE OF THE CONDITION OF ITS MUCOSA.

By EDWARD T. BLAKE, M.D.

ISAMBERT writing of what he calls "Scrofulous anginæ," says: "Cases of angina which may be referred to scrofulous diathesis, are commonly met with in practice, yet they occupy but a very restricted space in works on pathology one, certainly not in keeping with their frequency and importance. I do not mean to say that they have been overlooked or unnoticed; but for want of a methodical description, they have not taken a fit place amidst the well characterised diseases of the *primæ viæ*. When we turn to the classical authors for the articles which ought to be devoted to these cases, we are surprised to find but short notices of the scrofulous anginæ, which seem to be written from a theoretical point of view, or with the object of assigning them a place in a complete nomenclature of disease, rather than descriptions made from actual observation, and showing us the distinctive characters and the special lesions of an affection which we but too often confound with syphilis, tuberculosis, and even the malignant degenerations of the pharynx and larynx. In the general treatises of pathology which we possess, the chapters devoted to chronic anginæ do indeed recognise a chronic catarrh of a scrofulous nature; they admit especially that chronic amygdalitis (or rather hypertrophy of the tonsils) and that granular anginæ are frequently associated with the strumous diathesis; that among ulcerated anginæ, scrofula vindicates the possession

of a certain number of them, but they do not afford us the means of recognising these hypertrophies and those ulcerations, and of distinguishing them through characters which are properly theirs, from ulcerations of other kinds which may be confounded with them."

Dr. G. Isambert is Vice-Professor of Medicine at the Paris School of Medicine; what he most truly says of one kind of pharyngeal disease might, with equal truth, be urged of all the disorders which invade that important thoroughfare of life.

Primary, uncomplicated disease of the pharynx is, in my experience, uncommon; this is my conviction concerning even acute pharyngeal disorders.

Take the different forms of amygdalitis; recent pathological research has taught us already that tonsillitis may be Catarrhal, Croupous, Diphtheritic, Gouty, Erysipelatous, Consecutive (following other exanthemata than scarlatina), Strumous, Tubercular, Syphilitic, Catamenial and Artificial or Medicinal. Our successors may show that some of these are identical—they are much more likely to increase the number.

It is even more emphatically the case that *chronic* affections of the pharynx are a mere expression of some more or less complex pathological condition existing elsewhere.

An excellent example is ordinary follicular pharyngitis. Dr. Henry Bennett pointed out that in women, this usually indicates pelvic disease. I have shown that in men it means pulmonary emphysema. I do not forget that the complaint known as Clergyman's Sore-throat is ordinarily thought to be local, it is often treated as a local disorder. I would merely ask those who frequently encounter this condition, to make a point of carefully examining the chest, I think they will be surprised to find how frequently the case is complicated with a barrel-thorax, prolonged expiration, dyspnoea after exertion and the typical perithoracic vascular zone.

It is probable that parsons are prone to pharyngeal disease, not because they preach, but because they have been athletes.

Thus the parson of an adjoining parish heralds his approach by tremendous efforts to "clear the throat." So much is this a recognised habit, that a profane young lady, living opposite the vicarage, has nicknamed this excellent man "The Village Scrapper!" Curiously enough he was well known at Cambridge as a crack bowler.

Again, in one of the outlying villages, the rector has a well-marked granular throat; he also has the præcordial vascularity so typically present, that I selected him as one of the illustrations for my paper on the subject, read at the Liverpool Congress. He too when a student was an athlete—an ardent oarsman and winner of the Silver Sculls.

A short time ago, a large and powerful man, a canon in the church, consulted me for "relaxed throat." He had been to see Sir W— G— the day before, and had, I understood, received a clean bill of health from that distinguished and fashionable physician. One of the duties of this clergyman was to fill a very large building with sound, and he complained of experiencing a growing inability to make himself heard: his voice had degenerated into a kind of shout or bark. With his huskiness had come that cutaneous disorder so frequently combined with, and so closely allied to follicular disease, viz. acne.

On examining the chest, I found the lungs highly emphysematous; heart and liver, as we should expect, both enlarged. Besides the customary emphysematous friction over the lower portion of the thorax, there was a large area of pleuritic rubbing, as big as one's outspread hand, in the right mammary region. *Aconite*, *Bry.*, *Nux.*, and *Hepar.*, with the aid of poultices and followed by the use of the Harrogate waters, completely set up this worthy canon, who is now thundering away from the pulpit to his heart's content!

The more the various physical signs usually associated with *angina clericorum* are studied by us, the more we shall be convinced that it is very rarely either a local, primary, or uncomplicated disease. Hence its high value

as a clinical sign if we attend carefully to what this sign indicates.

Follicular pharyngitis most frequently suggests :—

- A. In men, emphysema.
- B. In women, pelvic disease.
- C. In children, struma.

The pharynx may indeed be called the *semaphore of the chest*, for few chronic changes of the pulmonary apparatus are unaccompanied by characteristic modifications of the pharyngeal mucosa.

Thus *strumous pleurisy* shows an engorged state of the pharyngeal acini.

In *tubercular phthisis* they burst and ulcerate.

In *emphysema* they enlarge and their efferent vessels become varicose, and so on.

The vocal changes in these cases are probably much more frequently reflex than we are apt to imagine. Those who employ the laryngoscope are at first astonished to find the larynx often to all appearances sound, even in sustained cases of aphonia. This is not difficult to understand when we remember how hard it is to vocalise with a dry mouth, witness the effects of fear which arrests the flow of saliva and at the same time impairs vocalisation. Compare too the well-known instance of the American body of cavalry who, losing their way in the prairie, passed many days without water. These men found that they could not speak to each other, because of the dryness of their tongues, on which sugar lay without melting.

A dry state of the pharynx abolishes the voice; this is a simple experiment with which military officers are well acquainted on a dusty field-day; it is one which we may all try for ourselves.

Thus we see that the dysphonia or the aphonia of clergymen, may spring from a diseased pharynx, the larynx being at the time quite intact. The fact is the amount of pharyngeal dryness, not the amount of laryngeal complication, is found to be the measure of voice impairment.

Even the converse of this holds good. We may have extensive organic disease of the larynx, producing much

less dysphonia than an enlarged tonsil or a syphilitic soft palate.

The *raison d'être* of this paper is a witty review on a little work treating on this subject which appeared in the last number of this Journal (p. 254). It is certainly hard on the writer that the reviewer should tax as an error what is really an important though generally ignored fact, viz. that the vocal disturbance is often entirely reflected from the posterior pharyngeal wall, just as I have pointed out in my Congress paper before referred to, that a relaxed uvula does not cause a cough by titillating the epiglottis, but the wall of the unnaturally irritable pharynx. This serves to throw some light on what the reviewer hints at, viz., that these throats are benefited by pharyngeal rather than by laryngeal remedies, to wit, *Æsculus*, *Antimony*, *Arum*, *Belladonna*, *Carbo veg.*, *Dulcamara*, *Kali bich.*, *Lachesis*, *Mercury*, *Nux*, *Phytolacca*, *Sulphur*. It helps us to understand why the simple act of brushing the pharynx with an astringent, often relieves the dysphonia. The distant origin of this disease does much to explain its remarkable intractability, for I cannot remember seeing a complete and permanent cure after the age of thirty. The reviewer makes the absolute statement that "the dysphonia or aphonia that characterisee clergyman's sore-throat is not dependant on the condition of the pharynx but on that of the larynx." This is possibly the popular view with the profession at large, the reviewer will pardon my saying that a more careful observation of clerical calamities will convince him of its untenability.

Acute Specific Diseases.

Many of these manifest their presence in the throat. Most markedly of course scarlatina; Sir William Jenner has shown that its congener, erysipelas, is rarely present without more or less throat complication. This is an interesting and welcome support of the correct choice of our specifics *Apis* and *Belladonna*. *Fas est ab hoste doceri.*

Diathetic Throat Diseases.

Not only do the acute specific diseases confirm their existence by the condition of the throat, but so also do most of the well-distinguished diatheses.

Struma affects both tonsils fairly symmetrically. This is not perhaps the place to discuss the question of the existence of a "strumous" or "scrofulous" diathesis. The words are convenient and will be retained, though most physicians I imagine only think of these conditions as evidences of tissue-starvation either hereditary or acquired. This view explains the difficulty of discriminating between some forms of scrofula and congenital syphilis. Nutrition can be so impaired by specific disease, that the child of a syphilitic parent may, though not inheriting the specific taint, be so badly nourished, on account of parental ill-health, as to exhibit scrofula.

That strumous manifestations are more common in the children of tubercular parents than of others, there seems little doubt. A marked instance came under my immediate notice recently.

After a long season of exposure to wet, my coachman aged 50, fell ill with right arytenoiditis. No remedy touched it. *Pari passu* with its advance, tubercle was deposited in the right apex. A *vomica* soon formed and in a few weeks the poor fellow expired. He was notably a small eater.

Charitable efforts were made on behalf of his wife and family and they were placed beyond the reach of want. But of course the removal of the breadwinner must mean irregular, if not inadequate, food to the survivors. In a few months a little girl fell ill with strumous ulceration of the throat. This spread with great rapidity, resisting all treatment, and soon caused death.

Here was an evident case of innutrition lighting up into activity, what might otherwise have remained a mere latent tendency.

The mother and the remaining children enjoy fair average health.

Syphilis exhibits a specific affinity for the back of the tonsil and is usually asymmetrical.

Rheumatism is not rare, but there does not seem to be essential relationship. The best remedy I find is *Actæa*.

Gout affects one tonsil.

Cancer is an exception: there is no proof of elective affinity. The extremely small proportion of 4 cases out of 8298 of all kinds of malignant disease,* sufficiently shows this, even allowing the widest margin for diagnostic error.

Amongst the less recognised causes of throat disease we place the irritating effects of noxious gases—especially

Sewage Poisoning.

In the very young this may take the form of diphtheria, said now to be identical with croup. But in adults who have been possibly protected to a certain extent by previous throat-disease, we often see a pale throat, with patches of indolent superficial ulceration. Combined with the throat are often present languor, morning headache, dyspepsia, and nausea. An important element in diagnosis is that treatment is followed by negative results, whilst removal to a pure atmosphere leads to speedy convalescence.

Emotions.—We do not attach enough importance to the influence of the mind on the voice. This influence acts partly *vid* the pharynx.

Parent Duchatelet, in his work on *Prostitution in Paris*, observes that *puellæ publicæ* nearly always experience a curious change in the voice quite apart from any disease of the vocal apparatus. This change commences soon after they begin to ply their nefarious trade.

We know how unusually exposed these poor wretches are, especially at the commencement of their career, before callousness brings a little relief, to excessive play of the emotions—anger, terror, jealousy, and chagrin. Their moods constantly oscillating between the extremes of wild mirth and profound despair.

* *Paris Register.*

If temporary agitation may make one husky or speechless surely such constant chronic anxiety must greatly modify the voice.

But there is a pathological explanation of the modified tones of prostitutes. We know, without referring to the name given by the German writers to the pain of pelvic adhesions [*colica scortorum*], how prone these poor girls are to pelvic diseases, not alone from venereal infection, but from late hours, from exposure, excitement, under-feeding, excessive alcoholism, fatigue and misery. We have shown elsewhere how pelvic disease leads to pharyngeal complications.

I am quite sure that I have seen the best developed pharyngeal conditions in persons of highly nervous and excitable temperament.

The physiological changes which take place in the pharynx at different epochs, have scarcely received the attention they merit: the breaking of the voice in boys, its development in girls, at the time of puberty, has probably as much to do with the pharynx as the larynx. The sexual sympathies of the throat are well-known: not to speak of *globus*, which is perhaps more spinal than pharyngeal, we have the catamenial amygdalitis, first observed by the German pathologists as occurring chiefly at the early menstrual periods. That very intractable complaint pharyngeal neuralgia is, I think I have observed, most frequently seen in pelvic patients who have been over-dosed with mercury.

Then again there is the curious adenoid disease of the palatine roof, associated with spermatorrhœa.

In middle life, the soft palate becomes relaxed, especially in emphysematous subjects; hence the tendency to snore, which is aggravated by the inability to be content with nasal respiration alone.

In later life, fat is deposited behind the mucosa, increasing the dyspnœa so often present, by diminishing the pharyngeal calibre.

Finally, it is well to remember that affections of the cervical vertebræ may imitate or complicate pharyngeal disease.

REVIEWS.

Saggio analitico sugli effetti tossici e fisiologici e sulle applicazioni terapeutiche delle Solanee virose. Roma, Meyer, Carrara e Ci. 1877.

THE first thing that strikes us on seeing this book is, that it is published without an author's name. We are not aware of any other instance of a purely scientific and no ways popular medical work published anonymously. We are quite at a loss to understand why the author has departed so much from established custom as to conceal his name. Nor does the preface of the publishers throw much light on the matter. They merely say that it is his modesty that impels him to preserve his anonymousness. Now modesty is a very fine thing in its proper place, but we cannot think that it is legitimately or becomingly used in suppressing the name of an author who promulgates statements and opinions which are of no value unless we know whose these statements and opinions are. In a science like that of medicine, where there is so little that is capable of logical proof, authority is what we mainly rely on. But here is a book giving an account of the toxical and physiological effects and the therapeutic applications of the important medicinal plants belonging to the Solanaceæ, and we are left without the slightest hint as to its authorship. From other sources we do indeed know who the author is, but the same knowledge will not be procurable by others who may be induced to get the book. It would have given some authority to the work were it stated that the author's name is Dr. P. Braghely, and that he is professor of surgical pathology, apparently in the University of Rome, but on the last point we have no positive information.

The Essay gives a fair summary of the physiological and

toxic effects of *Belladonna*, *Stramonium*, *Hyoscyamus*, *Tobacco*, and *Mandragora*, from old school sources, but of course all the labours of our school in eliciting and elucidating these effects are passed over in silence.

The therapeutic applications of these substances from the old school point of view are given with unusual fulness, but, trammelled by the bonds of traditional prejudice, the author fails to see the rationale of their action, and accordingly their homœopathic and antipathic uses in the orthodox school are mixed up without distinction, to the bewilderment of the reader. At the very end of the book the author does indeed give a list of the morbid states for which these powerful drugs are recommended by Hahnemann, though where he finds those therapeutic data in Hahnemann's writings he does not inform us, and we know of course that they are not to be found there. Probably he has taken them from Jahr's *Manual*, under the idea that this popular work is by the author of homœopathy himself. Were Dr. Braghely a resident in London, he might be strengthened in this delusion by the fact that several of our homœopathic chemists' shops are ornamented with a gilded bust of Hahnemann, standing on one or two books conspicuously labelled "Jahr," which strikes us as being as appropriate as a bust of Shakespeare standing on a volume of Cowden Clarke.

When speaking of *Belladonna*, our author mentions the fact of its recommendation by Hahnemann in the treatment of scarlatina with contempt; "starting from a false principle the consequences could not be a bit more correct." However, he is of a different opinion as regards the value of Hahnemann's discovery of the prophylactic power of *Belladonna* against scarlatina. This he is a firm believer in, and he adduces much allopathic testimony in confirmation of its value.

He is however obliged to admit that Guersant extols the good effects of *Belladonna* as a remedy in scarlatina. His paragraph is an admirable specimen of allopathic fairness, and deserves to be given entire:

"Guersant constantly prescribed *Belladonna* in this form of disease (scarlatina), and, as it would appear, with success,

if the numerous facts he adduces can be considered of any value when weighed against medical judgment."

Another unconscious testimony he gives to the value of the homœopathic employment of *Belladonna* is its use in erysipelas. Gueren, he says, judging from the circumstance that *Belladonna* causes in the healthy a scarlatina-form pseudo-erythema, whence the homœopathists have concluded it to be a remedy for scarlatina, thought of using it in the erysipelas of new-born infants, because he believed it would act in this case as a substitutive medicine!

On the whole we may say, that Dr. Braghely's Essay will not teach much to those who are familiar with what has been written upon the subject within our own school.

Experimental Researches on the physiological and therapeutic action of the Phosphate of Lime. By L. DUSART. Third edition.

THIS *brochure* has too plainly for its aim the recommendation of Dusart's syrup and wine of the lacto-phosphate of lime to be altogether satisfactory from the professional point of view. It is, however, scientifically written; and the cases recorded—many of them observed in Paris hospitals—are beyond suspicion. The author makes out a very good case for the value of phosphate of lime as a supplementary food; and his preparations of it seem to supply the salt in a pleasant and easily assimilable form. The improvement in appetite, which invariably and speedily results from its use, is very striking.

Boston University School of Medicine. Sixth Annual Announcement and Catalogue. June, 1878.

Third Annual Report of the Chief of Staff of the Homœopathic Hospital of New York City, for the year 1878.

WE are glad to find from these Reports that two of the

chief homœopathic institutions of the United States are flourishing. The Boston University is taking the lead in medical education across the Atlantic in insisting—as it has done from its commencement—on the following points :

“*First.*—The requirement that the candidates for admission must either present the diploma of a Bachelor of Arts, or pass a suitable entrance examination.

“*Second.*—The provision of a carefully graded course of instruction covering three scholastic years.

“*Third.*—The requirement that every student pass a successful examination upon the work of each year before promotion to the next.

“*Fourth.*—The requirement, as a condition of graduation, not merely that the candidate shall have studied medicine three full years, but that he shall have attended a reputable medical school for three years.”

It is now pushing on in the same direction by extending the lecture term of each year from five to eight months ; by reviving the degrees (long lost in America) of Bachelor of Medicine and Surgery ; and by providing “an optional four years course for those who wish to pursue their professional studies with exceptional thoroughness.” Boston University degrees in medicine must already be held in high esteem, and they promise to become more valuable still in the future. 153 students have graduated from the institution up to the present time ; we hope to hear of many more of them.

The Ward’s Island Hospital continues its useful work. Its death-rate in 1877 was only 206 out of 4,475 cases, *i. e.* 4·60 per cent. Of those dismissed during the year, 60·75 per cent. were cured 35·83 per cent. improved, 3·42 per cent. only unimproved. It must be remembered that most of those admitted are chronic cases.

A Manual of Therapeutics, according to the method of Hahnemann. By RICHARD HUGHES, L.R.C.P., &c. Second edition, mainly rewritten. Leath and Ross.

We can of course only note the production of this new

edition; but as our readers may like to know how far the "rewriting" spoken of has extended, we give as a specimen the section on pneumonia, which can be compared with that of the previous edition.

"Having now finished the consideration of the diseases connected with the bronchial tubes, we come to those of the pulmonary parenchyma, *i. e.*, the air-vesicles themselves. Of these we will first discuss

Pneumonia, by which I mean the true primary inflammation of the lungs—the "croupous pneumonia" of the German pathologists. The treatment of this disease has been one of the great battle-fields of statistics. The orthodox treatment by blood-letting, calomel, and large doses of tartar emetic resulted in a mortality of from 20 to 30 per cent.; and this was long regarded as the normal fatality of the malady. When, therefore, homœopathic treatment showed a death-rate of some 6 per cent. only, it was thought a remarkable triumph of the new system. But then expectancy stepped in, and demonstrated that a considerable proportion of the usual number of deaths was due to the treatment employed; for when nothing was done a much smaller per-centage of patients succumbed, very nearly in fact that which appeared in the homœopathic statistics. The latter were accordingly considered to be no more than the results of letting the patients alone, and the triumph of nature over art in the cure of disease was thought to have found a striking exemplification. Already, however, Dr. Henderson was able to show that the average duration of the disease was materially less under homœopathic than under expectant treatment;* and the subsequent results of the do-nothing plan in the hands of Dietl and others made it evident that his first percentages were unusually favourable. Dr. Jousset shows † that, taken altogether, they make the mortality of expectancy nearly 19 per cent., while that of homœopathy rarely reaches to six. He also disposes of the astonishing results claimed by the late Dr. Hughes Bennett, by pointing out that he has excluded certain complicated cases which, if reckoned with the rest, would

* See his article on the whole subject in vol. x of the *British Journal of Homœopathy*.

† *Leçons de Clinique Medicale*, p. 440.

have made his mortality 25 instead of 3·10 per cent. It is now recognised on all sides that no uncomplicated case of pneumonia in a fairly healthy person at neither extremity of life ought to be fatal. The cases presenting complications constitute the real danger; and a just comparison between rival methods must include these in the general mass.

The latest development of old-school treatment in pneumonia is that expounded by Jürgensen in Ziemssen's *Cyclopædia*. It consists of cold baths and quinine to reduce the fever, with alcohol to neutralise the depressing effects of the former and the intoxication liable to be induced by the latter in the large doses in which it is given. Under this eminently scientific and pleasant treatment he can only claim to have reduced the fatality of the disease to 12 per cent., which is still at least double that of homœopathy.

Dr. Jousset, in another of his lectures, points out a further proof of the difference between homœopathic and purely expectant medication. Under the latter, as is well known, a sudden defervescence is wont to occur somewhere about the seventh day of the malady, while the physical signs persist for some time longer. Under homœopathic treatment, on the other hand, the fever diminishes gradually and the pulmonary mischief *pari passu* with it, so that after a few days there is little trace left of either.

What, then, are the remedies with which these favourable results are obtained? They are happily as few as they are effective. I will speak of them one by one. Let me say, however, before going farther, that besides the references I have already made you will find valuable information on the homœopathic therapeutics of pneumonia in articles on the disease by Dr. Russell in the ninth volume of the *British Journal of Homœopathy*, and by Dr. Clotar Müller in the first volume of the *Vierteljahrschrift*, in Bähr's section devoted to the subject, and in Tessier's *Clinical Remarks concerning the Homœopathic Treatment of Pneumonia*, translated by Dr. Hempel.

