











THE  
CALCUTTA JOURNAL  
OF  
MEDICINE

A MONTHLY RECORD OF THE MEDICAL AND AUXILIARY SCIENCES.

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That alone is the right medicine which can remove disease :  
He alone is the true physician who can restore health.

*Charaka Sanhitā.*

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EDITED BY  
MAHENDRA LA'L SIRCA'R, M.D., C.I.E.

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### THE ROYAL COMMISSION ON OPIUM.

The appointment of the Commission is due to the Anti-Opium Agitation in England, an offspring of British philanthropy, which it has become the most absurd and cruel fashion to decry as insincere and hypocritical. The agitation, it must be remembered, is not of recent date. The present "Society for the Suppression of the Opium Trade" was founded in 1875 by the late brother of Sir Joseph Pease; but it had a predecessor in the "Society for Suppressing Opium Smuggling," which had existed in London long before, and whose functions, after its demise as a separate organization, were taken up by the "Aborigines Protection Society." So far back as 1843 the late Lord Shaftesbury, whom Sir Joseph Pease has succeeded as President of the present Society, had moved a resolution in the House of Commons condemning the opium trade, but it was not carried. That this has only increased the ardour of the men who are convinced of the iniquity of the trade, is seen in their success so far, that they have succeeded in carrying through the same House a similar resolution.

The resolution that was passed on the 30th June 1893, was not the original one moved by Mr. Alfred Webb and seconded by Sir J. Pease, but the amendment by Mr. Gladstone. The original resolution ran as follows:—



"That, having regard to the opinion expressed by the vote of this House on April 10th, 1891, that the system by which the Indian opium revenue is raised is morally indefensible, and which urged the Indian Government to give practical effect to that opinion by ceasing to grant licences, and by taking measures to arrest the transit of Malwa opium through British territory, and, recognising that the people of India ought not to be called upon to bear the cost involved in this change of policy, that oppressive taxation, and the stoppage of expenditure necessary for the welfare and progress of the Indian people must be avoided, this House is of opinion that a Royal Commission should be appointed to inquire, both in India and in this country, and to report as to (1) what retrenchments and reforms can be effected in the military and civil expenditure of India; (2) by what means Indian resources can be best developed; and (3) what, if any, temporary assistance from the British exchequer would be required in order to meet any deficit of revenue which would be occasioned by the suppression of the opium traffic."

The amendment, that was carried by 184 votes against 105, and under which the Commission has been appointed, runs as follows:

That, having regard to the strong objections urged on moral grounds to the system by which the Indian opium revenue is raised, this House presses on the Government of India to continue their policy of greatly diminishing the cultivation of the poppy and the production and sale of opium, and desires that an humble address be presented to Her Majesty praying Her Majesty to appoint a Royal Commission to report as to—

(1) Whether the growth of the poppy and manufacture and sale of opium in British India should be prohibited, except for medical purposes, and whether such prohibition could be extended to the Native States.

(2) The nature of the existing arrangements with the Native States in respect of the transit of opium through British territory, and on what terms, if any, these arrangements could be with justice terminated.

(3) The effect on the finances of India of the prohibition of the sale and export of opium, taking into consideration—

(a) the amount of compensation payable;

(b) the cost of the necessary preventive measures;

(c) the loss of revenue.

(4) Whether any change short of total prohibition should be made in the system at present followed for regulating and restricting the opium traffic and for raising a revenue therefrom.

(5) The consumption of opium by the different races and in the different districts of India, and the effect of such consumption on the moral and physical condition of the people.

(6) The disposition of the people of India in regard to—

(a) the use of opium for non-medical purposes;

(b) their willingness to bear in whole or in part the cost of prohibitive measures.

The original motion, in so far as it proposed a sifting inquiry into the civil and military expenditure of India which has become ruinously exorbitant, was more thorough-going than the amendment, but in so far as it contemplated the sudden total abolition of the opium trade was unpractical. The amendment in so far, therefore, is more practical, but it is a pity that Mr. Gladstone did not include in it the most essential part of Mr. Webb's resolution. If he had done so he would have earned the gratitude of the whole Indian people.

As regards the members of the Commission we are glad to say no objection can be taken as to their representative character. Very properly a member of the present Government is the president of the Commission. Those who know Lord Brassey's antecedents will agree with Mr. Cairne that "both sides in this great opium controversy may be certain of his impartiality, his sound judgment, and his rectitude." In Sir William Roberts we have a distinguished member of the medical profession, well able by his general scientific attainments, and by his speciality in dietetics and the physiology of digestion, to sift the evidence that may be offered by both lay and medical men. The other European members of the Commission are Mr. Robert Mowbray, a conservative member of Parliament; Mr. H. J. Wilson, a radical member; Mr. Arthur Pease, an ex-member of the Liberal Unionist school; Sir J. B. Lyall, an ex-Indian Civilian, whose career was one of continued distinction, ending with the Lieutenant-Governorship of the Panjab; Mr. A. W. Fanshawe, the head of the Indian Postal Department. The Indian members are H. H. the Maharaja of Darbhanga, the Premier zemindar of Bengal, distinguished alike by his liberal and enlightened views and his genuine patriotism; and Mr. Haridas Viharidas, the Dewan of Junagad, a man of great ability, large experience, sound common sense, and strong convictions.

Thus we have, on the Commission, representatives of all shades of political opinion from conservative to radical; two members representing the anti-opium party; two members representing the Indian Government, who, therefore, may be taken as representing the opium party; two members who have direct interest in the cultivation of the opium plant, three members who may be said to be quite neutral, of whom one is a man of acknowledged

scientific eminence and professional distinction. We only wish that there had been another, an unofficial Indian, medical man on the Commission, who would have been able to deal with this Indian subject from an Indian point of view.

What will be the upshot of the Commission? The problem set before it is a very complicated one, and involves not only political considerations of the utmost gravity, affecting the relationship of the greatest and the most important dependency to the ruling power, but scientific interests of the most vital character, affecting the health and even the very lives of a vast population. The Commission will have to decide on the evidence that will be placed before it, and it will be no easy task for its members to sift that evidence so as to be able to separate fact from opinion. The difficulty of the task will be understood when we remember that the majority of the Commission, as likewise the majority of the host of witnesses that have been and will be summoned before it, represent conflicting interests.

In our opinion the political aspect of the problem, difficult and delicate as it is, is comparatively easier of solution than the scientific aspect. In the abstract no government ought to derive a revenue from vice, but if it happens that a particular government has been deriving a considerable portion of its revenue from that disreputable source, and that a sudden stoppage of that revenue would lead to burdensome taxation, calculated to lead to worse vices through aggravation of already existing poverty and misery, then it ought to be a matter for serious consideration as to which alternative is to be preferred. For a representative government the decision may not be fraught with considerable difficulty. But for a government where the people are not or only nominally represented the difficulty becomes almost insuperable, especially when the vice is a deep-rooted and an extensive one, and not looked upon as such by those addicted to it. We think we state the fact when we say that the opium vice in India is as extensive as it is ineradicable except by gradual education, and, if not extolled as a virtue, is certainly not looked upon as a vice of a most heinous character. Under such circumstances the duty of an enlightened government obviously is to endeavour to gradually withdraw itself from such traffic by putting such restrictions in its way as to be operative towards its ultimate extinction.

We are more concerned with the scientific aspect of the problem, and we must express our doubt as to the competency of a mere Commission to arrive at a satisfactory solution of a scientific problem, by the mere process of taking evidence even from experts. Nothing short of thorough inquiry into the toxicological and physiological actions of opium, conducted by numbers of medical men for years can, in our opinion, be of any positive value in a matter like this. A drug, which has reigned supreme in the Healing Art as the sovereign remedial agent for the vast majority of the ill-flesh is heir to, which is used not only as a stimulant and a narcotic but almost as one of the daily necessities of life by a large percentage of the population not only of India but of the whole continent of Asia,—such a drug has been, under the promptings of philanthropy, put on its trial. It would be the height of folly to expect that any Commission, far less the present Commission, constituted as we have described it to be, having only one expert on it, will be able to decide upon the position of the drug as a remedy in disease, as a necessity in health in certain stages and conditions of life, and as a luxury tending either to elevate or degrade,—a position which, after centuries of its use and abuse, remains undecided to the present day.

But will the Commission end in nothing? Will the labors of its members be in vain? We do not think so. One most important result will be a collection of all shades of opinion such as could not otherwise be gathered in so short a time. This will form a valuable record in itself, notwithstanding that a large majority of these opinions will inevitably be largely tinged by bias. In the conflict of interest, the wish will very often be father to the thought. One cannot fail to see that this bias has strongly manifested itself in the evidence already given. Startling discoveries regarding the virtues of opium have been made, which but for the appointment of the Commission would or could not have been made! It remains to be seen how far these discoveries will stand the test of time. It will be no ordinary task for the members of the Commission, especially of Sir William Roberts and of Lord Brassey, to analyze this mass of opinions for the purpose of extracting the truth from them. We await with anxiety the result of their analysis.

## NOTES ON OPIUM-EATING AND OPIUM-SMOKING SUBMITTED TO THE ROYAL COMMISSION.\*

BY DR. MAHENDRA LAL SIRCAR.

My knowledge of the effects of opium on the human constitution is derived from my experience both as a patient myself, and

\* These notes were forwarded on the 29th November of the past year, and our evidence was not taken till the 9th December, when Sir William Roberts, the only medical member of the Commission, was away in Burma. We could not understand the reason of this, till on the day of our examination we learned from Mr. Secretary Hewett that we could not be examined as a medical witness as we were a nominee of the British Indian Association! On this exquisite piece of officialism the *Reis and Ruyet* of the 16th December has the following Comment:—

“We were wondering how was it that Dr. Sircar was not, like other medical witnesses, examined before the full Commission when its only medical member, Sir William Roberts, was here. We have received an explanation, but that has only increased our wonder. We learn that Dr. Sircar was flatly told by the Secretary that he (Dr. Sircar), as a nominee of the British Indian Association, could not be examined as a medical witness, he could only be examined as a representative of that Association. Dr. Sircar, we have since learned, protested against this view of his position, and vehemently denied before the Commission that he had come before it as a representative of any Association. He represented nobody but himself. We must confess we cannot understand how on earth Dr. Sircar could have been nominated as a witness without his knowledge by the British Indian Association. And how on earth, even if so nominated, could he have ceased to be a medical man. He has been before the Indian public as a practitioner of medicine for upwards of thirty-five years. He has been maintaining a charitable dispensary in his house for no less than thirty years, where he has been treating from one to two hundred patients daily, at considerable personal sacrifice. He has been editor of a medical journal since 1868, which has ceased to appear only since the complete breakdown in his health a few years back. And it is not only as a medical man that he has been before the public. He is known as the founder and soul of the Science Association, and as one who has been sought to take part in almost every public movement, and who has expressed his views on social, educational, and other questions with fearless independence. He was Sheriff of Calcutta, and for upwards of six years a member of the Bengal Legislative Council, having been thrice re-elected to that post. Such a man needed no recommendation from anybody, or from any association, for being examined as a witness on a subject on which his views should be welcomed as more valuable than those of all the official medical men put together. And yet the irony of fate has been such that even he had to be so recommended, and the consequence has been that he has been ignored as a medical man.”

as a medical practitioner, whose field of practice is limited chiefly to Calcutta and its suburbs.

As a patient I have had occasion to take opium chiefly for colic, diarrhœa, dysentery, and asthmatic bronchitis. I have found opium to act chiefly as a palliative, seldom as a curative agent. Had I not been a medical man, and, I may add, had I not had the light thrown upon the healing art by the discoveries of Hahnemann, I might by this time have become a confirmed opium-eater, such were my sufferings from colic and from respiratory troubles.

I have observed the same thing in the case of patients. Opium affords remarkable relief from pain, and even seems to arrest the progress of violent diseases, promising to effect a radical cure. But this is seeming only, in the majority of cases. The diseases, which had appeared to yield to the drug, reappear with the same and not often with greater violence, and in the absence of specific remedies, the physician is obliged to prescribe opium in more and more increased doses. And so, thanks to the imperfection and impotency of the healing art, and thanks no less to the consequent recklessness of the practitioners of that art, many a patient has been driven into the habit of taking the drug, from which neither could he free himself, nor could he be freed, without causing a return of the sufferings which had necessitated the use of the drug, or without fresh and peculiar sufferings due to the cessation of the drug's primary action.

A large, though I cannot say what, per centage of opium-eating has its origin in the way I have described above. I am convinced that had it not been for the sufferings of disease, the prescription of opium for them by medical men, and the fact of instant relief though no ultimate cure, this class of opium-eaters would never have come into existence. And of this class I am happy to bear testimony that they seldom carry their use of the drug to excess, and when they do so, it is when the excruciating tortures of their maladies demand more and more increased doses of the drug. And even in such cases the motive for taking the drug is expected relief from suffering, and very seldom, if at all intoxication, or the enjoyment of the pleasures it gives.

Now it should be understood that it is not the medical man who is, in every instance, directly responsible for the habit of

opium-eating in sufferers from disease: It is a very sad but notorious fact that qualified medical men or indeed any class of medical men are a very rare commodity in most parts of this vast continent. And the place of medical men is taken by those who were once patients and were initiated into the habit of taking opium by either doctor, or some patients like themselves, or some people who had observed its beneficial effects in others.

Another by far the largest class of opium-eaters consists of persons who have taken to the habit for the sake of the pleasures which its intoxication brings on. So far as I have been able to ascertain, the chief of these pleasures which allures men to the use of the drug is what I may call sexual endurance, or prolongation of the sexual act. I am given to understand that this is an undoubted effect, but I have found that it is no less an undoubted fact that enfeeblement and finally extinction of the sexual power follow sooner or later, both as a consequence of the sedative and paralyzing action of the opium itself, and of the excesses which its first pleasing effect encourages. Notwithstanding this most unhappy result, the victim of opium does not and cannot give up his habit for a variety of reasons. In the first place, he does not seem to believe that the failure of power was due to the drug, and therefore he continues to entertain the hope of reviving the power by increased doses. In the second place, even if, convinced of the evil consequences, he wishes to give up the habit, he finds it impossible to do so. In the very attempt to do so, he feels as if the whole system was unhinged and dissolution coming on. Even if he is resolute, and braves these terrible sensations, he soon finds that his digestive functions have become impaired, and he is overtaken by diarrhœa and its consequences, which can only be averted by a renewal of the habit.

I believe that to create a hankering after them is a characteristic action of all drugs which act upon the nervous system and specially upon the brain, and a more or less derangement of the functions life follows upon abstinence after prolonged habit. This is *par excellence* the case with opium. The derangement of the vital functions is so profound and so permanent, that the breaking up of the habit is, as I have repeatedly observed, really an impossibility. So much so that even in cases of serious disease where opium is not the remedy and where its habitual use serious-

ly interferes with treatment, it must be allowed to be used, or it will be impossible to keep the patient alive. Cases have come under my observation where a rash prohibition of its use by the medical practitioner has led to this disastrous consequence—where in fact the life of the patient has literally been sacrificed to this culpable ignorance on his part.

I do not say that the opium habit cannot be or has not been broken. But the cases where it has been are few and far between, and most of them were cases in which opium had more or less disagreed. My belief is, that the habit can only be discontinued, by a very gradual reduction of the dose.

But while such are the evil consequences of abstinence where a habit of using it has become established, I am bound to say that a moderate habitual use of it has not appeared to me to be productive of any serious mischief either on the physical or on the mental constitution. I have never observed any organic mischief, nor any moral depravity, from the use of opium as are observed to arise from the use of other narcotics, such as alcohol, hemp, &c. The only physical mischief I have noticed is, as I have mentioned, the loss of the very power for the strengthening and continuance of which the drug was begun to be taken; and the only depravity observable is the unconquerable hankering after the drug.

The same cannot be said of the drug when taken in immoderate quantities, or inhaled in the form of vapour. Taken in immoderate doses, (which it is difficult to define, for individual susceptibilities differ considerably, but which may be roughly estimated at half a tola and above) opium not often gives rise to fatal obstruction of the bowels and retention of urine from paralysis of the muscular fibre of the viscera; or it may lead to the opposite conditions of diarrhœa, dysentery, and encuresis. It often leads to a condition of the brain which makes the victim lead a most wretched and miserable existence of dulness and stupidity, the very picture of living death. If the dose is suddenly increased, as it sometimes is, then there may be actual apoplexy.

I had no personal knowledge of opium smokers till Sunday last (Nov. 26, 1893), when I visited two dens of *chandū* smoking, and one of *madat* smoking. In the first *chandū* shop that I visited, all the smokers were males, and did not appear to be such as may be called poor. Indeed, one of them was a zemindar from the North-



West. All of them seemed to be well-nourished, and some of them even appeared to be robust, I entered into a pretty long and familiar conversation with them. They one and all confessed that they had begun to take to the smoking from the assurance they had received from smokers of its strengthening effects on the sexual powers, and they told me that this invariably was the origin of what they all emphatically called a most pernicious habit. Those amongst them, who have long been indulging in the habit, bore their testimony to the fact that the sexual powers become prematurely enfeebled and then completely destroyed by the effects of the drug, even in the case of those who are well-to-do, and who can afford to have rich, substantial and nourishing food. They, however, said that the drug does not produce any other evil effect on the system in cases where the smokers can afford for adequate nourishment. But in the case of poor people who cannot afford this, the drug has the effect of drying up the body, and cough and even hæmoptysis may be the consequence.

In the next *chandu* shop that I visited, I found two females and some four or five males, huddled together in small room. They appeared to be of poor circumstances, and were not so well-nourished as the smokers of the first shop. These people by their own assertions and by their appearance confirmed what I had already heard.

After visiting these *chandu* shops, I visited a *madat* shop. Here the preparation of the opium used and the mode of smoking were different. The frequenters of the *madat* shop are generally from the poorer classes of people, *madat* being much cheaper than *chandu*, and they bore in their very appearances the deleterious effects of the drug. Emaciation was a characteristic effect, which culminates in general muscular atrophy. Hoarse thick voice, and cough proclaim the action of the drug on the larynx and other parts of the respiratory apparatus, and the supervention of diarrhoea and dysentery reveals its deleterious action on the digestive system. But here again I was told that these injurious effects on the system do not take place if it is well-nourished with good food, which the generality of *madat* smokers can ill afford to have, owing to their indigent circumstances. Here at the *madat* shop the same tale was piteously related that I had heard at the *chandu* shops, viz., that the habit was contracted from its reputed

effects on the virile powers, which they found from bitter experience to be short-lived, that the habit was a most pernicious one in that it in most cases devoured their small earnings, and yet the hankering after the drug was so powerful as to render them callous to the sufferings of their wives and children from the dire effects of poverty, whom they would rather see starving than deprive themselves of their ruinous indulgence.

Both the *chandu* and the *madat* smokers would be glad if the Government would abolish these shops. They could not leave off the evil habit of their own will, but they would do so if forced to it, though they knew it would be at the cost of their health and probably in many cases of their lives also. Better far, said they most energetically, that they should suffer individually than that future generations should be entangled in a habit which entails such a perversion of the will, and in the end deprives them of the very power for the strengthening of which they prized it so much in the beginning. I was not prepared for this confession, and still I had the satisfaction of hearing it from these confirmed smokers. The owners of the shops, who were themselves smokers, while fully agreeing with their customers, said that so long as raw opium would continue to be produced, the smoking of it cannot be abolished. It may be driven from public shops, but it would be resorted to privately.

Thus it will be seen that there is a considerable difference between the effects of the drug when taken by the mouth and the effects of it when inhaled in the form of vapour. These effects are perceived by those who have taken to both forms of using the drug, and they as well as the pure smokers lament the disastrous consequences of the smoking as contrasted with the comparatively harmless effects of the eating of it. And when these, in all sincerity wish for its forced abolition, I think Government ought not to delay a moment in suppressing an evil which is so devoutly wished for by the evil-doers themselves.

I wish I could say the same thing of opium-eating and opium-drinking. I am opposed to the use of all intoxicating drugs in any form, except strictly for medical purposes and under medical advice. I am even opposed to the habitual use of any substance which, however apparently innocuous, does not come under the category of food proper. I am opposed to the use of even such

substances as tea and coffee and cocoa, *et hoc genus omne*, which are used under the plea that they exhilarate but do not inebriate, that they remove fatigue, stand between food and medicine, &c. In my humble opinion rest, healthy recreation, and adequate nourishment are all that man requires for the due performance of the functions of life, physical and psychical. I look upon the money and labor bestowed upon the production of these substances in quantities larger than absolutely needful for medical purposes as so much waste. But it will take a long time before the world will come to such a conclusion as that. And, considering the imperfect state of the Medical Sciences, any attempt to force that conclusion must be premature, and must, therefore, necessarily be attended with failure, and will create a disturbance which it will be difficult to quell.

So long then as there will be disease, entailing suffering or threatening life, for which the healing art can only offer palliative remedies; so long as the mass of the people cannot avail themselves of regular medical aid either from poverty or want of such aid, and will consequently have to depend upon lay advice; so long as there will be misery in the world which men will seek to drown in oblivion however temporary; so long as men will seek pleasure for the sake of pleasure; so long it will be impossible to prohibit by legislative enactment the use of drugs which are calculated to subserve one or more of these ends, without either compelling people to undergo suffering which there is no other means to alleviate, or meeting with opposition which it will not be easy to overcome.

And when it is remembered that we have in opium a drug which subserves all the ends enumerated above, and which, at the same time that it is cheap, and therefore within the reach of the poorest, is, compared to other drugs, harmless in moderate doses and in the crude form, as regards its action upon the body and the mind, causing neither serious disease nor moral depravity which extends beyond the individual himself, it should be a serious problem with Government whether the use of such a drug can and ought to be prohibited.

If such extensive use of opium must be permitted, then in view of the fact that the drug is a most potent poison, not only likely to be, but most frequently is being, abused and made an easy means

of actual suicide, the next most serious problem for philanthropists and Government to solve, is how to regulate its production and its sale. I must confess it is not within my competency to deal with this problem. If, I may presume to venture an opinion, I should say that as regards production the existing arrangement appears to me to be the best that can be adopted under the circumstances. For it is here, if any where, Government should exercise direct control. As regards the sale by private dealers, I think more stringent measures ought to be taken to reduce to a minimum the abuse of it by debauchees and suicides. What these measures should be, I am not prepared to suggest off-hand.

Nov. 29, 1893.

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#### SUPPLEMENTARY NOTES.

So far as I have been able to follow the evidence given by medical men before this Commission, I find that several have spoken of opium as an agent which sharpens the wits, acts as a prophylactic against malaria, and contributes to longevity.

With reference to its power of sharpening the wits, so far as my observation goes, I do not think it can lay any special claim to it, beyond the stimulating effect which almost all narcotic drugs produce as the result of their very first action on the cerebral hemispheres. The duration of this action depends upon the dose, and in the case of opium it is more transient than in that of other drugs. This is, however, what I have observed that opium has the effect of sharpening for the time being wits naturally blunt, or blunted by disease. Those who are habituated to it have never appeared to me to display any unusual intellectual activity; but this is a remarkable fact with them, that they work better under the stimulus of the drug, or as I should prefer to say, that the drug by its habitual ingestion has become so much a necessity, that the functions of even the higher portions of the nervous system can only be carried on under its influence.

I have had considerable experience of the effects of malaria both in my own person and in others. I never took opium myself, nor did I think it necessary to give it to my patients either as an anti-periodic or as a prophylactic; and I have never seen nor heard

it recommended by practitioners for either of these purposes; except by those who are opium-eaters themselves whether professional or lay, by whom it is looked upon as a sovereign remedy, a panacea, for almost all diseases. As far as my own observation goes, opium does not seem to arm the system with powers of resistance against malaria; nor has it appeared to me to possess any specific anti-periodic or anti-malarious virtues. Opium-eaters have been as subject to malaria as non-opium-eaters, and malarious enlargements of the spleen and of the liver are no less common among the former than among the latter. If it really had the marvellous anti-malarious virtues which have been ascribed to it by the majority of the medical witnesses before this Commission, I wonder how is it that a wholesale recommendation of the use of this drug, by the people of this country, has not been made by the medical profession, especially when malaria is so rife throughout the length and breadth of the land.

As regards its power of producing longevity, I may mention two facts which I may be said to have carefully observed. One is, that amongst habitual opium-eaters, who have confined themselves to moderate doses, I have found many who have attained long life, being from seventy to nearly ninety years old. It would not be a legitimate inference from this fact, that opium has been a factor in contributing to the long duration of life in all these cases. But the fact certainly warrants the inference that opium in moderate doses may not shorten life. The other fact is, that in many diseases where science has not yet succeeded in discovering specific medicines, opium has not only been the means of relieving suffering but of saving and of prolonging life. Even Dr. Chevers has borne testimony to this fact. In his *Diseases of India*, p. 577, he says—"In Bengal many well-to-do opium drunkards appear to be fairly nourished, and, escaping serious disease or injuries—under which they would almost certainly succumb—live comfortably into advanced old age."

On the other hand, I must say that the habitual use of opium for whatever reason it might have been begun, whether for any disease or for its intoxication, seriously interferes with the proper treatment of many diseases, notably diarrhoea, dysentery, and cholera, and therefore tends to shorten life.

And further it should be noted that it is not in every case, that the drug, though habitually taken, is well tolerated, and consequently in these cases it cannot tend to longevity, but must do the very opposite.

It cannot, then, be said of opium unconditionally, that if taken habitually, regularly, that is periodically (not necessarily daily, but may be more often than once daily), just as food is taken, it will help in adding to the days of a man's life.