The first question concerns the value of *Aconite*. It would seem obvious that if you saw your patient early, while the temperature was high and the signs of exudation slight, you would be doing right in at least beginning his treatment with this great antipyretic. You would be acting in accordance with

the modern view of the pathology of the disease, which regards it as a specific fever out of all proportion to the local inflammation (which is only its expression), and running an independent course of its own,—defervescence occurring at or even previous to the height of the consolidation. It would seem possible to anticipate this crisis by our Aconite, and so to be rendering an unquestionable benefit to our patient, whose distress depends far more on his general than on his local symptoms. If, moreover, Drs. Stokes and Waters be right, that there is a stage of pneumonia prior to that of engorgement, characterised by dryness and intense arterial injection of the pulmonary membrane, and revealing its presence to the ear by a harsh, loud, puerile respiratory murmur in the spot where dulness and crepitation are afterwards discovered,—if, I say, these observers are right, Aconite might fairly be expected to extinguish the whole morbid state unaided.

I think, nevertheless, that if you expect much from Aconite in pneumonia you will be disappointed. Given in substantial doses, indeed, as an “arterial sedative,” it may do something, and hence perhaps Bähr’s commendation of it in the earliest period of the disease. But if you will read Tessier’s cases you will see that in homœopathic attenuations it had little effect; and Jousset entirely omits it from his list of remedies. Still more decisive is Kafka’s experience. “Croupous pneumonia,” he writes, “always begins with a chill, more or less violent, followed soon by febrile symptoms, for which homœopaths prescribe Aconite. We used to follow this plan; but Aconite, that often heroic remedy, has *never* given us any results in these cases. In catarrhal and rheumatic inflammations it has a powerful and rapid action, but in the fever accompanying croupous inflammations we may say that its influence is negative; not only is the temperature not lowered, but the pulsations of the heart do not diminish in frequency, there is no perspiration, and the febrile heat becomes still stronger and more dry.”

I believe, indeed, that we have in pneumonia a disease which is inflammatory from the very outset, and in which the fever is so high simply because of the intensity of the local process. I follow Henderson in ascribing the early and rapid defervescence to the self-limiting character of the disease,—the pulmonary exudation, when at its height, extinguishing the inflammation by the

pressure it exerts, just as the surgeon endeavours to cure an orchitis by strapping the testicle.* Hence Aconite, which has no power of inflaming the lung, has little influence over the fever which accompanies that process when idiopathically occurring. You cannot, indeed, do any harm by giving a few initial doses if the symptomatic features are present which indicate the drug; but even here I think you will generally find that the patient's *anxietas* depends upon the distressed state of his chest, and is best relieved by the medicine which touches the local inflammation. This will generally be found in either *Bryonia* or *Phosphorus*.

The claims of *Bryonia* on our notice are very strong. The hepatized lungs found in the animals poisoned by it, the croupous exudation it has produced in the bronchi, and the short, quick, and oppressed breathing, with heat and pain in the chest, fever, and bloody expectoration experienced by its provers show its perfect homœopathicity to the essential elements of the disease. Not less weighty is the clinical evidence in its favour. Tessier found it already in high repute in homœopathic practice, and his records of its action give it the support of scientific and trained observation. He frequently reinforced it with *Phosphorus*, giving the one by day, and the other by night; but Dr. Jousset generally finds *Bryonia* alone to suffice. Both of these physicians have preferred it in the dilutions from the 12th upwards. Bähr speaks no less highly of it, but would restrict its use to the period when defervescence is setting in and the lung is thoroughly hepatized. The symptomatic indications for *Bryonia* are the severity of the pains in the chest (and therefore any pleural complication which may exist), and the causation of the attack by dry cold winds: pathologically, it corresponds to the most thoroughly fibrinous nature of the exudation.

Phosphorus was first brought into notice as a remedy for pneumonia by Fleischmann of Vienna, who was always fond of single specific remedies for definite types of disease. This he considered he had found in the present instance; and he was able to report (in 1844) 377 cases of pneumonia treated by *Phosphorus* alone, with only nineteen deaths, *i. e.*, 5 per cent. His last seventy-eight cases had all recovered. The homœopathicity of *Phosphorus* to true croupous pneumonia is hardly so demonstrable as that of *Bryonia*, though it unquestionably

* See *Brit. Journ. of Hom.*, xxxiv, 308.

irritates and congests the lungs. Our present knowledge of its pathogenesis would rather lead us to limit its use to catarrhal pneumonia, or to the true disease when occurring secondarily, as in typhus. Experience, however, has shown that it is difficult to define its sphere of usefulness, and that it may either come in (as Jousset recommends) to reinforce Bryonia when that medicine is not telling, or from the outset when the latter is not specially indicated, with the utmost advantage. The comparative delicacy of the patient, with the absence of the atmospheric exciting cause and the severe pains of Bryonia, have been to me the sufficient indications for the drug. It would probably suit an inflammation having a less fibrinous and more corpuscular exudation.—Phosphorus seems to act equally well in the 24th dilution of Tessier and Jousset, and the 3rd decimal of Fleischmann and Bähr.

Dr. Kafka would have us abandon both Phosphorus and Bryonia in the earlier periods of croupous pneumonia in favour of *Iodine*. The former medicines, he considers, only moderate the intensity and shorten the duration of the disease, while Iodine arrests it then and there. "Often," he writes, "after the fifth or sixth dose" (of the first, second, or third decimal dilution, repeated every hour or so) "the dyspnoea, the oppression, and the pain diminish, the cough becomes easier, the fever abates: after six or ten hours the pulse falls from 120—112 to 100—92, very often a slight moisture is perceptible, and the patient feels better * * * On examination of the chest, we ascertain still all the objective symptoms of pneumonia, but it is arrested in its evolutions, and we soon see the period of resolution set in; expectoration is easy, thin, rarely puriform; it diminishes rapidly to such an extent that, twenty-four hours after the exhibition of Iodine, the cough and expectoration have completely disappeared." The use of Iodine here is borrowed from its employment in croup; and, as in that disease, *Bromine* is sometimes found preferable. I have no experience, and know of none, corroborative or otherwise, as to this treatment; I must limit myself to bringing it under your notice. But that pneumonia may be arrested at its commencement I fully agree with Dr. Kafka, for I have more than once seen it done by Bryonia—which, however, I have always given in the first decimal dilution.

Another important remedy in pneumonia is *Tartar emetic*. You know its reputation in old-school practice, and have read in my *Pharmacodynamics* the demonstration of the homœopathicity of its action, which is also evidenced by the small doses (gr. $\frac{1}{4}$ to $\frac{1}{6}$) in which it is found curative by Hughes Bennett and Waters. In homœopathic practice it is considered especially indicated in the second stage of the malady, when resolution is taking place, but is ill supported, oppression and prostration occurring. Here its action is unanimously commended. It is also praised by Drs. Wurmb and Caspar * when œdema of the lungs occurs. It would seem especially suitable to the pneumonia of influenza and of delirium tremens.

I have last to speak for *Sulphur*. Jahr recommends our reliance upon this medicine as soon as Aconite has done all it can accomplish; and Wurmb and Caspar think it the most effective means for promoting resolution after defervescence has occurred. Bähr praises it, as we have seen, when the second stage draws to its close in uncertainty whether reabsorption or purulent dissolution is about to take place.

This last condition—the “yellow” or “grey hepatization” of the morbid anatomists—which used to be so frequent and so much dreaded in the days of heroic treatment, plays little part in the clinical history of pneumonia now. When it does occur, and Phosphorus has not been given before, it may check the supervention of the suppuration. Should it have fully set in, *Carbo vegetabilis* is praised when great prostration is present, *Hepar sulphuris* and *Sanguinaria* when the constitutional symptoms are chiefly those of hectic. Of circumscribed abscess of the lung I shall speak presently.

I have said that when the exudation is slow in being absorbed, Sulphur will quicken its departure. When, however, you meet with pneumonia already in the chronic condition, I think you will get most benefit from *Lycopodium*.

Of catarrhal pneumonia—where the inflammation runs down the bronchial mucous membrane into the air-cells—I shall speak among the diseases of childhood, to which stage of life it almost exclusively belongs. I may just say, however, that in its occasional occurrence in old people it finds its best remedy in *Tartar emetic*.”

* See *Brit. Journ. of Hom.*, xi, 389.

OUR FOREIGN CONTEMPORARIES.

FRANCE.—*L'Art Médical*. Jan.—June. Dr. Jousset follows up the case of hydrophobia of which we spoke in our last notice as related by him in the number for December, 1877, by a series of clinical lectures on this malady and its treatment, which are full of interest and instruction. In the May number he begins the consideration of purpura hæmorrhagica. The chief articles of note besides those in the series before us are a continuation of Dr. Imbert-Gourbeyre's *Histoire des préparations calcaires*, and the contributions of Dr. Frédault, *De la tympanile hystéralgique*, on Claude Bernard, and on *La cellule vivante et la théorie du protoplasma*. The learning of the former author and the philosophic thought and observation of the latter render their communications of no ordinary value. It is impossible to present them in any abridgement; we can only counsel those who desire to profit by the best work of our French colleagues to take and to read *L'Art Médical*. We may mention, however, that in the rare affection Dr. Frédault describes he finds *Taraxacum* the most useful medicine, placing in the second rank *Nux vomica* and *Cuprum*. Dr. Jousset has assiduously followed up the experiments carried on by Charcot at the Salpêtrière with regard to "metallo-therapy," and has shown from time to time in the pages of this journal how entirely they harmonise with the homœopathic doctrines. In the April number he gives the following summary of the results at which Charcot has arrived, and points their moral:

"First fact.—The symptoms of hemianæsthesia disappear under metallic applications.

"Second fact.—Although the symptoms appear alike in all the patients, they nevertheless require different metals for their cure. Thus, one is sensitive to gold, another to iron, another to copper, and so on. In a word, to combat hemianæsthesia it is necessary to seek the metal which will suit the particular case; it is necessary to *individualise*.

"Third fact.—The metal which dispels hemianæsthesia

by its external application cures, or at any rate considerably ameliorates, not merely one symptom, but the malady itself, if it is administered internally.

“Fourth fact.—The metal which, given internally, causes hemianæsthesia to disappear, reproduces this hemianæsthesia and induces a general malaise if applied to the surface.

“Fifth fact.—If a metal, by its external application, has removed hemianæsthesia, and if the metallic application is continued after this disappearance, the loss of sensibility is established, and becomes more marked than before the experiment.

“Sixth fact.—When a metal is given internally for too long a time there supervenes an aggravation, and it is necessary to suspend the medicine.

“On these facts, which stand independently of any explanation, we find already the principal laws of the ‘medicine of experience’ which we call homœopathy.

“1. Drugs reproduce in subjects relatively healthy the symptoms which they cure.

“2. Drugs indicated by the law of similars can produce aggravation of the symptoms which they cure.

“3. It is sometimes necessary to suspend remedies in the treatment of chronic diseases.

“4. To find the curative treatment we must individualise.

“5. The most contested principle of our progressive therapeutics—the action of infinitesimal doses—is a direct inference from metalloscopy. It is impossible to explain the action of metals externally applied by electricity, since the same metals produce the same effect through gastric absorption. If electricity cannot in any way account for the curative action of gold, of copper, of iron, &c., when taken up by the stomach, how shall it explain the action of the same metals applied to the skin? Two effects so similar as the disappearance of the same symptom in the same patient under the same medicine cannot have but one cause—that which experiment teaches as necessary in the internal administration of the remedy, viz. the absorption of the copper

or iron or gold. Now, in the experiments of M. Charcot, these metals have been given internally in doses considerable enough, but it will readily be allowed that the absorption effected by the application of a metal to the skin, during ten minutes, must stand in the category of infinitesimal dosage."

Bibliothèque Homœopathique. January—June. The therapeutic articles of Dr. Chargé, and the *Pathogénésies Nouvelles*, continue to be the only noticeable features of this journal. The former, in the present series, treat of intermittent fever; the latter include *Helonias*, *Lithium*, and *Leptandra*. In the February number Dr. Turrel makes a grave misstatement which deserves to be rectified. He represents the Austrian provers of *Argentum nitricum* as having obtained among their symptoms "convulsions violentes, attaques d'épilepsie." Now we need hardly say that no provers ever carry their experiments so far as to produce such effects. "Convulsions" do appear in Dr. Müller's pathogenesis, but as a citation from a recorded case of poisoning; and "attacks of epilepsy" are not even mentioned. Our Hahnemannian friends must be somewhat more careful if they wish the credit of our symptomatology to be sustained.

Bulletin de la Société Médicale Homœopathique de France. October, 1877—June, 1878. We have now received the numbers of this journal which were in arrear, and are able to give a continuous account of it to the present time.

Since December last Dr. Claude has become the general secretary of the society, and the editor of its *Bulletin*. His wide knowledge of foreign languages enables him to render great service to both, by giving in his own tongue accounts or detailed versions of what appears in the journals of other countries, the meetings of the society and pages of the journal gaining much thereby.

The numbers before us are, as is meet, chiefly filled with the papers read and the discussions elicited by them. Several of those are of much interest. A set of four cases of malignant jaundice, in which all remedies proved useless

in averting the fatal result, were communicated by Dr. Crétin earlier in the year (see number for May); and the present series contain his commentaries thereupon, and a full discussion on the subject. In the course of the latter Dr. Gonnard related a case in which a pregnant woman, after a severe emotional shock, showed all the symptoms of the commencing malady, but was restored to health by *Aconite*, given—as Tessier recommends—in the mother tincture, 20 drops a day. Dr. Ozanam, in an elaborate paper on the treatment of intermittent fevers, introduces a new remedy for them in the shape of the *Helianthus annuus*, with which—3 to ϕ —he has effected several cures in cases which have resisted *Quinine*. The special indications seem hardly established, save that its paroxysms are irregular both as to time and in their constituent features. Dr. Partenay communicates some further successful experience in diphtheria with *Mercurius cyanatus*, which in France, as in America, bids fair to take the highest place among our remedies for the disease. Dr. Molin speaks thus of the *Salicylate of soda*:—“I have employed this medicine in ‘rhumatisme nouveau’ (our rheumatic gout or rheumatoid arthritis), occurring in women at the menopausal epoch. I have given it in the dose of a centigramme daily, for ten days in succession. Under the influence of this treatment the pains have disappeared, the engorgements and nodosities of the fingers have subsided, and the patients have been able to use their hands.” Dr. Claude has had no less success with the drug, in the third trituration, in the deafness with noises in the ears to which it is so thoroughly homœopathic.

Dr. Hayward will read with interest the following comment of the latter on his advocacy of flannel garments in the *Monthly Homœopathic Review* of December last.

“In the course of his enumeration of the causes of taking cold, the author notices thinness of garments, and protests against the British practice of exposing children and adolescents to the rude influences of the outer air, without sufficient covering. Now, when we have our cold weather, our colleague should pay us a visit, and walk some Thursday in the Champs-Élysées, at the time when the

schools, colleges, and charitable institutions send their inmates abroad. More muffled in their 'gâteuses' than Maitre Jacques Charmolue, procureur du roi en cour d'Eglise, in his furs, gravely and languidly, an inevitable eyeglass ensconced in their orbits, they promenade the walks at length. Around them, neck uncovered and wrists bare and reddened with the wind, run, leap, and gambol the 'boys' and 'misses' of our Anglo-American colony. Let our colleague then tell us on which side he finds strength and health, and if these incessant gymnastics do not counteract the consequences of loss of heat by the surface. I feel myself quite distressed, I admit, in thinking of the poor little creatures whom, on the very day of their birth, they do not fear to pass without graduated change from the genial warmth of the amniotic fluid to the sharp and chilling atmosphere of their parks and squares. But as to our own young compatriots, I consider that a less pusillanimous hygiene than is customary would do them no harm."

We may relieve our friend's well-founded distress on account of our *nouveaux-nés* by assuring him that no such airing is given them.

BELGIUM.—*L'Homœopathie Militante*. Jan.—June.—A new homœopathic society has been formed at Brussels, under the title of "La Société Belge de Médecine Homœopathique." It has thought it good to have an organ in the press, and has named it—in token of the polemics which our method is exciting in Belgium (of which the now discontinued *Révolution Médicale* of Dr. Flasschoen was an earlier expression)—*L'Homœopathie Militante*.—The most active champion on our side at present is Dr. Gailliard, of Brussels; and he has undertaken the post of general secretary to the society, and editor of the journal.

The first six numbers of our new contemporary are now before us, and they show abundance of original work and polemical energy. Among the most valuable contributions is an exhaustive pathogenesis of *Quinine*, collected by the president of the society, Dr. Ch. de Moor, from a multitude of authors, and presented in the form of extracts from their

works. This is vastly more instructive than the mere citation of symptoms with which Hahnemann and most of his followers have contented themselves, and we hope to see the example extensively followed. Dr. Gailliard himself is very active alike in collecting pathogenetic fragments, in pointing the moral of such recorded observations as have a homœopathic bearing, and in answering attacks made upon our doctrines and practice. He has achieved a great success by means of his memoir on arsenicism (much to our disappointment he has omitted phosphorism for the present) which we mentioned in our last number as about to be submitted by him to the Royal Academy of Medicine of Belgium. Instead of the usual contemptuous rejection of anything proceeding from the school of Hahnemann, this memoir has been accepted, and referred to a commission for examination, whose report was presented on May 25th by Dr. Cousot. In his June number Dr. Gailliard gives an account of the reading of this report, with a sketch of the circumstances which led to his taking action in the matter. It is amusing to find that our assailant, Dr. Crocq, to whose insulting attacks Dr. Gailliard's memoir was an answer, was absent on the occasion. Dr. Gailliard considers that the Academy's judgment of his work has been as impartial as could have been expected. We must refer our readers who are interested in the transaction to the full narrative he gives, and must content ourselves with congratulating him that by his means (to use his own words) "for the first time, the name of Hahnemann has been pronounced with courtesy in the bosom of the Academy; for the first time, the primordial principles proclaimed by Hahnemann have been made the subject of a serious examination on the part of an academic commission, which has approved them and recognised them as true; for the first time, a work emanating from a physician owing Hahnemann as his master has been equitably examined by an Academy."

Among other contributors to the Journal we notice Drs. van den Berghe, of Gand, van den Heuvel, of Antwerp, Richald, of Mons, and Dekeersmaecker, of Brussels. The first has communicated to the June number a series of

cases of coxarthrocace, in which *Kali carbonicum* 30 was of striking efficacy. The last has begun with February a series of articles on the value of sclerotomy in affections of the eyes, which promise to be of much value to oculists. We must also call attention to the three cases of spontaneous gangrene recorded in the March number by Dr. Eenens, of Hal, all occurring in sexagenarians, and all cured by the alternate use of *Arsenic* and *Lachesis*, each in the 6th dilution.

We welcome *L'Homœopathie Militante* as a valuable accession to our periodical literature.

Revue Homœopathique Belge. Jan.—June.—Belgium now possesses two homœopathic journals, and, as they have not the *raison d'être* of representing the two sections of our school (neither being of strictly "Hahnemannian" sentiments), it is hardly likely that both will continue to flourish in so small a country. We fear that it must be the older one which will go to the wall, for Dr. Martiny finds few *collaborateurs*, and his own energy, great as it is, can hardly sustain a monthly journal unaided.

The numbers of the *Revue Belge* now before us present, as usual, little original material, though the reports of the meeting of the *Cercle Homœopathique de Flandres* would alone be sufficient to make them a desirable possession.

ITALY.—*Rivista Omiopatica*. Dec., 1877—June, 1878.—This journal reaches us very irregularly. Since October, 1877, up to which time we acknowledged it in our last notice, five numbers only have been received, those for November, 1877, and February and March, 1878, being missing.

We find nothing to notice in those which have come to our hands. The *Rivista* is made up chiefly of translations, and these are usually taken from the contributions of the pure Hahnemannians among us. The editor, Dr. Pompili, is nevertheless active enough to repel any assault made upon our system; and we find him running a vigorous tilt, now with Professor Mantegazza, now with the *Civiltà Cattolica*.

An application made in the Italian Legislature by one of the deputies for the foundation of a Chair of Homœopathy in one of the State Universities has been refused for the present, but in such a way as to show that we may live in the hope of seeing Italy follow in the steps of Hungary in this particular.

INDIA.—*The Calcutta Journal of Medicine.* Aug. and Sept., Nov. and Dec., 1877.—These two double numbers are all that have reached us since we last acknowledged our Indian contemporary, when we noticed it up to February, 1877. In the second Dr. Sircar finishes his exposition of Dr. Sharp's *Essays on Medicine*, and promises in his next number to give his opinion of them, to which we shall look forward with interest. There is nothing else to notice in them.

GERMANY.—*Internationale homœopathische Presse.*—We resume our review of this journal with the last No. of vol. ix.

The first article is from the pen of Dr. Goullon, junr. It is a comparison of *Apis mellifica* with other allied medicines. This paper was contributed by the author to the World's Homœopathic Convention at Philadelphia in 1876, and is actually a chapter from a larger work of the same writer "on the homœopathic uses of *Apis*." He compares it with *Belladonna*, *Arsenic*, *Cantharis*, *Graphites*, and *Thuja*, and points out its resemblances to and differences from these remedies. Like most of Dr. Goullon's essays on *Materia Medica* this one is distinguished by a great display of the author's thorough acquaintance with the pathogenetic effects of the medicines he has selected for comparison, and by a complete knowledge of their clinical uses. As a specimen of the more complete work it gives us the assurance that the latter will be a valuable contribution to our knowledge of the therapeutic virtues of an important and indispensable remedy.

Dr. Huber continues his essay on the "Physiological effects of Mercury on the Digestive Organs,"

This is followed by a short paper by Dr. Ludlam on "membranous dysmenorrhœa as a consequence of suppressed cutaneous symptoms."

Dr. Goullon comes next with a reply to Jürgensen's attack on homœopathy in Volkmann's collection.

Vol. x begins with an article on cirrhosis of the liver by Dr. London, late of Jerusalem, now of Carlsbad, or rather, we should say, it is a translation by this gentleman of a paper on that disease by Dr. Salzer, of Calcutta.