• What would the prohibition of opium lead to? In a few cases the habit may be recovered from. But in a large, indeed, a very large majority of cases, it would lead to irremediable disturbance of the functions of life ultimately terminating in death which certainly otherwise would not have taken place. Those, who are in the habit of using it for its intoxication, would in all probability be driven to the use of other more injurious drugs, such as alcohol, hemp, &c., and would certainly be immeasurably the worse for the change.

Déc. 9, 1893.

[We shall be glad to receive communications on the effects of opium on man and the lower animals, based upon actual observation or experiment. The very first symptoms, that take place in those who begin the habit, either of eating, drinking, or smoking the drug, should be observed with particular care, in order to note how they are subsequently—as the habit becomes confirmed—altered or developed. Post mortem appearances in cases where death has taken place in the natural course or as a consequence of violent poisoning, especially if accompanied with microscopical examination of the tissues, would be most welcome.—*Editor.*]

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**THE PROPOSED PASTEUR INSTITUTE FOR INDIA.**

We have received a report of the proposed Pasteur Institute up to the 4th of December last, from which we have great pleasure in giving *in extenso* the following appeal in its aid. Very properly the Local Governments as also the Government of India are in favor of the scheme. We are aware that a fierce controversy is still raging about Pasteur's method of curing rabies, and a most powerful opposition has been raised against the establishment of Pasteur Institutes, on the score of the necessity of vivisection which the method indispensably requires. The tide of opposition, which has originated in philanthropic England, has threatened to submerge public opinion in favor of the establishment of a Pasteur in India. We hope the tide has lost its force and momentum before reaching our shores, and that a Pasteur Institute will become a *fait accompli* here in India, just as one is about to be in England under the auspices of H. R. H. the Prince of Wales.

We are not insensible to the cry of humanity against the infliction of unnecessary pain and suffering on the lower animals even for experiments calculated to the advancement of the Healing Art. So far back as 1874, in giving an account of our *Second Series* of Experiments on the Pathogenetic Action of the Cobra Poison, we said in the June and July number of this Journal:—"We think it is nothing but impatience, a mistaken idea of progress, a vain desire to advance knowledge, which spur us to do many things which we ought not to do. Experiments on living animals, however carefully conducted and performed with the aid of anæsthetics, cannot but inflict pain and shorten the duration of their lives. Such experiments should, therefore, never be wantonly resorted to. They are only justifiable when the object is not the mere advance of knowledge, but of such knowledge as will lead to the alleviation of suffering much greater than we inflict, and the saving of many more and much more important lives than we destroy. In their performance we should observe the strictest economy as regards suffering and loss of life. It is true that in scientific investigations we cannot too often repeat our experiments, but we must remember that the experiments in question are such as inevitably lead not only to infliction of suffering upon innocent creatures, but in the majority

of instances to the ultimate destruction of their lives. Such experiments, therefore, should, on no account whatever, be unnecessarily repeated. When conducting such experiments we cannot too attentively watch their progress, we cannot too narrowly and minutely observe every phenomenon as it develops itself. Such a procedure, at the same time that it is humane, makes us more observant than we would otherwise be."

The results of Pasteur Institutes all over the world bear testimony to the efficacy of Pasteur's method. Hence, there can be no question, whatever, that it "leads to the alleviation of suffering much greater than it inflicts, and the saving of many more and much more important lives than it destroys." But besides the cure of hydrophobia, the proposed Institute contemplates other objects equally, if not much more, important. The scheme, therefore, has our heartiest sympathy, and we trust that the Bengal Branch about to be inaugurated, will be a branch of no chimera, but of a really noble institution.

#### THE APPEAL.

"To the people of India and to the Englishmen who have made this land their temporary home, to the Princes and people of the Native States of India, we confidently appeal for the funds necessary to establish and maintain an Institution in India where the means of prevention of dire Indian diseases, such as cholera, fever and leprosy, may be diligently sought out, where those who are in actual danger of hydrophobia may be saved by the resources of modern science, and whereby the newest and most valuable life-saving knowledge of the West may be brought to the very door of the poorest native of India, so that this Empire may take a place among the foremost nations of the world in the honourable race for distinction as the home of healing science.

"The secret of prevention of hydrophobia is already known; yet, every year, a number of human lives are lost from hydrophobia in India; and these might be saved if we had such an Institution as we desire to establish in our midst. The British officer and soldier, the Native officer and sowar or sepoy, each represents to Government a value which can be calculated in money, and Government, therefore, has for some time found it worth while, when such are in danger of hydrophobia, to send them at Govern-



ment expense all the way to Paris, where the Pasteur Institute has been for many years in existence, growing annually in fame and scope of beneficence. Wealthy private persons, who have the misfortune to be bitten by rabid animals can, on the other hand, afford to pay their own expenses in the long journey to Europe and back. These are thus enabled often to escape a terrible fate and in every case are relieved to a great extent of the agony of fear and suspense which afflicts those who are threatened by a dreadful death. But the bulk of the population of India have no such relief from anxiety, no such open door of escape from death. Even if religious scruples did not forbid many to cross the distant sea, it is only a very small minority of the people of India who are wealthy enough to afford the expense of a journey to Paris. To place within the reach of the poorest in India an equal chance of life with the wealthiest European or most valuable Government servant, we put forward this appeal. In their own interest, also, we appeal to those classes who can, either at their own or Government expense, make the journey to Paris; because, apart from the cost and inconvenience and anxiety involved, it is well known that the chance of escape from hydrophobia depends greatly upon the promptitude with which preventive measures are taken; and in the long journey from India to France precious weeks are wasted, when days may mean life. Even for these, therefore, it would be infinitely better that there should be an Institution for the prevention of hydrophobia established in this country. It would be better, too, for Government, which would thus be saved the recurrent expense of sending its officers and soldiers to Europe. Between thirty and forty Pasteur Institutes already exist in other countries. There is one even in Constantinople, and one is now being established in England under the auspices of the Prince of Wales. One is badly needed in India.

“Fortunately, the Government of India are not blind to the advantages which the country would gain from the establishment of an Institution in India for the prevention of hydrophobia, and the discovery of the means of prevention of other diseases; for they have expressed the fullest approval of, and have promised generous assistance to our scheme, and have nominated a high official to serve on the committee.

“From such Local Governments as have been consulted we have

also received warm expressions of sympathy which, we have every reason to hope, will shortly take the form of substantial assistance now that the approval of the Government of India has been formally conveyed to them. The Punjab Government in particular has assisted the committee, and His Honour Sir Dennis Fitzpatrick personally has supported the scheme from the commencement, and with a promise from His Excellency the Viceroy that he will favourably consider our request for the institute to be named the "Lansdowne" Institute, as soon as a workable and satisfactory scheme has been submitted and approved, we have reasonable assurance of complete and early success in our appeal to the country at large.

"If the whole of our scheme is to be realised, a large sum of money will be required; for the prevention of hydrophobia in India is only a small part of our desire. The number of deaths from hydrophobia annually, numerous and terrible as they are, is but a drop compared to the great volume of the river of death from cholera, fever, dysentery and other diseases which are peculiarly prevalent in this land of severe climatic conditions. The world, however, is probably on the eve of the most splendid discoveries in medical science. Every day the study of bacteriology is becoming a more important part of a doctor's education, and it would be of the greatest advantage to native medical students to be able to terminate their studies by a six months' course at a Pasteur Institute. If we can but endow our Institute worthily, it may fall to the lot of workers in India—perhaps even to natives of the soil—to be the famous pioneers of the discoveries of the future, and to cover their own and India's name with honour; for those who have the good fortune to discover a preventive of malarial fever alone, to say nothing of cholera and other endemic diseases of the East, will have conferred on humanity a benefit which might fairly be compared with the greatest boons of the last nineteen centuries. There are practical workers in the West who have been for years drawing nearer to the secret; a very little distance remains to be traversed; and by equipping and endowing a scientific Institute now, to take part in this pursuit of life-saving knowledge, we have a better opportunity of success in this country than others have elsewhere; for India is unfortunately the land above all others where, in spite of the resources of civili-

sation, we find large masses of the population annually afflicted with fatal or enfeebling disease, and the field for investigation is consequently more extensive here than in Europe. Those natives of India, therefore, who contribute towards the funds of the proposed Institute with liberality sufficient to enable it to be endowed and equipped as a centre of scientific research, will be performing a patriotic act for which millions of their countrymen will have reason to remember their names with gratitude. We say nothing here of the advantages which would also accrue from the progress of bacteriology in India to the animals which constitute the wealth of the cultivator, nor of the money which would be saved thereby; but so sure are we that success and fame await such an Institute as we desire to see established, that it has been determined by the Committee to record, by inscription upon the building itself, the names of those who contribute most generously to its funds.

“With regard to the location of the proposed Institute, the work cannot be carried on at a mean temperature exceeding  $72^{\circ}$ ; but, whatever situation may be finally selected, it will make no difference in the usefulness of the Institute to the people at large; for there is no part of India whither a patient could not be transported in at most seven days, and it is part of the scheme that all poor patients shall be conveyed free of expense to the Institute for treatment and returned to their homes when the cure is effected.

“To sum up, the objects of our scheme, if sufficient funds can be collected, are threefold—

(1). Treatment (*gratis* if necessary) for every person in India bitten by a rabid animal.

(2). Scientific investigation into the means of prevention of diseases prevalent in India, such as fever, dysentery, cholera, leprosy, &c.

(3). Instruction of selected native students in bacteriological study and practice to fit them to carry on 1 and 2.

“With these few words we confidently appeal, with the approval of Government, to the public in India for the funds necessary to carry our scheme into full effect.

“Subscriptions may be paid to any of the branches of the Bank of Bengal, who are Bankers to the Institute, or to any member of the Committee.”

## EDITOR'S NOTES.

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### A FOSSIL SKULL.

We learn from the *Civil and Military Gazette* that a large fossil skull resembling that of an elephant but much larger, has been found embedded in a calcareous rock at Rajpore. Though much damaged it must be an object of considerable interest. Search should be made for the remains of the other bones of the extinct animal.

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### CHINESE TWINS.

China has rivalled Siam in producing monstrosities. The *Pioneer* of the 17th inst. gives the following from a Chinese Paper, the *N. C. Daily News*:—A second edition of the Siamese twins, two nice-looking little boys, about six years old, bound together by a ligament of flesh near the middle of their sides. They are as much alike in appearance, and as near equal in size as it is possible to be. They say that they are from the Kiangsi province, and their mother and father are with them. They have visited Shanghai, Soochow, Kiahing, and Japan and other places, and every where they have taken in a good sum of money.

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### EXTENSION OF THE ANTI-VIVISECTION AGITATION TO INDIA.

We take the following from *Nature* of Dec. 7, 1893:—

As might have been expected, the anti-vivisectionists, headed by the Lord Chief Justice of England, have memorialised the Viceroy of India and the members of the Executive and Legislative Councils. In this document the usual sentimental arguments against vivisection are stated. If with reference to the Indian Bill now under consideration for the regulation of vivisection experiments, it should be deemed advisable to legislate on the subject, the signatories suggest (a) that the higher animals, such as horses, asses, mules, dogs, and cats, for which special certificates are granted in England, and also monkeys, should be wholly exempted from experimentation; (b) that it should be made essential to keep the animals under an anæsthetic throughout the investigation; (c) that the use of curare should be entirely prohibited; (d) that it should be provided that one inspector at any rate shall be selected on account of his recognised humanity, not his scientific knowledge. The executive committee of the Society for the Protection of Animals from Vivisection have also recently transmitted to the Viceroy and the members of the Executive Council a protest against the establishment of a Pasteur Institute in India. They

represent that similar institutes in Paris and elsewhere have so far failed to prevent deaths from the bites of dogs and other animals alleged to be rabid, and that 256 persons have died in spite of the preventive treatment invented by M. Pasteur. It is also remarked that the Pasteur system involves and depends upon the cultivation and perpetuation of the malady of rabies in series after series of sentient animals, to their great misery and suffering, but the benefits that mankind derives from it are naturally ignored.

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EIGHTH INTERNATIONAL CONGRESS OF HYGIENE & DEMOGRAPHY.

The Congress will be held at Budapest under the Patronage of His Imperial and Royal Apostolic Majesty of Austria-Hungry. The following circular letter has been issued by the Honorary Secretaries to the Tropical Section, Messrs. Isambard Owen and S. Digby.

Applications for Membership of the Congress are directed to be addressed to the General Secretary, Prof. Dr. C. MULLER, Rochus Hospital, Budapest.

SIR,—We have the honour to inform you that in accordance with the Resolutions of the Seventh Congress, held in London in the year 1891, a TROPICAL SECTION has been constituted in the Congress to be held in Budapest in 1894, for the purpose of considering the origin and prevention of Tropical Diseases and other problems of Hygiene and Demography specially affecting the torrid regions of the globe.

We have much pleasure in announcing that the Direction of the Congress has appointed Surgeon-Major THEODORE DUKA, M.D., F.R.C.S., of the Bengal Army (retired) to be president of the Section.

The subjects selected for consideration by the Section are the following :

- Cholera,
- Dysentery and Specific Diarrhœa,
- Malaria,
- Yellow Fever,
- Leprosy,
- Tropical affections of the Liver,
- Elephantiasis, Beri-beri, Yaws,
- The Influence of Tropical Climates on persons of European descent.
- Tropical Colonization,
- Tropical Dietetics : the use of Alcoholic Liquors in the Tropics.
- The effects of opium and other Narcotics used in tropical countries.

We shall be pleased to receive notice of any communication you may be disposed to make on any of the foregoing subjects.

The date of the Congress is not yet definitely fixed, but it is expected that it will be held in the early days of September, 1894.

DEATH RATE OF LARGE CITIES.

We take from the *Scientific-American* of Dec. 9, 1893, the following statistics compiled for the first half of this year by Secretary Carter, of the Maryland Board of Health, showing the mortality in various cities of the United States and Europe having a population of more than 100,000. They will be found to be of considerable interest.

	Population.	Deaths.	Death rate per 1,000.
London.....	5,849,104	55,895	19.11
Paris.....	2,424,705	28,675	23.61
New York.....	1,801,739	23,856	26.47
Berlin.....	1,669,124	17,181	20.58
Chicago.....	1,458,000	13,590	18.95
Vienna.....	1,435,931	18,005	25.07
Philadelphia..	1,115,562	12,249	21.95
Brooklyn.....	978,394	10,682	21.84
St. Louis.....	520,000	4,802	18.47
Brussels.....	488,188	4,359	17.86
Boston.....	487,397	5,816	23.88
Baltimore.....	455,427	4,806	21.10
Dublin.....	349,594	4,735	27.05
San Francisco.....	330,000	3,006	18.21
Cincinnati.....	305,000	3,000	19.67
Cleveland.....	290,000	2,538	18.19
Buffalo.....	290,000	2,361	16.28
Pittsburg.....	255,000	2,923	22.92
New Orleans.....	254,000	3,598	28.72
Edinburgh.....	267,000	2,572	19.22
Milwaukee.....	250,000	2,000	16.00
Louisville.....	227,000	1,630	14.80
Minneapolis.....	209,000	1,004	9.60
St. Paul.....	155,000	745	9.61
Christiania, Norway.....	156,500	1,385	17.75
Denver, Colo.....	150,000	871	11.61
Rochester, N. Y.....	144,834	1,291	17.87
Reims, France.....	105,408	1,503	28.62

## A PROWING OF STELLARIA MEDIA.

By Frederick Kopp, Greenwich, N. S. W.

The following symptoms, proved by me from the drug in September last, will show at a glance its homœopathic relation to diseases of a rheumatic nature or tendency :—

*Head.*—Pains of a rheumatic character over the right side of the head, especially towards the back : parts sore to the touch. Rheumatic-like pains darting through the whole head, worse on right side. Rheumatic-like pains through left half of forehead, over the eye ; sore to the touch. Neuralgic pains right side of face. Right eyeball sore to touch ; flushes of heat below right eyelid ; dimness of vision. Darting pain in the right eye. Dryness of the nostrils. Slight heat and burning sensation of the lower lip. Persistent taste of the drug for over two hours after taking, with slight acid feeling ; heat and dryness in the mouth, with numbness of lower gums and tip of tongue. Sensation as if the teeth (incisors) were on an edge.

*Throat.*—Numbness and dryness in the throat, followed later on by sharp stitches in left tonsil.

*Chest.*—Tickling in upper part of chest, inducing short cough, intensified by taking a long breath ; hawking up of phlegm of a semi-transparent viscid character, having a saltish taste. Constrictive feeling in chest, with dyspnea and oppression : sensation of heat in the chest.

*Stomach and Bowels.*—Slight nausea, with frequent eructations, tasting of the drug. Stomach and bowels sore to the touch ; soreness and dragging pains in lower bowels ; navel sore to the touch. Wandering pains around the navel, afterwards remaining stationary between the navel and the liver. Loose dark-brown motions, attended with slight pains.

*Liver.*—Sensation as if the liver were too large for the body ; burning pains all over the liver ; liver sore to the touch ; burning pressure in the region of the liver. General bilious feeling.

*Kidneys.*—Both kidneys sore to the touch.

*Extremities.*—Rheumatic-like pains in the left foot ; rheumatic-like pains in the ankles ; sharp, darting, rheumatic-like pains in the left knee, gradually extending above along the thigh ; similar pains below the right knee-cap : darting pains through various parts of the body, especially down the right arm and the middle and finger next to thumb of the left hand. Stiffness of the joints in general. Rheumatic-like pains in the calves of the legs, which are sensitive to the touch. Rheumatic-like pains in right hip ; rheumatic-like pains across small

of back, aggravated by bending; stiffness in lumbar region, with soreness. Darting pains through right thigh. Rheumatic-like pains in right groin. Dull pain under right shoulder-blade.

*Generalities.*—Pulse slightly raised, but temperature normal. The pains are worse on motion, and the parts sore to the touch. The first symptoms come on rapidly, often within half-an-hour after taking the drug. Next morning, on rising, a bruised feeling all over the thighs, as if from over-exertion. Felt unrefreshed, although had slept well the night before.

It will be noticed that the rheumatic symptoms take a prominent place throughout the proving, which should at once mark the drug as one of the most valuable and reliable remedies we possess for that often very obstinate disease, rheumatism. In the case of a patient suffering from this complaint—the part affected being just below the right knee—I applied the remedy (*Stellaria media*) locally, giving it internally at the same time. The effect was marvellous. Although the patient could with difficulty walk, owing to the severe pain of placing his right foot on the ground, in less than two hours improvement set in, and the pains completely left within twelve hours, without again returning.

*Stellaria media*, on account of its action on the liver, should prove of great service in hepatic complaints, characterised by congestion and enlargement of that organ.

Given to patients suffering from cardiac disease, *Stellaria media* in large doses (say 32m. and sometimes less) appears to increase the intensity of the pains.

In conclusion, I would strongly recommend it to my fellow-homeopaths as a valuable addition to the new remedies of our comprehensive *materia medica*, and well worthy of their notice.

*Homœopathic World*, Dec. 1893.

MR. ERNEST HART FROM A TRANSATLANTIC POINT OF VIEW. • •

Our readers will, we are sure, feel interested in the following communication from a British-American to the Editor of the *Homœopathic World*, dated Bethel, Conn., Nov. 6, 1893.

Sir,—The echoes of Mr. Ernest Hart's violent and utterly uncalled for attack on the Homœopathic wing of the profession in America are still ringing in our ears and also in our journals. Now I am not a "Homeopath," but I know enough of the American Homœopathic profession to be able to speak in the highest terms of its members, both as scientists and gentlemen, and I would indignantly repudiate



the impudent attack on them by Mr. Ernest Hart. It is very galling to us Englishmen in America to have men of Hart's stamp come here and make themselves so exceedingly obnoxious to all well-regulated minds, both professional and lay; and that Mr. Hart has done himself infinite injury in the minds of the great majority of Americans goes without saying. Why even the laity want to know "Who and what is that English bully who is making such an ass of himself?" Even the old school are cursing him for his folly.

THE MEDICO-ETHICAL MISSIONARY.

The following verses from the *Monthly Homœopathic Review*, for Dec. 1893, will be read with much interest in connection with the above.

I am the well-known Ernest Hart,  
 Editor of the *B. M. J.*,  
 In ethics I am awful smart,  
 On etiquette I've much to say.  
 My ethics means just to abuse  
 The homœopaths with all my force;  
 My etiquette is to refuse  
 Them all professional intercourse.  
 Of wallowers in my ethic slime  
 In England I've a goodly crop;  
 Of medical department I'm  
 The Æsculapian Turveydrop.  
 To teach the Yankees etiquette  
 I crossed the wild and stormy ocean;  
 Of high-toned etiquette, you bet,  
 They haven't got the slightest notion.  
 I swore that true *esprit de corps*  
 Bound them to hate the homœopath—  
 They simply voted me a bore,  
 \*And set me boiling o'er with wrath.  
 I said if patients of that sect  
 An operator's aid should lack,  
 No surgeons, who themselves respect,  
 Should "act as sawbones to a quack."  
 I said rank fools were all who held  
 Similia Similibus.  
 \*A blooming biget you!" they yelled,  
 Likewise "You rasping little cuss!"

I shook the dust from off my feet,  
 Cursed the obtuse American,  
 And now I'm back in Wimpole Street  
 A sadder if a wiser man.

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## L'ENVOI.

May Hahnemann, and all his ways  
 Confounded be in every part  
 Of Britain, is, as Shakespeare says,  
 A pious "prayer of earnest heart."

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## A c k n o w l e d g m e n t .

*The Monthly Homœopathic Review*, London, December 1893, and  
 January 1894.

*The New England Medical Gazette*, Boston, Dec. 1893.

*The North American Journal of Homœopathy*, New York, Dec. 1893.

We have to offer our special and most heart-felt thanks to the Editors  
 of the above *Journals* for continuing to send them to us, not-  
 withstanding that our *Journal* was in abeyance for so long a time.  
 We hope to deserve their kindness by our regular appearance.

*Indian Medical Record*, Calcutta, January 1 and 16, 1894.

*The Medical Reporter*, Calcutta, January 1894.

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*Fever and its Rational Treatment.* By Dr. K. N. Bahadurji, M.D.  
 (London), Late Additional Professor of Clinical Medicine and  
 Pharmacology, Grant Medical College; and Honorary Physician,  
 Sir Jamssetjee Jeejeebhoy Hospital, Bombay. 1893.

*Hydrophobia.* By the same author. 1893.

*The Shibboleth of Germ-Theory, its Delusions and Mischief.* By the  
 same. 1893.

*Post Graduate Lectures on the Nervous System, Lects. I & II.* By  
 the same. 1893.

## CLINICAL RECORD.

### *A Case of Arthritic Rheumatism.*

REPORTED BY BABU JADUNATH MUKERJI.

Mr. B—aged 52, given to high living and rich food, but otherwise regular in his habits, got an attack of rheumatism about the 4th of December 1890. In the beginning there was simple stiffness of the knee-joints without any perceptible fever. He continued in this state for over nine days, after which he took to his bed with high fever, when the pains extended to other joints especially those of the upper extremities. There was no marked swelling of the affected parts. He was under old school treatment for about a month with some benefit to the fever, but as the pain and stiffness of the joints remained just the same, and he was told that it would take him months to recover, he placed himself under Dr. Sircar from the 17th of January 1891, when the following symptoms were noted: Stiffness and pain of shoulders, elbows, wrists, hips, and knees, worse on first movement, costiveness, rise of temperature from after noon, (from 100° to 101°). The previous history was that he had some exposure to chilly wind just before he got this attack. Rhus Tox. 6.

18th. Dr. Sircar took me to attend on him from the evening when we learnt that his fever came on as usual at noon to-day and reached its acme at 7 P.M., when the thermometer indicated 101.2. Omit med.

19th, 7 A.M. Temp. 100.8, feeling easier in the hips but pain and stiffness in other joints just the same, much accumulation of flatulence at night, bowels still confined, appetite fair and good. Nux vom. 6.

Evening. Dr. Sircar came to see him at about 3½ P.M., and noted his temp. was 101.2 in the axilla, while under the tongue it was 101.8. Had taken 2 doses of the medicine and had a free motion after the 2nd dose. Omit med.

20th, morning. Had another motion in the evening after we left him, passed a sleepless night as usual, no more pain in the buttocks but the knees are bad again, had to rise three times at night to make water as is usual with him (since he has become diabetic). T. 100.2, wrists and finger joints continue very painful. Caulo. 2x.

Evening, 5 P.M. T. 101.4, a feeling of burning heat issuing from eyes, nose and ears; appetite poor; no stool since yesterday; tongue dry and whitish; very thirsty; stiffness all over but most marked in the left side; pulse full and hard; felt wind in the bowels throughout the day. Aco. 6 every 3 hours up to 3 doses if necessary.

21st, 8 A.M. T. 100.4, slept well after 2 doses of the medicine given at night, pain just the same and always worse on movement, pulse still full and tense. Rep. Aco. 6.

Evening. Saw him with Dr. Sircar and found him easier in every respect, had taken 3 doses of the medicine and was moved twice during the day. T. 101.4. Last stool rather loose. Omit med.

22nd, 7 A.M. T. 99°, could not sleep well last night, although the pain in the neck was better; elbows, wrists, knees no better yet, free perspiration at night with lowering of temp. from 101. to 99

which continues still up to time, has a good appetite and feels quite cheerful. Rep. Aco. 6.

3½ P.M. T. 100.6. Had 3 loose motions after 2 doses of the medicine, limbs almost painless. Omit med.

23rd, 8 A.M. T. 100.2, slept pretty well at night, slight pains again in left shoulder, elbow, knee and ankle, sour perspiration, left foot somewhat cedematous. Dr. Sircar advised me to keep the patient still further without medicine.

6 P.M. T. 101.2, heat with sweat, had one more stool in the course of the day and felt easier than in the morning, can move his left fingers and stand on his legs. Aco. 3 every 3 hours.

24th, morning. Passed a better night, despite a chilly and strong northerly wind; the joints are almost painless, can flex his legs and arms without pain, feels quite easy. Rep. med.

Evening, 4 P.M. T. 99.2, feeling lighter in body and mind, and was found sitting quite erect on a chair and chatting with his friends. Rep. med.

25th, 8½ A.M. T. 98.4. Passed a restless night unaccountably, as there was no increase either of fever or of pain, the maximum temp. last evening was 99.6, he complains only of the left index finger and some stiffness here and there. Had a healthy motion in the morning and felt quite at ease since then. Rep. Aco. 3.

Evening. Was very well during the day, and the pains in the joints are getting less gradually. Rep.

26th. Sleep disturbed at night, no fever, free perspiration, desire for more food, temp. 98.1, pain in the joints almost nil, excepting in the left index finger and wrist. No med.

Evening, T. 98.6. Felt well throughout the day, was moved once, appetite good, pain in the finger still less.

27th, morning. Passed a better night, stiffness in the left arm and shoulder not yet quite gone, temp. subnormal since last night, 97.5. Ordered Chapatees and Moog-dal soup and milk. No med. From this day up to 30th we did not give him medicine, but simply gave him unmedicated globules as placebo, and kept him on strict vegetable diet with the exception of Kai fish soup and milk. In fact, he felt all right, having only some slight stiffness in the joints with a flatulent tendency.

31st, morning. Temperature 98. Dr. Sircar, finding patient doing well in every respect, except that slight stiffness in the left shoulder, elbow and wrist was continuing, ordered a dose of Sulphur 30.

February 1. No rise of temperature since last report, bowels not all right yet, stool scanty and insufficient, pains in the left shoulder and wrist slight, morning temperature as usual subnormal. Aconite 6, 2 doses.

2nd. Was moved freely after the dose of Aconite; stiffness of shoulder continues. Omit fish diet.

3rd. Stiffness no better, no fever, desire for eggs. No med.

4th. Stiffness just the same even after omission of fish, took a drive in the afternoon, stool ash-coloured and a-bilious. Evening T. 99. Morning subnormal. Hep. S. 6.

5th. Saw him in the evening with Dr. Sircar and found him in the same state. Rep. med.

From 6th up to 9th Feb. Hepar was repeated from time to time, and he felt better in every way.

10th. Report came that he was doing well under the last medicine, though stiffness in the shoulder and elbow is still somewhat troublesome. No med.

12th. Morning, writes to say that he was no better as regards stiffness. Ordered Rhus Tox. 30

15th. Finding no change under the last medicine, we stopped it again for two or three days.

20th. No change, the slight stiffness still continues. Sulph. 12, one dose.

21st His Porter came to report that his master was doing well ; ordered. Rhus Tox. 6.

23rd No further improvement. Rhus Tox. 30, morning and evening.

26th On coming to see him to-day I was told that he was doing better. Rep.

27th. I attended off and on from this day up to 8th March and kept him under Rhus 30 with an occasional dose of Sulphur 30. He was nearly well, with the exception of a slight lingering stiffness in the left shoulder. He then left Calcutta for a change of air in the N. W. P.

#### *Remarks.*

In this case the old school practitioners had pronounced judgment to the effect that it would take a very long time to get rid of the disease. Under homoeopathic treatment patient was all but right in less than two months. Aconite, of all medicines, did the most good, and our choice had fallen upon it from our knowledge of the original cause of the disease, which was exposure to a cold chilly wind. The regulation of the diet of the patient had a great deal to do in expediting his recovery. He was a great meat-eater, and his orthodox medical attendants had allowed him to take meat freely. Dr. Sircar prohibited it absolutely, and the result was very satisfactory.

**THERAPEUTICS OF CONSTIPATION, DIARRHOEA,  
DYSENTARY, AND CHOLERA.**

**92. FAGOPYRUM ESCULENTUM.**

**Constipation :**

1. Hard difficult st., at first light and then dark brown ; burning in the rectum after st.

**Diarrhoea :**

1. Slight diarrhoea with flatulence.
2. Sts. all thin and the last watery, with great tenesmus.
3. St. with severe pain in the rectum, extending down the thighs and legs to the heels.
4. St. large, dark, and soft, forcibly expelled ; soon after, a dull pain through the abdomen, and a dull aching sensation through the body.
5. Soft dark st. ; after it, pressure in the head somewhat increased.
6. A pappy st., rather large.
7. St. abundant, at first pappy then watery ; passed with force, and followed by severe tenesmus.
8. Soft pappy st. with flatulence ; very little tenesmus during st., but after, it becomes quite severe.
9. Thin pappy and almost watery st. with tenesmus.
10. Watery st. with considerable flatulence.
11. St. very offensive but normal in amount ; oily look ; easily voided ; cadaverous smell of the discharge.
12. Frequent desire for st. which was of a peculiar oily consistency, and extremely foetid, like rotten eggs.
13. About 6 a.m. had a severe aching pain in the abdomen, which forced him to rise and go to st. ; st. dark and pappy, forcibly expelled, preceded and followed by tenesmus.
14. Diarrhoeaic st. preceded by nausea extending down into the bowels, with griping-cutting pains.

**Aggravation :**

1. Morning and Forenoon.

**Amelioration :**

1. Congestive headache after st.
2. Motion in the open air.
3. Eating.

**Before St :**

1. Severe aching pain.
2. Tenesmus.
3. Urgency.
4. Nausea.
5. Griping-cutting pains.

**During St :**

1. Tenesmus,
2. Severe pain in the rectum, extending down the thighs and legs to the heels.
3. Flatulence.

**After St :**

1. Burning in the rectum.
2. Dull pain through the abdomen, and a dull aching sensation through the body.

3. Pressure in the head somewhat increased.
4. Tenesmus severer than during st.
5. Burring in stomach, and a chill in back.

**Rectum and Anus :**

1. Rumbling of wind in rectum.
2. Uneasy feeling in the rectum, with desire for st.
3. Sensation as of ascarides in rectum and around anus.
4. Ineffectual desire for st. with a creeping sensation in the anus.
5. Great urgency to go to st. at an hour earlier than usual.

**General Symptoms :**

1. Great irritability of mind. Mind depressed.
2. No inclination to mental labour.
3. Mind clouded, relieved by eating.
4. Confusion of the head.
5. Vertigo with nausea.
6. Head hot. Headache, relieved by eating, by walking in open air.
7. Feeling of congestion in the head as if the eyes were pressed out from behind.
8. Ulcer in the nostrils. Crusts from the nose. Fluent coryza.
9. Face swollen, with heat. Lips dry and cracked.
10. Tongue bright red, moist, deeply fissured along edges. Bad taste in the mouth; sour, disagreeable taste; taste of the ingesta.
11. Uvula elongated and granular appearance of the soft palate. Tonsils swollen and red.
12. Throbbing of the carotids; can look in the glass and count the pulse by observing the throbbing.
13. Appetite good, and temporary relief of symptoms while eating supper, but soon return.
14. No special desire for dinner, but like to eat after once beginning.
15. Excessive thirst the whole day, for large quantities.
16. Eructations of offensive taste.
17. Occasional eructations of scalding, acid, watery substance, coming up into the pharynx and so hot as to almost cause strangulation. Watery regurgitation.
18. Heart-burn and acidity of the stomach extending from the stomach up through the whole length of œsophagus.
19. Nausea, relieved by eating. Nausea extended down into bowels, with gripping-cutting pains, followed by diarrhœaic st.
20. Nausea almost to vomiting and a sore feeling in the stomach.
21. Bruised sore feeling in the stomach; after breakfast feel much better; coffee relieves.
22. Distension of the abdomen with flatulence. Cœcum and ascending colon tympanitic, elsewhere dull. Has to loosen clothes to relieve pain from pressure.
23. Constant discharge of flatus.
24. Severe aching pains through the abdomen, with tenesmus; they come in paroxysms with nausea; also hot flashes with

- moisture over the body, disappearing while walking; on sitting down tenesmus, with other pains, returns at once.
25. Urine increased in amount, chlorides abundant, slightly acid.
  26. Quantity of urine normal, but frequent desire; difficulty in voiding last drops; thinks it is done, and then several drops pass, wetting the linen; urine light coloured and clear.
  27. Pain around the heart; was obliged to lie upon the back; comes on soon after rising; while sitting still, or while walking rapidly; relieved by gentle motion; greatly aggravated by riding on cars.
  28. Pulse slow and almost imperceptible; great rise upon going upstairs.
  29. Lassitude and sleepiness.
  30. Restlessness of mind and body.
  31. Flea-bite eruptions, red raised spots, very sore but no suppuration. Papular eruption. Itching in general. Dreadful itching especially of the hairy portion.
  32. Early in morning dreamed of prescribing for a person with wind colic, and of having it myself: shortly afterwards waked out of a sound sleep, about 3 A.M., with the most excruciating, griping, cutting pains in the hypogastric region. The whole abdomen felt sore to the touch. The pain lasted over an hour; relieved a little by doubling myself up and pressing hard on the parts. With this severe colic the sharp pains of the heart came on, and lasted for ten minutes though not so severe as before. Could not keep my feet quiet a moment during the paroxysm of pain.
  33. Heat and restlessness after retiring.

**Remarks:** Though a voluminous proving of it was presented to the American Institute of Homeopathy so far back as 1873, FAGOPYRUM does not seem to have found favour with our school. Even the father of New Remedies, Dr. Hale, has not used it much in practice, though according to him "many of the symptoms are certainly suggestive of some specific action, not only on the skin but on the mucous surfaces," and "it is certainly indicated in *intertrigo*, *erythema*, and some forms of *eczema*." So Dr. Hale does not suggest its use in diarrhœa, though its pathogenetic action in that direction points to it as likely to be a valuable remedy, especially when the stools gradually become watery, are attended with much flatulence; preceded by the peculiar nausea which extends down into the bowels and is accompanied by griping-cutting in them; also when the stools are of an oily consistency, very offensive and fetid like rotten eggs; when the tenesmus during stool becomes very severe after stool. One marked characteristic of the FAGOPYRUM patient is that he always feels exceedingly tired, but especially after waking in the morning, and that all his symptoms are worse in the afternoon and evening from 3 to 6, especially after mental work, and are better after eating and motion in the open air.



**Glennings from Contemporary Literature.****BIOLOGY AND ETHICS.**

BY SIR JAMES CRICHTON BROWNE, M.D., L.L.D., F.R.S.,

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In the case of civilised man natural selection is subject to numerous and extensive limitations. The struggle for existence still goes on vehemently enough; but it is changed in character, and instead of animal rapine we have industrial competition. The brutal and relentless acts of self-assertion that in a savage state secured the survival of the fittest—that is to say, of those best adapted to savage surroundings—have been condemned as unsuitable to a more artificial existence and are punished as crimes, and the conflict is carried on by cunning devices which abolish the weakest slowly and unobtrusively and do not outrage certain moral feelings opposed to violence which have in the meantime grown up. But, more than that, in social progress the struggle for existence becomes in certain directions a surrender not of the feeblest but of the strongest and the best. A recognition of the obligations which man owes to his fellowmen and the promptings of “Love’s divine self-abnegation” impose restraints on some of the competitors who, instead of forcing their way to the front, as they are well able to do, stand aside and allow themselves to be beaten by those less fitted to survive. To adopt the illustrations of Malthus, nature still spreads her feast for twenty guests, whilst thirty stand by ready to partake of it, but, whereas in primitive times the twenty strongest would have unhesitatingly appropriated the sustenance, in these more virtuous days fifteen of the strongest and five of the weakest secure it, because five of the strongest have chosen to abrogate their natural claims. The census returns clearly show that whilst the age of marriage in this country steadily rises amongst the educated and affluent classes it remains painfully low in agricultural districts and in the poorer quarters of the great towns.

The interference with the struggle for existence which civilisation and ethical development involve is familiar to medical men above all others, for their professional career is one sustained endeavour to prevent the extermination of the unfittest and, therefore to check the operation of natural selection. It is theirs to succour the victims who have been smitten in the fight and who, but for their aid, would perish; it is theirs to preserve weakly lives which left unprotected would be ruthlessly stamped out; it is theirs to circumvent conquering bacteria and so prevent mortality and swell the millions contending for a bare subsistence; it is theirs, as the chosen ministers of the higher ethics, on the one hand, to counteract the life-destroying checks which operate chiefly on the feeble and incompetent, and, on the other, to inculcate the prudential considerations which are most influential with the finest types of mankind. No doubt the wider scope which modern science has given to medical practice enables those who pursue it to render services to the strong as well as to the weak, and to compensate in some

degree for the general lowering of vitality which the maintenance of sickly lives tends so produce. Sanitary improvements and the removal of many of the causes of disease not only keep the infirm alive but ensure increased vigour to the constitutions of the robust. But still the result of medical work as a whole at the present time must tend towards the intensification and the thwarting of the struggle for existence and perhaps to some deterioration of the species for medical work does intermeddle with nature's rough and ready methods in selecting her breeders. Great numbers of weakly infants who would formerly have perished in their infancy are now reared to a weakly maturity and enabled to propagate their weakness (for the weakly are often highly prolific), whilst they take part in the life battle on terms sometimes made unduly favourable to them by the commiseration that their weakness commands; and this fact ought not to be lost sight of when we are congratulating ourselves on our greatly diminished death-rate. An enormous saving of life has been effected, but mainly in life's earlier decades. The death-rate is actually increasing amongst males at all ages above thirty-five and amongst females at all ages above forty-five; and it is not difficult to prove that this increased mortality at post-meridian ages is due partly to the enhanced wear and tear of modern existence and partly to the survival of weakly lives artificially protected and prolonged.

The origin of those moral sentiments which, in the case of our race, are modifying the course of natural selection and which have evoked and moulded the profession to which we belong is as inscrutable as the invention of natural selection itself, but their development has some light thrown on certain of its stages by biological considerations. In the life history of living organisms we can trace out some rudimentary phases of a new struggle for existence, a struggle between ethical principles and animal propensities, a struggle that has to be fought out in the brain and mind of man but that is foreshadowed in partly protoplasmic particles. For very early in organisation may ethical rudiments be detected; indeed, the moment we get beyond the solitary cell, a simple organism which merely feeds and grows and liberates superfluous parts of its substance to start new organisms like itself, mutual obligation or what might be called a moral relation is discernible; antagonism is converted into co-operation and conflict gives place to harmony, and the higher we ascend in the scale of being the more far-reaching and complicated does co-operation become. Individualism is gradually subordinated to collectivism and the struggle for existence becomes mainly the concern of the organism as a whole and is only in a minor degree that of the units of which it is composed. Growth, form and structure are regulated by an organic process. Only very slightly modified by external conditions and not at all by the selection of the fittest amongst the growing, formative and tissue-making parts. "In each of these complicated structures," says Huxley, in referring to the roots, stem leaves, flowers and fruit of a bean, "as in their smallest constituents, there is an immanent energy which in harmony with that resident in all the others incessantly works towards the maintenance of the whole and the

efficient performance of the part it has to play in the economy of nature." In a higher animal we have untold millions of cells of widely different constitution and habits not merely dwelling together in amity but cooperating for the good of the system in which they are incorporated and undergoing harmonious and efficacious metamorphoses as it unfolds. The system is still engaged in the struggle for existence, but its constituents cannot in any true sense be said to be so on their own account. Their self-assertion is limited by the organic process, or what would at one time have been called the law of design, the equilibrium and comity of tissues being secured by a self-restraint that is inherent in them, that was inherent in the vital impulse that called them into being, a restraint on the nutrition and reproduction of each to secure the nutrition and reproduction of all, a restraint that when from any cause it is broken down leads to disease, as in the overgrowth of cancer. And, as in the case of the cell, so in that of the animal the moment we get beyond the solitary animal fighting for its own life mutual obligation or a consensus becomes apparent, for if two animals combine to fight together there must be a tacit understanding that they are to forbear from fighting each other whilst so engaged. In all associations of animals the association which is useful to them in their struggle for existence is only maintained by some curtailment of the self-assertion that is of the very essence of the struggle. Sheer animalism is to some extent restrained, antagonism for certain purposes is merged in co-operation, and individualism is modified in its manifestations by self-denial. In the ant-hill and bee-hive and amongst all State-forming insects may be observed an orderly polity involving the co-operation of different classes which exist not for their own advantage but because they are of value to the State and have given it a superiority over differently constituted colonies, and in all packs, herds and communities of animals there is some subordination of self-will to secure the realisation of the universal will in social existence. And the higher we ascend in the scale of gregariousness the more conspicuous does co-operation become, until amongst the higher races of civilised man we find that it has in some degree transferred the pressure of the struggle for existence from the individual to the body corporate and that it tends to do so more and more. Social organisation is loose and shadowy when compared with that of living beings, and differentiation of structure and function in it are partial and ill-defined, but still it is readily perceived that its development is regulated by a social process which, although it may seem to emerge from environment and the struggle for life, clearly implies as it goes on not only the harmonious coexistence of different classes differently employed and interested in a larger life than their own, that of the system or nation of which they form a part, but the subjection of individual self-assertion to social growth, in accordance with some social ideal or, shall we say, design. In the social not less than in the organic process we see pause given to the life struggle and the co-operation of diverse parts to a common end. In highly civilised societies certain classes—propertied and pensioned classes—are practically relieved from the struggle for existence

by the operation of moral restraints, and it is the avowed aim of State socialism to make that struggle less and less the concern of the individual and more and more that of the State. In the intercourse between nation and nation traces of co-operation may be recognised.

But it is in sexual relations for more than in the organic or social process that the embryonic forms and cotyledons of the moral sentiments that amongst mankind, when in full leaf and blossom, mask and overshadow and sometimes choke natural selection may be most clearly recognised. Nutrition is everywhere egotistic, but reproduction is invariably altruistic character. In its lowest form, where two exhausted cells flow together, reproduction corresponds with what has been designated protoplasmic hunger; but wherever true sexual union takes place we have activities that are other, regarding and whenever genuine maternity is differentiated we have hints of self-sacrifice. Sexual preferences and the selection of mates have obvious reference to the continuance of the species and the welfare of the offspring and imply co-operation, and the fatality that attends the triumph of motherhood represents the immolation of the individual for the collective advantage. Amongst the insects we have the pairing of mates preceded by courtship and followed by associated industry, as in the *aterachus*, where the male and female beetle disinterestedly toil together in rolling up receptacles for their unborn offspring, and throughout the whole animal kingdom, from the *mesozoa*, where the female dies in giving birth to her ova, upwards, we have illustrations of the sacrificial nature of the reproductive process. Rooted in physical wants and sensation, the reproductive impulse and parental instincts are gradually reinforced by psychical sympathies and branch into altruistic manifestations. The fierce fight of the stickleback with his rivals and his jealous guardianship of the nest to which he has conducted his bride may be but expressions of blind instinct, and the brooding of the hen on her eggs may be a mere indulgence in an agreeable siesta, but it is impossible to doubt that in the action of the walrus or tiger in desperately defending its young, even when wounded and suffering, and at the expense of its own life, there is an element of disinterested love. Such maternal devotion evinces not reckless self-assertion and the desire to hunt down competitors, but the antithesis of these: self-abandonment and care for others. Between the mother and her offspring there is no struggle for existence, but there are alliance, affection and co-operation.

In the pairing of mates, then, in their co-partnership often extending far beyond the breeding season, in the provision made for offspring, in the care and training bestowed on them after birth, and in the establishment of family groups, all reproductive phenomena, we have in the animal series the analogues, minute but distinctive, of the altruistic emotions which in human beings, fostered and transmuted by various agencies, have enabled them as regards certain relationships to struggle out of the dismal swamp of the struggle for existence. And in the case of human beings it has, I believe, been the formation of distinct family groups that has more than

any other reproductive influence been contributory to moral progress. The family is the social unit, the nursery of goodness, the school of character, the germ-plasm of the loftiest virtue, for it is by a diffusion of the feelings that well up within its precincts to the clan, the nation and the race that we become public-spirited, patriotic and philanthropic. The savage owes to it his first glimmerings of ethics, and we in this country owe to it the prosperity we enjoy. Its associated life necessitates a curtailment of self-assertion, a discipline of self-will, and is incompatible with irresponsible atomism, but favours the evolution in the sequence of the dispositions that fit for companionship under civilised conditions.

Now we have been told lately that the family is played out and doomed. Mr. Pearson, in his remarkable and able work, has argued that it will ultimately, to a great extent, be merged in the nation. He looks forward to a state of things in which there will be a weakening of the marriage bond, wedlock being, instead of a union for life, a partnership during good behaviour or pleasure, and in which children growing up, better educated than father or mother, will know that they have to thank the State for schooling and protection and are little indebted to their parents, who have simply taken advantage of their tender years to confiscate the proceeds of their industry. In these halcyon days there will be a State *crèche*, a State school and State medical institution, supplemented by State meals, and the child when well drilled in the State gymnasium will pass from the State school into a State workshop, and finally on to the State crematorium. The result of all this will be that as marriage becomes legalised concubinage the obligation of family duties will attenuate; as children understand that it is to the State they have been indebted for maintenance the old feelings of gratitude and affection which bound them to their parents will dwindle away; and as parents lose their proprietary and administrative rights over children they will more and more shift the responsibility for them on to the state. The family with all its sacred traditions and precious training will decline, and man—like the cuckoo—will be constantly seeking to foist on others the maintenance of his offspring. Mr. Pearson's prognostications, however, are, I venture to think, of an unnecessarily gloomy description. They are founded on the assumption that society is destined to become more and more secular; they betray ignorance of human nature, for surely the love of children for parents is not founded solely on a sordid calculation of what they owe them; and they involve the error that the volume of feeling must always be the same and that its expansion in one direction, so as to embrace the sphere of State action, implies its contraction in another direction, so as to exclude family ties and claims. But there is no reason to doubt that reverence for the State may grow without supplanting reverence for the family; nay, there is reason to hope that parental and filial affection will become stronger and more tenacious as time goes on. The restrictions placed by the State, as the exponent of enlightened opinion and sentiment, on the autocratic powers which the head of the family at one time possessed—the very

existence of which provoked antagonism and the arbitrary exercise of which corrupted—may be expected to soften and cement the family relationship and make it more complete and lasting than it has hitherto been. Then it is to be remembered that the period of dependence of offspring on parents steadily increases as evolution advances. The higher the animal the longer the duration of this period of dependence. It is more protracted in civilised than in savage races and now than it has been heretofore. And this protraction of intimate intercourse and reciprocal relations between the members of a family certainly means a deepening of the sense of kinship. We may flatter ourselves with the hope, then, that the tender and, indeed sacred feelings which have been nurtured in household association will retain their dominion over us and that the family will survive in unimpaired integrity, the fountain head of altruistic emotion, the palladium of sound morality.

I have briefly indicated a few of the ways in which the higher moral sentiments of man which place him in opposition to the great current of crude natural selection are biologically typified and a few of the basal states out of which they arise. But it is to be borne in mind that between the emotions of man and the emotions of the lower animals, however analogous they may be, there is a great gulf fixed. Man's hairless back, Mr. Wallace has told us, completely reverse what obtains in all other mammalia, and his higher moral attributes are not less at variance with the instincts and feelings which regulate the conduct of animals. And it is also to be borne in mind that as regards the moral feelings of man no unbroken continuity of evolution can be traced out. In races mentally immature moral distinctions are but dimly perceived and sometimes merely correspond with what is agreeable and disagreeable as was illustrated by the well known case of the Bushman, who, in reply to the missionary, gave as an instance of a bad action that someone should steal his wife, and as an instance of a good action that he should steal the wife of some one else. In highly civilised races moral distinctions are nicely discriminated and correspond, not with immediate pains or pleasures, but with transcendental ideals, as may be illustrated by the conduct of the man who refrains from the utterance of the sally of wit, harmless in itself and calculated to display his cleverness, because it might give transient pain to someone who is present, or of the medical man who sucks the occluded tracheotomy tube to save the life of his diphtheritic patient at the imminent peril of his own. Between these two extremes morality is progressive. Subject to innumerable local variations and to hideous and grotesque distortions now and again, the theory and practice of morality advance and as they do so diverge more and more from the theory and practice of evolution, but the advance is not steady and uninterrupted and has been powerfully influenced by forces which have not operated on the lower plane of natural selection. The intellectual progress of mankind and its segregation in towns, the growth of language, and inventions such as printing and the steam engine, by extending and enriching human intercourse, have helped immeasurably towards a reasoned rule of

life. But beyond these, more subtle influences have been at work, for ethical evolution has been advanced from time to time far more by the illumination thrown on its path by great teachers of morality than by plodding industry or fitful ingenuity. History shows us that there have appeared now and again leaders of men, sudden and marvellous variations, not merely anticipatory of qualities which will one day become possible for the average man (though such anticipation would be in itself a miracle) but declaratory of truths hidden till their coming, but ever afterwards conspicuous to men. Moses, Gautama, Confucius, Plato, Mahomet and Luther have each in different degrees promoted moral progress, and it is of such men that Carlyle says that they are "the light which enlightens, which has enlightened, the darkness of the world; and this not as a kindled lamp only, but rather as a natural luminary, shining by the gift of heaven, a flowing light fountain, as I say, of native original insight, of manhood and heroic nobleness, in whose radiance all souls feel that it is well with them." The gifts of men such as these, with a power of looking beyond mere relation of things into their inner meaning and of discerning the loveliness shining through them, have always been inseparably connected with religious convictions and aspirations which have ever been the most powerful levers of moral improvement. Man is a religious animal, and the only religious animal, and requires for his moral sustenance and the perfecting of his nature something more than altruistic feeling cultivated by the travail of intellect and ripened by the the sunshine of genius. Whenever his moral education has reached a certain stage he realises the inadequacy of natural knowledge to explain the mystery of the Universe or to satisfy the requirements of his conscience, and then he conceives an invisible Author of existence, who is Legislator and Judge of right and wrong, and his foresight expands into faith in an unseen world to come, in which injustice will be redressed and remorse quenched in forgiveness. He lifts his eyes from an eternal death feud to realms of peace and universal brotherhood; and then it is that all his primitive and chaotic moralities are gathered into an ethical cosmos, and that design, become articulate, breathes forth a message that classifies, orders, and directs them for evermore, and indeed creates a new moral environment in which self-denial becomes a chief factor of self-satisfaction. Then it is that he truly learns that to live for himself is to lose himself and that to live for others is to gain himself and all the world besides, and that blessedness and righteousness and not merely happiness should be his aim.