Dr. Goullon, junr., gives a review of Petersen's work, from which in a former number of this Journal we gave an extract criticising the new physiological school.

This is followed by an article from the annual report of the West Jersey Homœopathic Society on *Cactus* by Drs. George and Fuller. The authors point out that the chief characteristic of the pathogenesis of *Cactus* is a feeling of constriction in various organs, and especially in the heart; and they give several cases where a rapid cure of this cardiac contraction was effected by this remedy.

The next article of importance is one by our lamented colleague, Dr. Clotar Müller, on *Phosphorus* in the morbus maculosus Werlhofii, or purpura hæmorrhagica. He reminds us that it was our homœopathic colleague, Dr. W. Arnold, of Heidelberg, who first directed attention to the homœopathicity of *Phosphorus* to this disease, several striking cures of which he published. Dr. Müller says that he has had frequent opportunities of testing the value of this treatment, and that he is so convinced of the superiority of *Phosphorus* over all other remedies that the cases in which he has had to resort to any other medicine for the cure of purpura are quite exceptional. He proceeds to show the great resemblance of the pathological condition of the blood in cases of poisoning by *Phosphorus*, with that observed in the disease, and he gives the history of a case illustrative of the curative power of the medicine.

No. 2 begins with an amusing article by Dr. Mayntzer, of Zell, which was rejected by an allopathic medical journal as being unsuitable for its orthodox pages. At this we do not wonder, for it is a fierce denunciation of all the methods

so dear to the old school, and a tirade against vaccination, which he alleges to be unscientific and disastrous. We are somewhat surprised to meet with it in the pages of our serious contemporary, and perhaps its admission is due to the enforced retirement of Dr. Müller on account of ill-health.

Dr. Koeck continues his instructive histories of remarkable cases:—A lady, fifty-four years old, since the cessation of her menses had every year been troubled with an affection of the legs. They swelled, became very hot and red. This extended from the feet up to the knees. They were the seat of horrible pains that gave her no rest day or night. This condition lasted from two to three months, and after its subsidence, though her doctor said she was well, she was unable to walk in consequence of the great swelling brought on by the exercise. She had been treated by three allopathic doctors; one gave her leeches and purgatives, the second treated her with cold compresses, the third rubbed in mercurial ointment. When Koeck saw her she had had two days previously an attack of rigor, chiefly in the back. This attack recurred the previous day, and was followed by general heat, and in the night the violent pains in the legs came on. The legs swelled, were hot to the feel, the colour of the skin was bluish red, pulse 120, bounding, intermitting every five to seven beats; urine dark red, clear, without sediment, bowels confined. Besides the pain and burning heat, she complained of a peculiar drawing-like cramp in the course of the saphena interna vein, extending from the ankle to within two inches of the internal condyle of the tibia. This vein felt hard to the touch, pressure caused pain, and the course of the vein was marked by a deeper colour. After *Apis* 3 for three days the drawing pain ceased, but burning pain came on instead. This yielded to *Arsenicum* 6 in a few days, and the swelling subsided and the redness disappeared. *Calc. arsen.* 4 was now given, and in six weeks the lady was quite well and has continued so ever since—three years. The diagnosis was phlebitis with formation of thrombus.

Dr. Koeck gives his experience of his treatment of cholera during the prevalence of an epidemic of that disease

in Munich. He says that the statistics collected by the police authorities showed that while 50 per cent. of the cases treated allopathically died, only 25 per cent. of those treated homœopathically terminated fatally. In his own practice he treated 27 true cases of cholera, of whom 2 died, one an old woman of eighty-four, who was already dying when she came under his care; the other a girl, eight years old, who succumbed to a second attack of the disease; whilst her father and mother, two sisters and a brother, who also had the disease, recovered. He relates in detail the case of the mother who had already been treated by the allopathic doctors, who pronounced her past recovery. She was cured with camphor in the 1st centesimal dilution, followed by *Cuprum ammoniaco-sulphuricum* and *Arsenic*. Koeck mentions with approbation the theory of Dr. Horn, that cholera depends on a peculiar electrical state of the air and earth, the former being negatively electric, the latter positively electric, whereby cyanogen is formed in the blood, as he was able to prove by chemical analysis.

The next case related by Koeck is one of cerebro-spinal meningitis in a woman aged thirty-seven. For some days she had complained of headache, which she did not think much of, supposing it to be owing to standing over the kitchen fire whilst engaged in cooking. But her headache becoming worse she was forced to go to bed. She had lain down but a few minutes when she was seized with rigor lasting a quarter of an hour; this was followed by heat and maddening headache. Cold wet cloths were applied to the head, which gave some relief, but she was delirious all night. When Koeck saw her she was still delirious, she struck her head with her hands, which had to be held by those about her. The head was drawn backwards, swallowing was difficult, thirst great, heat of hands and feet, head very hot, pulse 96, tongue dry, bowels confined, urine dark red, some bronchial catarrh. He ordered a clyster, and prescribed *Belladonna* 3. In the evening she was quieter, the bowels had been opened, she slept occasionally; the *Belladonna* was continued during the night; pulse 112. The following day she complained of violent pains in

head, neck, and back ; had great thirst, and again became delirious. He now gave *Cupr. acet.* 2, a drop every two hours. The next day the stiffness of the neck was gone, consciousness restored, pulse 92, and after taking the remedy for a week she was out of bed. *China* completed the cure. Koeck had already experienced the beneficial effect of *Cupr.* in this disease when he was assistant physician in the military hospital ; many soldiers were affected with the disease, and one after the other succumbed. He wished to try the effects of *Cupr.* in homœopathic doses, but could not do so in the ordinary way. At last the head physician having ordered him to inject *Morphia* subcutaneously in a desperate case, instead of doing so he injected half a Pravaz syringeful of an aqueous solution of *Cupr.* 3, which soon removed the stiffness of the neck ; and by repeating this every night the patient was restored, much to the astonishment and satisfaction of the head physician, who had no idea but that the cure was owing to his prescription of *Morphia*, which had not been given.

The subsequent numbers of this volume offer nothing of particular interest. The last number contains an exhaustive study of *Mezereum* by Gerstel, occupying 140 pages, a valuable contribution to pharmacodynamics, executed in the same masterly style as was apparent in the study of zinc by the same author.

A notice at the end of this number informs us that the *Internationale homöopathische Presse* will cease, but in place of it will be published a collection of scientific essays on homœopathic subjects after the manner of Volkmann's *Clinical Essays*. Notice will be given of the date of publication of the first number of this new organ of homœopathic literature.

Hirschel's Zeitschrift für homöopathische Klinik.—We resume our notice of this journal with the twenty-third number of vol. xx.

Dr. Herzberger gives his experience of the treatment of variola and varioloids in an epidemic of those diseases in South Bohemia in 1873. He obtained the best results from the administration of *Thuja*, which, without being an

absolute specific, was very efficacious in lessening the severity of variola and conducting it to a favourable issue. He says that by its means the suppurative stage is prevented. When there was considerable fever, as there is at the commencement, he found it useful to alternate *Aconite* with the *Thuja*. He gave the *Thuja* in the 2nd or 3rd dilution, the *Aconite* in the 3rd. The occurrence of gastric symptoms was no contra-indication for the use of *Thuja*, but in the putrid forms of the disease *Acid sulph.* 3, alternated with *Thuja*, was found serviceable. In the complications of pleuro-pneumonia, *Phos.* and *Arsen.* alternately were given. When the sore throat was prominent, *Merc.* 4 alone, or alternately with *Bell.*, was given with success. After the subsidence of the complication *Thuja* was again resorted to. Under the *Thuja* treatment the convalescence was short and no after diseases were observed. The average duration of the disease was from ten to fourteen days, few exceeded this, many fell short of it. Of 75 cases treated 5 died, 1 a baby two months old, 3 men and 1 woman. He found *Thuja* decidedly useful as a prophylactic. Of 300 who took it in doses of a drop of the 1st and 3rd dilution twice a day, only 14 caught the disease, and that in a very mild form. In the houses of the poor from four to seven persons were often together in one room, and some even sharing the bed of the patient down with smallpox. He mentions, among other cases, those of two infants at the breast who were thought too young to be vaccinated, but who got *Thuja* as a prophylactic. Their mothers caught the smallpox, and their infants took it from them, but in a very mild form.

No. 24.—The discussion in the Berlin Homœopathic Society on *Iodine* was resumed. Träger and Windelband both alleged that *Iodine* was an excellent remedy in primary syphilis, without previous administration of *Mercury*. Träger maintained that a scrofulous boy affected with gonitis was treated by him with *Iodine* 30, and his body became covered with a papular exanthema. The gonitis was not ameliorated. Windelband treated successfully an actress for menostasia dolorifica of many years' standing,

with large doses of *Tinct. iodine* after many other treatments had been tried in vain. He had also seen very good effects from *Iod.* in the acute hydrocephalus of scrofulous children. Jacobi had cured many cases of morning diarrhoea of scrofulous children with *Iodine*. Weil had seen good effects from *Kal. hydriod.* in chronic rheumatism of the knee and arthritis nodosa. Fischer, while still an allopath, had seen rapid benefit in the gastro-malacia of a child two years old from very small doses of *Tinct. iod.* He considered the cures of meningitis basilaris tuberculosa by *Iod.* as homœopathic, for *Iodine* has in his experience caused tuberculous phthisis. Ameke recommended *Kal. hydriod.* in parenchymatous nephritis with much albumen in the urine. Sulzer remarked that he had often given *Iod.* in pneumonia with good effect.

Windelband cured an obstinate case of stomatitis ulcerosa with *Kal. chlorat.* 3^x every four hours. In twenty-four hours the pains were gone, in three days the cure was perfect. He had found the same remedy useful in gonorrhœas of all kinds, and also in leucorrhœas. He had cured four cases of nephritis parenchymatosa with much albumen in the urine with *Kal. chlorat.* 2^x alone; 2 after scarlatina were cured in from two to three weeks, 2 genuine chronic cases in from five to six weeks. He had also employed it with success in badly suppurating buboes. Ameke found *Kal. chlorat.* of use in hooping-cough, with much opaque, white mucous expectoration. Fischer cured a case of hooping-cough in a child in whom the mucus was so viscid that it stretched in long strings from the mouth to the ground with *Kal. bich.* in a few days. Windelband gave with good effect in hooping-cough *Cochineal* dissolved in water by the aid of *Carbonate of Potash*. Sorge's treatment of hooping-cough was first *Belladonna* 1^x every three hours and afterwards *Verat. alb.*

Träger cured an old lady of gouty-rheumatic swellings in the palms and finger-joints with *Rhus tox.* 2^x in three months.

Fischer and Träger cured itching chilblains with *Nux v.*
15.

The treatment of syphilis was discussed in the Berlin Society. Sorge gives *Merc. corr.* 2^x, ten to twelve drops three times a day, or *Merc. oxyd. rub.* 2^x, or even in the proportion of 1 to 19, two to three grains three times a day. He thinks these medicines may often be advantageously used in still larger doses. Windelband gives *Merc. corr.* in a solution of *Chloride of Sodium*, whereby it seems to agree with the stomach. When *Merc. corr.* ceases to do good he gives with success the *Tinct. cupr. acet.* of Rademacher in doses of three to five drops every three hours. This remedy is especially useful when there are buboes of bad character, and when the skin and throat are much affected. Rapp recommends *Nitric acid* internally as well as locally in bad and rapid ulcerations of the throat. Fischer gives *Nitric acid* 15^x in the contraction of syphilis and mercurial diseases. *Mercury* he gives in the 2^x dilution. He found *Carb. an.* very useful in glandular indurations. Sulzer gives *Merc. corr.* 2^x and *Merc. oxyd.* in the same dose alternately week or fortnight about; in this way he cures syphilis in about six weeks; in perforating ulceration of the velum he gives *Aur. met.* 3^x or 4^x. Windelband often cures primary syphilis with *Tinct. iodii*, five drops three times a day, without previous mercurial treatment. Windelband rapidly effected a cure of sphaclous chancre with the application of *Iodiform*, without its being followed by lues. Sorge cured condylomata with *Cupr. acet.* 1 to 80. Windelband treated condylomata with *Pulvis herbæ sabinae* sprinkled over them; Sorge used the same remedy locally in tincture. Several spoke in favour of the treatment of condylomata with *Liq. Ferri Acet.* and *Sesquichlorid.* Deventer cured indurations of the tongue with *Aur. mur. natron.* Nocturnal bone pains yielded to *Kal. iod.* or *Mezereum* 1.

Herzberger gives his experience of a cholera epidemic in Bohemia. The cases generally came on suddenly without previous diarrhœa, and were mostly very severe. The remedies found of most use were, *Aconite* at the commencement, then *Verat.* and *Cupr.* alternately. He saw four cases for which *Camphor* was indicated. Of 26 bad cases he only lost 4.

Statistics of Homœopathy in Germany.—In V. Meyer's *Directory*, published in 1860, there were 264 practitioners, now there are 298. 141 of those in Meyer's *Directory* are still alive, the new accessions are therefore 157 in fifteen years, so that in Germany there is a considerable increase of homœopathic practitioners. The homœopathic hospitals in Germany are:—1. Mayländer's Hospital in Berlin; 2. Weil's Eye Hospital in Berlin; 3. Katsch's Hospital in Coethen; 4. Lütze's Hospital in Coethen; 5. Cœrtleb's Lunatic Asylum in Gotha; 6. Metz's Children's Hospital in Hildesheim; 7. Metz's Poor Hospital in Hursum; 8. Leder's Hospital in Lauban; 9. Buchner's Hospital in Munich; 10. Böhler's and Fiedler's Town Hospital in Plauen; 11. Schneider's Children's Hospital in Magdeburg. Other hospitals are about to be opened in Stuttgart and Randegg.

In Vol. XXI, No. 3, Deventer relates the case of a hackney-coach driver who had in the splenic region and over the short ribs an enormous lipoma the size of a man's head, which interfered much with respiration, and was a great trouble to the patient. Langenbeck and Wilms both refused to operate on account of the danger. Deventer gave first *Calc. carb.* without result, then *Æthiops antimonialis* with a little relief; lastly, he gave *Hydrarg. auratum* (an amalgam of gold and mercury) twice a day. Under this treatment, in 1½ year the lipoma gradually atrophied and finally disappeared.

Sorge (No. 4) directs attention to the excellent effects of *Carbo animalis* in scirrhus of the breast, enlarged indurated glands of scrofulous nature, and indurations and scirrhus of the womb. He adduces a proving by Weise in which the taking of the pure *Carb. an.*, made from burnt beef or veal, with a small admixture of bone, caused painful lumps in the mammæ, and hard swellings of the parotid and sub-maxillary glands, together with a copper-coloured rash on the face, forehead, and nose.

No. 5.—Goullon, junr., gives a case of croup in which *Phosphorus* effected a surprising cure. The patient was a boy between three and four years old. The croupy inflam-

mation of the larynx had already lasted several days, and the allopathic attendant had employed emetics and painting the neck with iodine. The resistance of the child rendered an inspection of the throat impossible. He still retained perfect consciousness; his breathing was gasping, and he had the characteristic short, hard, dry cough. The weary head fell hither and thither; the child was exhausted for want of sleep. The allopathic doctor had said that the only chance for the salvation of the patient was tracheotomy, which, however, he hesitated to perform. Goullon applied a cold compress to the neck and gave *Iodine* and *Bromine* alternately. The following day the father came and reported no improvement, but the reverse, the child seemed on the point of being suffocated. No sleep and no relief to the breathing. While the father was with Goullon a telegram came from the mother to say that the child was apparently dying. Goullon prescribed two grains of *Phosphorus* dissolved in half an ounce of *Almond oil*, to be rubbed on the chest every half or quarter of an hour, and a few drops of *Spirits of Phosphorus* (containing $1\frac{1}{2}$ grains of *Phos.* in 6 ounces) every half hour. The next night was very bad, the child became of a livid blue colour and the belly was sunk in. The following day some improvement was manifest, and in the afternoon the child could rest a little. The improvement rapidly went on, and the patient was cured without any other medicine.

Pröll relates a case of general dropsy from cirrhosis of the liver, which was cured in a short time by Rademacher's remedy, *Tinctura Seminum Cardui Mariæ* 1ʳ, 3 drops every three hours. In fourteen days all the dropsical effusion was removed.

No. 6.—Strupp relates the following cases:

1. A young lady of eighteen complained of complete loss of appetite; if she took a little beef-tea or a cup of tea she had an indescribable pain in the scrobiculus cordis, which seldom went off until she threw up what she had taken. Sleep was very disturbed. She became melancholy, and could not engage in any occupation. One dose of *Cyclamen* 12 completely cured her.

2. A lady twenty-five years old, mother of one child, of anæmic appearance, had long suffered from a stomach affection, and been treated allopathically without benefit; on the contrary, the remedies used seemed to have aggravated the symptoms, and added headache and confusion of the head. She left off all medicine, trusting to get better by regulating her diet. But in place of getting better, her appetite fell away completely, her sleep became much disturbed, and some time after the ingestion of even a small quantity of simple food she would have an attack of vomiting of yellowish watery fluid. *China*, *Nux*, and *Sulphur* did some good, but the stomach affection always returned. She now got *Æthusa cynap.* 12, one dose per diem, and in a short while the vomiting ceased and the stomach gradually resumed its tone, so that she could resume her occupation, which was that of a singer.

3. A child (sex not stated), aged nine years, had for a considerable time, and without apparent cause, suffered from sickness, which was for a long time unheeded by the parents, until it became so bad as to cause vomiting every morning of thin, transparent mucus, complete loss of appetite, emaciation, anæmia, apathy, and extreme prostration. Then several renowned childrens' doctors were consulted, who treated the child with *Iron*, but as it grew worse they consulted Strupp. He deeming that the anæmia, &c., was the result of the stomach affection prescribed *Æth. cyn.* 12, one dose daily. Under this treatment the child rapidly improved, and was soon quite well.

4. A woman, aged thirty-six, well formed but pale, had been exposed to a good deal of exertion in nursing a sick child. She had been much disturbed at night, having to rise frequently from her warm bed and stand about in the cold room. The menses, which were on her, suddenly stopped, she felt internal rigor, which extended over the trunk and remained for three days. It then ceased, and there occurred tearing pains in hands and feet, for which she used hot foot-baths, after which she felt stupefied, the head was confused, she had ringing in the ears, complete loss of appetite, and great thirst, which she could not satisfy, as she vomited

everything she took, and she had great rumbling in the bowels. Then came on complete loss of sleep and diarrhœa of reddish mucus. The tongue was red, cracked, and dry. She had cough, with scanty expectoration of viscid, dark-coloured mucus. The cough, which plagued her especially at night, caused retching and vomiting, with very bitter taste in the mouth. She could not take any nourishment without producing vomiting. For three weeks she was treated ineffectually with *Bell.*, *Ann.*, *Arsen.*, *Tart. em.*, *Phosph.*, and *Æth. cyn.* Great weakness ensued, for which *Chin.* was given without effect. At last *Arsen. hydrogenisat.* 12 was prescribed. This produced an immediate good effect. After the first dose she had refreshing sleep, the cough was allayed, appetite returned, and she was able to take some chicken broth. Two days later she got another dose of the medicine, and in a week she was so much better that she could leave her bed. In two weeks the menses returned and she soon recovered perfectly.

Schüssler relates a case of a woman, aged sixty, who for six years had suffered from neuralgia, which recurred every night. The pains attacked at one time the legs, at another the arms, sometimes the right sometimes the left, and was generally accompanied by cramp-like twitchings of the muscles. By day she was quite well and had a healthy appearance, though the pains lasted all night and deprived her of sleep. He gave *Magn. phosph.*, 6th trit., a dose every two hours. In three days she was quite well.

No. 7 Lembke gives a proving of *Mezereum*.

Herzberger relates four cases of cerebro-spinal irritation.

1. A woman, aged thirty, had become overheated by exertion, and sat down in a cold room to cool herself. She got a chill which showed itself in a rigor. On the second day, whilst taking leave of her friends, she suddenly fell down in a faint, and was carried to bed. The patient, a short woman of delicate appearance, dark hair and complexion, lay still and appeared to recover from her faint; she complained of pain in forehead and occiput, but whilst she was telling her symptoms she suddenly fell into convulsions, that presented every variety, from risus sardonicus to

trismus, opisthotonos, tetanus, &c., so that two strong men could scarcely hold her in bed and keep her from hurting herself. *Ars.* 3 was first given, then *Bell.* 2 alternately with *Tart. em.* 1 every half hour. The convulsions ceased, consciousness returned, and in twelve hours she seemed quite well, all except some headache. Then the symptoms recurred in her head and nape, her eyes were wide open, and she said she saw points and angles with golden stars; then the convulsions returned alternating with terror. There was not much turgor of the vessels of the head and face; cold compresses did not soon become warm. The pulse small, 90; no effect observed from stimulant applications to the calves and soles of the feet. *Ignatia*, *Platina*, and *Hyos.* were given without result. Then *Atropin* 4 was administered. After a few doses she got much better, and in two days was convalescent.

2. A boy, aged fifteen, who had been exposed to the weather in feeding cattle got ill. He was a strong lad, sat up in bed and panted like a dog; speech unintelligible, interrupted by short rough cough; inspiration deep, expiration rapid and short, auscultation shows a highly emphysematous condition of the lungs; complexion livid; pulse slow. *Bell.* 2 was given. In a few minutes the respiration became normal. He became quiet. The *Bell.* was repeated at lengthened intervals. The cure was completed with *Ant. tart.* and *Anacard.* Three weeks afterwards in consequence of a fresh chill he again fell ill. Dull, deep-seated headache, disturbance of the senses, apathy, restlessness, and cries with desire to run away, and paralytic weakness of the lower extremities; weak, moderately rapid pulse. After *Acon.* and *Bell.* he got *Atrop.* 4 and *Zinc. met.* 4, which rapidly cured him.