*(To be continued)*

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HAHNEMANN ON OPIUM.\*

It is much more difficult to estimate the action of opium than of almost any other drug.

In the primary action of small and moderate doses, in which the organism, passively as it were, lets itself be affected by the medicine, it appears to exalt the irritability and activity of the voluntary muscles for a short time, but to diminish those of the involuntary muscles for a longer period; and while it exalts the fancy and courage in its primary action, it appears at the same time to dull and stupefy (the external senses) the general sensibility and consciousness. Thereafter the living organism in its active counter-action produces the opposite of this in the secondary action: diminished irritability and inactivity of the voluntary, and morbidly exalted excitability of the involuntary muscles, and loss of ideas and obtuseness of the fancy, with faint-heartedness along with over sensitiveness of the general sensibility.

In large doses the symptoms of the primary action not only rise to a far more dangerous height, but they pass from one to another with impetuous rapidity, often mingled with secondary

\*These observations form the preface to the article Opium in the *Materia Medica Para*. We have taken them from Dr. Dudgeon's English Translation. They are worthy of careful study by physicians of all schools.—*Ed.*



actions or quickly passing into the latter. In some persons certain symptoms are more conspicuous, in others other symptoms.

No medicine in the world suppresses the complainings of patients more rapidly than opium, and misled by this, physicians have made immense use (abuse) of it, and have done enormous and wide-spread mischief with it.

Were the results of the employment of opium in diseases as beneficial as its employment is common, there would be no medicine by which patients would be so often cured as by opium. *But exactly the opposite of this is universally the case.*

Its enormous power and rapid action imply that an uncommon amount of knowledge of its actions and an uncommonly accurate judgment and appreciation of it must be required in order to employ it medicinally, if we would use it in a *really beneficial manner, which is impossible without making a homœopathic application of it.*

Hitherto opium has been almost exclusively employed antipathically or palliatively, and hardly any but its primary actions have been opposed to the contrary morbid states, *contrariis curentur*—except when the physician prescribed (by mistake? or *numinis afflatu*?) in a sense exactly opposite to this antiquity-hallowed therapeutic rule of Galen's, and so effected miraculous cures. No medicine in the world has effected more illusory relief, more deceptive concealment and suppression of the morbid symptoms, with consequences more disastrous than the original disease. No medicine in the world has done more harm (with preliminary apparent relief) than this opium.

Opium has been employed as the supposed chief remedy against all kinds of coughs, diarrhœas, vomiting, sleeplessness, melancholy, spasms and nervous ailments—and more especially against all kinds of pains without distinction.

But all these innumerable affections are not contained in the primary action of opium, but just the opposite. Hence we can easily understand how far from permanent, how far from beneficial must be the result of such an employment of this drug in the majority of diseases of the body and mind! And daily experience teaches this.

If in some few cases opium removes cough, diarrhœa, vomiting, sleeplessness, trembling and so forth, this only happens when

these ailments are of recent date or have arisen suddenly in a previously healthy body, and when they are of a slight character. Thus, for example, a cough brought on by a chill; a trembling caused by recent fright,\* a diarrhœa suddenly excited by fear, a chill or other trifling cause, vomiting and other symptoms produced by mental excitement, loathing, &c., are sometimes quickly removed by opium, because it is only necessary that it should suppress these ailments in a superficial and temporary manner, in order to restore to the previously healthy body its freedom to ward off spontaneously all further tendency to these affections, and to continue its former condition of health by its own powers (*vide Organon of Medicine*, 4th edition, § 63, note; 5th ed., § 67).

Though opium succeeds in the palliative suppression of these rapid trivial ailments in the *few* instances indicated above, it by no means follows that it possesses a true curative power of permanently removing such affections in every case and under all conditions even when they are of a persistent character. It cannot remove them and restore health when they are symptoms of another disease to which opium does not correspond as a homœopathic remedy in its primary effects, or if they have already lasted a considerable time, because these ailments are not contained in the primary actions of opium.†

Hence it has hitherto been universally employed in medical practice throughout the whole world, almost always with injurious and disastrous results, in old coughs, persistent diarrhœas, long-continued sleeplessness, chronic vomiting, habitual spasms, anxiety and trembling. But when these affections existed for some time in the system and depended on totally different diseases for which opium is not the homœopathic remedy, they could never, not in one single instance, be cured by opium, so that permanent health was restored by its use.

In employing opium in the above mentioned chronic maladies

\* Smelling at a globule the size of a mustard-seed, moistened with a potentized dilution of opium, gives almost immediate relief to one who has undergone a violent fright, but only on the condition that he performs the olfaction immediately after the fright has been received. If employed later, it not only brings no relief, it rather does harm.

† They are only to be found in its secondary action (and in the preliminary, momentary reaction—their reflexion—described below).

we learn that it effects *only at first* an illusory alleviation, a transient suppression of the affection for a few hours; that it then ceases to alleviate without increasing the size of the dose, that on further increasing the dose it only allays the symptoms for a short time, and even when it does this it creates on the other hand new affections and a much more serious and a worse artificial disease. Verily this is an injurious, though hitherto universally practised misuse of this gift of God which was created for the removal of quite opposite morbid states.\*

But most striking was the abuse which all physicians over the whole world down to the present time† have made of opium, in prescribing it as a powerful remedy for *pains* of all sorts, be they ever so old and deeply rooted. It is obviously contrary to common sense, and is almost equal to the folly of a universal remedy, to expect from one single substance the cure of all pains which differ so infinitely among one another. Seeing that the various kinds of pains in diseases differ so much from one another in their seat, in the time and the conditions of their occurrence, recurrence, increase and diminution, &c., it might be supposed that the

\* For where shall we find a remedy equal to opium for the most obstinate constipation and for acute fever, with uncomplaining stupefied sopor, with snoring from a half-opened mouth, and twitching of the limbs, with burning heat of the perspiring body, and in several other morbid states *corresponding in similarity* to the primary effects of opium.

† Although as long as twenty years ago, I showed incontrovertibly in these very words (in the first edition of the *Organon*, 1810), the misuse universally made by physicians of opium for pains to be a palpable injury to the well-being of patients, yet we have not seen that their conscience was the least touched, and that they abandoned a practice that is as stupid as it is criminal. To such remonstrances they only exclaim that their routine is interfered with, and they abuse and persecute the man who calls attention to their erroneous practice, just as the sinner who feels himself hit by the words of a sermon on repentance only abuses the preacher, without reforming his own conduct. But why should I, who feel an inward call to enunciate such important verities, and who have truth and nature on my side, why should I bother myself about these incorrigible sinners?

"He who feels he has the power to expose errors and to extend the boundaries of science, is not only under an obligation to do so, but the public is bound to listen to him, even should it be disagreeable to a whole school which thinks its authority so firmly grounded that it will allow no appeal to nature from its verdict, or which at least does all it can to consign the revolutionary observer to oblivion."—FR. CASIMIR MEDICUS.

Creator would not fail to create a large number of different medicines for their cure; for every finite thing can only have a finite, limited sphere of action. But opium is precisely not one of those pain-allaying and curing remedies. *Opium is almost the only medicine that in its primary action does not produce a single pain.* Every other known drug, on the other hand, produces in the healthy human body each its own kinds of pains in its primary action, and hence is able to cure and remove (homœopathically) similar pains in diseases, especially if the other symptoms of the disease correspond in similarity to those observed from the administration of that medicine. Opium alone is unable to subdue homœopathically, *i.e.* permanently, any one single pain, *because it does not cause in its primary action one single pain*, but the very reverse, namely, *insensibility*, the inevitable consequence (secondary action) of which is greater sensitiveness than before, and hence a more acute sensation of pain.

Therefore all pains of any duration allayed in a palliative and temporary manner by opium by means of its stupefying and pain-subduing power, return immediately when the stupefying, primary action is exhausted, and that at least\* as severely as before, as the experience of all observant physicians testifies. These pains, indeed, generally return in a worse degree, and as long as no better plan than this old injurious routine is adopted, they must be again and again allayed, not only by repeated, but by larger doses of opium, whilst it develops other *worse* ailments, from which the patient did not suffer previously. Suppressing pain of any considerable duration and intensity by opium is therefore nothing but quackery—nothing but an imposition on the patient and his friends with illusory relief, to be followed by injurious results that are often disastrous, and not unfrequently fatal, but which are alleged by such practitioners of the non-healing art to be new diseases that they have had no hand in producing.†

\* Thus WILLIS in his *Pharmacologia rationalis*, p. 298, says: "Opiates generally allay the most excruciating pains, and produce insensibility—for a certain time; but when this time is past the pains are *immediately* renewed and soon attain their ordinary violence;" and p. 295; "When the duration of the action of opium is over, the abdominal pains return, having lost *nothing* of their excruciating character, until we again employ the magic power of opium."

† The true (homœopathic) physician never sees in his practice any inflam-

Chronic diseases only are the test of the genuine healing art, because they do not of themselves pass into health ; slight ailments that have come quickly pass away with or without medicine—evidently by the inherent powers of the organism ; but with medicines acute diseases must distinctly yield more quickly and permanently than when left to themselves, if what can be called a cure is accomplished.

If opium sometimes seems to remove pains in acute diseases, this is owing to the very obvious fact that such diseases, if they do not kill, run their course spontaneously in a few days, and disappear together with their pains.

Opium can only seem really to cure pains in those rare cases where it corresponds homœopathically in its other primary effects to the symptoms of the disease, and so removes the disease itself, for then the pains also must naturally depart ; but this is only an indirect cure of the pains. For instance, as every dysentery depends on a retention of fæces in the upper part of the intestines, some varieties of it accompanied by heat and stupefaction can be cured by opium, because these symptoms will be homœopathically removed by the similar primary action of opium, and as a necessary consequence their attendant pains also, because these generally depend on spasmodic retention of the fæces in the bowels.

In like manner opium cannot stop the pains of lead colic until it has homœopathically removed the obstinate constipation produced by the lead by virtue of its constipating primary action ; in this case also the cure of the pains is indirect and not owing to the stupefying power of the opium, as it is given in small, not stupefying, doses. But opium is *never* able to remove pains directly without injury ; on the other hand, it is a principal remedy in those stupefactive diseases where the pain of a serious malady is not felt by the patient, as for example, in dangerous bed sores, where the patient, in the stupefied state of his consciousness, cannot complain of any pain, &c.

mation of the brain, except at the commencement of the most dangerous forms of typhus fever, which he cures along with its cerebral inflammation ; nor does he ever encounter inflammation of the bowels, except in cases of poisoning and strangulated hernia or ileus ; but fatal cerebral and intestinal inflammations frequently result from the efforts of the allopaths to suppress severe headache and intolerable colic by increasing doses of opium.

The painful diseases of acute and chronic character can (whatever the whole worldful of antipathic and allopathic physicians may allege to the contrary) only be cured and altered into health of a permanent character by a medicine which, besides corresponding in similarity in its other primary effects to the symptoms of the morbid state, is at the same time able to excite pains very similar in kind to those observed in the disease. If such a medicine be selected then pain and disease disappear together in a marvellously rapid and permanent manner, when the smallest dose is administered, as is taught in the *Organon of Medicine*, and as experience will convince every one.

But as this method was not employed, and as all kinds of pains were antipathically treated by opium alone, many injurious results were observed from its use: stupefaction, constipation, and other troublesome and dangerous symptoms which naturally resulted from this inappropriate antipathic employment of it, and these are the peculiar effects of opium, without which it would not be opium. But these inevitable disastrous effects of such an employment of opium were not regarded as being what they actually are, to wit, the essential characteristics of opium, but as a kind of bad behaviour inherent in it, which must be eliminated from it by all sorts of devices, in order to render it innocuous and well-behaved. Under this delusion attempts have been made from time to time, for now nearly two thousand years, to do away with this pretended improper action by means of so-called *corrigentia*, so that it should henceforth be taught to allay pains and spasms without producing delirium or constipation, check vomiting and diarrhoea without stupefying, and change chronic sleeplessness into sound sleep without exciting heat, and without leaving behind it headache, trembling, exhaustion, chilliness and prostration.

Hence pungent spices were combined with it in order to prevent the chilling propensity observed in the secondary action, and purgatives and salines were added in order to counteract its constipating misconduct, &c. More especially was it sought to separate from it its crude, and alleged useless and hurtful resin by repeated solution in water, filtration and inspissation, and also to deprive it of the volatile, and supposed poisonous, narcotic quality attached to it by macerating it for months; and practi-

tioners even went so far as to attempt to refine it and render it mild by roasting it over a fire, and in this way they imagined that they had produced a precious panacea for all ailments and troubles, for pains, sleeplessness, diarrhœa, &c., which was free from all the well-known evil propensities of opium.

But they were completely mistaken ; by these processes they only made the opium weaker without altering its nature. Now much larger doses were required in order to obtain the same result, and when these larger doses were administered they always acted just like the original opium ; the new preparation caused the same stupefaction, the same constipation, and so forth, and hence it became evident that opium possesses no removable bad qualities, just as little as any other medicine, but that its peculiar medicinal powers must ever prove injurious and dangerous when it is employed antipathically in large doses and when it is not understood how to make a homœopathic employment of it ;—opium might be employed in its natural powerful state or, weakened by a number of expensive artificial processes, in the large doses required to produce its antipathic effects.

Opium has this peculiarity more than many other medicines, that in the case of persons unaccustomed to its use and in very excitable subjects, and still more when given in large doses, it sometimes at first displays a transient, often momentary, reaction of a peculiar sort, which, partly on account of its short duration, partly owing to its rarity and partly owing to its very nature, must not be confounded with its characteristic chief and primary action. These rare, momentary, preliminary reactions correspond almost exactly with the secondary action of the organism upon opium (and are, so to speak, a reflexion of this secondary action) : deathly paleness, coldness of the limbs or of the whole body, cold perspiration, timorous anxiety, trembling and despair, mucous evacuations from the bowels, transient vomiting or short cough, and very rarely certain kinds of pain.

Hardly any of the peculiar primary effects of opium are observed from large poisonous doses, but this initiatory reaction passes at once, as secondary action, to death, as I myself have seen, and as WILLIS (*Pharm. Rat.*, sect. vii, cap. 1, p. 292) relates.

The oriental indulgers in opium, after sleeping off their opium intoxication, are always in a state of secondary opium action ;

their mental faculties are much weakened by too frequent indulgence in the drug. Chilly, pale, bloated, trembling, spiritless, weak, stupid, and with a perceptible anxious inward malaise, they stagger in the morning into the tavern to take their allowance of opium pills in order to quicken the circulation of their blood and obtain warmth, to revive their depressed vital spirits, to reanimate their dulled phantasy with some ideas, and to infuse, in a palliative way, some activity into their paralysed muscles.

The symptoms of opium arranged below are mostly secondary action and counter-action of the organism. Physicians, who cannot make up their minds to refrain from making a hurtful use of opium in large doses for palliative (antipathic) purposes, may be encouraged to do so by a perusal of these horrible secondary effects; their feelings of humanity can hardly fail to be shocked by them, and their conscience roused so as to compel them to do better.

The antidotes to dangerous doses of opium are tincture of ipecacuanha, camphor, but especially strong warm infusion of coffee, introduced in large quantities above and below, accompanied by frictions on the body. But when icy coldness of the body, insensibility, and loss of irritability of the muscular fibres have already set in, a (palliative) warm bath must be resorted to.

When opium has been given in large doses in order to allay pains and check diarrhœa, and, as not unfrequently occurs, true paralysis of the limbs has been produced, there is no cure for this kind of paralysis, just as paralysis can never be cured by strong electric shocks.

Some of the primary effects of opium last but a few hours, others, especially those caused by large doses, last longer when they do not prove fatal.

Opium belongs to those medicines whose primary effects seldom admit of a homœopathic application in human diseases; but when it is so used a small portion of a drop of the decillion-fold potency suffices for a dose.



## CROTALUS AS A REMEDY.

(Continued from p. 489, No. 12, Vol. xii.)

The action of serpent poisons on the circulatory function has to be considered in its four-fold aspect of action 1. on the blood, or the fluid which is made to circulate; 2. on the heart or the central propelling and suction organ; 3. on the tubes or blood-vessels (arteries, capillaries, and veins) through which the blood flows; and 4. on the nervous centre or centres which exercise control over all these.

Each of these again is resolvable into more than one kind of action. Thus, the action on the blood has reference to the changes produced in the serum, the fibrin and the corpuscles. The action on the heart has reference to the changes produced in the external lining membrane or the pericardium, the internal lining membrane or the endocardium, the muscular structure and the valves. The action on the blood vessels has reference to the changes produced in their several coats. The action on the governing nervous centres is of a very subtle character, and all that we can at present understand of it is whether the action is depressing or stimulating. We believe there may be and probably are other kinds of action, which will be brought to light by provings and slow poisonings.

So far as we can judge from the recorded poisonings and provings with the three serpent venoms we have been considering, we may say that we are not yet in a position to arrive at a clear idea of their actions on the circulatory system in their various aspects pointed out above.

It is only of *Crotalus* that we have some definite knowledge of its action on the blood. The vitality of all its constituents seems to be destroyed in the primary action of the poison. As a general rule the coagulability of the fibrine is destroyed, and as a consequence the blood remains permanently fluid and exudes from the vessels, causing hæmorrhages into the tissues, and from all mucous and serous surfaces. The red corpuscles lose their vitality earlier and more profoundly than the white; they do not arrange in rouleaux, as they do in their normal state, but become crenated and distorted in various ways, and ultimately dissolved.

The disorganizing effect of *Crotalus* on the blood has its analogue in the similar action of *Daboia Russelli* of India. But unfortunately the *Daboia* has not been proved, which it richly

deserves to be in order to be turned into a remedial agent of as great efficacy as any of the serpent venoms under consideration. So far as observed Cobra does not seem to affect the coagulability of the blood. We were led to infer from our own experiments that the Cobra exerts an abnormal coagulating effect. Sir Joseph Fayrer was at first inclined to explain the fact of the blood being found in a state of coagulation in the cavities of the heart and the blood vessels after Cobra-bites, by the supposition that death takes place with such rapidity, by the direct paralysis of the respiratory centre, that the poison scarcely has time to act upon the blood. But subsequent experiments convinced him "that after death from the Viper's (*Daboia's*) poison, however quickly it may be caused, the blood remains permanently fluid; whereas that the Cobra poison does not destroy its coagulability."

From experiments with the Cobra and *Crotalus* poisons, made in England in conjunction with Dr. Brunton, Sir Joseph Fayrer has come to the conclusion that "the local as well as the general effect of the Cobra and *Crotalus* poisons, i. e., colubrine and viperine, is to cause hæmorrhage, ecchymosis, and sanguinolent effusions into the areolar tissue, not only at the seat of inoculation and its neighbourhood, but also in the mucus membranes and other vascular parts. It is obvious also that the *Crotalus* poison acts more energetically in this respect than the Cobra poison, and that this is perhaps one of the most marked distinctions between them." Observations on *Lachesis* have been too meagre to lead to any correct conclusion as regards its hæmatic action. Clinical experience seems to warrant the belief that that action is intermediate between *Crotalus* and Cobra.

Dr. D. D. Cunningham's microscopical examination of the specimens of blood of dogs and fowls bitten by the Cobra and the *Daboia* showed considerable difference between the effects of the two poisons. Whereas the blood of the dog after Cobra-bite did not seem to differ from normal blood, the blood of the dog after *Daboia*-bite was entirely fluid, of much lighter red, contained numerous blood crystals and a good many large and active bacteria. The fowl's blood in both cases (of Cobra and *Daboia*-bite) was very much broken up and decomposed, few entire red corpuscles remaining, the decomposition being most marked in that bitten by the Viper. \* Here again *Crotalus* resembles *Daboia*.

The question is important to determine, how is the blood thus profoundly affected? Is it by a direct action on the blood itself, or by a direct action on the nerve centres concerned in sanguification? From the rapidity in which the change is produced Sir Joseph Fayrer believes "it to be effected through the nerve centres affecting the vitality of the blood, not by a direct chemical action." We are inclined to think that the very rapidity points to the direct action on the blood. Supposing the nerve centres were instantaneously affected, they can only act upon the blood through the organs concerned in its formation and elaboration. They have no other way of reaching the blood directly, and therefore the blood already circulating cannot be affected by the nerve centres, except by fresh additions of badly formed and badly elaborated blood caused by the toxication of the said centres. Now this must certainly take more time than what we find from experiments as the time during which the blood changes and death take place. In the case of the dog bitten by the *Daboia* death took place in seven minutes, and in the case of the fowl it was only fifty seconds. Could the changes in the blood in either case have been brought about by the round-about process of nerve affection in so short a time? Whereas it is quite conceivable that the poison would come in contact with the whole blood in the shortest of the above times, and would thus prove inimical to its vitality.

With reference to the action of the serpent venoms on the heart, it is a positive fact noticed by all observers that this organ suffers later than the respiratory organs, that death takes place from stoppage of the respiration rather than of the circulation. In one of our own experiments the heart was found to beat a little while after the cessation of the respiratory function and apparent death. This has been corroborated by other observers. From this we are not to infer that the heart does not suffer at all. We have seen how the blood is affected under *Crotalus* and *Daboia*, and when the toxication is not violent enough to cause death from stoppage of the respiratory function, then it is that changes are observed in the heart. With reference to these changes it is of *Crotalus* again that we have the most detailed information; of *Lachesis* we have none; of *Cobra* we have very little which may be turned into account.

Under *Crotalus* were found—After death: the heart congested; patches of ecchymosis over the right ventricle and along each side of several of the smaller coronary veins; bloody serum sometimes frothy in the cavity of the pericardium, the exterior part of the loose fold of pericardium exposed on elevating the sternum dry like parchment; the cavities of the heart, especially the right, filled with dark fluid blood. During life the following symptoms were observed: much palpitation and trembling of heart, and feeling as if heart tumbled over and jumped about with flushing of heat throughout body, worse next morning, with feeling of exhaustion and a general weak feeling; feeling of soreness in pericardium with a similar feeling along cartilages of ribs in epigastrium, lasting a few minutes; a tenderness of the heart on turning to the left side, as if pericardium were morbidly sensitive, lasting an hour; felt as if whole heart were very tender, so that he could not lie on left side. slightest exertion would bring on palpitation and dyspnoea, and cause the heart to beat rapidly and an aching pain at point of left scapula, subsiding after the exertion was over; a digging pain in the heart; the heart loses power in the first stage of poisoning, the constant arterial pressure undergoes a rapid and singular diminution; the rhythm and force of the heart became affected before the respiration was suspended. heart-beat at first increased then lowered in frequency; with no pulse at the wrist, heart beating about 100 per minute, with feeble impulse, and remarkable shortness of the systo-diastolic interval.

The PULSE under *Crotalus* is generally (when the toxication is not violent) at first increased then diminished in fulness and frequency. It has also been observed to be feeble; flagging; intermittent and rapid; irregular; small, quick, thread-like; trembling, wavy, scarcely perceptible.

Under *Lachesis* the symptoms referrible to the heart were: Feeling of constriction about the heart; cramp-like pain in the præcordial region, causing palpitation, with anxiety; pressure towards the heart during fever. As in *Crotalus*, the PULSE is increased in frequency even after moderate exertion, with this difference that there is profuse sweat along with it. The pulse is hard and full, or small and rapid. When hard and full there is headache, catarrh, and drawings in the lower legs.

Under Cobra the symptoms relating to the heart were: Feeling of depression and lowness about the heart; uneasiness about the heart while walking; considerable pain at the heart, extending through to the left scapula,\* after riding; great pain near the heart; heat and uneasy aching about the heart; oppression about the heart; shooting pain in the præcordial region; fluttering of the heart attended with headache; sudden attack of fluttering with rising in the throat; heart-sounds heard distinctly through nearly every part of chest; sounds so loud and distinct as to prevent hearing the respiratory sounds; prover himself could feel beats of heart through chest distinctly; heart beats became violent on making any unusual exertion, or continuing a usual exertion for a considerable time. The PULSE under Cobra was found to be intermitent; irregular; variable in volume but regular in beat; slender and irregular; at times slender, at times full, and readily caused to fluctuate by change of position or effort of body.

The action of the serpent venoms we have been considering, narrated above, have already borne rich fruit in the shape of therapeutic applications. For all conditions and diseases, in which the vitality of the blood is affected as in *Crotalus* poisoning, resulting in hæmorrhages from the mucus surfaces, into serous cavities, or in the substance of organs and tissues, *Crotalus* has become the prince of remedies. In such conditions *Lachesis* may be sometimes of benefit, when its other symptoms correspond, but Cobra will scarcely be found to be of use. However, as even in Cobra poisoning there is occasionally, though very rarely, a diffuent condition of the blood, we ought not to forget it altogether, if we find the totality of the symptoms to be better covered by it than by either *Crotalus* or *Lachesis*.

With reference to their actions on the heart, *Crotalus* is a much better proved poison than either *Lachesis* or Cobra, and the morbid changes and symptoms observed point to its use in inflammations of that organ, of its substance and of its internal and external lining membrane. But clinical experience in this direction as yet has been next to nothing. Palpitation with pain at the heart, with a feeling of trembling of the heart, and especially with that peculiar sensation of tumbling over or jumping out of the heart, has been cured with *Crotalus*.