3. A young lady, aged about twenty, suddenly fell from her seat in church, unconscious, and was carried into the vestry. Sprinkling with water, rubbing with vinegar, smelling salts, all useless. She lay on the bed like one dead, pale and cold. Breathing slow, scarcely perceptible, heart's beats and pulse extremely weak and slow. Jaws closed, joints flexible, the limbs retain the position in which

they are placed. She shows no signs of pain [when pinched. *Acon.*, *Bell.*, *Nux.*, *Cicuta*, *Lauroc.*, *Veratr.*, were given without effect. Then *Plat.* 4 was administered. Half a minute afterwards she opened her eyes, consciousness and power of movement returned, and after a second dose she soon recovered completely. She had been subject to convulsive and hysterical affections during each monthly period, but had never previously had a cataleptic attack.

Herzberger relates another somewhat similar attack in a young lady of eighteen, cured with *Plat.* 4.

4. A woman, aged forty-eight, mother of eight children, whose menses had ceased two years previously, had been affected for several months with very painful cramps in the abdomen. She had been long treated allopathically, but though she was sometimes better, the attacks always returned. After a free interval of two weeks she had suddenly a new attack. She complains of pain as if the bowels were torn out of her with burning and tearing pains, then violent pain in the left iliac region, which gradually increased, going into the back and then to the thighs and legs; when the pain mounted to the chest, then she said, "It is all up with me." Her daughter explained that when this occurred she lost consciousness, ceased to breathe, and the limbs were convulsed; after this there was no pain, and then the same symptoms recurred. These attacks last several days and nights, often a whole week. The patient looks delicate, and her expression is that of profound suffering. Besides costive bowels and some digestive sufferings she has nothing the matter. Pulse during the attacks small and feeble. She got a dose of *Plat.* 12, whereupon the pains in the abdomen ceased, and the attack was cut short. Two hours later the pain returned in the left groin extending to the back. *Bell.* 12 was given. This also stopped the attack. *Bell.* and *Plat.* were now given in alternation at long intervals and no more attacks occurred.

No. 9.—From Dr. Mossa's monograph on *Argentum nitricum* we extract the following observations by O.

Müller, relative to two forms of headache in which this medicine is indicated :—

1. She awakes in the morning with a peculiar, severe, constant ache in the forehead, that generally begins above the eyebrows, and rising up is limited by the coronal suture, at the same time the head is much confused, giddy, and stupid; she has vertigo; on this account she has to be careful when walking, in order to avoid knocking against things or falling to one side, for the vertigo does not turn her, but *draws* her to one side or the other. Not unfrequently she has dimness of vision and noise in the ears. The stomach seems to hang down loosely, the body is lax and unbraced, and at the height of the attack her senses leave her; attacks of faintness. All this is relieved by eating a good dinner, or after taking a glass of good wine, but coffee seems to aggravate or even bring on an attack. After dinner the patient is better, but suffers from loss of memory, want of power of collecting ideas, diminished elasticity of mind, appetite little or not at all impaired, though the tongue is not clean, and there is considerable loss of epithelium in the morning. Bowels generally torpid, urine often highly coloured, scanty, or copious and limpid. *Arg. nit.* 6, one drop morning and evening, cured in six to eight days.

2. Hemicrania, situated in one of the frontal protuberances, or at one side of the glabella, just above the superciliary ridge, or in one spot, or the whole of one side of the forehead or vertical region, extending over the frontal bones. The character of the pain is seldom well defined, consists generally of pressure, digging, throbbing, sometimes shooting. It is always preceded by prodromata; there are discomfort, chilliness, loss of appetite, dimness of vision, pale face, nausea, &c. Trembling of the whole body is characteristic, and at the height of the attack death-like nausea, generally ending in vomiting of watery mucus, or bile, or of the ingesta. At the height of the attack loss of consciousness, the patients lie with closed eyes and dread the light, emaciation, &c. After the attack has passed, seldom anything remains except slight weakness and temporarily

impaired memory. In the intervals of the attacks the patients generally enjoy undisturbed health.

The following case from Granvogl's *Lehrbuch* is given :—A blooming girl of nineteen, regularly menstruating, has for five years suffered constantly from aching pains all over the head, sometimes only on the crown, sometimes on the left frontal bone, relieved by firm pressure. She complains also of frequent vertigo and impaired memory. On going up-stairs her breathing is affected, and she gets palpitation of heart, tongue white. Appetite and sleep good, great sleepiness during the day, now and then stomach-ache, often for weeks, with nausea and even vomiting. Trembling of hands. Pulse 98; burning feeling in the cardiac region. She can breathe deeply without pain, but cannot retain her breath long; respiratory sounds normal; no cough. Urine pale and deficient in salts. After the fourth dose of *Arg. n. 2*, she remained free from her headaches, her breathing became easier, the palpitation diminished, and her memory improved. Two days sufficed for her cure.

Goullon, junr., relates the following case of cure of rheumatism by a bee-sting. Father B—, Franciscan friar, had such severe rheumatism in the right hand, that he could not lift anything; the ordinary embrocations did little for his relief. One day when walking in the garden near a bee-hive, a bee stung him in a vein. A jet of blood issued from the little wound. The friar, a man of seventy years, was first stupefied, when he came to himself he applied earth to the wound. The consequence was that the following day his hand was quite cured.

Goullon relates that he had a patient, an old gentleman affected with cancer of the rectum, to whom he gave *Hammamelis* in various dilutions. It caused some slight alleviation of the rectum symptoms, but brought out a very obstinate eczema of the lip, that formed dirty-coloured scabs on the red part of the lower lip, beneath which a thin matter exuded.

Vol. XXII, No. 4. Herzberger gives an interesting case of a woman aged fifty, who, after a rather long fast, eagerly attempted to swallow a large piece of underdone beef, which

stuck in her œsophagus, and could neither be swallowed nor ejected. Under these circumstances, with constant suffocative attacks and ineffectual attempts to swallow liquids, which would not pass the obstruction, she spent a couple of days, and was almost exhausted with the agony of imminent choking. Probangs and forceps were tried in vain, they only increased the spasmodic retching and choking. Herzberger gave her a few doses of *Lachesis* 6, and after taking them at intervals of a few minutes, the offending morsel slid gradually down into the stomach, and the poor woman was instantly relieved from her agonizing symptoms.

No. 5. Herzberger gives some remarkable cases of epilepsy; we give one of these: A little girl, five years old, while playing with some companions, was pushed backward into a cold stream. The fright and chill brought on violent fever which lasted several days. A fortnight later she got convulsive movements in her limbs with spasmodic closure of the jaws. These attacks lasted about half an hour, and recurred every four to seven days. They came on at all hours of the day and night, and were occasioned by any mental excitement. The father called in all sorts of advice from regular doctors and quacks, and the patient was subjected to all kinds of treatment. The only effect was that the attacks recurred more seldom, but assumed the form of violent epilepsy; she fell down, became unconscious, the thumbs were turned into the palms, she had convulsions and foamed at the mouth, terminating in sleep. The longer the attacks were delayed the more violent they were. It was hoped that when the catamenia occurred they might cease, but it was not so. She began to menstruate at fourteen years, and still had the attacks every five or six weeks, sometimes sooner. The child was then brought to Herzberger. He found that she was pretty well developed; she had no functional disturbance, but her face wore an expression of extreme melancholy. Herzberger gave her twenty-four powders of *Ignatia* 4. The first twelve to be taken, one night and morning, the remainder, one every third day. He saw nothing of her for a year, when she came to him and said she had had no attack since taking the powders.

Years have since elapsed and she still remains free from the disease.

Herzberger gives the following case of chorea in which a remedy seldom used seemed to do good. A girl aged eleven, after a fright, or chill, and a good scold from her teacher, began to be affected with trembling movements of the whole body. There was epilepsy in the joints. Her appearance was healthy, and when she kept her hands in her pockets nothing abnormal was noticed. But as soon as she took her hands out of her pockets she was affected with a trembling jactitation of both arms and legs, that did not cease until she again put her hands into her pockets. This affection was so severe that she was unable to feed herself, nor could she walk above a few steps. She got *Bell. Plat.* and *Cupr.*, without effect. Three injections were given, which did good to her frequent headaches and sleeplessness, but left the chorea unaffected. Now *Asterias rubens* 12 was given, and in eight days all traces of the morbid affection had disappeared.

Koeck gives an interesting case of rheumatism. The patient was a girl, aged twelve, who, from being exposed to a draft of air from an open window at school, got some rheumatic pains in the muscular part of the left leg, which, in a few days, yielded to *Rhus tox.* 2. She went back to school, was exposed to the same pernicious draught, and had another and more violent attack of rheumatism. On the left side the ankle, knee, wrist, and elbow, were enormously swollen, red, very tender, and could not be moved in the slightest degree; the pulse 120, temperature high, perspiration slight. Koeck prescribed *Acon.* 2 and *Bry.* 2, alternately every two hours. The next day no improvement, on the contrary, the right shoulder-joint was affected, and later in the day the elbow and wrist. The patient whined continually. *Camphor* 2, allayed the pains for half an hour, but they soon returned in their former severity, and *Camphor* failed to relieve. As *Acon.* and *Bry.* continued for two days remained without effect, Koeck gave *Natrum salicyl.* 1, in 5 gr. powders, one to be taken twice a day. By evening she was already better, half an hour after the first

powder improvement had commenced. In three days of this treatment the pain was gone, the swelling and redness and pain of the joints had quite disappeared, and in ten days the girl was again on her legs, the knee-joints only being somewhat stiff. This stiffness yielded to *Natr. mur.* 6.

No. 9. Mossa directs attention to the value of *Lactuca viros.* in hooping cough, and gives several cases illustrative of its beneficial action.

Koeck gives a case of a very severe lacerated wound of the fingers, which healed by first intention under the external use of a lotion containing one-third per cent. of *Salicylic acid.*

Koeck communicates another case of rheumatism cured by *Natr. salicyl.* The patient was a man who, for three weeks, had been confined to bed with rheumatism. During all this time he had suffered intense pain that did not allow him an hour's sleep. Both wrists were swollen and inflamed, and he was bathed in perspiration. The pulse was 132, the first heart's sound was an obscure blowing murmur. He complained of dyspnoea, palpitation, cough, with scanty expectoration, the most violent pains, constant thirst, confusion of head, and vertigo. Koeck prescribed *Natr. salicyl.* 1 in solution, every two hours. The same evening the fever had much abated, the dyspnoea and palpitation were diminished, and he passed a tolerable night. In three days of this treatment the pains were quite gone, the swelling much lessened. *Natr. mur.* 4, completely removed the exudation in the wrists. On the fourth day after the decline of the fever the heart's sounds were normal.

Mossa, in this and several subsequent numbers, gives an article on the physiological and therapeutic action of *Cina* and its alkaloid, which is of considerable value.

Herzberger relates some cases of neuralgia. The two following are the most interesting: 1. A servant girl was attacked by severe intermitting pains in the left parietal region, shooting, tearing, burning, that extended to the temporal and parietal regions, and was particularly severe in

the eyebrow. She employed various domestic remedies, and the pain diminished, but the upper lid was paralysed and hung over the eye so that it could only be raised with the finger. The appearance of the eye itself when the lid was raised was normal. She still had the pains though in a minor degree. She got twelve powders of *Spigel. 8*, one to be taken night and morning. After taking the powders she was quite well, and the paralyzed lid could be moved with perfect facility.

2. A man, aged fifty, had been exposed to damp and got a severe chill. Thereupon he had some pain in the right side of his face. The pain never quite left him though it diminished at times. After taking some domestic remedies for several days the pains became much mitigated, but he was shocked to find that the right side of his face was completely paralyzed, so that chewing, talking, and swallowing were performed with great difficulty. *Causticum 6*, a dose night and morning, was prescribed, and in a fortnight he was quite well.

No. 22.—Dr. Schwenke supplies an omission in Dr. Bürckner's account of Hahnemann's sojourn in Coethen, by relating how it was that he came to fix on that town for his residence when Leipzig became intolerable to him on account of the persecutions of his colleagues and the apothecaries. "The ducal chief chamberlain, von Sternegk, it was to whom the credit must be awarded of having first directed the Duke's attention to Hahnemann. Von Sternegk had been cured by homœopathy of a complicated disease that had defied all the resources of allopathic treatment, and he persuaded the Duke, who was a great sufferer, to consult Hahnemann and try the new method of treatment. This trial succeeded beyond expectation and prepossessed the Duke in favour of homœopathy, so that at von Sternegk's suggestion Hahnemann requested from the Duke permission to settle in Coethen, which was readily granted to him, so that homœopathy found protection from its persecutors in a town and at the hands of a prince, who thereby can claim the gratitude of all who can appreciate the blessings and the great value of Hahnemann's doctrines."

Koeck was called to a distant town to see an old lady, aged seventy-nine, who had hitherto only suffered occasionally from cramp in the calves, that readily yielded to *Rhus*. On coming into the room he perceived a very fœtid odour; the lady, who had previously been strong and healthy looking, was now emaciated to such a degree she could scarcely be recognized. Eight weeks previously she had received a scratch in the middle of her right calf, the wound in place of healing grew larger and larger and formed a large ulcer. The whole of the back of the leg, from six centimètres below the popliteal space to the same distance above the ankle, and throughout the whole breadth of the calf, showed a large discoloured space, deprived of skin. Amid the blackish-grey matter there appeared some islands of dark red flesh surrounded by gangrenous tissue. The whole wound was bounded by bluish-black blistered epidermis, beneath which lay an ugly greenish-black slough. The latter could be removed with the forceps without pain, but the flesh islands were very painful to the touch. She complained of having pains in the flesh of the calf extending all over the leg, even where nothing abnormal could be seen. The toes were very cold and the seat of a disagreeable formication. There was also pain about the ankles, particularly at night. The temperature of the body was high, there was intense thirst, and a burning from the stomach upwards. Appetite nil. Pulse 96, intermitting every seventh beat. The patient had been treated allopathically for six weeks, at first with *Chamomile* fomentations and bathing with *Carbolic acid* applications. Koeck bathed the leg in a 5 per cent. solution of *Carbolic acid*, and afterwards enveloped the leg in *Carbolic acid* compresses. He gave internally *Arsen.* 5 every three hours. The first night after this prescription the patient was able to sleep for some hours, and in three weeks the report was—"The pulse no longer intermits, appetite excellent, the burning has completely ceased, the sore is nearly healed." In less than two months the old lady was again on her legs.

No. 24.—Koeck gives the case of a lady, aged sixty-two, who twelve years previously, at the menopause, began to be

affected with swelling of the right breast, while the left breast grew continually smaller. During these twelve years she had undergone all sorts of treatment, such as *Iodine* and *Iodide of Potassium* internally and externally, mercurial inunctions, plasters, poultices, compresses, mineral-water baths, &c. All in vain, the heart grew larger and larger, and when Koeck first saw her it was as large as a child's head and stone-hard, but not adherent. Nothing abnormal was to be observed in the colour of the skin; no retraction of the nipple, &c. The left breast had quite disappeared. She had to support the enlarged breast with a spinal bandage, and she was told by the first surgical authorities that her only cure was the surgical operation of extirpation. Koeck gave first *Carb. anim.* 6th trit. This not producing any effect after some days, he ordered *Hydrastis canad.* a few drops of the tincture in almond oil to be rubbed in twice a-day. A fortnight afterwards the lady reported that the swelling had become somewhat softer. A few days after this she complained of agonizing pains in the tumour, which was inflamed, hot and red, and very tender to the touch. Suppuration was commencing, so the *Hydrast.* was discontinued and *Silica* 6 given. After pointing for three days the abscess opened spontaneously, and two litres of pus were discharged, whereupon the tumour completely disappeared, and the lady was restored to perfect health.

Vol. XXIII, No. 2.—Herzberger says that *Phytolacca* occupies a place between *Rhus* and *Bryonia*, and does good in neuralgia when those two remedies are not exactly indicated. 1. An innkeeper's wife, forty years old, had become much heated before the kitchen fire and got a chill by going into a cold cellar. She was attacked with rigor and pain in the left hip-joint that made every motion painful. All sorts of domestic remedies were employed, but the pain persisted and extended down to the knee posteriorly, and she had no cessation of pain when she lay perfectly still. Though she complained of feeling a swelling, no swelling could be detected, but pressure and movement aroused the pain. The pain was shooting, tearing, aching, sometimes

also jerking and tearing from the sacrum down behind the trochanter, extending to the knee and calf. The knee-joint also was painful on being moved. Though motion aggravated the pain it was very violent even when at rest. After a powder of *Bellad.* 2 there was some remission of the pain in the hip- and knee-joints but the motion was as bad as ever. *Bry.* and *Rhus* were given without effect. After *Phytolacca* 1 the pain next day was sensibly relieved and she could sit up. Four days of the *Phytolacca* removed the pain so that she could again perform her household duties with comfort.

2. A working man, aged thirty-five, after a long walk, during which he got wet through, was seized with shooting, tearing, aching pains in left shoulder, axilla, and side of the chest, that varied in intensity, often interfering with his breathing. The pains are sometimes brought on by moving and relieved by rest, sometimes they occur when at rest and are relieved by movement. They often spread over the pectoralis major, and are sometimes felt in the clavicular space. The pulse is quick and there are morning exacerbations. *Bryonia* 3 improved his general health but did not relieve the pains. Ten doses of *Phytolacca* 1, every six hours, removed the neuralgia.

The American journals we must reserve for our next number.

MISCELLANEOUS.

Kreasote in Cauliflower Tumour of Uterus.

We had an interesting visit from our esteemed friend Dr. Neidhard, of Philadelphia, who has been for some months in Europe on account of his health, which we are pleased to think has benefited much by the change. He mentioned to us a remarkable cure of cauliflower excrescences round the os uteri, which had been diagnosed as such and pronounced incurable, except by surgical interference, by several of the most eminent surgeons of the city. The excrescences surrounded the os and discharged a fetid yellow matter of a very offensive character. *Kreasote* was administered in the 2nd decimal dilution and immediately brought on a sort of metrorrhagia which alarmed her medical attendant, so much so that he speedily stopped it with *Secale*. On this the patient, who had confessed herself relieved while the hæmorrhage was going on, said that she felt quite bad when it was stopped, so that Dr. Neidhard resumed the employment of *Kreasote*, which again brought on the discharge. Notwithstanding the continuance of this not very slight hæmorrhage for upwards of 3 months the patient gained in strength and health, and in less than a year the whole of the disease was completely removed, and though there was some time afterwards a slight recurrence, this was again removed by *Kreasote* with the same attendant hæmorrhage, and the patient was soon quite cured and has remained well.

Notes on Some of the Newest Remedies. By E. M. HALE, M.D.

(Continued from p. 295.)

Benzoate of Lithia.

Those who have used *Benzoic acid* in certain urinary troubles

know that when certain symptoms are present it is indispensable.

It is well known that the alkaline salts of many acids are more useful than the acids alone. The *Benzoates of Potassa* and *Ammonia* are important medicines in the treatment of post-scarlatinal dropsy, rheumatism, and certain kinds of vesical calculi.

We have a very suggestive proving of *Lithium carbonicum*, by the aid of which we have cured many cases of obscure rheumatic and gouty affections, especially when the heart is involved.

If we study the pathogenesies of *Benzoic acid* and *Lithium* it will be observed that the symptomatology of the two covers a large array of urinary disorders and rheumatic ailments.

I have now used this preparation several months and am much pleased with its action in post-scarlatinal dropsy, when the urine is *dark, brownish-red*, has a *pungent odour*, and there are present such symptoms as *swelling of the joints*, rheumatic pains, and cardiac symptoms, such as you will find in the provings of one or both drugs. I believe the long-continued use of this medicine, in the medium attenuations, will prove successful in chronic gout with concretions in the small joints. In dropsy I like the action of the 1st dec. trituration, in doses of a grain or two repeated every two or four hours.

Grindelia.

There are two species of *Grindelia* now used in medicine, the *Grindelia robusta* and *Grindelia squamosa*, both are natives of California. They are physically remarkable for the large amount of resinous matters which they contain. Belonging to the same *genus*, their action on the human organism is quite similar. We have already a few suggestive provings and a large amount of clinical experience obtained by their empirical administration. As with other medicines, the provings verify the trustworthiness of the clinical experience. The sphere of action of *Grindelia* appears to be principally manifested upon the *mucous membranes* and the *nervous system*. As a general rule this is the case with all the gum-resins. Taken into the system they have to be carried out through the mucous surfaces whose function is to *eliminate*. Consequently the bronchial

mucous membrane, and that lining the genito-urinary tract, are usually chiefly affected. But we know that in case such alimentary organs refuse to do their office, the drug imprisoned in the system attacks other portions of the organism. Therefore we find that *Grindelia*, as well as *Copaiva*, *Terebinth*, *Balsam Peru*, *Sambucus* and *Stannum*, often cause severe nervous symptoms.

The *Grindelia robusta* has been particularly useful in "humid asthma," a disease which generally originates in catarrhal bronchitis. At first the dyspnoea depends on an abnormal accumulation of mucus in the smaller bronchii; it is tenacious and difficult to detach. The patient feels and *knows* that if he begins to expectorate he will get relief. As the disease becomes chronic the "strain" on the respiratory nerves leads to such irritability that *spasm* results. This is called "spasmodic asthma." *Grindelia robusta* corresponds to these symptoms and conditions, and its provings already shadow forth a similar symptomatology. In purely nervous asthma, or the so-called paralytic asthma, where the bronchial tubes are so relaxed by paralysis of their circular muscular fibres that inhalation is easy, but *expiration* difficult, I do not think *Grindelia* will be found useful.