Lachesis has been found useful in palpitations so violent as to be felt even in the back, accompanied with pressure in the chest. It has been reported to have acted beneficially in a case of "aneurism of the right carotid, with disagreeable throbbing in the ear, which sometimes intermitted with a sort of painful spasm during which the heart continues to palpitate spasmodically." It was "of great service for the spasmodic suffocative fits in the case of a boy affected with cyanosis." Of the many brilliant cures effected with Lachesis by the late Dr. Dunham one was of a case in which septicæmic phlebitis was a prominent symptom. Dr. P. P. Wells has borne testimony to its being "one of the most important remedies in rheumatism of the heart, and in cases of deposited fibrin into the cavity and upon the surface of the pericardium, or upon the surface of the valves."

Notwithstanding that morbid changes have not hitherto been observed in the heart in post mortem examinations after death from Cobra poison, the very copious symptoms which have been elicited by provers referrible to this organ have led to its successful use in its disease both functional and organic. Dr. Rutherford Russel has reported several cases of palpitation relieved by it. In our own hands several cases of heart affection, *sui generis*, and referrible to ovarian irritation, have yielded to its remedial agency, and the following cases by Dr. Bradshaw attest its remarkable efficacy :

Case 1.—*Angina Pectoris.*

M. M—, aged thirty-five, the mother of four children, and who had had as many miscarriages, and had lost a brother and a sister from phthisis, is a healthy, rather florid-looking, woman ; was condemned by her medical attendant five years ago, but was cured by homœopathic treatment. She came under my care at the beginning of last year for a troublesome cough and shortness of breath ; pulse 110, and expectoration muco-purulent and rather sanguineous, night-sweats, &c. ; auscultation and percussion rather denoting slight tuberculosis of upper lobes ; cataménia had ceased for four months. Under the usual treatment she got comparatively well, excepting dyspnœa on exertion. About six months ago I was again consulted for a sharp, acute pain in the cardiac region. I witnessed several attacks, and as soon as the distress had gone off she seemed well and chatted away as usual ; she felt and looked as if she were going to die during the time

of the paroxysm; she has been twice attacked in the streets, and did not dare move a step; with the exception of these sudden attacks of acute pain, she seemed well; the heart was healthy, and the lungs acted pretty well. I gave her many medicines—*Aconite, Belladonna, Arsenic, Acidum Hydrocyanicum, Lachesis, Spigelia, Aurum*, but with no decided result; then I prescribed *Naja*. On seeing her after a week, she exclaimed: "You have hit on the right medicine at last; it goes to the part, and if it does not quite stop an attack, it makes it more bearable." She improved steadily under this medicine, and is now well.

Case 2.—*Organic Disease of Heart.*

A. B—, aged thirty-seven, single dressmaker. She had nearly died of fever and inflammation of heart ten years ago; her mother begged me three years ago to visit her, in the hope that I might be able to relieve her sufferings, her life being despaired of by her medical attendant. I found great palpitation and irregular action of the heart; no cough; she was pallid, with bluish lips, and she had anasarca of the legs; catamenia were regular; there was much dyspnoea; she could not lie down at all. On auscultation, the double-bellows sound and a sawing alternate noise were audible. From the distinct systolic as well as diastolic murmur, it was manifest that there was much valvular disease, as well as extensive hypertrophy.

March 6th, 1858, I began with *Lachesis*. About April, 1859, she could walk about a mile; all anasarca was gone, but even quiet walking brought on violent palpitation, and there was so great tenderness that she could scarcely bear the application of the stethoscope. I afterwards gave her various other medicines without much relief, and the case seemed at a stand still. I then prescribed *Naja*, to be taken for a month. At the end of that time she reported herself better. *Naja* was continued for three or four months more. About February, 1860, she reported great improvement, not having been so well for ten years, and she looked a different being. I have had during the past five years three or four similar cases of valvular disease of heart, with dropsical effusion; the lives of the patients were certainly prolonged, and their suffering vastly alleviated, by the prescribed remedies, and *Naja* I must rank amongst the most valuable and useful medicines in these cases.

## EDITOR'S NOTES.

### AN INDIAN MEDICAL CONGRESS.

The *Pioneer* (Feb. 11) learns that the proposal to have a Medical Congress in India was considered at a meeting of the Council of the Calcutta Medical Society on January 24th, when it was decided that an "Indian Medical Congress" shall be held in Calcutta at the beginning of January 1895. The preliminary arrangements were discussed and a general plan sketched out. It was decided that in each province local secretaries, native as well as European, should be asked to co-operate with the Calcutta secretaries, and it was further decided that the sections into which the Congress should be divided should be—1. Medicine including Pathology. 2. Surgery. 3. Obstetrics and Diseases of Women and Children. 4. Public Health. 5. Medicolegal Medicine and allied subjects. It was decided that the Congress should be widely advertised, and that all medical men practising in every part of the world, but especially in India and the East, should be invited to take part in it and submit papers to be read in the different sections.

### PROFESSOR HAFFKINE'S WORK.

The industry and zeal of Professor Haffkine may be judged from the following number of inoculations which he has done since the beginning of the year at the places stated. "He began on the 6th ultimo:—Sialkot—1,190, including 160 prisoners at the gaol about 100 soldiers, and 323 Sansis at Sansikot. Amritsar—780, including 170 prisoners at the gaol. Kapurthala State, 183. The Professor is now working at Pasrur, Sialkot district, where he has already inoculated 581 persons. As the people are coming up in large numbers each day, he will probably stay at that town for another week. The inoculation in the goals were done as follows:—The Civil Surgeon and the staff were inoculated in front of the prisoners, who were then asked if they wished to be done. Only those who came forward of their own will were inoculated. It is interesting to see that so many volunteered. The first gaol in which the Professor did inoculations was the Delhi gaol, after which he did goals in Patiala, Sangroor (Jind State) and Tebri (Guhrawal.) But these were done last year. The Sausi village, belonging as it does to the criminal class, is important, not only because cholera is frequent there, but more particularly because nearly the whole population—women and children as well as men—came forward for inoculation. The Professor has not had the opportunity before of doing any place as thoroughly as this village."

### MURDER BY A STEP-FATHER.

We take the following case of brutal murder from the *Pioneer* of the 30th ultimo:

"An extraordinary case of a father burning his own child to death formed the subject-matter of an appeal heard on Wednesday, at the



Bombay High Court, before the Hon. Mr. Justice Jardine and the Hon. Mr. Justice Ranade. The accused, Pandu Kanhu, had appealed from a sentence of death passed upon him by Mr. Hammick, Sessions Judge of Ahmednagar, on conviction of murdering a girl, named Sundri, aged about two years, by throwing her on a fire. The accused, who had a wife and family living, married another woman, Abai, about six months ago, promising to protect and take care of Sundri, Abia's daughter, by a former husband. Soon after the marriage, however, he appeared to have taken a dislike to the child, and beat both the mother and the child. On the 7th November last, in a state of excitement, the inhuman father snatched the girl from her mother's arms, tried to wring her neck, and afterwards threw her body on a fire that was burning in the *chawl*. On an alarm raised by Abai, three neighbours rushed in and took the child out of the fire, but were compelled to leave the place, as the accused threatened to assault them with a knife he had in his hand. He then turned Abai out of his house, and compelled her to go to her father's with the child, then in a dying state, threatening that, if she returned to his house, he would murder her. The child died on the way; and Abai, who was ejected from her father's house also, made a report to the police of what had taken place. The accused was tried and sentenced to death; and their Lordships have confirmed the sentence."

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#### PROJECTED MEDICAL ASSOCIATIONS FOR INDIA.

We are in receipt of "Memorandum of Association" and "Articles of Association" of the "Indian Medical Association," and a "Prospectus of the Medical Association of India." The "Memorandum" and the "Articles" have been long, if we mistake not, some years, before the Indian public, and we know their author is, though not given in the documents themselves, Dr. James R. Wallace, Editor of the *Indian Medical Record*. The "Prospectus," which is signed by A. L. Sandel, M.B., C.M., and Lawrence Fernandez, M.D., as Joint Secretaries (*pro. tem.*), is, in point of chronology, of much recent date, perhaps not more than two months. The idea of establishing a medical association in India on a wider basis than that of any one already existing, is certainly due to Dr. Wallace. But while he has not slackened his efforts to carry out his project, the shine seems to have been taken out of him by the Joint Secretaries (*pro. tem.*) of the other Association, if we may so call it, as this Association is already an accomplished fact, having been established at a meeting, which was held at No. 62, Ripon Street, on Wednesday, the 21st Instant. One of the rules of this Association is, "Homœopathy, Hakimi, and all other subjects likely to give rise to unprofitable controversy are rigidly excluded from the Proceedings of the Association." We can assure the projectors and members of the new Association that though we look upon homœopathy as the most advanced point yet reached in the domain of therapeutics, we are not exclusive bigots like them, and that we wish them as much success as can attend them in the limited sphere they have chosen for themselves. We wait to see what

Dr. Wallace will now do; whether he will drop his project, or endeavour with his usual energy to carry it out on a more catholic basis.

#### THE VENOM OF NAJA HAJE.

The following, from the *British Medical Journal* (January 13), is interesting as furnishing an additional proof, to what already exists, of the fact, that in serpent poisoning the heart seems to be the last to suffer, certainly later than the respiratory organs. The poison of the *Naja Haje* seems to have considerable affinity for the kidneys and the liver, and provings ought to elicit characters which distinguish it from the other serpent poisons.

The bite of this serpent (otherwise known as Cleopatra's asp) is so fatal, that in Ceylon alone it is estimated that no fewer than 20,000 persons succumb annually to this cause. Graziani (*Rif. Med.*, October 7th, 1893) has undertaken a physiological study of the venom, which has already received attention at the hands of Calmette, Wall and Armstrong, Weir Mitchell, Reichardt, and others. The venom, when dried, appears as transparent scales, easily soluble in water, very slightly so in alcohol, ether, or chloroform; its aqueous solution has an unpleasant odour, and is neutral to test paper. Chemically it gives all the tests described by Weir Mitchell and others as characteristic of the venom of *naja tripudians*. The physiological effects of this dried venom were tried on guinea-pigs, rabbits, and frogs, to all of which it proved fatal in extremely minute doses. The guinea-pig, a few seconds after injection, becomes paralysed in its hind limbs, it foams at the mouth, and makes violent attempts at vomiting. The eyes are half closed, but occasionally for short periods there is a partial disappearance of the paralysis, and the animal makes feeble attempts to support itself. Respiratory embarrassment is soon added to the foregoing symptoms, and the animal lies perfectly prone, devoting all its attention to breathing, which is rendered still more difficult by the vomiting and frothy saliva which is secreted in abundance. Finally death ensues from asphyxia. The *post-mortem* examination reveals the heart still feebly beating, the lungs pallid, and the blood in the organs very dark. The liver and kidneys are hyperæmic, but the brain and cord, with their coverings, are anæmic. In the rabbit the course of the poisoning is practically identical with that described. Histologically, the following facts are made out in addition to the foregoing. The red blood corpuscles are in great measure broken down, and there are also effusions into the muscular tissues. The kidneys are very hyperæmic, and there is marked degeneration of the epithelium lining the glomeruli and convoluted tubules. The glomerular capsules are much distended and numerous leucocytes are discernible throughout the organ. The liver, also, is hyperæmic, and shows numerous broken-down blood corpuscles, and partial necrosis of many of the liver cells. Examination of the central nervous system reveals no particular changes.

## CLINICAL RECORD.

CASES BY BABU BROJENDRA NATH BANERJEE, L.M.S.

*A Case loquacious Insanity cured by Paris Quadrifolia.*

B—, an aged woman, about 45 years of age, suddenly became loquacious and insane. Her peculiar wandering look and foolish conduct excited the attention of her husband and she was placed under *Kavirajee* treatment. A month's treatment did her no good; on the contrary she became worse. She came under my treatment on the 5th of October 1893.

*Previous History.* Had five children but all of them died. The last child, a grown up son, died a year ago of cholera. Since then she could not be consoled. She would lament and cry almost every day. She gradually became morose and dull. She ceased to menstruate from February 1893, but had no uterine troubles. From her girlhood she was never sick nor sorry and always enjoyed good health and performed most of the domestic works herself.

*Present Symptoms* :—There was good deal of loquacity but not continuous; every three or four days she becomes somewhat maniacal if interfered with, but this state scarcely lasts for more than half an hour or so. At times she would behave foolishly. With great difficulty she stated that she suffers badly from vertigo, and whenever she thinks of her lost son she would suffer frightfully from head-ache, the character of which she could not describe, but said that the top or the vertex of the head was very sensitive to the touch. When she was thus speaking to me suddenly her looks became wandering and the eyes looked as if protruding from their sockets. She could not relish her food because every thing given to her to eat, specially the fish, smelt putrid. Her whole body was painful, especially when touched. She complained of a ball lodging in the throat and giving her trouble with burning. She complained of acidity and badly smelling diarrhoea. There was a very peculiar feeling of coldness of the right side while the left side was hot. All her symptoms would be worse in the evening and on motion.

*Ignatia* 30 was given twice daily; 6 doses neither made her worse nor better. As I thought grief was the cause of all this mischief, I did not change medicine, but gave her *Ignatia* 200, one dose, and placebo for a week. No improvement followed.

After carefully re-examining the patient I elicited that she felt hot wind passing out of her ears, and consulting Allen's *Materia Medica* I selected *Paris quadrifolia* and gave it to her in the 3rd dilution. This acted quickly, and on the 3rd day she felt so much better that she assured me that she was all right. It was not repeated and she is doing well till now.

### *Two Cases of Diphtheria.*

A girl, aged seven years, got sore throat, and on the 3rd day there was distinct diphtheria. Gradually both the tonsils became covered with membrane peculiar to the disease. I first saw the child with Dr.

Mahendra Lal Sircar on the 14th December 1892. A relative of the girl had prescribed Merc. Protoiod. 3rd, one dose. As there were distinct symptoms of Mercurius, we decided not to disturb the action of the medicine already given. Two or three days after the patient complained of aching of the teeth with much salivation. A dose of Cyanide of Mercury 6th was given, and the patient had no other medicine but recovered rapidly.

The 2nd case occurred on the 22nd December; the patient was aged about 9 years and sister to the former patient. At first there was coryza, then fever set in with headache and vertigo obliging her to lie down. There was profuse salivation, more during fever than when free from it, gums white, swollen and easily bleeding. She complained of pricking pains in the throat, and of colic pain in her abdomen. Had barking cough with frothy yellowish expectoration.

On examining the throat I found there was diphtheritic inflammation of both the tonsils. The false membrane covering them looked glistening. Both the parotid glands were inflamed and painful. There was difficulty in deglutition and sensation of shooting pain in both the ears when swallowing. She was cured by three or four doses of Nitric Acid 6. As soon as amelioration set in Nitric acid was discontinued, and the membranes became thinner and thinner until every thing disappeared. Both these cases were watched and examined by an eminent old school physician.

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#### CASES OF CHOLERA BY BABU HEM CHANDRA RAY CHAUDHURI, L.M.S.

Case 1. M—, a Mahomedan male, aged about 24 years, a resident of Hastings, was attacked with diarrhoea on the 15th April 1888, from the early morning. He could not account for this attack by any irregularity of diet, but cholera was then raging in that quarter of the town. In the evening of the day the diarrhoea began he took his usual cup of tea and a few slices of bread. The diarrhoea assumed a choleraic character from the morning of the 17th. The stools were rice-water like with shreds of mucus. A dose of fifteen drops of camphor tincture was given by a layman. I saw the patient at about 3 P.M. From morning up to this time he had passed six stools, and in my presence passed another. This was after the dose of Camphor. It had the character of cholera evacuations with blackish shreds of mucus. He was passing a few drops of urine almost after each stool. There were no cramps. The pulse was very weak. He was advised to take *Tinct. Camphor*, 5 drops, after every stool. After four doses of camphor, there were no more stools since evening.

On the morning of the 18th he passed a thick dark green stool. Barley water was advised for his diet. It was subsequently reported that he was cured.

Case 2. A—, a washerman of Hastings, aged about 30, was attacked with cholera on the 16th April 1888. He had numerous purgings, and nine doses of camphor were administered to him. I saw the patient at about 9½ A.M., the next day. Just before my arrival he had passed

a ricewater stool with shreds of white and reddish mucus. There was no colic. The pulse was also fair and urine was passed with every stool. I advised him to take Verat 6, after each stool. After four doses of the medicine the purging was stopped. On the morning of the 18th he passed a thick yellow stool and was doing well, and did not require any further attendance.

*Remarks.*

These two cases are out of a few of which record has been kept, occurring at the end of a cholera epidemic in Hastings. At the commencement of the epidemic the cases were of a very bad type in which urine was suppressed from the very beginning of the attack, though most of the cases were cured. These two are given to show the mildness of the attacks at the end of the epidemic, in which though the stools were of a rice water character yet the urine was not suppressed.

*Case 3.* K.—, a Mahomedan woman, aged about 40, residing in Hastings, was attacked with cholera from the evening of the 12th November 1890. She passed innumerable choleraic stools and the urine was suppressed almost from the very beginning. I saw her on the next day at 7 A.M., in a complete state of collapse. The pulse was thready and sometimes intermittent. *Tinct. Camphor* was given the previous night. The stools were still very frequent and profuse. I gave her *Verat. 6*. At 8 A.M. another dose was given, but without effect. I therefore, gave at 9-40 again *Tinct. Camphor*, as I learned that she had only a dose or two of it before. At 10 A.M. the pulse entirely disappeared from the wrist, and notwithstanding that the Camphor was repeated, she became very bad, and I gave her *Ara. 12* every hour up to 1-30 P.M. Arsenic scarcely did any good, and on being informed that the disease had begun in the early morning a dose of *Sulph. 30* was given. The stools became gradually reduced in quantity but the collapse continued. I ordered at 4-20 P.M. *Carbo v. 30*, to be repeated every hour. The purgings stopped after two doses; and though it was continued till midnight, it had no effect on the collapse. I had, therefore, recourse to *Ars. 6*, which was given every hour till the early morning. There was still no pulse, and I gave *Acc. Q* at 10-15 A.M. of the 14th, but it also had no effect on the pulse. I thought now of acting upon the kidneys, and I gave at 2-15 P.M. *Canth. 6.*, and sago water; the medicine was repeated at 3 P.M. At 7 P.M. urine was passed, and again at 7-20, the quantity being scanty. On the morning of the 15th at 1-30 A.M. a worm was vomited, and she was getting restless and little drowsy. *Bell. 30*, globules, was given twice every two hours. The restless condition continued till the early morning when she vomited another worm. At 9-45 A.M. the pulse was slightly perceptible at the wrist, and *Cin. 30* was prescribed, to be repeated only once after two hours. After *Cina* there was some rest. The pulse continued yet in that thready condition till 3 P.M., when *Strophanthus Q* was administered, to be repeated after an hour. The pulse became better after the last medicine. On the 16th it was reported that she was doing much better than before. At 2-30 A.M. she vomited

another dead worm, and urine was also passed about the same time. At 6 A.M. a yellow thin stool, and some urine were passed. She was allowed a small quantity of milk. From the next day she did well.

*Remarks.*

In this case *Camphor* and *Ars* proved of little efficacy. *Carbo v.* stopped the purging but could not raise the pulse. *Strophanthus* was able to give it firmness, though the restoration of the pulse was due probably to *Bell*. This effect of *Bell* was also noticed by me in another case of cholera in which the pulse was sinking on account of the drowsiness supervening after suppression of urine, in which *Bell*. 6 did no good, but *Bell* 30, given by the advice of Dr. Sircar, proved an invaluable remedy.

*Case 4.* Babu P—, a Hindu, aged about 40, residing in Serpentine Lane, was attacked with purging and vomiting on the afternoon of the 2nd May 1890. Immediately after I was called to see him. While I was watching after giving a dose of camphor water, he vomited reddish substances which appeared to be prepared betels which he had chewed. On enquiry it was ascertained that he had lunched at night in Bhowanipur, at one of his friend's house, and returned home at about 1 A.M. In the morning of the 2nd he took his usual breakfast of rice, &c., at about 6 A.M., and went to office to attend to some urgent work and remained there till about 3 P.M., when he had to return home, being attacked with colic and diarrhoea. On further enquiry I came to know that in the office he took about fifty or sixty betels (usually prepared with areca nuts, lime, catechu, and spices) under the notion that they help digestion.

Half an hour after the first dose of camphor water a second one was repeated, and again he vomited as before. The stools were of a reddish brown color like the vomited matter. He was now passing stools very frequently, almost at intervals of quarter of an hour. After four or five stools of the former character they became bloody and were expelled with great force and noise. The urine was suppressed almost from the beginning. *Croton*. 6 was prescribed, four doses, one to be given after every stool. At 7-30 P.M. I saw the patient. The stools, on examination, were seen to consist of blood mixed with profuse white mucus. After the last dose of *Croton* he passed a small quantity of urine but the stools continued to be frequent as before. *Verat*. 6 was given. At 11 P.M. it was reported that he had passed stools of the same character but less frequently, and had no stools for the last two hours. *Verat*. 6 was continued.

3rd May:—I saw him at 6 A.M. He was yet passing similar bloody stools with white mucus, and from 1 A.M. till now he had passed only four. He was feeling feverish. *Acc.* 1 was prescribed. I went to see him at 4 p.m. and was informed that he had only 3 or 4 stools, since my last visit, of a greenish character and he was passing urine after each stool. He was feeling very thirsty. *Puls.* 6. 4th May:—He did not pass any stool last night and had only one this morning. *Puls.* 6 was continued. Barley water was given for diet. 5th May:—No stools since the last one. Gandhal (*Pæderia foetida*) sup and barley water.

8th May. Rice and gandhal soup were given.

*Remarks.*

This is a case of hæmorrhagic cholera not often met in our practice. *Croton* could produce micturition and only for once. *Verat.* did reduce the quantity of the stools but it was left for *Aconitum* to change their total character. *Verat.* was given for the colic being predominant, and so it had a preference over *Carbo v.* The pulse was perceptible all the while though in a very weak state.

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### A c k n o w l e d g m e n t .

*The Monthly Homœopathic Review*, London, February 1894.

*The New England Medical Gazette*, Boston, Jan. 1894.

*The North American Journal of Homœopathy*, New York, Jan. 1894.

*New York Medical Times*, Dec. 1893, and January, 1894.

We have to offer our special and most heart-felt thanks to the Editors of the above *Journals* for continuing to send them to us, notwithstanding that our *Journal* was in abeyance for so long a time.

We hope to deserve their kindness by our regular appearance.

*Indian Medical Record*, Calcutta, February 1 and 15, 1894.

*The Medical Reporter*, Calcutta, February 1st and 16th, 1894.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.

93. FERRUM METALLICUM.

**Constipation :**

1. Constipation and hæmorrhoids, which cause a painful pressure when he goes to st.

**Diarrhœa :**

1. Frequent D.
2. Marked discomfort in the abdomen, increasing to a sick feeling, together with bitter foul eructations and griping in the abdomen, followed by copious, for the most part liquid st.
3. Colicky pains, followed by D.

**Dysentery :**

1. With every st. mucus and some discharge of blood.
2. Itching and erosion in the rectum, and thread worms are passed in the slimy st.

**Rectum and anus :**

1. Protrusion of large hæmorrhoids from the anus.
3. Contractive spasm in rectum.
4. Tearing in the rectum.
5. Itching and gnawing in the rectum and ascarides are passed.
7. Frequent urging to st. with burning in anus and pain in back during movement.

**Before St :**

1. Marked discomfort in the abdomen.
2. Nausea.
3. Griping. Colic.

**During St. :**

1. Hæmorrhoids causing a painful pressure.
2. Itching in the rectum.

**General Symptoms :**

1. Depression of spirits as from too loose bowels.
2. From slight cause, anxiety, with throbbing in pit of stomach.
3. Vertigo on descending as if she would fall forwards.
5. On looking at running water she became dizzy and giddy in the head, as if everything went round with her.
5. Whilst walking, giddy as if drunk, as though she would fall over obstacles. 6. Beer rises to her head.
7. Rush of blood to the head ; the blood-vessels of the head were swollen, with flushes of heat in the face.
8. Headache, hammering or beating, so that she must lie down in bed ; then aversion to eating and drinking.
9. Falling out of the hair, whereby the scalp is painful, with formication.
10. On stooping some bleeding from the nose.
11. Decided turgescence of the face.
12. The fulness and bright redness of the face decreased.
13. Cadaverous jaundiced complexion. 14. Pale lips.