But there is a dyspnoea, due to paresis of the respiratory nerves which obtain their vitality from the spinal cord, in which *Grindelia* is especially indicated. In a recent proving, which I communicated to the *North American Journal of Homœopathy*, occurs the following symptom: "*A fear of going to sleep on account of loss of breath, which awakes him.*" This symptom occurs in chronic asthma, sometimes, and *very* often in *cardiac asthma*. It is due to deficient spinal innervation. We have but few remedies which meet this symptom. *Lachesis* has been used, also *Arsenicum*, *Nux*, and *Ignatia*, but *Strychnia* 6 is better than all. Soon after that symptom was published, Dr. Wesselhoeft, of Boston, greatly relieved a case of dyspnoea from heart disease, with this peculiar symptom. He gave a low dilution. *Eucalyptus*, akin dred remedy, has relieved a similar symptom.

The curative dose of *Grindelia* in asthmatic affections has a very wide range. Eclectics and allopaths report brilliant cures from teaspoonful doses of the strong fluid extract down to a few drops of the tincture. I have greatly relieved acute catarrhal

asthma, even in children, with the lowest dilutions in drop-doses. The dose is of small consequence, so that it does not reach the point of causing medicinal aggravation—a result which I have rarely seen in any remedy, and which is generally a myth.

Many cases of chronic bronchitis, and cough with mucopurulent expectoration after pneumonia, has been cured by this medicine. It will doubtless prove useful in catarrhal conditions of the urinary and genital organs.

The *Grindelia squamosa* developed in some recent provings very severe eye-symptoms resembling acute iritis, and a Dr. Fishe, in the *Pacific Medical Journal*, reports several cases cured by its use internally and externally. He used appreciable doses. It may prove to be a very valuable agent.

Eriodyction.

This plant, known in California under its Spanish name of "Yerba Santa" (or Holy plant), resembles in some points the *Grindelia*. In other respects it appears to be an analogue of *Phosphorus*, *Hepar sulph.*, *Rumex*, *Causticum*, and other medicines which have a specific action on the larynx and bronchia. It causes a blennorrhagic condition similar to that of *Grindelia* and its analogues, but it differs in this respect, namely, that there is not much asthmatic dyspnoea, but instead we have a constant, irritating cough, with great soreness in the chest, a feeling of excoriation, rawness, and other symptoms denoting great hyperæsthesia of the mucous surfaces. Like *Grindelia* it is *primarily* homœopathic to inflammatory action, and when used for *acute* bronchitis or laryngitis should be used in the middle attenuations. The higher the febrile irritation, the more pain there is present, and the drier the cough, the higher should we go in the scale of dilution. But when the acute disease has passed into the chronic stage, and there is great weakness of voice, profuse muco-purulent expectoration, soreness and cramp in the chest, loss of appetite, emaciation, &c., then will *Eriodyction*, in appreciable doses, act beautifully. Dr. G. M. Pease's provings in *Allen's Encyclopædia* show that it affects the right lung (bronchia) in preference. It is as useful in acute

and chronic coryza as in bronchitis. Altogether, I predict that it will prove a valuable addition to our *Materia Medica*.

Jaborandi.

The botanical name of this plant is *Pilocarpus Pinnatus*. It belongs to the same family as the *Ruta graveolens*. Its physiological analogues are supposed to be *Aconite*, *Gelseminum*, *Veratrum viride*, &c., but in many respects it differs remarkably from them. A remarkable antagonism exists between *Jaborandi* and *Belladonna*, notwithstanding many of its objective symptoms appear to resemble those of the latter. A few minutes after a large dose is taken the face and whole body become hot, flushed, and red, the temples throb, and soon a profuse perspiration breaks out, which in some cases becomes enormous in quantity. Simultaneously with the sweat, or soon after, the salivary and buccal glands begin to pour out great quantities of saliva, and this hypersecretion of the mucous membrane extends all through the intestinal tract, causing in some cases vomiting and diarrhœa. If it does not act in this manner on the skin and mucous membranes, it acts on the kidneys, causing copious diuresis. The sight becomes dim and the pupil contracted. It causes, primarily, increased action of the heart with vaso-motor paralysis with the peculiar dilatation of the arterioles. In this it resembles *Amyl* and *Belladonna*. But unlike these medicines, copious sweat attends its primary action. The secondary action of *Jaborandi* is just the contrary to its primary. The heart beats slowly and feebly, the skin is pale, cool, and *dry*. The salivary glands cease to pour out even a normal amount, and the mucous surfaces are *dry*. As showing the antagonism between *Jaborandi* and *Belladonna* we have only to mention that the copious sweat and salivation caused by it is immediately *arrested* by the administration of *Belladonna* or *Atropine*.

Homœopathists have made but little use of this drug. It is used in a very empirical manner by the old school.

By consulting the symptoms in the excellent pathogenesis in *Allen's Encyclopædia* it will be seen that its symptomatology is very large and wide.

Primarily it will prove curative because homœopathic to the following symptoms:

Abnormal sweats, which occur from paresis of the vaso-motor nerves. I have had many cases of abnormal sweating which greatly taxed my skill. Some of them I have cured with *China*, *Veratrum alb.*, *Sambucus*, *Aconite*, or *Cimicifuga*. Others were relieved by *Belladonna*, or *Atropine*, or *Quinine*. *Jaborandi* in the attenuations ought to cure these cases, for in the provings it is recorded by some of the provers that it *arrested the copious and easy sweats to which they were subject*.

Flushings followed by sweats at the "change of life," should be relieved by *Jaborandi*, for they have a very close similarity to its primary action.

Salivation, when due to cold, to nervous disorder, or even mercurial poisoning, ought to come under the curative influence of this medicine in small doses.

Vomiting and diarrhœa, when due to acute gastric catarrh, should be arrested by this drug, also those intestinal affections which follow checked perspiration, or suppressed salivation during teething.

Secondarily, the *Jaborandi* may be used successfully in just the opposite conditions of the skin and mucous membranes, *provided always* that the condition has been preceded by symptoms simulating the primary effects of the drug.

It has been used successfully in some skin diseases when the skin was harsh and dry. It has cured uræmia from desquamative nephritis, whether occurring after scarlatina, or during pregnancy. It relieves chronic bronchitis and asthma, and has cured bad cases of ophthalmia. Dr. Ringer uses with success the *Jaborandi* to increase the secretion of milk. Dr. Laycock has cured by its use some cases of diabetes insipidus. There are many other disorders which may be cured or palliated by this unique medicine.

Remember, however, that if the symptoms resemble those of its primary effects, the attenuations from the 3rd to the 6th must be prescribed; while for secondary effects the lower dilutions will act efficiently.

Picric acid.

Since the publication of my *Therapeutics of New Remedies* I have used this acid a great deal, and have learned to value it as

one of our best restoratives of a wasted and worn-out nervous system.

In many cases it is far superior to *Phosphorus*, *Phos. acid*, *Nux vomica*, or *Zinc*. It has the pathogenetic power of causing (primarily) excessive congestive irritation of the cerebro-spinal nerve centres, and even the cerebrum. This primary action is soon followed by an excessive irritation with loss of sustained power. The patient or prover finds that the least mental or physical effort exhausts. This irritation and congestion and also the exhaustion is attended by pain in the occiput, cervical region, and sometimes the whole head. It differs from the bromides in causing cerebral anæmia with irritation. It is homœopathic to the brain-fag of students, school girls, and literary or business men and women.

With the 10th dilution I have cured many cases of chronic headache, generally located in, or proceeding from, the base of the brain. The characteristic symptom which guided me in the selection has been, that the slightest excitement, mental labour, or overwork, would bring on the cephalalgia.

In the treatment of certain morbid conditions of the sexual organs of both sexes it is indispensable. These conditions are—(1) over-excitement from irritation of the cerebellum; (2) impotence or weakness with irritability. The drug needs further investigation, but may be used even more with advantage.

OBITUARY.

DR. F. A. HARTMANN.

WE regret to have to record the death of Dr. F. A. Hartmann, so well known to British homœopathists during the period of his residence in Norwich. He was son of the celebrated Dr. F. Hartmann, of Leipzig, one of Hahnemann's earliest disciples and friends, and the author of many well-known works. Dr. F. A. Hartmann won many friends in England by his genial manners and excellent practical knowledge of homœopathy. We take the following notice of him from the *New Zealand Herald* of May 27th:—"At an early hour on the 21st of May Dr. Franz A. Hartmann died at his residence, Alten Road. Though he has been ailing for some time past, his death was somewhat unexpected. Dr. Hartmann was the son of Dr. F. Hartmann, of Leipzig, who was a contemporary and friend of Hahnemann, the founder of the homœopathic school of medicine. Having completed his education and obtained his degree of M.D. at the University of Leipzig, Dr. Hartmann removed to England in the year 1850, and became a resident of Norwich, and soon took a leading position there as a physician and the medical officer of the Norwich Homœopathic Hospital. But failing health and the coldness of the climate induced him to seek a more genial clime. He, therefore, left England in 1869 for Sydney, where he practised his profession for nearly two years, but, not liking the place, he came on to Auckland in 1871. Here, by his skill and courtesy, he soon obtained an excellent practice, and was much esteemed by all with whom he came into contact. He identified himself with all popular movements, and was highly esteemed by his own countrymen. He was instrumental in establishing a homœopathic dispensary here, and through its means the wants

of the poor have been cared for, and a large amount of human suffering has been alleviated. By the death of Dr. Hartmann a great loss will be sustained, as, in addition to his numerous patients, there were a large number whom he befriended with his advice and counsel, and many who were unable to pay the usual fees were treated gratuitously by the deceased gentleman. He expired at half-past two o'clock on Tuesday morning, in his 53rd year, quite conscious, and aware that his end was approaching. Mr. Whitaker and Mr. Von der Heyde were present at his death. The deceased's remains were, on May 22, consigned to their last resting place in St. Stephen's Cemetery, Judge's Bay. The hearse was followed to the grave by all the German residents in Auckland, as well as a large number of the other citizens of influence, amongst whom we noticed Mr. Whitaker, Mr. Owen Jones (Jones and Ware), Mr. Von der Heyde (Henderson and Macfarlane), Captain Nearing, and the leading members of the medical profession. The Rev. Mr. Dudley, of St. Sepulchre's, officiated at the grave-side."

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INDEX TO VOL. XXXVI.

- Abdominal pain, KOECK on, 87
Abies nigra in dyspepsia, 189
Acetic acid, toxic effects of, 324
Aethusa in vomiting, 370; —, in anæmia, 370
 Ague, *Helianthis ann.* in, 356
 Albuminuria, *calc. ars.* in, 92
Alcohol, toxic effects of, 327
 Alcoholism, chronic, 329
 ALLEN's *Encyclopædia*, 75, 313
Atum, toxic effects of, 327
 Amaurosis, *phos.* in, 93
Ammonia, toxic effects of, 324
Amyl nitrite, 296
 ANGELL's *Diseases of the Eye*, French translation of, 79
 Angina pectoris, orthodox treatment of, 138
Anilin, toxic effects of, 333
 Aphasia, MURPHY on, 79
Apis, GOULLON on, 360
 Apnoea, JOUSSET on, 183
Argentum, headache, 374
Arnica, local physiological action of, 177
Arsenic and its compounds, *app.*, 305
 Arthritis deformans, *thuja* and *caust.* in, 274; —, *rhus* in, 366
Asterias rub. in chorea, 377
 Asthma, *naphthalin* in, 94, 95
Aurum in relaxation of velum, 367; —, in syphilitic induration of tongue, 367
Aurum mur. in uterine induration, 102
 Baldness, *silic.* in, 267
Baptisia, in typhoid, 185; —, in phthisis, 190; —, in typhoid, H. SMITH on, 204
Barium compounds, toxic effects of, 326
 BAYARD's plea for pure homœopathy, 316
Bee's sting, rheumatism cured by, 275 375
Benzoate of lithia, 383
 BERRIDGE, Dr., Pathogenetic Record by, *App.* 305
 BLACK, Dr., cause of professional opposition to homœopathy, 65; —, on medical coincidences, 175
 BLAKE, Dr. E., the mucosa of the pharynx, 335
 Boston University School of Medicine, 345
 Brain affection cured by *Bellad.*, 269
 Brain and nervous system, diseases of, KERSHAW's, 317
 Breast, swelling of, *hydrastis* in, 381
Bromine, toxic effects of, 322
 BURNETT, Dr., on medical trades'-unionism, 255
Camphor, bromide of, 297
Carbo an. in scirrhus of breast, 368
Carbo veg., discussion on, 89; — in gangrene, 89; — in typhus, 89; — in hoarseness, 89; — in tympanitis, 89
Carbolic acid, toxic effects of, 334
 Carcinoma of stomach, *ars.* in, 99
Carduus Martiæ in dropsy from cirrhosis of liver, 369
 Casanova's forceps, Murphy on, 79
 Cerebro-spinal irritation, cases of, 371
 Cerebro-spinal meningitis, cases of, 363
 Cervicitis, *tart. em.* in, 194
 Chancre, indurated, *con.* in, 269
 Children's Homœopathic Hospital in Vienna, 101
Chloral hydrate, toxic effects of, 330
Chlorine, toxic effects of, 318
Chloroform, toxic effects of, 329
 Cholera, epidemic of, 367; —, KOECK on, 362
 Chorea, *ast. rub.* in, 377
 Cider in scrofula, 94
 Clergyman's sore throat, Dr. SHULHAM on, 254; —, Dr. BLAKE on, 337

- CLIFTON, Dr. A., on pseudo-hyper-trophic paralysis, 127
Coccus and *coccinella*, 184
 Coincidences, medical, Dr. BLACK on, 175
Colocynth in ovarian tumour, 202
 Comment unnecessary, 286
 Compound homœopathy, FINELLA'S, 184
 Condylomata, *cupr.* in, 367; —, *sabina* in, 367; —, *ferr. mur.* in, 367
 Condylomata, treatment of, 273
 Congress, French homœopathic, 206
 COOPER, Dr., on gastralgia, 223
 CORRIGON, Sir D., and homœopathy, 286
 Croup, *phos.* in, 368; —, tracheotomy in, 92
 CUMMINGS, Dr., on fruit diet, 81
Cundurango in scirrhus of stomach, 188
Cuprum in syphilis, 361; —in condylomata, 367
Cyclamm. in gastralgia, 101, 369
Cyclopædia of Practice of Medicine, Dr. VON ZIEMESSEN'S, 82
- DAKE on diphtheria, 77; —, *Science of Therapeutics*, 317
 Decline of homœopaths in England, by Dr. DRYSDALE, 1
 DEKEERSMÆCKER'S *Hygiene de la Vue*, 312
 Delirium tremens, by Dr. KER, 241; —, *stramon.* in, 94
 Diabetes, KOCK on, 86; —, *Uran. nitr.* in, 93; —, *Phos. ac.* in, 93; —, Carlsbad water in, 93; —, *Arsen.* in, 93
 Diarrhœa of infants, RICHARD on, 312
 Diphtheria, DAKE on, 77; —, *Merc. cyan.* in, 356; —, *Bromine* in, 90; —, *Merc. corr.* in, 93; —, *K. bich.* in, 101
 Dropsy from cirrhosis of liver, *Card. mar.* in, 369
Drosera in whooping-cough, 268
 Drug-action in relation to dose, Dr. HUGHES on, 209.
 DRYSDALE, Dr., Decline of Homœopaths in England by, 1; —, on scientific materialism and dogmatic theology, 235
 DUDGEON, Dr., case of cutaneous emphysema by, 104; —, on rational medicine, 132
 DUNHAM, Dr. C., homœopathy the science of therapeutics, 77; —, a *Silicea* cure by, 196
 DUNCAN'S *Diseases of Infants*, 316
 DURANT on *Phosphate of Lime*, 345
 Dyspepsia, *abies nigra* in, 189
 Dystochia, Dr. HALE on, 80
- Eczema, treatment of, 271
 Editorial table, our, 305
 EGGERT, *On Prolapsus Uteri*, 318
 Emphysema, cutaneous, cure of, by DUDGEON, 104
 Epidemic among children, KOCK on, 87
 Epilepsy, *ign.* in, 376
Equisetum hyemalis in paralysis of rectum, 189
Eriodyction, 386
Ether, toxicol effects of, 330
 Expectant system, 144
- Fluxion-potencies, SWAN'S, 189
 Fruit diet, Dr. CUMMINGS on, 81
- GAILLIARD and CROCC, controversy between, 358
 Gangrene cured by *arz.* and *lechea*, 359
 Gastralgia, Dr. COOPER on, 223; —, *anacardium* in, 160; —, *cyclam.* in, 101, 369; —, *arg. nit.* in, 102
 Gastritis, cases of, 96, 97
 Gastromalaria, *iod.* in, 366
 Glaucoma, PAYR on, 83
Glonoin, toxicol effects of, 334
 Granvogel's buds and leaves, 93
Grindelia, 384
 GRURNSEY'S obstetrics, 314
 Gunshot wounds, orthodox treatment of, 140
- Hæmoptysis, *ledum* in, 267
 HAHNEMANN'S dosage, Dr. HUGHES on, 113; —, life in Coethen, 259; —, *Mat. Med.*, by Leon Simon, 308; —, cause of his removal to Coethen, 379; —, Madame, death of, 300
 HALE, Dr. E., on Dystochia, 80; —, *On Diseases of the Heart*, Spanish translation of, 312; —, notes on some of the newest remedies, 295, 383
Hamamelis, eczema caused by, 375
 HARTMANN, Dr. F. A., death of, 390
 HART'S *Repertory to the New Remedies*, 181
 HAYWARD, Dr., on *Thuja*, 109
 Headache, *arg.* in, 376
Hilanthus annuus in ague, 356
 HERRING on nosodes, 188
 Herpes, *Thuja* in, 267
 Homœopaths, Dr. DRYSDALE on the Decline of, in England, 1
 Homœopathy, Dr. BLACK on the causes of professional opposition to, 65

- Homœopathy the Science of Therapeutics*, Dr. C. DUNHAM, 77
 Homœopathy and sectarianism, Dr. ROSS on, 292
 Homœopathy, pure, BAYARD'S plea for, 316
 Hooping-cough, *naphthalin* in, 102; —, *dros.* in, 268; —, *kal. chlor.* in, 366; —, *cochineal* in, 366; —, *lact. vir.* in, 378
 Hospitals, homœopathic, in Germany, 368
 HUGHES, Dr., on HAHNEMANN'S dosage, 113; —, on drug actions in relation to dose, 209; —, *Manual of Therapeutics*, by, 346
Hydrofluoric acid, toxic effect of, 324
 Hydrophobia, *curare* in, 90; —, fatal case of, 183
Hyoscyamine, GILL on, 150
 Hyperæsthesia ventriculi hysterica, *ars.* in, 93

 Icterus, *coloc.* and *chelid.* in, 92
Ignatia in apoplexy, 376
Infants, Diseases of, DUNCAN'S, 316
Iodiform in sphaclous chancre, 367
Iodine, toxic effects of, 319; —, discussion on, 365; —, in gastromalacia, 366
Iris vers., CLAUDE on, 193

Jaborandi, 387
 JOUSSET'S *Leçons de Clinique Médicale*, 73; — *Elements de Médecine pratique*, 73

Kal. chlorat. in stomatitis, 366
 KER, Dr., on delirium tremens, 241
 KERSHAW'S *Diseases of Brain and Nervous System*, 317
 KIDD, Dr., *Laws of Therapeutics*, The, by, 305
 KOCKE, cases by, 362
Kreasote in cauliflower tumour of uterus, 383

Lachesis, obstruction of œsophagus cured by, 376.
Laws of Therapeutics, by Dr. KIDD, 305
 Legs, swelling of, 362
Lime, phosphate of, DUSART on, 345
 Lipoma, *hydrarg. aurat.* in, 368
 London School of Homœopathy, 278
 Lupus exedens, *kal. sulphur.* in, 265; —, *aur. mur.* in, 265

 MATTEI'S medicines, 185
 Menière's disease, *salicylic acid* in, 189
Merc. cyan., diphtheric symptoms of, 202
 Metallo-homœopathy, 295
 Metallo-therapy, JOUSSET on, 353
 MÜLLER, Dr. Cl., death of, 111
 MURPHY, Dr., on yellow fever, 79; —, on CASANOVA'S forceps, 79; —, on spinal affections, 79; —, on aphasia, 79
 Myopia, *physostig.* in, 189

Naja, Dr. HAYWARD on, 109
 Nettle-rash, *petrol.* in, 161
 Neuralgia, *magn. phos.* in, 371; —, *spig.* in, 379; —, *caust.* in, 377; —, *phytolacca* in, 381
 New York, Homœopathic Hospital of, 345
Nickel, bromide of, 293
Nitre, toxic effects of, 326
Nitro-benzoin, toxic effects of, 332
Nitrous oxide, toxic effects of, 331
 Nosodes, HERING on, 181

 Obstetrics, RICHARDSON'S, 80; GUERNSEY'S, 314
 OLLIVIER on homœopathy, 146
 Onychia, *caust.* in, 260
 Ophthalmia strumosa, DEKERSMAECKER on, 180
Organon, first edition of, 8
Organon, The, new homœopathic periodical, 179
Oxalic acid, toxic effects of, 324
 Oxaluria, COOPER on, 229

 PANELLI on *Typhoid Fever*, translated by SHIPMAN, 313
 Paralysis, pseudo-hypertrophic, *phos.* in, Dr. A. CLIFTON on, 127
 Paralysis of rectum, *equis.* in, 189
 PAYR on glaucoma, 83
 Pemphigus neonatorum, *ran. bulb.* in, 264
 Perityphlitis, *merc.* and *bell.* in, 264
 Pharynx, the mucosa of, Dr. BLAKE, 335
Phosphorus in amaurosis, 93; —, in purpura hæmorrhagica, 361
 Phthisis, *baptisia* in, 190
Physostigma in myopia, 189
Picric acid, 388
Platina in uterine disease, 102
 Pneumonia, Dr. HUGHES on, 347; —, croupous, *iod.* and *brom.* in, 94, 98
 Poisons, effects of, 318
Potassium salts, toxic effects of, 326

Prosopalgia, *spig.* in, 264
 Pruritus senilis, *mezer.* in, 93
 —, Turkish baths in, 165
Prussic acid, toxic effects of, 331
Purpura hæmorrhagica, *phosph.* in, 361

RABAGLIATI on homœopathy, 70
 Rational medicine, Dr. Dudgeon on, 132
 Rattlesnake bite, *iod.* in, 295
 Religio medici, 231
 Rheumatism, *iodine* in, 90; —, *digitalin*
 in, 90; —, *ferrum phos.* in, 90; —,
 cured by bee's sting, 275, 375; —,
salicylate of soda in, 356, 377, 378
 RICHALD'S *Infantile Diarrhœa*, 312
 RICHARDSON'S *Obstetrics*, 80
 RUDDOCK'S *Diseases of Infants*, 258;
Lady's Manual, 258

Salicylate of soda in rheumatism, 356
Salicylic acid, GOULLON on, 100; —,
 in sciatica, 103
Sanguinaria, sick headache, 186; —,
 headache, 187
 Sciatica, *salicylic acid* in, 103
 Scirrhus of heart, *carb. an.* in, 368
 Scrofulosis, *stillingia* in, 193
 Sewage poisoning, effects on the throat,
 Dr. BLAKE on, 341
 SHULDHAM, Dr., on clergyman's sore
 throat, 254
Silicea, cure, a, by Dr. Dunham, 196
 SIMON, Dr. LEON, translation of Hah-
 nemann's *Materia Medica*, by, 308
Solaneæ, toxic and physiological effects
 of the, 343
 Spinal affections, MURPHY on, 79
Stillingia in scrofulosis, 193
 Stomatitis, *kal. chlor.* in, 366
Sulphurous acid, toxic effects of, 324

Syphilis, subcutaneous injections of *merc.*
bicyan in, 269; —, discussion on, 367
 —, *merc. cor.* in, 367; —, *cuprum* in,
 367

Tart. em. in cervicitis, 194
 TESSIER'S homœopathic treatment in
 the St. Margaret's Hospital, 85
Therapeutics, Science of, DAKES, 317;
 —, HUGHES, *Manual of*, 346
Thuja in varioloids, 364
 Throat, syphilitic ulceration of, *nit. ac.*
 in, 367
 Tongue, syphilitic induration of, *aurum*
 in, 367
 Trades-unionism, Dr. BURNETT on,
 255
Turpentine, ozonized for African fevers,
 202
 Typhoid, *baptisia* in, 185, 204
 Typhoid fever, PANELLI on, translated
 by SHIPMAN, 313

Ulcer, sloughing, *ars.* in, 380
 Uræmia with mania, case of, 266
 Uteri, prolapsus, EGGERT on, 318
 Uterus, cauliflower tumour of, *Kreos.* in,
 383
 Uterus, induration of, *aur. mur.* in, 102

Varioloids, *thuja* in, 364
Viscum album, curious symptom of, 271
 Vomiting, *æthus.* in, 370; —, *arsen.*
hydrarg. in, 371

WHATELY, Archbp., treatment of, 287

Yellow fever, MURPHY on, 79

Ziemssen's *Cyclopædia*, 82
Zinc, bromide of, 299

had been ill several times before, and complained of pains in stomach and sickness for one and a half years. She was in the greatest pain till she became insensible and died.

Post-mortem.—Body and eyes greenish-yellow. Nails very green; countenance particularly anxious. Stomach much inflamed with bunches of gangrenous ulceration. Inflammation of mucous membrane of bronchial tubes.

Mr. Paul had had other cases of a similar character, eruptions on neck and face being the usual appearances. Another girl had died under the same circumstances, and was sent to the hospital, where she was treated for fever.

249. *Medical Times*, 1845, vol. xii, p. 123.

Translation from Frantz. Apoiger in Buchner's *Repertorium*.

Experiments with *Arsenic* and blood. A dog had three grains of *Arsenious Acid* in milk after fasting eighteen hours, and in fifteen minutes eighteen ounces of blood. Considerable sweat and trembling all over body ensued, then thirst, dejection, and tendency to vomit. At 7 p.m. it seemed well; neither vomiting, stool, or urine occurred during the night.

On the third day it had six grains in broth, after fasting twelve hours, and within ten minutes twelve ounces of blood were given. It drank a great deal of water, and had sweat, exhaustion, and trembling. In the evening it was quite lively.

On fifth day it had nine grains in milk, and in a few minutes nine ounces of blood. The symptoms were the same, and a pterygium of right eye exhibited itself, and disappeared by next day.

On seventh day it had twelve grains in broth, and eight ounces of blood. The sweat was now so great that it appeared as if it had been bathed; great thirst. It howled constantly with a hoarse voice, and evacuated fæces and urine, which it had not done in the former experiment.

On ninth day it had eighteen grains and six ounces of blood. There was great thirst, restlessness, convulsions, and complete prostration. By 11 p.m. the symptoms had almost disappeared; after some days it was almost well, with the exception of hoarseness in barking.

The dog was now killed. The venous blood was gelatinous, the arterial coagulated and not quite red; liver very hard and

fragile; lungs inflated and covered with bluish spots in some places, scarcely containing any blood. Blood in heart gelatinous and black, especially in right ventricle. Stomach thrown into deep folds, much inflamed externally. Duodenum, ileum, and colon, inflamed.

250. *Medical Times*, 1846, vol. iv, p. 228.

Linoli's cases, abridged from *Annali Universali de Medicina*.

A man took *Arsenic* in food. He had scarcely finished when he experienced a general feeling of lassitude and nausea, and after a time such a weakness in legs that he with difficulty got into bed. The symptoms increased. His stomach seemed to jump, and severe pain with vomiting ensued. The matter vomited was fluid, apparently the water he had drank, and it relieved him. The pains soon returned, however, and were very acute over the whole belly. He attempted to rise, but was unable to stand in consequence of vertigo and the weakness he felt in his legs. He drank olive oil, and vomited with relief; he repeated the oil, and again vomited, and after this had stools. These discharges weakened him so much that he felt himself fainting; he ate two eggs, which relieved him. He could not get into bed again, his knees trembled, and his weakness was extreme. In a short time his pains returned; he ate two eggs, and felt relieved. The night passed thus, and in morning he was able to go to bed. Another man and his three children ate some of the food. They had the same symptoms. The weakness in both men was relieved by white wine.

251. *Medical Times*, 1848, vol. xix, p. 56.

Poisoning by *Arsenic* with *Laudanum* [omitted as doubtful, the symptoms being much mixed.—E. W. B.]

252. *Half-Yearly Abstract of Medical Sciences*, 1847, vol. v, pp. 335—7.

Houghton's and Letheby's cases, quoted, see above.

Another case at King's College Hospital, referred to:—A child took some *Fly water*, and after the complete evacuation of stomach with temporary relief, fatal coma ensued.

253. *Half-Yearly Abstract of Medical Sciences*, 1869, vol. xlix,

p. 118; 1859, vol. xxix, p. 16; 1846, vol. iii, p. 329; 1845, vol. ii, p. 413; 1860, vol. xxxi, p. 15; 1865, vol. xlii, p. 137; 1861, vol. xxxiii, p. 14.

Cases by Graham, Fry, Taylor, May, McKerlie, Heisch, Roscoe, Mitchell, and from *Westmoreland Gazette*, quoted; see above and below.

254. *Medical Circular*, 1855, vol. vii, p. 112; 1857, vol. x, p. 87; 1857, vol. xi, p. 63; 1859, vol. xiv, pp. 3, 112; 1860, vol. xvi, p. 407.

Cases by Taylor, Heisch, Rose, Hind, Godfrey, and Wooler, quoted; see above and below.

255. *Medical Circular*, 1859, vol. xiv, p. 254.

Harles experimented on healthy men with $\frac{1}{2}$ th to $\frac{1}{4}$ grain of *Arsenious Acid*. The effects were: increased contractility of intestine and stomach; increased peristaltic action of intestines; similar excitement, but less marked, of muscles of extremities; at the same time slight sense of constriction in throat. Pulse became more full and frequent, but sank again, and only beat with greater force and frequency when the dose was increased. In this way can be produced in healthy persons attacks of remittent fever, though not such rigors as those of true fever, but only flushing heats disappearing and returning, and chiefly felt in præcordial region and forehead. Such accessions terminate sometimes in partial or general sweats, and at other times merely in a moist state of skin. This *Arsenical* fever never acquires any regular type. It is rare for the excitation to be carried to this degree; and there is more usually an increase, more or less considerable, of the heat of the body, which seems to have its source in the stomach and præcordial region, whence it passes to the rest of the body, but is especially felt in forehead and eyebrows. To produce these effects a rather strong dose is required. Among the symptoms is also simple ardor in œsophagus extending to stomach, but seldom painful when the dose is not considerable. The increase of appetite is remarkable, and is almost always observed when the dose is weak. A strong dose produces opposite effects, such as diminution and even complete loss of appetite, nausea and vomiting. The thirst is more excessive in proportion as the quantity of *Arsenic* taken is greater; the stools are more

frequent and less consistent, but this seldom, if ever, becomes changed into true diarrhœa, and more rarely still into dysentery. Urine is more abundant and more frequent. This increased secretion of urine alternates with the cutaneous transpiration, and is the more considerable the drier the skin is. There is also remarkable watchfulness, intellectual excitation, with great muscular activity and aptitude for walking; the breathing becomes more facile, and is accompanied with a certain feeling of comfort.

Arsenic eaters, if they leave off the habit, suffer symptoms similar to those of chronic *Arsenical* poisoning:—anxiety for their persons, indifference about every one around them, derangement of the digestive functions, accompanied especially with anorexia, sense of fulness of stomach, slimy vomiting with ptyalism in the morning, pyrosis, spasmodic constriction of pharynx, griping, constipation, and above all, difficult breathing. For these symptoms the only efficacious treatment is a return to the *Arsenic*. An *Arsenic* eater, æt. 63, had taken large doses from the age of twenty-nine, without experiencing anything beyond some alteration and roughness of voice. Masselot and Trousseau have remarked that in themselves *Arsenic* produced unwonted vigor in the legs, and great aptitude for walking.

Dr. Gouffia himself took, from beginning of November, 1856, to the following June, the *Arseniate of Soda*, a single dose taken at a time, at intervals of two days, beginning with 5 milligrammes, and increasing the dose gradually to 4 centigrammes. During the whole time the appetite was excessive, and the *embonpoint*, very apparent; its discontinuance was quickly followed by considerable emaciation. Five centigrammes of *Arsenious Acid* taken at supper caused nausea and headache the following morning, with slight diarrhœa, all of which disappeared in the course of the day.

256. *Medical Circular*, 1858, vol. xii, p. 35.

Dr. A. Halley's remarks on the effects of *Arsenical* paper on himself, copied from the *Times*. In a few days there were constant headache, dryness of throat and tongue, with internal irritation. After three weeks he became completely prostrated, almost losing the use of the left side. These symptoms always came on from the use of the *Arsenical* room, but from none other.

257. *Medical Circular*, 1858, vol. xiii, p. 86.

By W. Nix.

Mrs. B— took *Arsenic*; she recovered; but was much debilitated and exhausted.

258. *Provincial Medical and Surgical Journal*, 1840, vol. i, p. 155.

By Dr. John Rayner.

Post-mortem appearances in some cases of poisoning by *Arsenic*.

(1.) Mary Ann S—, *æt.* 4. Anterior edge of each lung of a vermilion hue; posterior edge of both much congested; heart empty and healthy. Convex surface of liver bright red. In intestinal canal, when cut open, there appeared patches of inflammatory redness here and there, more especially in duodenum and upper part of jejunum; none in colon or rectum. Stomach had marks of excessive inflammation on its entire internal surface; at the greater curvature there was an *appearance* of a slough about one and a half inch in length, and half an inch in breadth. This portion of stomach was remarkably thickened. Also the appearance of another slough at pylorus, about the size of a shilling, and several smaller ones near it about half the size of peas. Gullet highly inflamed. These *appearances* of sloughs were removed by macerating in water for a few days when the lymph that was here thrown out, giving this appearance, separated, together with a clot of blood, leaving the stomach entire beneath, and of a deep red colour. Considerable arachnitis.

(2.) Elizabeth S—, *æt.* 6 months.

Post-mortem after twenty-three days. Posterior surface of heart, particularly left side, highly inflamed. External surface of stomach dark red, especially at left extremity, where it was much softened and tore with the least touch; smaller curvature was of same colour but not softened; on opening it lining membrane was found inflamed throughout, covered with a brown viscid-mucus. Upper part of duodenum highly inflamed; lining membrane of jejunum at its upper half inflamed and ulcerated, and in some places so soft as to be easily torn. One of the ulcerations was of the size of a shilling, and had perforated the bowel; another near larger bowel was the size of a fourpenny

piece. At commencement of large bowel, marks of excessive inflammation. That part of liver lying over small curvature of stomach and a portion of its under surface (lobulus spigelii) were inflamed.

(3.) Catherine S—, æt. 2 years 4 months.

Post-mortem after 103 days. Whole interior of stomach had a reddened appearance; its left side thickened and corrugated; its right side much inflamed. Duodenum and jejunum red. Ileo-cæcal valve inflamed; descending colon of a rosy hue. Heart redder than natural.

259. *London Medical Gazette*, 1832, vol. x, p. 115.

By Dr. Robert Venables.

A fowl looked rather dull and "mopy" about 2 p.m. Next morning four fowls were dead and stiff. Where they had roosted was unusually soiled by the excrements.

Post-mortem.—Intestines presented patches of morbid vascularity of greater or less extent; the colour of patches varied much, in some being scarlet or crimson, and in others a deep purple. Intestines in many places stiff, rigid, and hardened in their structure. Crop was full of food, and in some of them perforated. Gizzards looked unnaturally red and vascular throughout their substance, the colour varying from a darkish crimson to purple; there was also a gelatinous bag in gizzard; in some the contents were perfectly fluid, yellow, faintly tinged with green; in others it was a complete gelatinous mass, of the same colour and general appearance as the fluid with the exception of consistence. This existed in each of the four fowls. Lungs dark, grumous looking, and evidently turgid and congested in their parenchyma; while the vascularity of pleural membrane, both costal and pulmonary, presented more of the inflammatory character. Brain was more vascular than usual (doubtful); trachea unnaturally vascular; œsophagus, both externally and internally, presented patches similar in character to those seen in intestines. Pleura pulmonalis was bright red or crimson, and the appearance of genuine inflammation much more strongly marked than in any other part. Anus much excoriated, as in cases of acrid stools. *Arsenic* was detected in the fowls.

260. *London and Edinburgh Monthly Journal of Medical*

Science, 1843, vol. iii, p. 363; 1841, vol. i, p. 907; 1842, vol. ii, pp. 617, 1074.

Cases by Errard, Beck, O'Reilly, and Hilton, quoted; see above and below.

261. *London and Edinburgh Journal of Medical Science*, vol. iv, 1844, p. 149.

Extracts from the trial of Mrs. Gilmour for poisoning her husband, 1844.

Arsenic was found in the body.

Symptoms given by the witnesses were vomiting; face and eyes swelled; watering of eyes from vomiting. Pain in one side. Retching. Swelled about the chest [? stomach, E. W. B.]. Pain in stomach [? abdomen, E. W. B.]. Constant thirst. A severe fit an hour or so before death. Wandered a good deal, sometimes speaking loud, sometimes low. Vomited green and yellow substance like bile. Pain in right side. [The above is from the evidence of non-medical witnesses, E. W. B.]. Dr. McLaws said he had pain in side, fever, and thirst. Dr. McKechnie said the pulse was 110 to 112 the first day; had pain in upper part of abdomen and in the throat. He was in a very low state. He was disinclined to answer questions, but answered correctly. Was not comatose, but sluggish and drowsy.

Post-mortem after eleven days. A blush all over external surface of intestines. At a part where ileum was in contact with colon there was more of redness than elsewhere, and at that place there was an effusion of lymph, which limited the two surfaces by adhesions. On inferior aspect of left side of transverse arch of colon, and on upper surface of that part of ileum next to it, there were bright yellow stains in large spots and streaks along these bowels; these stains and streaks were particularly large and bright also on right half of large curvature of colon, where they are included within the cavity of the Winslow [sic in report, E. W. B.]. Great end of stomach very red, but in some places bright yellow. Upper surface of liver dark, excepting at edge of right lobe, where it had the usual appearance; its under surface was yellower than usual. Internal surface of œsophagus very red. In stomach were extensive bright yellow patches and streaks on anterior side of great arch, and stretching towards pylorus. Posterior or dorsal side very

red, and its substance thickened; indeed, the whole of its internal surface was either red or yellow, the latter colour resembling orpiment. Duodenum red, internally and externally. Valvular folds of inner coats of upper half of jejunum enlarged and reddened. The rest of the jejunum and ileum red, both externally and internally, in many places; and throughout the whole alimentary canal the redness, internally and externally, corresponded in locality. Small intestines contained a red, jelly-like, mucous matter in all those places where their internal coat was red. Ascending and transverse part of colon red and thickened. A yellow patch on left side of arch and top of descending colon. Rectum thickened and very red internally. Stomach contained about one ounce and a half of reddish fluid; intestines contained a similar but thicker fluid.

262. *London Medical Gazette*, 1834, vol. xiv, p. 62.

By Dr. John K. Booth.

Mrs. —, æt. 24, was admitted at 7.30 p.m., having taken half an ounce of *Arsenic* about two hours previously. She had taken an emetic about an hour after the poison, which brought away a large quantity of fluid, with particles of *Arsenic*.

Present symptoms—Pallid face, extremities cold, eyes suffused, pupils somewhat dilated, but sensitive to light; speaks now and then with effort, but appears insensible. Pulse 90, and very compressible. Refused to swallow mucilaginous drinks, so stomach-pump was used, and strained, filled, and emptied six or seven times with soap and water and a little *Carbonate of Soda*. A mixture of *Castor oil* and *Olive oil* was then injected, but symptoms of collapse had already come on, pulse became very weak, pupils contracted and fixed, surface cold, and she had violent purging. She died at midnight.

Post-mortem in sixteen hours. Vessels of brain gorged with dark blood. Slight subarachnoid serous effusion, but ventricles empty. Brain substance firm; cerebellum firmer than usual. Lungs congested sufficiently to have completely impeded respiration. Heart not particularly loaded, cavities of right side nearly empty. Œsophagus downwards, to within half an inch of cardiac orifice, inflamed. Whole internal surface of stomach of an intense scarlet colour, and mucous membrane constricted into rugæ, to which some of the *Arsenic*, enveloped in a viscid, tenacious

mucus, adhered in two places. The inflammation of stomach terminated at entrance of œsophagus by a well-defined limit. Numerous dark spots and small dark streaks were universally sprinkled over internal surface, but particularly at cardiac extremity of stomach. Redness and increased vascularity of jejunum, duodenum, and ileum. Colon exceedingly constricted, barely admitting passage of finger. Solitary glands more prominent than usual, and pale. Veins on inner surface of cæcum and commencement of colon had a very beautiful arborescent appearance from congestion; and this was still more conspicuous on mucous membrane of bladder. Kidneys darker than usual. Vessels of liver turgid, and its size rather large.

263. *London Medical Gazette*, vol. xiv, p. 712.

By Joseph Houlton.

In two cases of poisoning by *Arsenic* colon was contracted throughout its whole extent. In one of the cases (a child two years old) the only morbid appearances in stomach were two small, bright red spots on mucous membrane near fundus. In the other case, where a large quantity, perhaps an ounce, was taken, there were about four ounces of viscid, bloody mucus in stomach with nearly one drachm of *White Arsenic*; that part of mucous membrane in contact with the fluid being deep red, the rest of its natural hue, the line of demarcation being most strikingly apparent.

264. *London Medical Gazette*, 1835, vol. xv, p. 220.

By Mr. R. H. Brett.

(1.) Two grains and a half of *Arsenious Acid* were given to a rabbit of moderate size at 9.20 a.m. At 10.30 p.m. it seemed well; but was found dead next day at 8 a.m. The whole venous system, and external jugular veins in particular, gorged with semi-coagulated blood. Stomach distended with food, and almost the whole of internal surface, particularly about cardiac end, of a vivid red colour, with an abundant secretion of mucus of a somewhat firm consistence. The mucous membrane in several places exhibited a dotted appearance, apparently from extravasation of blood into sub-mucous cellular tissue, and readily peeled off.

(2.) Rather less than two grains were given to a small rabbit,

and three or four minutes afterwards eight or ten grains of the *Hydrated Oxide of Iron*. It died in less than three hours, remaining throughout in a torpid state, but not apparently suffering from pain. Heart and venous system were found gorged with fluid blood. Considerable quantity of mucus covering lining membrane of stomach.

(3.) Five grains of *Arsenite of Iron* were given to a full-grown rabbit at 10 a.m. At 6 p.m. it became inactive and refused food. It continued in this state for two hours, when it made violent muscular exertions, and was evidently gasping for breath, while it occasionally uttered a loud tracheal rattle. It died in a very short time. Larynx and trachea, as far as bifurcation of latter, much inflamed; lining membrane covered with a considerable quantity of mucus. Right lung morbidly red and less crepitant than natural; venous system gorged with coagulated blood; mucous membrane covered with a layer of mucus, so solid as to adhere and peel off in part with contents of stomach. Stomach much inflamed, especially about cardiac end, at which part some extravasation of blood had taken place beneath mucous membrane.

(4.) Six grains of *Arsenite of Iron*, mixed with about the same quantity of free *Oxide*, were given to a full-grown rabbit late in evening. It was found dead next morning. Venous system was found gorged with coagulated blood; stomach lined with mucus, as in last experiment. Cardiac end of stomach much inflamed; also patches of extravasated blood.