15. She became pale, had rumbling in the bowels, the chest was contracted, congestion to the head; affected with spasmodic violent eructation, then heat in face particularly in the right cheek and pain on the crown, like shooting.
16. Taste, earthy; sourish; putrid; bitter.
17. All solid foods taste dry, as if they contained neither juice nor strength; they have their natural taste, but nothing is agreeable; he likes warm liquid food best.
18. A sensation like a plug in the throat; not when swallowing, but when not swallowing.
19. Feeling of constriction in the throat.
20. Chronic glandular swelling of the neck.
21. Sensation of great hunger. Anorexia, without bad taste or thirst. Absence of thirst.
22. He can eat only bread and butter; meat disagrees with him.
23. Constant eructation, as soon as she has eaten anything.
24. He eats with proper appetite and taste, but after eating there comes in jerks eructation and regurgitation of food, without nausea or inclination to vomit.
25. She is always qualmish and nauseated.
26. Inclination to vomit.
27. Vomiting of food immediately after midnight, followed by aversion to food and dread of open air.
28. Vomiting of food only immediately after eating.
29. On taking acids and beer she vomits much.
30. She vomits every morning and after eating, only mucus and water (no food); a sort of water brash; the water runs out of her mouth; and her throat feels drawn together.
31. Everything she vomits is sour and acrid.
32. The vomiting is worst before midnight; when she is lying and especially when lying on the side.
33. Distension of epigastric region. 34. Cramp like stomachache.
35. Stomachache from eating meat.
36. Distension of abdomen without flatulent symptoms.
37. Great rumbling in abdomen day and night.
38. Colicky pains. Flatulent colic; much flatulence is generated in his abdomen, which causes pain, although much escapes.
39. On feeling the abdomen and on coughing, the bowels are sore as if beaten, or as if they have been acted upon by purgatives.
40. Labor like pains in abdomen, as if catamenia would come on.
41. When urinating burning pain in urethra, as if urine was hot.
42. Involuntary urination, especially by day.
43. Nocturnal emissions.
44. Cough worse when moving.
45. By hacking cough he expectorates bloody mucus.
46. Coughing of blood in the morning, on rising from bed.
47. Difficult breathing and oppression of the chest, as if some one pressed with the hand upon it.

48. Contractive cramp in the chest, and cough only when moving or walking.
49. Scarcely perceptible pulse.
50. Swelling of the hands, and legs up to the knees.
51. Cramp in fingers which are numb and insensible.
52. Cramp in the soles and in toes.
53. Great weakness like weariness.
54. Frequent attacks of trembling throughout the body.
55. At night restless sleep. Disturbed by dreams, on rising in the morning much weariness.
- 56. Nocturnal sweat with weariness.
- 57. He sleeps with half-opened eyes.

#### 94. FERRUM ACETICUM.

##### Constipation :

1. C., the st. before the proving was regular every twenty four hours but after it occurred only every two or three days, with frequent urging to st. ; fœces always dry, more or less dark green ; afterwards became again pasty and brown as usual.
2. St. before proving dark, usually twice a day, soft and pasty ; during proving, it frequently omitted, for even three days ; the evacuation was formed, and even after 3 days greenish, then becoming dark green, and at last quite black ; after proving it again became brown and soft, as formerly.
3. No st. ; hard st.

##### Diarrhœa :

1. Copious and soft st.
2. St. changed to greenish and black, at the same time it became harder, indeed very hard ; but afterwards it gradually became softer, so that there were copious pasty sts.
3. Constipation was at no time induced ; there was daily a copious and only at times a partly hard evacuation, for the most part delayed, the normal brown colour changed to a greenish or greenish black.
4. Fœces consisting mostly of small hard pieces, evacuated with much straining, at first brown, then greenish and greenish black ; once in the day was there a copious soft evacuation.
5. Awakened from an uninterrupted sleep by rumbling and griping in the abdomen which is full and tense ; violent attack of colic, always relieved by emission of flatulence ; very greatly relieved after a copious evacuation of the bowels, so that the colic was only distressing while sitting up.
6. Acute griping and rumbling in the abdomen, with a pasty taste in the mouth, dryness in the fauces, and some nausea, the abdomen not painful to touch ; disappearing after a copious evacuation of the bowels.
7. Attacks of colic awaking him from sound sleep, relieved after passage of much flatulence, and after profuse stool.

8. Almost constant, distressing colicky pain, varying in severity, scarcely influenced by motion, aggravated by eating and somewhat relieved by st.

**Aggravation :**

1. Colic after eating and drinking.  
2. Diarrhœa of scrofulous, cachectic, chlorotic or consumptive persons. 3. Constipation of anæmic persons.

**Amelioration :**

1. Colic after evacuation and passing flatus.

**Before st. :**

1. Urgent desire. 2. Rumbling and griping colic. 3. Nausea.

**During st. :**

1. Pressure and straining.  
2. Flatulence. 3. Colic. Griping.

**After st. :**

1. Colic continued.

**General Symptoms :**

1. The surroundings seem very large and capacious, and he is inclined to attribute great importance to trifles, generally in an unusually earnest mood, without external cause.
2. Ill-humour; disinclined for every thing; indifferent even to subjects in which he usually took an active interest; joyfulness was impossible.
3. The ill-humour appeared not only during the period of the greatest aggravation of the abdominal affection, but like that it was also worse soon after taking the drug; it, however, continued after the abdominal trouble disappeared, and increased in the last days of the proving when the abdomen was almost free; it even continued after stopping the drug, and gradually disappeared.
4. Confusion of the head.
5. Feeling of heaviness in the head, stupefaction of the frontal region, and pressure in both temples.
6. Head constantly full and heavy, every pulsation, is felt in the temples.
7. Sensation of excessive fulness in the head.
8. On waking in the morning the head felt freer, especially the frontal region, while the pressure in the temple continued; sensation of fulness of head increased after another dose.
9. The symptoms of the head, with the exception of the congestive fulness, relieved after a sleep.
10. Some pressing in the head, in the evening, after a walk in the open air.
11. The pressure in the head disappeared toward evening, while bathing in the river, but soon returned more violent than ever.
12. Sensation in the head as of the beatings of the pulse, with slight sticking.
13. Heaviness in the temples.
14. The unpleasant pressure in the temples was better on lying

- quietly ; was not affected however by cold air, or by applying cold substances to the forehead.
15. A pressive sensation in one or the other temporal region, with a slight confusion of the head immediately disappearing after motion.
  16. The fresh redness and fulness of the face is very perceptibly diminished.
  17. Tongue, thickly coated yellowish gray ; slightly white.
  18. Slimy taste in the mouth, with white coated tongue, without loss of appetite.
  19. Violent constriction of the fauces.
  20. Increase of appetite. Appetite still vigorous ; after every light meal pressure in the stomach. Unusually great appetite. Very greatly increased appetite with good digestion. Appetite so voracious that double the amount of an ordinary meal in the evening was hardly sufficient.
  21. Appetite much diminished. Little appetite with a clean tongue.
  22. Great discomfort immediately after meal.
  23. Sensation of warmth and fulness in the stomach.
  24. Tension and warmth in the epigastric region, gradually increased to a distressing sensation of pressure and heaviness, which seemed to start from the epigastric region and extended over the whole abdomen becoming a griping ; especially severe in the morning and evening, and at times associated with an inclination to vomit ; but afterwards gradually diminished in spite of increasing doses, till there was only a sensation of slight tension in the epigastric region.
  25. An unpleasant drawing in the epigastric region.
  26. Pressure in the stomach after every meal.
  27. Feeling of increased warmth in the abdomen especially in the epigastric region, with pressure, tension and griping in the abdomen, which speedily disappeared or did not appear at all if he took a walk immediately after taking the drug.
  28. Very disagreeable tension and fulness in the abdomen.
  29. Paroxysmal drawing pains through the whole abdomen.
  30. An extremely distressing pressive sensation in the abdomen, especially in the epigastric region, increasing to a pain on touch, especially severe in the evening ; in spite of an undisturbed sleep and increased appetite, the pain increased until it was prevented or diminished by a walk immediately after taking the drug ; but whenever the walk was omitted, either intentionally or accidentally, the distress returned in all its severity.
  31. Extremely distressing tenesmus vesicæ, commencing from tickling in the fossa navicularis, obliging him to urinate very frequently ; this was associated with a tormenting tenesmus recti.
  32. Urging to urinate, with tickling in the urethra, extending to the neck of the bladder.

33. The color of the urine changed from a deep yellow to reddish ;  
Sp. gr. rose from 1005 to 1025, the reaction always acid.
34. Mucous sediment in the urine.
35. Hoarseness, with sensation of roughness in the larynx.
36. A painful sensation in the larynx provoking coughing and  
hawking, aggravated by pressure upon it ; a similar sensation  
in the upper third of the sternum ; on hawking and cough-  
ing, expectoration of frothy, tenacious mucus, mixed with  
black blood.
37. Mucous rales behind the manubrium sterni.
38. Oppression of the whole chest with need of taking a deep breath.
39. Rapid action of the heart.
40. Tension of the pulse increased. Pulse becoming reduced.
41. Blood before the proving rather bright red, with faintly  
coloured corpuscles, and few colorless ones ; after the proving  
deep dark red, corpuscles intensely colored, very numerous  
colorless corpuscles.
42. Physically and mentally stronger.
43. General exhaustion.
44. During the first fourteen days the physical and mental energy  
seemed to be increased, during the last half of the proving  
there was at first a periodical but afterwards a persistent  
feeling of weakness, relaxation and disinclination for physical  
and mental exertion ; weakness on the slightest exertion,  
especially on walking.
45. Almost irresistible inclination to sleep during the last days of  
proving.
46. Sleep disturbed by very vivid and anxious dreams.
47. Profuse perspiration, in the morning after rising, whereby  
the head was very much relieved.
48. A peculiar odor in the perspiration.

## 95. FERRUM CARBONICUM.

### **Diarrhœa :**

1. Very profuse watery D. with cutting pains in the abdomen.

## Gleanings from Contemporary Literature.

### BIOLOGY AND ETHICS.

BY SIR JAMES CRICHTON BROWNE, M.D., L.L.D., F.R.S.,

(Continued from p. 40, No. 1.)

The evolution of morality in all its stages is controlled by inducements and penalties which are called sanctions and which are physical, social, legal or religious in their nature, but which all appeal to one endowment of living beings, and that is sentiency. There is no good or evil in the unconscious cosmos, but in the evolution of living beings there arises—where, when, how, we know not, for beginnings and endings are alike hidden from us—sentiency or the capability of feeling pleasure and pain. Some vague consciousness is perhaps co-extensive with life itself, but we can only speak with confidence of a psychical state like sentiency when a central nervous system has been definitely established; but, whatever its beginning, sentiency when established becomes the steersman of future evolution. The pursuit of pleasure and avoidance of pain are henceforth guiding principles of biological progression. But sentiency itself participates in the evolution it directs, and pleasures and pains multiply and increase in intensity as the animal organisation advances in heterogeneity and find their acme and widest expansion in man, and in the most highly civilised man, for there can be no doubt that sentiency advances with civilisation. The feelings of savages are obtuse and narrow in comparison with those of cultivated races, and within the cultivated races those individuals feel most acutely who are most cultivated. According to Byron's dictum,

"Take it as a rule

"No creature feels as little as a fool."

And the increase of sentiency in the animal kingdom and in the human race always corresponds with increase of development and differentiation in the higher nerve centres. In the human and in the mammalian brain we have in the occipital and temporo-sphenoidal lobes sensory centres or psycho-sensorial areas, and it seems to be more than probable that the development of these is a measure of the sentiency of the animal or race. We know that the skulls of the different races of mankind and of different individuals vary greatly in shape and that there exists a relationship of some exactitude between the surface of the cranium and the cerebral convolutions beneath and between mass and functional power in nerve centres; and we are entitled to conclude therefore that the more sentient races and individuals will have the mechanisms of sensory activity more highly developed than those who are less sentient. And such observations as we possess bearing on the subject warrant this conclusion, for Flower and Garson have clearly shown that the proportions of the anterior or motor lobes of the brain are in men and anthropoid apes, very similar in their percentage, but that the posterior or sensory lobes of the brain are very much smaller in the apes than in man. In the lower races of men,

too, such as the Australians and Tasmanians, the posterior lobes are smaller in proportion to the total brain mass than in Europeans, and the circumference of the region of the skull in which these lobes are located is greater in the brachycephalic skulls which are characteristic of the bronze age in this country than in the dolichocephalic skulls which are exclusively found in barrows of the pre-metallic period. It seems reasonable to suppose then that cerebral evolution, if still in progress, is going on at the present day most actively in these centres, for success in the struggle for existence as now conducted depends more on quickness of perception than on motor energy, more on sensational vivacity than on muscular activity. The demand for physical exertion in the struggle is reduced, whilst facilities for sensuous indulgence are enhanced vastly. There are universal pampering of sense and craving for material enjoyment, and hence it may well be that the evolution of sentiency which has unquestionably gone on in past ages is still proceeding, and that parallel with it there are growth and elaboration of structure in the sensory centres. But the evolution of sentiency, whether its rate be slow or rapid, involves increase in quantity and rarefaction in quality of two orders of impressions—of painful impressions on the one hand and of pleasurable impressions on the other. And as sentient beings we must anxiously ask ourselves—Do these increase in the same ratio? Does pleasure predominate over pain, or pain over pleasure? Is sorrow outrunning joy, or does joy distance sorrow? Is the sum total of pain and sorrow on the one hand, or of joy and pleasure on the other, greater in the civilised man than in the savage? Is the increment of the two equal? Increased and more discriminative sensibility to impressions of two distinct and opposite kinds is the essential fact, but the preponderance of impressions of one kind or the other at any particular time must depend on the vital activity of the sentient nerve, its range of functional activity and on the environment. And yet to the physiologist it is evident that in the evolution of sentiency the amplification of its pleasurable possibilities is greater than the amplification of its painful ones. We see this if we look at the senses separately. The varieties of pain, if we consider common sensibility, are numerous enough and many of them are excruciating, but there is always a crudity about them, notwithstanding the special nerve fibres subservient to them, when compared with the refinements of touch and of the temperature and muscular sense. In taste the scale of agreeable flavours is far more extended and subtle than that of nauseous sensations, and in sight we enjoy oceans of delight broken only occasionally by impressions that hurt or offend the retina. And the higher we ascend in the scale of sentiency the more does pleasure preponderate over pain. Music is sublimated hearing, and surely the gratification that it gives us more than counterbalances the affliction of harsh or jarring sounds even as these assail us in large towns. The sense of beauty is vision raised to a higher power, and surely it opens up to us vast tracts of enjoyment in nature and art with distressful patches only here and there. On the active side of our nature, too, pleasure prevails, for the enjoyment accompanying

muscular exercise—the sense of effort and consciousness of power—is far greater than any suffering that comes from weariness or fatigue. But the more accustomed we become to pleasure the less tolerant are we of pain and hence our histrionic writhings nowadays under comparatively trifling twinges.

The nervous system has a wide range of functional activity and sensibility. If its vitality is raised it is attuned to pleasurable impressions and responds less readily to those of a painful nature; but if its vitality is lowered it is rendered obtuse to delicate pleasurable impressions, but is quickened to the sense of pain. In certain morbid states it is converted, as it were, into a raw surface, to which all impressions are painful. In different persons, or in the same person at different periods, the nervous system inclines more or less decidedly to pleasurable or painful constructions. In early life, for the most part, when it is growing rapidly and is well flushed with blood, its mood is a happy one; it derives pleasure from impressions that are afterwards indifferent, and is so absorbed in the brightly coloured foreground that it gives little heed to the shadowy horizon; but as years roll on, when the hopefulness of adolescence is exhausted and nutrition is less active, its keen edge becomes somewhat blunted, it is less alive to transient tingles than to weary aches, and it suffers from the strains resulting from its efforts to penetrate futurity and provide against it. Hood aptly illustrates this change in nerve temperament coincident with advancing age when he writes—

“I remember, I remember,  
The house where I was born,  
The little window where the sun  
Came peeping in at morn;  
He never came a wink too soon,  
Nor brought too long a day,  
But now I often wish the night  
Had borne my breath away.”

And in the nervous temperament of races changes analogous to those adverted to in the nervous temperament of the individual may be observed. When still young they are, although subject to rigorous discipline and many dangers and destitute of many privileges that come later, gay and careless, exuberant in hope, eager for novelty, and exultant in the consciousness of power. But when older and more matured they become sedate and sombre and more contemplative than enterprising, and dwell rather on the futility, dulness and disappointment of life than on its triumphs, brightness and gladness. And included within this large movement of sentient upheaval and subsidence in the individual and the race there are secondary waves of nervous excitement and depression. There are few of us who have not had chapters in our biographies glowing with rapture and chapters dipped deep in anguish, whilst national history never fails to reveal phases of sanguine expectation and of despondency, epochs when pleasure has been accentuated and epochs when pain has been more in



evidence. The environment of the individual and the race—and men to a large extent makes his own environment—sometimes abounds in beauty and sometimes in ugliness, and food for thought varies considerably in the proportion of its agreeable and disagreeable components. In the progress of civilisation man learns, not only to look more and more searchingly before and after, but to peer anxiously within, and the practice of introspection not rarely results in auto-intoxication or the generation of doubts and perplexities that “work like poison in the blood.” It is by an appeal to experience that the preponderance of pleasure over pain or of pain over pleasure can at any period be determined, and such an appeal at this moment affords grounds for believing that we in this country are at present—and only temporarily, let us hope—in the trough of the wave, and have amongst us more than the average allowance of suffering. Pessimism or pessimistic tendencies are widely diffused and many thoughtful persons in these days, surveying the misery that exists under the sun, echo the opinion of Schopenhauer that it would have been much better if that luminary had never been able to evoke the phenomena of life on the earth. The old faiths have lost their hold. Life is no longer a probation, but an end in itself, and the passion for wealth possesses the poor human soul. Society is almost destitute of real gladness, but is permeated by ostentation and jealousy. Art is lugubrious, literature uninspiring, poetry neglected, enthusiasm discredited, and science, whilst adding largely to material possessions, has no spiritual consolation to offer. Little wonder, then, that melancholy abounds and that *ennui* is epidemic. The type of insanity has changed and our asylums contain far fewer raving exuberant maniacs than they used to, but a far larger number of miserable melancholics; and outside our asylums, as general medical practitioners well know, there is an enormous amount of melancholy of a morbid nature which falls short of actual insanity and is perhaps capable of concealment from friends and acquaintances, but which embitters existence and converts its best fruits into dust and ashes. Phrenalgia or the neuralgia of the mind, hypochondriasis in its protean forms, and neurasthenia, with which dejection is so often associated, are widely disseminated and our finest intellects seem to be most prone to succumb to these. Suicides increase in numbers year by year pretentiously and have risen in England and Wales from a rate of 65·2 per million living in the five years 1861--65 to a rate of 79·4 per million living in the five years 1886--90, the main increase having been in urban districts, where the mean annual rate is 81·6 per million, against 65·0 per million in rural districts. The consumption of anodynes or pain-killers of all kinds grows apace, and amongst anodynes we must include, not only stimulants, narcotics and neurotics, but many of the amusements in which we wallow and the incessant locomotion and globe-trotting on which we expend so much time and money. Men plunge into dissipation or rush restlessly about in order to forget or alleviate the pangs of “the malady of thought.” And if our present plight is in some respects pitiable, the prospect before us, if we are to trust our evolutionary

soothsayers, is still more deplorable. According to Mr. Pearson, the lower races of mankind—the Negro, the Hindoo and the Chinese—are destined to occupy the fairest and most fertile regions of the earth, whilst the Aryan race—our race—having been privileged to help them, by imparting to them organisation and method, in their victorious expansion, is to be cooped up in certain parts of the temperate zone, and is there to settle down into stationary muddy monotony. Kings, by placing themselves at the head of the popular movement, may survive for a time, but aristocracies are doomed to extinction, transmitted wealth will not be permitted and society as a whole will be remodelled under the control of State Socialism. Then in this remodelled society religion is to become a sort of ethical etiquette, education is to be prescribed, industry limited, and enjoyment directed, until the human intellect becomes mechanical. Science in Mr. Pearson's view has already done her greatest and most suggestive work and can henceforth only fill in details. Literature in its highest form is exhausted, and in the inevitable toning down of life in which strong incidents and effective situations are abolished it will be starved of topics and degenerate into ephemeral journalism. Oratory is effete and must give place to debating club trivialities. Life will be prolonged and health improved, but this will simply mean a redundancy of old people and an excess of senile caution and timidity. Ambition and the quest of fame are to cease to be incentives to action in the stable and equable order of society that is in store for us, and whilst human character becomes weak and fibreless and the race, impoverished in vital power, loses interest in all but its daily needs, the last remnant of belief in progress of any kind will expire. One hope, and one only, Mr. Pearson leaves to us—that we shall bear our burden of decay with dignity, and even to this cheering prospect we are, from his point of view, scarcely entitled, for decrepitude is ever peevish, and Aryan humanity in its final imbecility will not, I am afraid, present a very noble or magnanimous spectacle.

Now what I have just told you is no caricature, but a fair statement of Mr. Pearson's position and of the principal conclusions at which he has arrived after a long course of reading; and I think you will agree with me that the picture of futurity he has painted for us is of the most sepulchral character and is well calculated to deepen into despair the melancholy which I have alleged exists around us now. The weariness and dreariness, the stupidity and insipidity of it, are inexpressibly repellent. Any kind of catastrophe or cataclysm would be preferable to the gelatinous uniformity which Mr. Pearson predicts for us; and for my own part I cannot help hoping, seeing that history is full of surprises, that something will happen before his conjectures are fulfilled and we again become without form and void. Surely the unexpected will again declare itself and confound these Bathybian prophecies. It is from the unexpected that the happiness of the individual life often flows, and we may perhaps anticipate from it some gleam of felicity for the conglomerate life of the globe. Mr. Pearson's work is a characteristic expression of the neo-Wertherism—the sorrowful

spirit of this materialistic time—and is indeed a deep long-drawn-out pessimistic groan. But it is only a groan, after all, for his argument will not, I think, remain unrefuted. As regard his main conclusion I can see no biological justification for it, for a state of enduring “dead-levelism” is not characteristic of living things. Evolution is progressive, equilibrium unattainable, and it is inconceivable that humanity should stand still on the plane which he has provided for it. We shall be better or we shall be worse, but we shall not recline on State Socialism for ever and ever, and there seems to be no reason why the negro and John Chinamen, still unemasculated, should remain permanently contented within the geographical boundaries which Mr. Pearson has assigned to them. Cosmic changes are in progress, the globe is cooling and the equilibrium of the physicists, more thorough than that of Mr. Pearson, reduces all to a cold, dark, meaningless mass in the centre of a cold, dark, meaningless space. Then is it not an axiom in evolution that the intensity of the struggle for existence, supposing that to be carried out upon purely natural principles unmodified, by ethical interference, increases proportionately with the size of the region in which it is carried on, and that the larger the region the greater is the superiority of the survivors? And does it not follow that as the world is by the extension, multiplication and improvement of the means of communication being converted into one region for competitive purposes, success in the struggle is likely to be more and more with the higher races, whose powers of gradual adaptation to climate Mr. Pearson seems greatly to underestimate? But taken piecemeal Mr. Pearson’s positions are, I think untenable. His assertion that the achievements of scientific research are strictly limited and have already reached their boundry—in other words, that science has already done her greatest work—will, I think, be at once recognised as fallacious by an audience like this before me. It was quite recently that I heard Professor Oliver Lodge affirm that the present is an epoch of astounding activity in physical science, and that natural philosophers stand in feverish suspense awaiting generalisations that will throw as much light on the secret of the universe as did the great inference of Newton; and in medicine certainly we “nor bate a jot of heart or hope” but believe that we are on the verge of experimental results that will vastly augment our control over disease, be of incalculable benefit to mankind and sway its future career. Then Mr. Pearson’s contention that the topics of literature will become exhausted ignores the fact that they multiply exceedingly all along the line as human interests divaricate more and more, and recalls the apprehension, which haunted the mind of John Stuart Mill during a crisis of mental tribulation, that as the octave consists of only five tones and two semitones, which can be put together in only a limited number of ways, all possible musical combinations will one day have been exhausted. Speculations like those of Mr. Pearson are curious in proportion to the remoteness of the events they refer to, but they are of practical interest in proportion to their proximity. The possible failure of our English coal measures concerns us more than the ultimate cooling of the earth, and the present price of fuel

is a more vital consideration than either of these ; and so the forecast of the time when refinement and breeding will be submerged under vulgar democracy and when distinctions of rank, fortune, intellect and character will sink into insignificance under the overpowering blandness of the "heathen Chinese" is to us, as medical men, of minor and problematical importance in comparison with the measures that are to secure health and vigour to the next generation and with the treatment of the diseases that rage around us. And, happily, in the faithful performance of the duty that comes first to hand we shall deliver ourselves from the bogies of the library and the forebodings of the Leopardine brain. Our work convinces us that man to a large extent controls his own destiny, and may, if he will, rise out of the prevailing pessimism and climb to heights of sentiency not yet attained. Playing a man's part we come to see that suffering is an accident and not the substance of life ; that evil is a shadow, haunting certain portions of a pathway that is everywhere pervaded by a "kindly light." We come to perceive that it is a man's part to empale natural contingency within rational necessity and step by step as he advances to enlarge his interference with nature and augment his ascendancy over her. "I see no limit," says Huxley, "to the extent to which intelligence and will, guided by sound principles of investigation and organised in common effort, may modify the conditions of existence for a period longer than that covered by history." "I prophesy," says a greater than Mr. Pearson, "that the world will again become sincere—a believing world. For the saving of the world I look to the Maker of the world and look a little to my own saving, which I am more competent to." Work has always been recommended as a shelter from the anguish of the spirit. "Cultivons notre jardin" was the advice of Voltaire. "Toil, young men, toil," cries Zola ; "I beseech you put your trust and your faith in your work. I am a witness," he goes on, "to its marvellously soothing effects upon the soul. How often in the morning have I taken my place at my table, my head, so to say, lost, my mouth bitter, my mind tortured by some terrible suffering, and every time, in spite of the feelings of rebellion, after the first minutes of agony my task proved a balm and consolation."