265. *London Medical Gazette*, vol. xv, p. 447.

Orfila's account of Lesueur's experiments, read before the the *Académie de Médecine*, referred to (see original).

266. *London Medical Gazette*, vol. xv, p. 828.

By Mr. P. H. Holland.

A woman, between 30 and 40, was taken ill at midnight; on the arrival of the doctor was found dead. Symptoms were vague. At 6.30 p.m. she was slightly sick and faint, and continued so till midnight. Did not speak except to give directions as to where she wished to be taken. On her arrival at the house she was unable to walk unassisted. She sat down on a chair, and the people of the house thought she was intoxicated.

Very shortly afterwards she was seriously ill, became very faint, looked cold, and the skin became blue; her eyes fixed. She slipped off her chair, but did not fall to the ground. A little after 1 a.m. she was found dead, in a semi-reclined posture, her head resting on the table.

Post-mortem after thirty-one hours. Body remained very sensibly warm fifteen hours after death. Countenance placid but sunken, and very slightly contracted. Abdomen sunken; slight lividity where the dress had pressed; and decided blueness of the fingers and nails. Intestines externally and peritoneum more vascular than usual. Colon contracted to size of finger through its whole length, except near cæcum. In stomach the vessels were injected externally. Mucous surface of pyloric half intense purple-red, darker than raw meat, and softened. Stomach contained about two or three ounces of bloody mucus, with numerous grey, yellowish, gritty particles. Mucous surface of duodenum soft, mottled, and corrugated. Throughout the first third of small intestines were patches of inflammation of about an inch in diameter, but in only a few instances were there any of the grey particles *on* the spot, though in all some were found close by. Heum was free from these patches, except about three feet from cæcum, where the whole mucous surface for some inches was congested, softened, and nearly destroyed. Bladder empty. Lungs gorged with purple blood, most so behind. Veins and sinuses of dura mater distended with blood; arachnoidal vessels injected. On cutting through medullary substance spots of blood appeared. *Arsenic* was found in the body, ten or twelve grains being in the stomach alone.

267. *Provincial Medical and Surgical Journal*, 1842, vol. iii, p. 21.

From Dr. Houston's Catalogue.

Wednesday, at 9 o'clock, a man swallowed $\frac{1}{2}$ ounce of *Laudanum* and three drachms of solution of *Arsenic*. Soon had strong tendency to sleep, flushing of the face, and gastric pain, increased on pressure; pulse variable and weak; total loss of voice.

Thursday morning, nausea, constant inclination to vomit; vomiting of mucous matter streaked with blood, pain in stomach with heat and burning sensation, thirst, colic pains, constriction

about œsophagus, spasms of gastrocnemii; severe diarrhœa, mucous and bloody discharges, tenesmus, and finally true dysentery; urine scanty, and the act of urination painful; abdomen retracted; little or no sleep; pulse 88. Was treated for gastro-enteritis.

Friday morning, pale; had slept but little, and was roused by horrid dreams; debility and excessive irritability of stomach; evidence of great inflammation of rectum, constant disposition to go to stool, great pain and tenesmus, protrusion of mucous membrane of rectum, and bloody discharges.

Saturday, the same symptoms; hiccough, vomiting, and constant tenesmus; pulse weaker, but mind collected.

Monday, in addition to former symptoms, fits of dyspnœa and syncope; black circle round eyes; pulse 123; crepitus of emphysema felt in right and left side of neck, and beneath both clavicles. His pains were most excruciating, and the calls to stool urgent and incessant; suffered severely from hiccough and prolapsus of rectum. Felt dying from pain and exhaustion; his flesh had wasted rapidly; pulse 140 and weak; rigor and chilliness; abdomen strongly retracted. Died.

268. *Provincial Medical and Surgical Journal*, 1842, vol. iii, p. 269.

By Jonathan Toogood.

W. R—, æt. 17, swallowed two drachms of *Arsenic* at 9 p.m., on June 2nd. In about fifteen minutes six grains of *Tartar emetic* were given, and quickly repeated. Vomiting was soon excited, and kept up by draughts of warm water. Nothing was retained on stomach during night, and he complained of constant and severe pains in stomach and bowels. He passed the night without rest, and next morning complained still of great pain in stomach and bowels, was very hot, with frequent pulse and flushed countenance. He was copiously bled, and bowels were relieved by injections, but nothing could be retained on stomach until the evening after the application of a *Blister*. *Efferveſcing mixtures* with *Opium* were then kept with difficulty, but not till the 4th was his recovery certain.

269. *Provincial Medical and Surgical Journal*, 1842, vol. iii, p. 489.

By Dr. Richard Chambers.

A boy, *æt.* 4, took five grains of *White Arsenic* on bread and butter in the morning of March 12th. In ten minutes, took *Oxide of Iron* with sugar, *Theriaca*, and water. No symptoms till about 10 a.m., when he had slight griping pains in bowels, and was rather thirsty.

March 13th, 9 a.m.—Felt rather languid.

15th.—Well.

270. *Provincial Medical and Surgical Journal*, 1842, vol. iii, p. 505.

By Mr. Henry Ewen.

(1.) Thomas J—, *æt.* 46, was suddenly taken ill October 8th, about an hour after dinner, with a sense of oppression at chest, faintness, pain in stomach followed by vomiting. When I saw him he was in bed, but felt much easier and relieved by the vomiting; there was, however, a remarkable degree of nervous depression about him, and an unusually slow pulse of 48. Next morning was so much better that he required no more visiting.

On November 8th he was taken in the same way, and two lodgers, Harvey B— and George W—, were taken very ill.

On arriving at the house between 1 a.m. and 2 a.m. November 9th, found J— dead. Besides incessant vomiting and agonising pain in stomach and bowels, shortly before death he was much purged and passed some blood by stool, and was somewhat convulsed, falling out of bed and lying on the floor. The two lodgers were taken between 8 and 9 p.m. with sickness, followed by copious spontaneous vomiting, griping pains in stomach and bowels, headache, high febrile excitement, and full bounding pulse; recovered in a fortnight.

A girl, *æt.* 17, said she had eaten some of the pudding which deceased ate before his first attack, and that it made her sick and ill, and affected her head.

Post mortem on J—, November 10th.—Fingers all permanently flexed, and hands somewhat livid. Blood in great vessels fluid. Stomach contained about a pint of bloody fluid; mucous membrane generally was intensely red, and about greater and lesser curvature appeared mottled from extravasation of blood beneath it; mucous membrane of duodenum slightly injected. *Arsenic*

was detected in body, and also in the pot liquor in which the food had been boiled.

271. *Provincial Medical and Surgical Journal*, 1844, vol. vii, p. 127.

By Mr. R. Jones.

Miss B— took for chronic psoriasis the *Liquor Arsenicalis*. It relieved for a time, but the disease returned in an aggravated form. She then resumed the remedy in five-drop doses, gradually increasing to fifteen drops, three times a day. She took it this second time for a month with no benefit to the disease, but with the following result:—For last six weeks subject to an obstinate diarrhœa, and has now the following symptoms:—Frequent griping pains in bowels, with almost constant desire for stool; considerable tenderness over whole abdomen, which is distended; constant pain and nausea after food, and frequent vomiting of all ingesta; skin cool and dry; intense thirst; tongue clean and red, like raw beef; pulse 100 small and feeble; sense of constriction of throat and copious flow of saliva; some gastric cough, and frequent raking of throat and fauces, of a muco-purulent secretion mixed with specks of blood. Much pain and tenderness down spine, and frequent muscular tremors; crampy feeling of lower extremities, with partial loss of motion and sensation; they are much swollen, livid in places, and showing a tendency to slough; great emaciation; unable to sleep, owing in some measure to frequent stools, which are white, watery, and frothy; urine scanty, high coloured, and passed with an effort; menses absent. After her worst symptoms ceased there was still great prostration, and feeling of numbness in lower extremities.

272. *Lancet*, 1864, vol. i, p. 408.

By Dr. W. Colles.

An ointment of *Arsenious Acid* and cerate applied to skin of a leprous patient produced a crop of pustules very similar to, but smaller than, those produced by *Tartar Emetic* ointment, and the part became slightly softened. Twice or thrice during the treatment he complained of a burning pain in stomach. In another case the ointment caused slight inflammation of conjunctivæ and pain in stomach.

273. *Lancet*, 1872, vol. ii, p. 495.

Abridgment of Ritter's paper in a late number of *Revue des Cours Scientifiques*.

The compounds of *Arsenic* diminish urea and the total quantity of nitrogen; there is an increase of uric acid, but the urine is alkaline. Larger doses cause disintegration of the globules and the formation of hæmoglobin crystals. The urine then contains albumen, colouring matter, bile, &c. If less doses are given an increase of fat and of cholesterine is found in blood and throughout system.

274. *Boston Medical and Surgical Journal*, 1838, vol. xviii, p. 78.

By Dr. B. L. Cotting.

A man, æt. 22, took two ounces of *Arsenic* in water at 9.15 a.m. At 11.30 a.m. I found him sitting on a bed upon the floor, taking no notice of things about him, sullen, and unwilling to ask questions. A few moments before had had urgent vomiting. Eyes a little suffused, with slight lividity of inner portion of under lids. Countenance unmoved and sullen; skin moist; pulse slightly accelerated, small, and feeble. Refused to take anything, saying that he was determined to die. Soon vomited several times freely, and in mean time had a copious natural stool, at first formed, and afterwards liquid. While at stool he vomited about two ounces of porridge-like matter tinged yellow with bile. He was now compelled to take some eggs and a drachm of *Sulphuret of Potass* in a pint of water. Most of this was soon vomited.

3 p.m.—Vomiting frequent since last visit, in quantity about a pint, nearly a quarter of which was fæcal matter. Has had two liquid stools. Hands cold and fingers somewhat shrivelled. Pulse 112, exceedingly small and compressible. Abdomen lank and flaccid; no tenderness admitted. Occasional grunting. Feels "rather cool." Pupil rather dilated. Occasional hiccup.

8 p.m.—Somewhat thirsty; desires cold water. Skin dry. Hands cold and shrivelled. Pulse 120 (was 140 in afternoon), very languid, compressible, and "flabby." Tongue somewhat furred, whitish; some dryness of throat and fauces. Some tenderness in epigastrium. Says he has no pain, but feels badly and cannot describe his sensations. Hiccup frequent. Apply

sinapisms to epigastrium and feet, and take every hour *Brandy*, *Laudanum*, and water.

11 p.m.—Much worse. Some jactitation. Sensations very distressing, in paroxysms. Hands, feet, pulse, and skin as before. Throat very dry and burning. Constant hiccup. Nausea occasionally distressing. Calls continually for cold water. Abdomen rather fuller than in afternoon, but by no means distended; more tenderness on pressure than before, chiefly in epigastrium. On examination no organ could be distinguished, and stomach could not be defined. Died between 3 and 4 a.m. Is reported to have had many “distressed turns,” with faintness and pain, in one of which he died. Towards the last jactitation increased, and his calls for cold water to allay the burning were frequent and distressing.

Post-mortem in twelve hours. Extremities extremely rigid. Much cadaveric lividity, but nowhere deep. Yellow fluid runs abundantly from nostrils on moving body. Abdomen full. Lungs congested, but not remarkably so for one dying in full health. Heart firmly contracted. A few small ecchymosed spots beneath serous surface about base of left ventricle. Upon inner surface of left ventricle where it forms the septum is a red stain 1 to $1\frac{1}{2}$ inches in extent, not well defined, nor very deep, and scarcely, if at all, extending below surface. It cannot be wiped off, and yet it is quite different from an ecchymosis. The columnæ carnesæ of left ventricle are more properly echymosed, though not to any very great extent, nor very deep. Right auricle distended with coagula, and some also in left; no fibrin seen. Stomach immensely distended; besides some gas, containing about $1\frac{1}{2}$ pints of a substance like thick curdled milk and water, coloured yellow with bile; mucous membrane discoloured only to a small extent, in large curvature, about commencement of pyloric portion; seeming to consist of an effusion of blood into the substance of membrane—very dark patches, mostly long and narrow. Several of these patches were two or three inches in length, and half inch wide. Some were irregular, and the membrane in these parts thick and quite firm. At two different places something like thick curdled milk adhered to membrane, to the extent of quarter to half inch square, very readily detached, and beneath one of them the membrane seemed superficially ulcerated. Small intestines moderately distended, and

Poisoning by "Cobalt" fly-poison [*Arsenic*; see Case 299.—E. W. B.]

A boy aged two years took the poison at 6.30 p.m. He vomited freely in ten minutes, and continued to do so at short intervals for an hour or so; by means of which considerable quantities of a fluid substance were ejected from stomach. I was sent for at 7.30 p.m., and on arrival found him asleep; pulse rather more frequent than natural, but no other symptoms. In fifteen to twenty minutes he woke, and took a draught of warm milk, which was in a short time vomited; soon after there was a copious stool; after this he felt easy and fell asleep. Soon after was alarmingly worse; breathing hurried and laborious; pulse small and very frequent, could hardly be counted; thirst urgent and almost unquenchable; extremities cold; face expresses great suffering and distress. Gave *Opiates* and diffusible stimuli; sinapisms to feet, and friction and heat to extremities. In about fifteen minutes he became comparatively easy: pulse fuller and more distinct; extremities warmer. But the above symptoms soon returned with increasing violence; pulse became smaller, weaker, and more frequent; breathing more hurried, irregular, and laborious; extremities permanently cold, and covered with a clammy sweat; much writhing and other evidence of pain and suffering: eyes rolled up and fixed in orbits. Very soon all the symptoms increased; face became exceedingly pale and sunken; pulse and vein became extinct; slight coma ensued; and he died at 2 a.m., seven and a half hours after the poison.

309. *Boston Medical and Surgical Journal*, 1861, vol. lxiv, p. 121.

By Dr. C. T. Jackson.

A lady, from cutting out the figures on ninety yards of *Green border paper*, had burning in the throat, nausea, and diarrhœa.

310. *Medical Times and Gazette*, 1852, New Series, vol. iv, p. 170.

By Dr. W. G. Everett.

A boy aged 11 years took between nineteen and twenty grains of *Arsenic* in bread and butter. He took an *Antimonial* emetic, and other treatment was resorted to. Next day, when I saw him, he had vomiting, diarrhœa, tormina, &c., and the abdomen was tender and tympanitic. In a few days he was convalescent. The first vomiting was half an hour after the *Arsenic*.

311. *Boston Medical and Surgical Journal*, 1847, vol. xxxvi, p. 398.

By Dr. C. A. Hall; from the *Buffalo Medical Journal*.

Half a teaspoonful of *White Oxide of Arsenic* was put into a pudding and the greater part eaten by two persons. In less than half an hour severe and distressing sickness came on, with vomiting and great prostration. The *Hydrated Peroxide of Iron* was given. In less than half an hour there was decided relief, the retching and vomiting occurring at longer intervals and with less severity. The pain and faintness continued more or less during the night. Next day vomiting occurred but once or twice, and in only one person. In the meantime, however, a new train of symptoms came on: swollen tongue, burning pain and considerable inflammation in throat, accompanied with great thirst, and in one of the cases with hiccough, and much tenderness of epigastrium. Stools were dark and offensive, and attended with pain and tenesmus. There was for a long time great prostration of strength.

312. *Boston Medical and Surgical Journal*, 1848, vol. xxxvii, p. 239.

By Dr. Thomas Sanborn.

June 7th, 1847.—Mrs. R— and daughter were seized with vomiting directly after breakfast. The daughter had been subject to sick turns, as she had phthisis of several years' standing. Mrs. R—'s symptoms were vomiting, pain in epigastrium, purging, white tongue. Was relieved by *Mercury* and *Morphia*, but the symptoms returned on 9th, and continued till morning of 11th, when she died.

On August 18th was called to visit the daughter, who was expecting her accouchement. Immediately after breakfast, not exceeding twenty-five minutes, and some in much less time, all the family were seized with vomiting, most of them with severe burning pain at epigastrium, followed by purging, and spasm of abdomen and extremities, extreme anxiety of countenance, and deadly paleness. All recovered in a few days, except Mrs. A—, who died on fifth day, with symptoms of gastro-enteritis. When I rose from the table I felt unwell, and in a few minutes felt nauseated and vomited the food. On returning in about thirty minutes found that all (five in number) had vomited, and

were in great distress. *Arsenious acid* was found in the tea, which had been brought from the house where the first fatal case occurred. *Ipecacuanha* and *Mustard* emetics were given. I took myself also *Carbonate of iron*, and *Slippery elm*. Vomiting returned at intervals. On reaching home I repeated the medicine. Vomiting subsided after moving the bowels with enema, not being able to retain *Oil* on the stomach. Had palpitation on making exertion to move.

19th.—Had headache; eyes injected and painful; tongue white; burning heat in skin; eruption about neck and face; but little burning in stomach,

20th.—Much better. Tongue continued white for about ten days. On tenth day considerable burning and pain at epigastrium and right hypochondrium, increased on exercise.

Castor oil and *Carb. of Iron* gave relief to the burning. This was taken several times during the first twelve days. Bowels were torpid; stools of a leaden colour for about three weeks, when they gradually assumed a healthy character. Health completely restored in thirty days.

Post-mortem.—Mrs. R— (after nearly six weeks). Mucous coat of stomach pulpy and highly injected; peritoneal coat very florid, increasing on exposure to air. Near pyloric extremity, appearance of ulceration. Mrs. A—. Stomach much inflamed, also duodenum. Peritoneal coat quite florid. The odour referred to in a note by Dr. Griffith, editor of *Taylor's Medical Jurisprudence*, was distinctly observed in both cases.

313. *Boston Medical and Surgical Journal*, 1851, vol. xlv, p. 469.

By Dr. A. J. Skilton.

Mrs. P—, æt. 32, took two drachms of *Arsenic* about 2 p.m., April 23rd. Within fifteen minutes had extreme thirst, heat at stomach, and vomiting; drank cold water frequently. Gave *Tartar emetic*. At 2.30 p.m. thirst and heat at stomach increasing, with pain and constriction at upper part of œsophagus, pain at epigastrium, with violent cramps at stomach, of a peculiar kind. Frequent vomiting. Incessant and urgent calls for cold water; she drank often of it, and vomited frequently. She took three pints of *Tobacco* infusion before 6 p.m. Up to that time the cramps were increasing in violence. At 6 p.m. vomited less often; great tenderness at epigastrium; headache. Other

symptoms not much changed. Continued *Tobacco*, a table-spoonful every half hour. At 8 p.m. tenderness at epigastrium, with heat and thirst, not increased. Vomits only from the attempt to swallow the nauseous infusion. Cramps a little less severe; headache; drowsy and chilly by turns; at other times she "felt first-rate." At 10.30 p.m. tongue slightly swollen, not red. All symptoms better, except the headache, which might be the effect of *Tobacco*; continue treatment.

April 24th, 8 a.m. Has slept from 2 to 6 p.m. Considerable soreness at epigastrium on pressure. Headache and drowsiness on being questioned; tongue slightly swollen and a little reddened; thirst, and heat in cesophagus and stomach nearly gone. Has had two dark stools, the first chiefly solid, with no peculiar sensation; the second thinner, flocculent, greenish, and causing smarting at anus. Repeat infusion, and give *Castor oil*. At 2 p.m. very little uneasiness at stomach; heat, thirst, and stomach tenderness not all gone. Has had three or four stools, greenish, and causing smarting. At 7 p.m. almost well.

Reference is made to two cases of *Arsenical* poisoning cured by *Tobacco*, recorded in *Silliman's Journal*, some two to four years previous to 1838.

A negro child, aged 4 or 6 years, ate *Arsenic*. It was suffering great distress, with short moans; thirst; heat and tumefaction of abdomen; some spasmodic action of intestines and abdominal muscles. *Tobacco* cured it.

Mrs. A— took *Arsenic*. Eventually rigidity and paralysis came on, and it was some two years before she could hold and use the needle.

314. *Boston Medical and Surgical Journal*, 1855, vol. li, p. 189. Extract of Tschudi's report from *Journal de Chimie Médicale, de Pharmacie, de Toxologie, &c.*, July, 1854.

Suspension of *Arsenic*-eating is followed by general uneasiness, great indifference for everything around, anxiety, disturbance of digestion, loss of appetite, sensation of fulness at stomach, vomiting of a glairy fluid in morning, ptyalism, pyrosis, spasmodic constriction of pharynx, spasmodic pain, constipation, and especially embarrassed breathing.

A man who took an overdose had violent colic, burning pain in throat, and griping at stomach, &c. Since he has ceased

taking *Arsenic* he is frequently subject to violent gastrodynia. It also caused a thickness and roughness of voice, which is very general among *Arsenic*-eaters.

315. *Medical Times and Gazette*, 1852, New Series, vol. iv, p. 139.

By "Cosmopolite."

A woman took half an ounce of *Arsenic*. Had great pain in stomach. An emetic was given, and three days afterwards she was well.

316. *Medical Times and Gazette*, 1851, New Series, vol. ii, p. 413. Additional symptoms to Dr. Ryan's case, given in No. 64 of *Pathogenetic Record*.

On the first visit extremities were cold and damp; pulse quick, feeble, small, about 80. Feeling of great prostration, and yet he frequently quickly raised himself on his elbow to vomit; he did so with a sudden effort, and then fell back exhausted. Severe pain in epigastric and hypochondriac regions, much increased by pressure. The first basinful of vomit had been removed; the second contained about four quarts of a yellow, the third about three quarts of a very dark green fluid. He wandered a little during first visit, and imagined he saw people in the mirror.

On Thursday night (the 15th) the pains increased intensely, with extreme thirst. Next morning, very thirsty, very impatient, and restless from severe burning pain and spasms of extremities.