To you, gentlemen, and I am now speaking to the students of the Sheffield Medical School, toil, abundance of toil, will not be wanting. In your time of pupilage you will have to toil manfully to surmount successfully the mountain of examination that lies before you ; and in your professional pilgrimage you will have to toil patiently to perform your duty in the state to which you are called, and your work will always yield you a rich return if not of lucre, yet of satisfaction. But I fervently trust that your work will always be performed with a higher motive than that which M. Zola indicates. Relief your work will bring you if you are suffering, but you will have comparatively little suffering to require relief if you undertake your work, not as a personal "pick-me-up," but for the public benefit. Toil, young men, toil, I would say, not because your work is a "sweet oblivious antidote" to yourselves, but because it carries assuagement to your suffering

fellow-creatures ; not for the apotheosis of anæsthesia but for a quickened vision of life. Toil to make a beneficent use of your attainments, to perfect your own powers, to do credit to your profession, to serve your country and to ward off from your race any degeneracy with which it may be threatened. A wide and promising field stretches out before you, for to the medical toilers of the future will be given more and more power, not only to restore and prop up bent and cankered stems, but to shield the whole crop from blight and to forward its lusty growth. Plants of prey—for so we may call the fission fungi—will be hunted down as beasts of prey have been, sanitary science will promote the reign of health, and mental and moral hygiene will perhaps reconcile natural and ethical evolution. But whilst you toil, and toil diligently and with noble aims, rest too, and rest diligently and with set purpose, for rest no less than toil is necessary to happiness. Your professional experience will teach you the dangers of immoderacy and show you crowds—

“Of mortals on the earth who do become  
 Old in their youth and die ere middle age ;  
 Some perishing of pleasure, some of study,  
 Some worn with toil, some of mere weariness,  
 Or some of withered or of broken hearts.”

Your professional experience will convince you that toil and rest must alternate if the one is to be productive and the other restorative, and there is assuredly at the present time room for the redistribution of toil and rest, or labour and leisure. There are some amongst us who have too much leisure and who would be all the better for a little more labour, whilst there are many amongst us who have too much labour and who would be greatly benefited by a little more leisure. Do not, however, run away with the notion that those who have too much leisure have the best of it, for leisure in itself is not good or profitable, but only as a relief from labour and as affording the opportunity of varying it. There are few more wretched beings than those whose lives are all leisure, who have never learnt to labour and to love labour, and who have not the resolution to devise labour for themselves, but lead an inane and vapid existence—long nights of sleep, long days of drowsiness, days in which dinner is the central event, contemplated beforehand, lovingly dwelt on, and ruminated on afterwards. This way madness lies, nay, rather imbecility, drivelling imbecility. Too much labour makes a man hard and brittle ; too much leisure leaves him soft and spongy. It is in the just balance of these that the true temper of manhood is to be found.

When I began this address I proposed to myself to sketch for the benefit of the younger brethren assembled here an outline of medical ethics or the code which should regulate the conduct of the medical man in the several relationships in which he is professionally placed ; but my theme has run away with me and I now find that the large hand of the clock has gone round the dial whilst my preamble has crowded out my clauses, so that medical ethics must stand adjourned. Let me just say, however, that the

rules, traditions and laws of etiquette to which the members of the medical profession owe allegiance seem to me to require revision from time to time to adapt them to the ever-changing conditions of modern life. Fixed and immutable as regards the principles on which they are founded, principles of justice, honour, truth and good feeling, they are yet, as regards some of their practical applications, susceptible of amendment now and again as circumstances alter; and indeed insensibly and without formal legislation by any professional parliament or judgment by any professional tribunal they do alter as the years roll on. The explanatory candour and winning suavity of our *fin de siècle* physician in his dealings with his patients are as different from the rigid reserve and verbal mystification of the physician of a century ago as is skirt-dancing from the *minuet de la cour*. And in the matter of advertising or the means used to make known professional qualifications or pretensions there has been in recent years a distinct change in our notion of what is and is not legitimate. No doubt in certain directions some relaxation of old customs and opinions regulating professional conduct and intercourse is desirable, but on the whole it would seem that some stiffening of professional sentiment is what is most needed. Rivalry is more intense than it ever was before, and the success that attends the rampant and devouring quackery by which we are surrounded tempts struggling men to stoop to the arts by which quackery secures its ill-gotten gains. *The Times* said truly the other day that "a medical practitioner who discovered a means of preventing diphtheria would for a time be talked about and admired by the public; but they would leave him to starve, whilst they would hasten to pour gold into the lap of any impostor who proclaimed loudly enough that he had invented a pill which would cure it." The vast majority of the medical profession is, I would maintain, able to withstand the seductions of charlatany, and, sound in conscience, to pursue the path of rectitude without monitions or fear of penalties; but for the weaker brethren, and there are weaker brethren in all professions, a code of honour supplemental to the general ethical code is an admirable tonic; and, indeed, for the profession as a whole such a code has its value inasmuch as it raises the standard of work and exalts the sense of duty. The sustaining influence of a code of professional honour in moments of supreme trial was brilliantly illustrated in the charge at Balaclava and in the wreck of the *Victoria* only three months ago, when bands of men were dauntless and steadfast and heroic, standing face to face with sudden death, and the same influence is less conspicuously but not less truly manifested in the self-denying devotion with which medical men carry on daily their incessant guerilla warfare with disease. The moral qualities displayed by the profession should, I think, be its charter to public esteem and protect it from the humiliation which the present widespread patronage of quackery really amounts to; for quackery is patronised in high places and is supported not only by the dull and ignorant but by the presumably educated and intelligent. It flourishes no doubt in some of our great manufacturing towns, but the very hotbeds of it are our fashionable watering-places and health

resorts, and I am assured that, whilst our skilled artisans are least of all given to quackery, our learned clerics are most addicted to it. Well, I think our learned clerics should seriously reflect that in giving countenance to the nostrums of the empiric they exhibit a credulity and superstition that must seriously impair their usefulness in their sacred calling with all thoughtful men. They should remember, these learned clerics, the commendation of the Bereans and search the Scriptures—the scriptures of science and common sense—to see whether these things be so. Above and beyond, however, any special code of honour appertaining to the medical profession there is the general code of ethics to which that and all professions are amenable, and as regards that general code I would say that medical practice is daily demonstrating to those engaged in it its reasonableness and wisdom. To those who faithfully pursue it medical practice affords an ethical training and discipline of the best kind; it opens a refuge from pessimism in the opportunities it gives for the relief of sorrow and suffering, it unveils in the tender ministrations of the sick room some token of the angel as plainly as competition discloses vestiges of the tiger and the ape, and it fosters that wide sympathy that yields hope for the future of our race. “The man shall die,” said David, not because he did this wrong, but “because he had no pity.” Surely one of the most moving of texts is this: “He had compassion on the multitude,” which, translated into my native language, as it has been by Scott Riddell, becomes even more expressive in the words, “He was wae for the folk.” To bread-winning industry, to an honourable ambition, the medical man must add compassion for the multitude if he would make his work fruitful to his patients, to the public and to himself.

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**CROTALUS AS A REMEDY.**

*(Continued from p. 56, No. 2, Vol. xiii.)*

According to the schema arrangement usually followed, and adopted by Dr. Hayward, we come now to the action of the serpent poisons, we are considering, on the Neck and Back.

The symptoms noted of *Crotalus* under this head are very scanty, but even of these scanty symptoms some seem to have been unaccountably omitted by Dr. Hayward, while he has included others, such as those of the spinal cord and brain, which cannot be said to properly come under it.

Thus Dr. Hayward gives only the following symptoms which belong to the neck and back : Bruised pain in paroxysms behind shoulder-blades, especially on moving the arms backwards, eruption of numerous distinct red spots (petechiæ,) very small, with a few larger ones between shoulder-blades ; fulness down the side as low as the loins, with extravasation of blood underneath skin, giving to the back on right side a mottled appearance ; the whole side up to arm greatly swollen, and black from effused blood ; after bite on finger, back became very sore, painful, and swollen down to hips. The following important symptoms observed by Schmöle, have been omitted : Drawing-tearing pain from right shoulder up side of neck, as if muscles were stretched, and being torn out, aggravated by moving arm backwards ; in left neck posteriorly rheumatic drawing pain as far as shoulder.



The symptoms of the neck and back produced by *Lachesis* are rich and varied, such as: Sensitiveness of the neck to external pressure; stiffness of the nape of the neck, with catarrh; sticking and stitches in the nape of the neck and back; tearing in the cervical vertebræ; difficulty in assuming the erect position after stooping; pain in back as if sprained; constant pressive pain between the scapulæ and on the chest; sticking between the scapulæ; very distressing, persistent, pressive, sticking pain near the point of the right scapula, towards the spine, deep in the back, as if something were sticking in it, worse by paroxysms, obliging one to bend backwards, and take a deep breath, not affected by deep breathing, usually recurring after long sitting; tearing in the scapulæ (more in right) and shoulders; tearing between shoulders and in the cervical vertebræ; pain in the loins after the midday nap; pain in the small of the back, as if from excessive exertion, with yawning and stretching of the arms and legs as in fever; pains in the small of the back, with increased numbness of the fingers, crawling in the calves and toes, painfulness of left knee and elbow, a feeling as after exertion in muscles of right leg, near outer side of tibia, and a frequent sprained feeling in knee; habitual pain in small of back preceding troubles in anus; pain as from a sprain, preventing motion, with a helpless, clumsy gait; a former paralytic and sprain-like pain in small of back became far more acute; sticking burning in small of back, extending upwards; drawing across the region of the kidneys, with a feeling of warmth during the fever; intolerable drawing pain in small of back down into legs.

*Cobra* has a tired feel in the cervical and dorsal vertebræ, with the peculiar burning attendant on exhaustion. The pains in the nape of the neck are of a dull aching, or cutting character. Neither stiffness nor sensitiveness of the neck, as in *Lachesis*, has been noted. It has no swelling of the neck, as in *Crotalus*. Old rheumatism of shoulders, which had ceased to trouble prover for 6 weeks, reappeared at night, extending to back which felt as if bruised. Pain between the shoulders, as if in the spine, involving afterwards the scapulæ, like rheumatism of their muscles, and worse from their movement; heavy dragging sensation in the interscapular region of the spine. Weakness of loins; severe aching contractive pain in loins on going to bed; pain in right lumbar region; acute pain in small of back, evening;

severe gnawing pain in lower part of back, worse after going to bed, and preventing sleep.

With reference to the symptoms produced by these serpent poisons in the Extremities, the observation, made by Dr. Hayward in respect of *Crotalus*, applies to them all, viz., that "the extremities having been the parts usually bitten, the numerous symptoms recorded as having occurred in them must be looked upon as being more of the character of topical effects than as evidences of any real idiopathic affinity for the extremities, as such." "Nevertheless," he has added, "many of the symptoms are truly idiopathic and contingent; such as, the coldness, numbness, twitching, trembling, starting, and the paralysed sensation; as well as some of the neuralgic pains."

The symptoms produced in both the extremities by *Crotalus* are: Heaviness in arms and legs, as if the bones were made of heavy wood; a paralysed sensation in the bones of the fingers, arms, and legs (evening on sitting); drawing in the bones of the right arm as far as thumb and little finger, at the same time in left foot; numb pains, as after cramp, in the toes and fronts of the fingers; pain in muscles and joints; pain in all the limbs, with coldness and weakness in them, with paralysis of right upper eyelids; pain in bitten limb, relieved by topical use of *Liq. Amm.*; starting of the limbs; paralysis of both upper extremities, particularly below elbows, and to a less degree of the lower limbs also, and in addition there was paralysis of the upper eyelids; extremities cold and insensible; tearing in the limbs, yearly or at times; rigidity and convulsions of the limbs.

*Lachesis* has produced the following symptoms in the extremities in general: Inflammation and swelling culminating in gangrene (of the bitten limbs); stretching of all the limbs and a feeling of constriction about the heart; stretching of the arms and legs, with fever; heaviness and pains in the limbs; pains in the left arm and lower extremity, side, and hand. (2nd day), and on the following day, pains in the right side, and in the neck, elbow, lower extremity, and shoulder; pain in the left shoulder, and in the forepart of the left foot, afterwards in the knee, wrist, and shoulder of the same side, then in the right limb, arm and knee; weary pain in all the limbs commencing in the knees and elbows; drawings in all the limbs, with throbbing in small of back; pain as from external pressure, violent but transient, lasting a week, in arms, hands, legs, and feet; seated pain as from a sprain in the left knee and elbow, small of back; frequent tearing pains in both arms and legs; painfulness of all the limbs, feeling as if beaten, on motion; gnawing pain in all the limbs; jerking in hands and lower extremities; twitchings in arms and legs, at the same time creeping from left shoulder to head.

Cobra has the following symptoms in the extremities in general : Sudden prostration of strength in limbs, (evening, while walking) ; occasional rheumatic-like pains in thighs and arms, but marked in shoulder-joints (after-noon) ; aching and bruised sensation in all parts of limbs, after awaking, succeeded by a warm glow all over body and cessation of the aching two hours after ; dull aching pains in ankle-joints, lower part of thighs, wrist-joints, and shoulder-joints ; occasional shifting rheumatic-like (drawing-aching) pains in arms, shoulders, legs, worst on left side ; drawing lacerating, for a few minutes at a time, in various parts of limbs of right side, worse by motion.

The following symptoms were developed under *Crotalus* in the upper extremities alone : Gangrenous inflammation, with enormous swelling and formation of abscesses, (result of bite) ; numb feeling in arms (morning) ; drawing in bones of right arm, extending to thumb and little finger, together with pain in left foot ; violent pain in right upper arm, immediately above elbow : bruised pain in both upper arms, a cramp-like sensation ; pain in right elbow and at same time throbbing bruised pain under right arm and on ribs, worse by touch and by moving arm to and fro ; severe drawing pain in right wrist, not relieved by rubbing ; tired sensation in right hand and fingers ; dull pain in last phalangeal-joints of right hand ; violent pain in palm of left hand like the sting of a bee but more cramp-like, much worse on moving little finger ; violent, dull, drawing pains in the bones of the thumb of left hand ; shooting pain, with rapid pulsation in left ring finger, bruised pain in both first phalanges of left little finger, with pulsation in the finger end ; re-appearance of swelling on discolored arm, which then suppurated and burst (8 months after bite on hand) ; though right handed, whenever he attempted to drink or take anything, it was with the wounded (left) hand, he could not use the right hand with freedom ; periodically returning contraction of tendons of flexor carpi radialis, returning for some hours regularly every three months, afterwards (for some years) at longer and less regular intervals, and finally ceasing to appear ; inflammation of lymphatics of the bitten extremity and inflammation of the corresponding axillary glands ; trembling in the hands when at rest ; itching of the middle joints of all the fingers of both hands.

The *Lachesis* symptoms of the upper extremities are : Weakness of arms so great that she is unable to raise them, they sink down exhausted ; feeling as though the arms had fallen asleep, with sticking in them ; pains in the arms as if internally in the bones (after acids) ; tension through the whole arm, extending to the middle fingers, as if tendons were too short ; lameness (a kind of paralysis) of the left shoulder (morning on rising), as from lying

in a wrong position, every morning when dressing and on bending the arm backward; rheumatic pains in the right shoulder and wrist; sticking near and beneath the right shoulder, worse after the midday nap; aching and heaviness extended through the shoulders and arms, but in a less degree than in the legs; drawing pains in the shoulder-joint (evening); tension in the shoulder and cervical muscles; with headache; stitches from the abdomen to the right shoulder; stitches externally, beneath right axilla; turning about in the muscular margins of axilla, more towards right side, as in erysipelas; pain in elbow, extending to hand; rheumatic pain in elbow, afterwards in the left hand; pain in elbow as if ulnar nerve were pressed or bruised; sensation in left elbow, when touched, as painful as if a piece of glass were sticking in it; tearing in forearm, and swelling in its muscles, painful when grasping any thing, disappearing during night; rheumatic pain in both wrists; aching in joints of wrists, extending to elbow; pain as from a sprain in right wrist, on exerting it; tearing along ulnar side of left carpus and metacarpus, extending to tips of both outer fingers, not so violent on the right side; inability to close the hands; hands feel dead on rubbing them, also on washing them rapidly after eating; pain in all the joints of the left hand, as after violent exertion, on waking; tearing in left hand, extending into upper arm; jerking in left hand, in afternoon when sitting; extremely painful tearing, like a forcible extension of muscles of right hand, which refuses its service on attempting to hold any thing; sticking in both hands; the hands, which are bent by contraction of tendons, began to pain if she attempted to sew; constant stitches, deep internally, as if in the bones and cartilages of the wrist and metacarpus, with paroxysmal crawling in them; fingers white, without stiffness; visible pulsation in ball of left thumb, then recurrent jerking in whole thumb; numbness of tips of all fingers first of the right, then of the left hand; pain in ball of right thumb; stitches in tips of fingers, gnawing and crawling in bones and flesh of right third and fourth fingers, also under the nails, as if something were crawling about under them, commencing at the finger tips, and extending to the second and third phalanges, as if something were boring and burrowing from backs of fingers through and through and upwards, but without pain; feeling as though the metacarpal joint of the left little finger were sprained.

As in *Crotalus* and *Lachesis*, the result of the bite of *Cobra*, if death does not take place with great rapidity or is averted, is inflammation of the bitten limb terminating in gangrene, as was seen in a case reported by Dr. Patrick Russel, and also in cases reported by others. In Dr. Russel's case the bite was on the right hand in the fleshy part between the thumb and fore-finger, and

the symptoms were : " Patient felt instantly a sharp pain in the part bitten, which soon spread on the palm and upwards on the arm ; in less than an hour the hand and wrist were considerably swelled, the pain extended nearer the shoulder ; next morning hand and arm monstrously swelled ; the parts about the punctures mortified first, the gangrene then spread over the back and palm of the hand, and part of the wrist, laying the tendons bare, and forming an ulcer of considerable extent, which healed favorably under treatment ; it was several months before he recovered the use of his hand."

As the result of slow poisoning (proving) with Cobra the following symptoms were observed in the upper extremities : Rheumatic drawing in left shoulder ; rheumatism of shoulders, at night in bed, pain extending to fingers of right hand ; severe drawing-shooting pain in left elbow-joint ; numb pain in hands and a feeling as if ether had been dropped and allowed to evaporate ; crampy pains in palm of left hand, and shifting rheumatic-like (aching pains) felt especially in shoulder-joints ; numbness in hands as if sleeping ; slight aching in fourth and little finger of right hand followed by peculiar sensation as of thumbing in the middle of the triceps (left) ; most acute pain under the nail of the left thumb (where the virus had entered), this pain also ran up the arm.

The *Crotalus* symptoms in the lower extremities were : Burning pains, with swelling of the leg that was bitten, violent, with heat like fire ; feeling as though the whole right leg were only half alive, on taking hold of the muscles which he is involuntarily inclined to do, shivering through the upper part of the body, with shaking of the head, and tension of the forehead and muscles of the neck ; tensive drawing pain from left hip to foot, with a bubbling sensation in the calf ; a sharp stitch across the right hip-bone, extending backward, worse on motion ; weary and cramp-like pain in thighs, extending up to abdomen and backward, as after excessive exertion in skating, it seems as though the flesh would be drawn up, which makes the pain worse ; bruised pain in both thighs, as if he had skated too much the previous day, worse while walking, and when touched ; gout-like drawings through right knee, down leg, aggravated by standing on right foot ; gout-like drawings in right patella and tibia, preventing walking, followed by violent pain in hand and jaw ; rheumatic drawing in hollow of right knee, between tendons ; (bitten) leg became the color of the snake, the flesh decayed and fell off in pieces ; lower portion of leg and foot so much swollen as to rupture the skin from toe to ankle, and quite black in color ; legs fall asleep easily, after riding one over the other, and tingle when sitting ; pain in right tibia ; disposition to cramp in legs, in calves ; drawing in left leg, extending from hip to foot ; feeling in right leg,

during and after walking, as if a tendon were drawn from sole of foot through bone of leg, and foot was thereby pulled up; dull drawing, as if through marrow of bone, extending from left knee to sole of foot; sore pain in left calf, worse when touched; bubbling in calves, with pains in bones; bruised pain in both malleoli, very painful when walking; bruised pain in tendon behind left malleolus, worse from touch and movement; heat and intolerable gnawing in whole of left anterior foot, with drawing in bones of the right arm, extending to thumb and little finger; burning and dull stitching in sole of right foot, with sensation as if the foot were heavy as lead; pain in sole of foot, in front of heel, as from stepping on something sharp with bare foot; cramp-like drawing in both heels, extending to malleoli, chiefly felt within the bones; toes of both feet wearied, as if by a long walk; cramp-like sensation beneath left little toe, as if some one turned it round; violent burning in bitten leg, extending as far as thigh; death-like coldness of legs and feet (after bite): swelling of feet evening, lasting a whole year; (after bite) feet remained swollen, with ugly ulcers, for fourteen years, with yellow, sickly color of the face, remarkable indifference to every thing and as if only half alive; sensation of great heat in legs, and desires coverlets to be removed (after bite); rheumatic pains in wrists, elbows, and ankles, followed by painfulness of thighs (especially left) as if deep-seated muscles were tender, inflamed or suppurating, interfering much with walking and sitting (*after rubbing a little venom into scratch on wrist.*—HAYWARD.)

*(To be continued.)*

## TECHNIQUE OF PASTEUR'S METHOD OF ANTI-RABIC INOCULATION.

As a Pasteur Institute, chiefly for the treatment of hydrophobia, is all but an accomplished fact in this country, we have thought it necessary to give a short account of the technique of his method of inoculation, in order to enlighten the public with the essentials of that method. At the public meeting held at the Town Hall on the 30th January last, for the establishment of a Bengal Branch of the Proposed Institute, when the Editor of this Journal supported the scheme notwithstanding that Pasteur's method required some vivisection, he was contradicted by one who ought to have known better with the emphatic denial of the necessity of vivisection for the purposes of the inoculation. What made the secretary (*pro tem*) to make such an extraordinary assertion we cannot tell. But the public, who have come forward so liberally and who are expected to come forward still further with equal if not greater liberality, ought to know what they are subscribing for, and ought by no means to be kept in the dark or deceived in the matter, in order that they may not hereafter complain that their money has been taken on false pretence. This is our justification for the following brief abstract, based upon an authoritative work on the subject.

### I. PRELIMINARY PREPARATIONS.

1. *Sterilizing of Instruments*:—The instruments, such as, scalpels, dissecting forceps, curved scissors, Liston's bone forceps, crab-claw (lion) forceps, test glasses, glass rods, test tubes, filtering papers, trephine, cotton-wool, blepharostat and all other things which are to be used, are kept before use in a stove for a quarter of an hour or more having a temperature of  $120^{\circ}\text{C}$  ( $248^{\circ}\text{F}$ ).

2. *Preparation of Veal broth*:—A broth for the purpose of inoculation is prepared in the following manner: Two pounds of lean veal from which all fat, bones, tendons, and loose connective tissues have been removed, are cut into small pieces; and are placed in a clean vessel containing an equal quantity of cold water to which a glassful more is added to make up for evaporation. The meat should be kept for two hours for the purpose of maceration. The vessel is then placed on a slow fire and the fluid is stirred until it just begins to boil. Having removed it from the fire,

neutralise the solution with a little potash if there is any acid reaction in it. Then filter it through an ordinary filtering paper and put it into a number of peculiar small flasks each containing about three ounces. Each flask has two apertures, an upper and a lower, drawn into fine tubes. The lower one having been sealed with the blowpipe, the broth is poured in through the upper one, which is then plugged with sterilized cotton-wool. As the cotton-wool allows air to pass free of dust through it, advantage is taken of this fact during the subsequent withdrawal of the broth from the hermetically sealed neck of the flask. The flasks are now put into an autoclave or stove for quarter of an hour at a temperature of  $120^{\circ}\text{C}$  ( $248^{\circ}\text{F}$ ). By this process all the germs are killed and the fluid is sterilized, so that it can be preserved for a good length of time.

3. *Desiccating bottles*:—The bottles used for desiccating the spinal marrows are of the capacity of one litre and have two openings, one at the top and another at the side near the bottom. These two apertures are plugged with cotton-wool and put in a stove for sterilization at a temperature of  $120^{\circ}\text{C}$  ( $248^{\circ}\text{F}$ ) for twenty minutes. The bottles are then taken away from the stove, the top plugs are removed and broken pieces of caustic potash are put up to the level of the lower aperture. The plugs are then placed back and the bottles are fit to receive the marrow for desiccation. Each bottle can be used twice only with the same caustic potash. The bottles are labelled, mentioning the number of the passage the rabbit had, counting the first inoculation from the dog, and also the date of bottling. They are then arranged according to the date on a table in a small dark room where the temperature is kept ranging from  $20$ — $25^{\circ}\text{C}$ . This room is never swept and the doors and windows are always kept closed. Only one person, who prepares viruses for human inoculation, enters the room with the doors just gaping to allow him in. All these precautions are taken to keep the air of the room as undisturbed as possible so as to avoid the germs of the air falling into the test glasses.

4. *Trephine*:—The trephine used to take away the skull bone is a small one, with a crown of about one sixth of an inch diameter, and such as is used for aural surgery in trephining the mastoid cells.

5. *Pravaz Hypodermic Syringe*:—This variety of accurately



graduated syringe is generally used for inoculation, containing one gramme (1c.c.) of liquid when full. They are always kept scrupulously clean and efficient for ready use. As soon as a set of inoculations is over, either in the morning or in the evening, the syringe is taken out into pieces and the soft parts, such as leather, &c., are destroyed by fire. The metallic portion, made of silver, is placed into boiling water for a few minutes so as to destroy all its virus. The needles are then sharpened and polished. The soft parts preserved in aseptic oil are replaced for future use.

6. *Selection of Rabbits*:—The rabbits, used for the purpose of inoculation in Paris, are on an average 5 to 6 months old, weigh two kilogrammes and a half (5lbs), and measure from 45-50 c.m. from the tip of the nose to the root on the tail. Smaller and lean weakly animals are not used, as they catch the disease soon and die quickly.