Mr. Wade said he saw the patient on the evening after he had taken the poison. The symptoms were then more those of nervous prostration than of inflammation, and so continued throughout. He was dozing and muttering to himself, not apparently suffering, and answered rationally if spoken to in a loud voice. He complained of pain and a burning sensation, with constriction at lower part of chest, and also in hepatic region. Pulse was a mere thread; tongue blackish, with a coat of bloody mucus.

317. *Medical Times and Gazette*, 1866, vol. ii, p. 222.

By Mr. W. Whalley.

March 13th, I saw a boy æt. 13 , who had used *Magenta Dust*

(proved to contain *Arsenic*) in printing, five days previously. On coming home on evening of that day he shivered and felt unwell; in night he got out of bed, complained of colic, and was so giddy that he could not get into bed without assistance. Next day nearly all the symptoms of to-day were present. To-day lips, nose and eyelids are swollen; skin hot; throat feels dry; dry cough; severe headache; intolerance of light; urine scanty; great prostration of strength; feels sick and nauseated; tongue coated with a brown fur; no stool for four days; loss of appetite. He had previously suffered from a similar attack from the same cause.

318. *Medical Times and Gazette*, 1851, New Series, vol. iii, p. 229.

By Mr. R. Jeffreys.

At 2.30 p.m. I saw Mrs. J. D—, æt. 39; she was supported in a chair in a state of collapse; cold, pulse almost imperceptible, lips and fingers livid, conjunctivæ red, and countenance expressive of the greatest anxiety and distress; did not speak or appear to be conscious; rapidly sinking; had neither vomiting nor diarrhoea after I saw her. After a time we lifted her on the bed, where she remained about half an hour, when, becoming more and more restless, she endeavoured to get out; she was assisted to a chair, and there she died calmly at about 3.30 p.m.

She had been quite well up to dinner time, which was about 12.30 p.m. or 1 p.m., but ten minutes after dinner she was attacked with vomiting, purging, pain, and faintness. *Arsenic* was found in the food.

Post mortem (after forty hours).—External coat of small intestine, stomach, uterus, and bladder very vascular; bladder extremely contracted. Stomach contained about four ounces of dark fluid, with food; mucous coat covered with a tenacious, mucous secretion, and parts of the same with red ecchymosed patches, highly inflamed; a dark, tenacious, bloody patch, about three inches in circumference, near cardiac extremity, with a corrugated state of rugæ, having very much the appearance of disorganisation; pyloric extremity highly inflamed.

About four months afterwards examined stomach microscopically, but could not detect any *disorganisation* beyond a few abrasions of villous coat, not visible to naked eye. The minute

mucous cells in inflamed parts (being only about $\frac{1}{800}$ th of an inch in diameter) were like so many little ink dots, the consequences, I imagine, of blood having escaped with the mucus from them. The large extravasated patch had disappeared, in consequence, perhaps, of maceration leaving the surface underneath smooth and nearly entire, but highly vascular.

319. *Boston Medical and Surgical Journal*, 1862, vol. i, p. 524.
By Dr. E. Symes Thompson.

Effects of *Arsenical* paper on the workmen. Nausea, languor, sleeplessness, diarrhœa, tenesmus, conjunctival irritation, ptyalism, alopecia, general wasting, and that "nameless feeling of illness" so characteristic of *Arsenical* poisoning.

320. *Boston Medical and Surgical Journal*, 1861, vol. lxiii, p. 299.

By Dr. Ira L. Moore. Read before the *Suffolk District Medical Society*.

A young man, æt. about 21, took about 160 grains of *Arsenic* in water at 11 p.m. In about two hours (1 a.m.) he began to vomit and purge, and continued so every few minutes till 8 a.m., when he was found to be vomiting and purging almost incessantly. The vomit amounted to two quarts, and was of a dark chocolate colour. There had also passed by stool eight quarts of dark greenish fæces. He complained of *terrible* distress in vomiting, and of severe burning pain, or rather distress, in hypogastric region. Pulse 140, small, and weak; expression of anxiety about countenance; skin cold and moist; lips dry and parched; tip of tongue red. The *œdema arsenicalis* appeared in about fifteen hours after the poison. He recovered under treatment, and, forty-two hours after the poison, left for New York. At the time he left he had not sat up for a moment, and seemed like a person who had had a severe attack of cholera morbus.

Another young man took a teaspoonful of *Fowler's Solution*, which, in ten hours, caused so much œdema of eyelids as nearly to close them.

321. *Northern Journal of Medicine*, 1845, vol. iii, p. 262.

By Mr. James M. Adams.

CASE 1.—Mary R—, æt. 24, took six drachms of *Arsenious Acid* in water at 6.15 p.m. In about fifteen minutes she became

sick and vomited freely. She then went home, where she became rapidly worse with occasional vomiting. At 10 p.m. we saw her in bed; her features were cadaverous, sharpened, and expressive of great anxiety; eyes prominent, bright red, and sparkling; surface of body cold and clammy; pulse quick, fluttering, and very feeble; great prostration of strength; complained only of a sense of extreme faintness. Vomiting had ceased for last half hour. Two large doses of *Sulphate of Zinc* were given without exciting vomiting. She then took frequent draughts of milk with *Magnesia* in it. Severe, but ineffectual, attempts to vomit now occurred. About this time she passed a small quantity of urine with much pain and difficulty, and shortly afterwards was seized with involuntary diarrhœa. A little before 11 p.m. we applied the stomach-pump. On introducing the œsophagus tube vomiting was excited, and considerable quantities of the contents of stomach were withdrawn. Very soon after she was seized with excruciating pain in epigastrium, and repeatedly exclaimed that "her inside was burning." She called incessantly for cold drinks, which were freely administered. Her pulse shortly became imperceptible, and the heart's action feeble and ascertained with difficulty. At 11.15 p.m. convulsions came on, with delirium; pupils became dilated; she sank rapidly, and died at 11.30 p.m.

Post mortem (after twelve hours).—Large livid discolorations on trunk and upper extremities. Alimentary canal, from stomach to sigmoid flexure of colon, much contracted, and its serous surface closely injected with bright arterial blood, giving it an inflamed appearance. Peritoneum generally had a peculiar dry and waxy-like aspect, very markedly different from its ordinary appearance. Inner surface of stomach, especially towards cardiac end, lined with a dark red pulpy substance, composed, apparently, of extravasated blood mixed with mucus. Several dark elevated patches, of a fungoid appearance, were scattered over inner surface, but were found principally towards pylorus and in duodenum. Greater portion of inner surface of stomach corrugated into thick prominent rugæ, between which, and especially in vicinity of the dark patches referred to, quantities of a yellowish powder were found closely adherent. Villous coat, together with the pulpy substance alluded to, easily detached with finger-nail, exposing scattered patches of extravasated blood;

and the whole organ seemed thickened, and felt soft and gelatinous. Several parts of intestines presented similar appearances upon a smaller scale. Bladder firmly contracted, and its mucous lining streaked with red vessels.

CASE 2.—Peter M'N—, æt. 56, took half an ounce of *Arsenious Acid* on November 23rd. In about three quarters of an hour he became sick and vomited freely. Profuse purging came on shortly after, and, together with the vomiting, affected him two or three times during same evening. For some days he kept indoors, but made no complaint.

On 26th he walked a mile to another lodging.

On 30th he became suddenly and severely ill; he was quite collected; breathing quick and anxious; mouth dry and parched; tongue dry and dark brown; pulse 65, small; frequent dark watery stools; considerable epigastric tenderness; constant desire for drinks, but could take no solids. Cupping over the epigastrium and mucilaginous drinks relieved him; but six hours afterwards he became comatose, his extremities cold, and pulse imperceptible. Pupils became contracted, with strabismus; mouth parched, breathing laborious, and great restlessness. He sank rapidly, and died nine days after the poison.

Post mortem in twenty hours. Discoloured patches on body. Great emphysema of lungs, especially the right. In pericardium nearly five ounces of serum. Heart enlarged, though not to a very marked degree. Stomach dilated, and a slight but distinct contraction divided pyloric from cardiac end. Serous surface of stomach congested with dark vessels, and cardiac portion quite black. A quantity of thick, brown, muddy-looking fluid was removed from interior of stomach, having flakes of coagulated mucus floating in it. At cardiac extremity and corresponding to the blackened portion already mentioned, the villous coat, in an extent of three or four inches, was also black, caused by extravasated blood lying beneath the membrane. Duodenum had much the same appearance as stomach. Mucous coat of intestines was throughout very soft and pulpy, and peeled off readily with the finger-nail. The whole tract of intestinal tube from œsophagus downwards was congested, and in several parts injected with bright red vessels, both externally and internally. Considerable portions of mucus were thrown out at different portions of intestine, but by far the greatest quantity was found

in rectum, which was also highly injected with red vessels. Mucous membrane of bladder slightly streaked with red vessels.

CASE 3.—John P—, *æt.* 42, took two drachms of *Arsenious Acid* in water on March 14th, at 8 p.m. Shortly afterwards he became sick and faint; and in two hours afterwards was tormented with a burning thirst, and eagerly desired cold water. At midnight severe purging and vomiting came on, and continued with little interval for three hours. He was then seized with convulsive tremors, "so that the bed shook under him," and these were accompanied by sensations of cold and extreme faintness. As the morning advanced he confessed his crime, believing that his end was approaching. At 8 a.m. (March 15th) I found him sitting up out of bed; countenance pale and sallow, and bore a painful, anxious expression; pulse 120, and feeble; pressure over epigastrium gave pain; surface of body cold and clammy; sickness and inclination to vomit, with occasional tendency to faint; very restless, and now and then paced across the room "to shake off the faintness." Repeated draughts of *Lime water*, tepid waters, powdered charcoal, and *Carbonate of Magnesia*, and infusion of linseed, produced copious vomiting. At 1 p.m. his pulse was 96 and stronger; tenderness across abdomen, increased on pressure; breathing short and gentle. Mucilaginous drinks were freely given, and a large dose of the *Precipitated Carbonate of Iron*, with *Ammonia*. At 8 p.m. pulse was 96, and pain over epigastrium increased. Applied *Blister* over epigastrium,

16th.—During night and towards morning had several slight convulsions. Pupils dilated; conjunctiva reddened, so as to appear inflamed; pulse 96, soft, and feeble; tenderness of abdomen only on pressure; slight tormina, and bowels constipated. To take half an ounce of *Castor oil*.

17th.—Bowels have been opened. Was incoherent and slightly delirious yesterday evening, but during night had several hours of refreshing sleep. Tongue furred, and red at tip; pulse 90 and soft; pain above pubes.

18th.—Excessive debility; occasionally cramps of legs. For the first time expresses great remorse for his crime and its probable consequences.

20th.—Has cough, with pain in throat; no sputa. Posterior parts of mouth and pharynx intensely red and seemingly exco-

riated; gums tender and swelled. A vesicular eruption has come out over the greater part of right ear, and also of nose; several vesicles have coalesced, forming large patches; they are all surrounded by an inflamed base. Severe frontal headache. Abdomen tympanitic, but without pain on pressure, constipated, and bowels feel "wrung together." Cramps of legs return occasionally, To take infusion of *Senna* and *Manna*.

23rd.—Pulse still quick; tongue covered with a white crust; roof of mouth corrugated, and folds of mucous membrane hard and white; palate and pharynx still intensely red; several of the vesicles on ear and face have been filled with pus; difficult swallowing; frequent tendency to vomit; pain in stomach slightly after food; abdomen slightly tympanitic; slight tenderness over epigastrium on pressure; constipated. Complaining greatly of cramps in legs, which are more frequent.

Soon after this date he was much better. About six months afterwards I heard that he had lost flesh considerably; that his general health was far from being as good as formerly, and that he occasionally suffered from affections of the stomach.

322. *Medical Times and Gazette*, 1862, vol. i, p. 70.

Report of the Pathological Society.

Dr. Wilks stated that ecchymosis of endocardium had existed in all the few cases he had seen; and in two recent cases in Guy's Hospital, endocardium of left ventricle was most markedly affected, a large patch existing on septum, and columnæ carneæ were also spotted.

Dr. Harley said the staining was dark purple, and not always in right ventricle.

Dr. Copland said that *Arsenic* caused endocarditis.

Dr. Wilks said that in one case the pyloric end of stomach was acutely inflamed.

Dr. Harley gave particulars of chronic poisoning in an artificial-flower maker. Here the pyloric end alone of stomach was inflamed. *Arsenic* acted on cardiac end however administered; but in chronic poisoning the effects were generally more marked at pyloric end.

323. *Medical Times and Gazette*, 1862, vol. i, p. 497.

Effects of unpacking *Arsenical* paper; by J. D.

Two persons had much soreness of margins of nostrils and contiguous parts of upper lip; they always suffered thus under these circumstances.

324. *Medical Times and Gazette*, 1869, vol. i, pp. 407-8.

By Mr. Hutchinson.

1. A healthy young man took three minims of *Fowler's Solution*, for acne of face, from July 28th to middle of November. At this latter date an eruption of *herpes zoster* with the usual symptoms came out on left side of chest, chiefly below nipple. Never had it before.

2. Mr. B— took *Arsenic* for eczema. After taking it for nearly a month, he was laid up by a very severe attack of shingles on one side.

3. Mr. W— took *Arsenic* for six weeks or more for psoriasis of hands. He had while taking it an unilateral eruption, grouped exactly like herpes, which, however, remained papular, and never developed vesicles. It passed away after ten days, just like shingles.

4. Anne R—, æt. 44, took minims of *Arsenic* three times a day, for psoriasis, from April 9th to June 14th. As she did not feel so well, the dose was then reduced to three minims. Ten days later, an eruption appeared, confined entirely to right side of forehead, with several spots on right eyelid. At commencement of attack she felt great pain all over right side of forehead, which lasted two days, when a good many spots appeared, and the pain was considerably eased. [This case is headed "*Herpes Frontalis*."—E. W. B.].

5. Dr. Woodman reports a case occurring at London Hospital of a child who took three minim doses of *Fowler's solution* for thirty days, for chorea. She had, during the course of medicine, an attack of herpes.

6. A boy, æt. 8, began on January 6th, to take a mixture containing one and a half minim doses of *Liquor Arsenicalis* for eczema of hand, and applied on ointment of *Lead* and *Mercury*. On February 16th he showed a very copious half-zone of herpes on left side.

7. An old lady took *Arsenic* for eczema. She had a most severe attack of shingles on left side.

8. G. M—, æt. 24, took for psoriasis, three minims of *Liquor*

Potassæ Arsenitis, three times a day, and a *Kreasote* ointment. He came again, one week later, with an attack of herpes on prepuce, which he never had before. In about a fortnight it disappeared, though he continued the *Arsenic*.

9. A young man took *Arsenic* for eczema of fingers. He came again in a week with herpes of lips, to which he was not subject.

325. *Medical Times and Gazette*, 1869, vol. i, p. 309.

Review of Dr. Theodore G. Wormley's work '*Micro-Chemistry of Poisons*,' &c., New York. Baillière, 1867.

A child had an *Arsenical* wash applied to head for *porrigo favosa*. It proved fatal in thirty-six hours, causing swelling of face, purging, tenesmus, and paralysis of lower extremities. [Examine work for other cases. E. W. B.].

326. *Medical Times and Gazette*, 1868, vol. i, p. 297.

By Dr. Robert Mc Nab.

A strumous woman, æt. 28, took three minims of *Liquor Arsenicalis*, three times a day, for lupus of face. After taking it for three weeks, suddenly, after feeling ill for a few hours, a copious rash made its appearance on face, hands, and chest, resembling that of measles, the maculæ being slightly elevated, with intervening spaces of skin little affected, and showing papules in some places, vesicles in others. It was accompanied by general catarrhal symptoms; swelling of face, lips, and eyelids; burning heat of skin, yellow furred tongue, gastro-intestinal irritation, and intense tenderness of feet; so much so that standing gave great pain. These symptoms were followed in a few days by complete aphonia. Desquamation commenced about the tenth day of this eruption, but the redness of skin did not entirely disappear for some weeks.

327. *Medical Times and Gazette*, 1868, vol. i, p. 327.

By Mr. Tilbury Fox.

I have recently seen a goodly number of cases of *Arsenical* eruption accompanied by catarrhal symptoms, constituting a disease like measles.

328. *London Medical Gazette*, New Series, 1837-8, vol. i, pp. 577, 585.

Two cases of poisoning by *Arseniuretted Hydrogen*, referred to: one by Ruhland in *Annales de Chimie*, vol. xcv, p. 110; the other that of Mr. Beard, reported in a Cornish paper, in or after the year 1836; also Everitt's lecture, delivered last June to the Medico-Botanical Society. Report of a Committee.—Three linnets were placed into a wooden chamber containing two burning *Arsenical* candles. In about four hours they became dull and stupefied on their perch, though at first they appeared particularly the reverse; they seemed much inconvenienced for the rest of day. In a second experiment they were placed with three candles. They soon showed signs of uneasiness, drooped their wings, breathed laboriously, and kept their beaks constantly open; they continued so all day. Next day two of them became much more distressed after exposure to the candles; an hour later one of them fell, as if from vertigo, from its perch, and in half an hour died. Next day the two survivors, having recovered, were again exposed to the candles, at 10 a.m. At noon one had been seen to gasp for life, unable to remain on the perch, and the other became equally affected by 1 p.m.; both died. A rabbit, under similar conditions, became dull, was constantly lying on side, flanks drawn in, and breathing quick, accompanied with a tremulous motion. These symptoms kept increasing, and at the end of a week of continued experiments eyes were dull, ears drooping, frequent yawning, and the guinea-pigs as well as the rabbit refused corn. They would only take green food, and that in diminished quantities; while they eagerly took water twice in one day. The same species of animals in another experiment refused water.

329. *London Medical Gazette*, 1839-40, vol. ii, p. 266.

By Mr. George Jones.

A lady took for menorrhagia seven drops of a solution of three parts of *Liquor Arsenicalis* to one of *Spir. Lav. Co.*, three times a day. After a fortnight the saliva increased, and the mouth became slightly affected. She continued the medicine, and got worse, with extreme fœtor of breath, superficial ulceration of the gums and fauces generally, with increased saliva. The menorrhagia was cured.

330. *British Annals of Medicine*, 1837, vol. ii, p. 80.

By Dr. Watson.

A youth, æt. 17, took a drachm of *Arsenious Acid* in ale at 1 a.m. In half an hour had burning in throat and at epigastrium, and an unpleasant sensation, but no sickness. Stomach-pump was used; he was bled, and took *Chalk* and *Acacia*. At 11 a.m. took *Castor oil*; very sleepy, slight pain at epigastrium on pressure; pulse 120; tongue slightly furred.

331. *Midland Medical and Surgical Reporter*, 1828-9, vol. i, p. 344.

By Dr. William Hebb.

A woman, æt. 30, took a large quantity of *Arsenic* in gruel, and died in rather more than four hours. Incessant vomiting was the most prominent symptom. Mucous coat of stomach was generally much attenuated, and underneath it were a number of specks of extravasated blood, and it was exceedingly vascular; peritoneal coat inflamed.

332. *London Medical Gazette*, New Series, 1844-5, vol. i, p. 750.

By Dr. Krafft. From Caspar's *Wochenschrift*, Oct., 1844.

A woman, a boy of 13, another of 10, and a girl of 11 years, took some *Arsenic* in food. The children soon felt unwell, and hurried to bed, but shortly afterwards began to complain of severe pains in belly and sense of urgent constriction at stomach. The woman was similarly attacked. Under aggravation of these symptoms all were seized with violent and continued vomiting. The *Hydrated Oxide of Iron* was given. By following afternoon the children were well, but the woman still suffered from pain in stomach, headache, and tremors of limbs. The girl and younger boy, just convalescent from an attack of influenza, were almost exhausted by the frightful cramps, lying stiff with their bodies drawn backwards, hands and face cold, covered with a clammy sweat, and apparently near death; the two others seemed almost worn out through continued vomiting, sense of choking, and racking pain of belly. After two doses of the *Iron* they improved. The pain in belly was somewhat obstinate, but vomiting ceased at once, and was followed by frequent liquid stools; after which the children slept quietly till morning, awaking with only fatigue.

333. *London Medical Gazette*, New Series, 1842-3, vol. i, p. 351 (misprinted in "Index" 491).

Errard's cases from *Gazette Médicale*, Nov. 5th, 1842. [Given with slight variations in No. 22 of *Pathogenetic Record*; the tongue is *here* also stated to have been cracked; see original.—E. W. B.]

334. *London Medical Gazette*, New Series, 1842-3, vol. i, p. 270.

By Dr. Fiedler. [Query, from Schmidt's *Jahrbücher*, August, 1842.—E. W. B.]

A child ate a piece of green paint containing *Arseniate* [? *Arsenite*.—E. W. B.] of *Copper*. Soon afterwards vomited violently. After drinking a good deal of milk it was quiet; but soon afterwards still more violent vomiting came on, the whole body became cold, and the features distorted.

The *Hydrated Oxide of Iron* cured in five hours.

The author refers to another case reported by him several years ago.

335. *Medical Times*, 1850, New Series, vol. i, pp. 139, 279.

By Mr. Thomas Hunt.

1. A man, *æt.* 58, took for pityriasis capitis five minims of *Liquor Arsenicalis* three times a day, beginning November 25th.

On January 20th he had conjunctivitis and catarrh.

2. A lady took forty minims of *Fowler's Solution* three times a day for several days. On the third and subsequent days her nerves became irritable, and in less than a week she had tremblings of limbs, dim sight, sensation of exhaustion, and other affections of the nervous system.

3. A lady took for skin disease five minims of *Fowler's Solution* three times a day for three days. She complained of a general tremor of limbs and inflammation of tarsi.

336. *Medical Times*, 1850, New Series, vol. i, p. 192.

By Dr. H. Letheby.

Extract from Stanley's work *On the Bones*.

Oxen, after exposure to the *Arsenical* fumes evolved from copper works, become ill and disabled from disease of the bones, which become enlarged and covered by deposits of unhealthy osseous substance.