## II. CULTIVATION OF THE VIRUS.

The brain with the medulla oblongata of a mad dog is taken out as cleanly as possible, and placed on a clean plate with the basal surface upwards. Care is taken to avoid any contact with the hand so that any portion to be touched must be by means of sterilized papers. The free end of the medulla is held by the forceps and turned over the frontal lobes, all adhesions being separated by scissors, in order to expose the fourth ventricle. From the central part of its floor, a piece about the size of a small pea and another from the neighbourhood of the central canal are cut away and put into a small test glass to be triturated by means of a glass rod. When they are reduced into a fine jelly-like mass, sterilized veal broth is gradually added to make the whole quantity about half a table-spoonful, stirring the emulsion all the while. In this way the virus is prepared for future inoculation.

The next step consists in inoculating this liquid into the brain of a rabbit. One of the selected rabbits is taken and placed upon a table flat on its abdomen, and the four legs are secured by strings so as to make any movements impossible. It is then put under chloroform. The head is kept steady and the hair is shaved. An incision of one inch long is made down to the bone between the two eyes. The wound is kept gaping by means of a blepharostat for the operation of trephining. The trephine is placed in the median line, about quarter of an inch behind the line joining

the two eyes, and a piece of bone is taken out carefully so as not to injure the meninges. The curved needle of the hypodermic syringe containing the liquid virus is introduced under the cerebral membrane and the emulsion is injected. Generally a small quantity of the cerebro-spinal fluid comes out through the little opening on taking out the needle. The wound is now washed with a lotion containing three per cent. of carbolic acid. The skin flaps are put together and united by sutures and the wound generally heals in two days. In trephining larger animals, such as dogs, the instrument is placed at some distance from the median line to avoid wounding the longitudinal sinus.

The inoculated rabbits are kept in iron cages (two together, in the Paris institute) with abundance of straw for their litter. The straw is changed daily. They are fed daily with a mixture of food consisting of two parts of bran, one part of oat, one part of corn and one part of buck-wheat, one and half handfuls for each rabbit, also one carrot or one or two leaves of lettuce. No water is given. By this means diarrhoea is avoided.

In rabbits of the first passage, death ensues within three, four or five days, showing that the period of inoculation is very short. After a few more inoculations the period of incubation comes between the fourteenth and the twentieth days. By proceeding further it gains the shortest period of seven days, generally after the fiftieth passage. And if the process is still carried on even up to one hundred and fiftieth transference, the period is not materially altered, there can only be a difference of an hour or two. For the purpose of human inoculation and of perpetuating the disease in the same species of animals, the medulla and the spinal cord of that rabbit are taken in which the disease has developed on the seventh and death takes place on the tenth day or later. In this way preserving one marrow for each day, fourteen spinal cords are stocked in desiccating bottles for future use. •

The medulla or cords of a rabbit, which dies after an incubation of seven days, when injected into the brain of a dog, produces rabies in about twelve days. The nervous matter of this dog inoculated back into rabbits at ones produces the malady after an incubation of seven days and thus the series is recovered. This experiment serves as a test for ascertaining whether a person has died of inoculated rabies or not. If the prepared

virus from the dead man be injected into a rabbit, it ought to develop the disease on the seventh day after inoculation, and the rabbit should die about the tenth or the eleventh day.

In travelling short distances the medulla and the cord can be preserved either in ice, carbonic acid or glycerine at 30°C. The neutral and pure glycerine keeps the spinal cord with its virulence intact for nearly a month.

During the first few passages from the dog to the rabbit, rabies is of a furious nature, but it subsequently assumes the paralytic form.

The virus of an ordinary mad dog or rabbit injected into the vein of a dog generally gives rise to paralytic rabies. The same virus inoculated in the brain produces furious rabies. Pure water, simple sterilized broth or broth containing small quantity of pulverized marrow of fourteen days desiccation, the blood or the urine of a rabid animal, if injected into the brain of dog or rabbit do not produce rabies. But the blood or the fourteenth day's marrow when injected in large quantities does exceptionally give rise to this disease.

Guinea pigs are not taken for experiment on account of the small size and fragility of their spinal cord. The dead bodies of rabid animals are put in a tub containing a four per cent. solution of sulphate of copper. Turpentine seems to be the best disinfecting agent to destroy the virus of hydrophobia.

### III. PREPARATION OF THE VACCINAL VIRUS FOR HUMAN INOCULATION.

The spinal marrow of a rabbit, which has died after an inoculation of seven days, is taken for preparing this virus. The dead body is placed on a table and the skin along the dorsal median line is separated from the head to the root of the tail. The skin flaps having been removed on the two sides, muscles are then detached from the skull, the spine and the ribs for about half an inch on either side of the vertebral column. The spinal processes are cut away with the curved scissors and the skullcap is taken away by means of Liston's bone-forceps, holding the muzzle of the animal firmly in the left hand by crab-claw (lion) forceps. When the brain and the medulla are sufficiently denuded of all their coverings, the meninges are slit open and they are placed in a clean dish with the basal surface upwards.

The spinal processes are next removed. The blade of the lion forceps is introduced into the spinal cavity between the spinal meninges and the laminæ, which are cut right and left alternately from above downwards, taking care not to injure the meninges or cord. From the narrow portion of the neck and shoulder it is slightly difficult to extract the cord. A length of about eight or ten inches is sufficient to serve the purpose. Taking hold of the lower extremity of the marrow by the forceps, in the spinal groove where it is lying, the cord is transversely divided with the nerves attached to it, proceeding towards the head and having removed it with its membranes it is placed in another clean dish. The cord is then cut into segments of about three inches long, and a thread is tied to each of them towards its end. Each of the segments hanging by the thread, is now introduced within a drying bottle, taking care not to touch the sides. When it is in the middle of the bottle, the cotton-wool plug, is replaced catching the free end of the thread between it and the neck of the bottle. In this way it hangs over the bed of caustic potash. The bottles are now labelled, mentioning the number of inoculation and the date of bottling of the marrow, and are placed at a temperature ranging between 20°—25°C.

The bulb or the swelled out topmost portion of the medulla is used for fresh inoculation in rabbits to perpetuate the series. The rest are thrown away in a tub containing sulphate of copper. The marrow, which has been kept for fourteen days, gives the least amount of virulence, and those before that are thrown away as useless. The fresh preparation of the day serves the most virulent pabulum, and the one of the fourteenth day the least. In this way the graduated series of different intensity of the virus is prepared for human inoculation beginning with the least powerful one. In Paris two rabbits are inoculated every day so that if one die of accident the other will preserve the series.

The spinal marrows after drying become crumpled up and brittle, and assume a dark brown appearance. The superficial parts are drier than the central parts. The reason of using the spinal cord instead of the medulla oblongata for human inoculation is that it can be easily managed owing to its regular and convenient shape. The effect is the same in both.

For each person one millimetre of the marrow and 1 c. c. of veal broth are necessary to make up the required emulsion for inoculation. This is prepared as before and is preserved in peculiar shaped flasks with two tubular necks the lower one of which is sealed. The sealed end is broken for immediate use. The fluid is obtained by blowing through the upper or vertical aperture, through the cotton plugs. The fluid can be preserved for future use if the lower nozzle is again sealed. A sufficient quantity of this virus should be prepared, more than what is necessary for immediate use, for it is better to inject the clear supernatant fluid than the cloudy grayish one holding the larger and heavier particles of marrow in suspension. In this way the different emulsions should be prepared from the marrow of the first to the fourteenth day, making up a series of fourteen viruses, the one formed from the fourteenth day's marrow is taken for first injection as possessing the least virulency. These fluids of different attenuations are taken for immediate use in test glasses which are to be labelled, mentioning the age of the marrow and the number of person to be inoculated.

#### IV. INOCULATION.

The inoculator has near him a table on which the following requisites are placed:— (1) Complete series of test glasses covered with paper containing the viruses, (2) two or three hypodermic syringes (the syphilitics are inoculated by separate syringe), (3) a spirit lamp on which a small tin pan is kept full of water containing chloride of calcium. The addition of this chemical raises considerably the boiling point of the liquid. In this water is plunged a test tube filled with ordinary sweet oil whose temperature is soon raised to 100°C, (4) a list of persons to be inoculated at the particular sitting arranged according to their day of treatment, beginning with those who have come for the first time for treatment, to be inoculated by the fourteenth day virus, and so on. The last group do not receive more than the virus prepared from the marrow of the third day for it is considered to be of highest virulency fit for human use.

The bites of all new comers are examined, and if the skin is found to be unbroken they are sent home with the instruction to keep their mind quiet. The patients who are actually bitten are kept and examined. After inoculation their wounds are dressed if required.

The syringe is filled by thrusting the needle through the paper cover of the test glass. The needle is then dipped into the hot oil and handed to the inoculator, who injects a full syringe into adult men, one half or more into adult women, and only one third into children at the hypochondriac region of each patient. Every time after refilling the syringe the needle is oiled anew. Thus, group after group are inoculated with the successive virus at each day's sitting. The residue of the virus thus used are emptied into some safe place.

The hypochondriac or other abdominal regions are selected for inoculation because in those regions the subcutaneous cellular tissue is looser and more rapidly absorbent than others. Occasionally some amount of redness is observed round the point of puncture, though it is more after the strong viruses, but the redness subsides spontaneously in a day or two. The alternate puncturing of the right and the left side facilitate the subsidence. In some cases rest of a day or two is given and hot bath ordered to get rid of the redness. Very rarely swelling of the axillary glands is observed.

This simple treatment is for all persons bitten through their clothes which necessarily wipe away the teeth of the animal before the skin is reached and for this reason much of the virulency is lost. Those, who are bitten on the bare regions of their body without the intervention of clothes, except head and face, are treated with viruses of fourteen to three days as before, but each of the viruses from the fifth to the third is injected twice morning and evening. The *intensive* treatment is for those who have been bitten on the face and head. The first ordinary course of treatment is given to them to be repeated, even a fourth time after a rest of a day or two. The number of repetitions depends on the severity of the case, the stronger injections being given twice, as before. The second and the after courses generally begin from number five and end with three. In cases of excessive gravity fresher marrows are used, viz., numbers four, three, and two, instead of the desiccated ones. Fresher, younger marrows are also used in summer, for it has been found that during the hot season marrows of the same date of desiccation were weaker, less virulent, than the corresponding winter ones.

## EDITOR'S NOTES.

### NURSING OF THEIR OWN BABIES BY MOTHERS.

A Society has been established in Paris by Madame Béquet for encouraging mothers to nurse their own babies. To us, Indians, these things seem strange, and we trust the necessity will never arise for the establishment of such societies in our midst. The day, perhaps, is not distant when, with the advance of civilization, philanthropists will have to establish societies for speaking the truth.

### GOUT AND RHEUMATISM DIFFERENTIATED.

• A Frenchman being afflicted with gout, was asked what difference there was between that and rheumatism.

"One very great difference," replied *monsieur*. "Suppose you take one vice, you put one finger in, you turn de screw till you bear him no longer—dat is rheumatis'; den s'pose you give him one turn more—dat is gout."

### A WRONG DIAGNOSIS BY AN EMINENT SURGEON.

It is related of Nélaton that, as a reward for having attended the child of a French lady, he was presented with a handsomely embroidered pocketbook which had been worked by her. Nélaton bowed stiffly, and said, "Madam, the pocket book is quite a work of art and I admire it exceedingly, but my fee is 2,000 fr." "Not more?" she asked. Then opening the leaves, she took out a little bundle of five 1,000 fr. notes, and from it selected two which she presented to him, and bowing stiffly in her turn retired with the rejected pocket book.

### STEEL VERSUS ALUMINUM SURGICAL INSTRUMENTS.

We learn on the authority of the *Scientific American*, for February 10, that a Physician, who had got rid of some of his steel instruments and bought others made of aluminum, sorely regretted the change. He found that though the aluminum probes, sounds, tongue depressors, and that sort of thing did not oxidize, they were deficient in elasticity, and remain bent after pressure. He, moreover, found them so light, that he could not feel confident in using them and could, therefore, put no trust in them.

### GOOD NEWS FOR MEDICAL GRADUATES OF THE CALCUTTA AND PUNJAB UNIVERSITIES.

The Registrar, General Council of Medical Education and Registration of the United Kingdom, has written to Her Majesty's Under-Secretary of State for India, with reference to applications from the Universities of Calcutta and the Punjab respectively, to inform him that, "by order of the General Medical Council the degrees of (1) Licentiate in Medicine and Surgery, (2) Bachelor of Medicine, and (3) Doctor of Medicine, granted by those Universities, have been recognized by the Council, and will in future be registrable in the Council List under section 13 of the Medical Act (1886)."

Bombay, Madras and Allahabad should lose no time in applying for the coveted distinction.

#### A RISING FEMALE MATHEMATICIAN.

The impetus recently given to female education is bearing fruits. A young American woman, of San Francisco, of the name of Klumpke, has made a successful study of mathematics with special reference to its application to astronomy. She obtained the degree of doctor of sciences on the 14th December, 1893. She was connected at the Paris Observatory with the work of making an accurate map of the heavens by utilizing the most recent processes of photography. She has introduced into this work a perfection of researches and a precision which have brought her into prominence. She has already furnished astronomers with the confirmation of certain hypotheses and opened new vistas. India, in olden times, produced a glorious example (in Lilavati) of the aptitude of the female brain for the study of the exact sciences. We hope her capacity in this direction has not been exhausted, and that the times are not far distant when she may give birth to more Lilavatis than one.

#### CHRONIC GLYCOSURIA.

Dr. Worms has, in a communication presented to the Académie de Médecine, noticed many interesting points of this disease based on his clinical knowledge. He has given a good longevity to all suffering from it. Three classes of patients have been enumerated by him, without including the hopeless ones: 1. those who have large proportions of sugar but easily reducible; 2. those whose sugar is not reducible; 3. those whose conditions are intermittent, the sugar ceasing altogether and reappearing after long intervals, often so long as one year, generally after some violent emotion, and this is particularly the case in gouty subjects.

In one hundred brain workers leading sedentary lives whose urine has been examined by him, he found considerable quantity of sugar in seven, whereas among 607 artisans and laborers sugar was not found in one. He advises patients to determine each his own diet, as every one has some peculiarity of digestion, for which no rule can be laid down. Out door exercise has been strongly recommended by him.

#### DIPHTHERIA OF THE STOMACH.

At a meeting of the Pathological Society of London held on the 19th December 1893, Dr. Soltan Fenwick showed the stomach of a child of three years, who had died rather suddenly from an attack of dyspnoea, though tracheotomy was performed. "There was no membrane on the tonsils or pharynx, and as observed after death, there was none in the œsophagus. The interior of the stomach was lined throughout with a membrane which microscopically showed the ordinary histological characters of diphtheritic membranes. There was considerable increase in the lymphoid tissue of the mucous membrane itself." Mr. S. G. Shattock also cited a like case of a



child in which there was generalized diphtheritic inflammation of the stomach, but no affection of the œsophagus. Diphtheria settling in the stomach alone is very rare, and can only be revealed by autopsy. For this reason, it is difficult to diagnose such cases in private practice, especially in this country, where post mortem examination is never allowed.

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#### COPPER IN CHOLERA.

The old school is awaking to the fact that the microbic doctrine of cholera has not been able to introduce a successful therapeutics of the disease. And accordingly we find a French physician, M. Mouricourt, drawing attention to a mode of treatment which was found efficacious before the doctrine of microbes had come into existence. He refers to the practice of Dr. Burq, who, in 1849, is said to have succeeded in arresting the cramps of cholera by copper bars in the majority of cases, and who, in 1866, by the internal use of sulphate of copper, effected 16 cures in 18 most severe cases, in which there was no heat, no pulse, and no urine.

Need we remind our colleagues of the dominant school that so far back as 1831, Hahnemann recommended the use of copper in cholera on the only rational principle on which drugs ought to be administered in any disease, and that ever since copper has been the sheet anchor in suitable cases? How long will they continue to ignore and oppose the only scientific system of medicine yet discovered, to the infinite injury of suffering humanity?

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#### THE ORIGIN OF CIRCUMCISION.

The following is taken from *La Nature*, giving the origin of this custom so inseparably connected with their religion among the Jews and Mahomedans. Curiously enough circumcision is not mentioned even once in the Q'uran!

At a recent session of the Anthropological Society of Paris, M. Letourneau spoke of the custom of the Egyptians of practicing phalotomy on the vanquished, a custom which still obtains among Abyssinians. Every warrior, who has killed an enemy, says Sir James Bruce, presents to the chief a bloody prepuce; at the conclusion of the ceremony each trophy is returned to its owner, then taken home and prepared in the same way as American Indians do their scalp trophies or "coups." This custom existed also among the Hebrews, for it will be recalled that the son of Jesse, in order to become the son-in-law of King Saul, was required to bring in the forekins of a hundred Philistines. This ritual (circumcision) had its origin and became extended as an act of homage to the Deity. The usage of offering portions of the body to the gods has been, and yet is, very widespread. It is a symbol of complete sacrifice, that has become partial by the lessening rigor of morals. It is thus that blood, or fingers, or the hair was offered as a sacrifice by the early Christians.

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## BHAUDAJI TREATMENT OF LEPROSY.

In the *British Journal of Dermatology*, Vol V, Dr. Stanley Boyd has contributed a paper in which he mentions *Hydnocarpus Inelriens* or *Wightiana* (Khauti or Jangli-badam) as the chief remedy on which the late Dr. Bhaudaji mostly relied for his treatment of leprosy. It belongs to the natural order *Bixineæ* or *Pangiaceæ* of Lindley. It is a common tree of the Western Peninsula, and the seeds or their oil have been long used by the people of that place for skin diseases. Its action resembles that of the seeds of *Gynocardia Odorata* (*Chaulmugra*), which belongs to the same natural order and is a native of the Malaya Peninsula, Eastern Bengal and Assam. The oil of the *Hydnocarpus* resembles that of the *Gynocardia*, but owing to its cheapness it is more in use in the Bombay Presidency than *Chaulmugra*.

Dr. Bhaudaji used to administer the oil of *Hydnocarpus* seeds internally, in doses from ten minims to half an ounce with boiled milk, and externally by rubbing it all over the body. The patients were enjoined to abstain from pork, beef, fish, tea, coffee, and the alcoholic drinks, with liberty to take milk, fruits and vegetables. They were also allowed to take butter, eggs, mutton and fowl. Dr. Boyd has seen no evil result to follow its use by causing irritation or vesication. He has cited a few cases of cures where subsequent information was obtained.

## AUDACIOUS SURGERY.

The old school has no better treatment for troublesome neuralgia than to cut and clip the offending nerves, or even excise their central ganglia. Her surgeons have become bold enough to open the skull in order to strike at the seat of the disease. Cases of removal of the Gasserian ganglion for trigeminal neuralgia have recently been reported, three by Mr. Finney of the John Hopkins Hospital, one by Mr. H. M. O'Hara of Melbourne, one by Caponotto, and one by Novaro, both latter of Italy. Of the three cases of Mr. Finney, one was that of a married woman, aged 47, who is said to have recovered from the effects of the operation without any bad symptom, though two months after she complained of stiffness and a sore feeling on the right side of her face. The second was that of a man, aged 63, who suffered severely from obstinate vomiting for the first few days after the operation, but subsequently made a good recovery. The third patient was 69 years old, and died seven hours after the operation, apparently, it is stated, from heart disease, but it is admitted that the fatal termination was undoubtedly precipitated by the shock of the operation. O'Hara's patient was a woman aged 66. She was discharged fifteen days after the operation. She was free from the neuralgia, but, thanks to the removal of the ganglion, had, anaesthesia of the operated side of the face. In Italy the first operation of the kind was done by Caponotto, of Turin, with fatal result. The second was performed by Novaro with success.

While we cannot but admire the boldness and skill with which the

difficult operation is performed, we cannot but regret the dearth of drug therapeutics which necessitates an operation which must be attended with considerable risk to life, which may not be successful as regards the end in view, and which is almost sure to bring on new diseases in its train.

## CLINICAL RECORD.

*A Case of Cancrum Oris cured by Lachesis.*

UNDER THE CARE OF DR. M. L. SIRCAR.

Reported by Babu Jadunath Mukerjee.

Panna Lal, aged six years, had suffered from worms in July 1885, for which he was advised to take Cina 30, morning and evening; finding no benefit from the medicine within 3 or 4 days he was taken to an allopath who prescribed a dose of santonine and followed it up with a dose of castor oil on the following morning; this brought on a free motion with discharge of a large number of lumbrici. Soon after this he had a strong attack of fever which lasted for more than three months and is still continuing. He was brought to me at this stage of the disease and kept under my treatment for a fortnight or so, during which I gave him Calc. c. 12. The medicine did him much good, inasmuch as he was without fever for more than a fortnight. For some irregularity or other the child had a relapse after this, and the parents got tired of keeping him under homoeopathic treatment any longer, and he was put under a Kaviraj who could do nothing to improve matters. So from the Kaviraj he went again to the hands of an allopath, and then to a Kaviraj again, according to the whim and fancy of the parents. This alternation of treatment for a period of 3 months or more made him worse still, and he was at last brought to Dr. Sircar. This was on the 25th of February 1886.

Dr. Sircar noted the following symptoms on his first visit: patient pale and emaciated, with a sallow look; fever of a remittent character, the temperature ranging between 100° to 104°; there were two distinct accessions in 24 hours; spleen and liver both enlarged; right cheek swollen, red, and inflamed, with a circumscribed sloughing spot in the centre (about half a rupee in size), right eye almost closed; jerking pulse, a tearful countenance, and afraid of being touched by any body in the face. Ordered Bell 6, 2 doses.

26th. Sloughing extended rapidly over the inflamed surface, fever as bad as before; constant desire to be fanned; ordered Carbo v. 12, two doses after consultation with Dr. Sircar.

27th. The slough seems still on the increase; patient very talkative during height of fever. Lach. 6.

28th. No further extension of slough, fever also less. Cont. med.

29th. There is very little discharge from the sloughing spot, slough not loose yet to be removed. Ordered Calendula dressing, and repeated med.

March 1st. Child feeling better in every way, slough still sticking to the surrounding healthy border of the cheek. Cont. medicine and external application of Calendula.

2nd March. Distinct line of demarkation all round the slough, which is loosening from the lower border. Rep. med.

3rd. A large portion of the slough, which was hanging loose, was removed. Cont. med.

4th. Another portion of slough was found loose and removed; healthy granulations at the edges of the open wound, child improving fast. Cont. med.

5th. Child getting on nicely, fever almost nil, a small slough still adhering. Cont. med.

6th. From this day up to 12th instant the child was found improving steadily, sloughs had all separated, leaving a healthy granulating surface. Med. continued.

13th Doing well, no fever, appetite sharp, desire for eggs which were allowed. Omit med.

15th. Had a slight attack of looseness of the bowels probably from taking eggs. Eggs disallowed. No med.

18th. No more slough, the edges of the perforated spot are healthy, although the gap is not filling up yet. Ordered strapping of the wound with adhesive plaster. No med.

20th. Wound contracting and the gap filling up. No med.

25th. Patient doing well; ordered milk and chapatis with moog soup.

#### Remarks.

In this case Belladonna, which I have found to be very frequently useful in high fevers with double accessions, did no good whatever. The rapid extension of the sloughing, indicative of low vitality, with constant desire to be fanned, induced us to give Carbo veg.; but it too failed in arresting the disease. The loquacity during the height of the febrile paroxysm and the severity of the local destructive process, giving rise to a septicæmic condition in a constitution previously debilitated by malaria and bad treatment, led us to think of Lachesis, and we were happy to observe its beneficial effects from the very day it was exhibited. We used it for fifteen days with uninterrupted improvement, and we had the satisfaction of seeing the child saved by it from the very jaws of death.—M.L.S.

#### Cases of Rheumatism.

By BABU HEM CHANDRA RAY CHAUDHURI, L.M.S.

Case I. Babu M—, a Hindu, aged 36, was suffering from rheumatic pains in the left leg from the beginning of the month of October 1890, and was all along under the old school treatment but without effect. I was called to see him on the 13th of December 1890, when I noted the following symptoms:

Swelling of the left knee-joint, with aching and throbbing pain which used to come on many times during day and night. Bryo. 6 was prescribed.

On the 15th I saw the swelling was less than before, but the intensity of the pain was the same. *Phyto.* 2.

17th. There was no benefit from the medicine. I was informed that the pain had a shifting character, sometimes appearing above the joint and sometimes under it, but not travelling beyond the swelled-up area. The pain was also worse at night. *Puls.* 6.

19th. The pain in the first part of the night disappeared, but used to come on during the last part of night awaking him from sleep. *Lach.* 6.

21st Pain rather worse. *Puls* 6 was again given.

24th. Pain only slightly better in the last part of the night. *Ars* 30.

26th. Pain again worse during the first and the last part of the night. The shifting character was still present. *Puls.* 6.

28th. Almost no pain, doing much better; the swelling was also less than before.

30th. Doing well. The medicine was continued for a short time, and he was cured.

This case is a complete refutation of the exclusive position taken up by the high dilutionists.

*Case 2.* Bibu A—, a Hindu, aged about 40, was suffering from fever and rheumatism of both the legs and slight swelling of the knee-joints from the beginning of September 1891.

He was at first treated by a Hakim without effect, and was placed under my treatment on the 15th of the same month. He was costive, and his habit was to take flesh-meat regularly every evening. The fever used to come on during the afternoon. As he had had too much of drugging I prescribed *Nux v.* 6. On the next day there was no fever and the pains were also less. On the third day after taking this medicine his old gonorrhœa reappeared. This led me to conclude that the rheumatism was caused by its suppression, and accordingly I gave *Hep. s.* 30.

18th Sept. The fever and the pains reappeared. *Nux v.* 6 was again given, but to no effect. On enquiry I was informed of the shifting character of the pains from one leg to the other. *Puls.* 6.

From the day of the administration of the medicine improvement set in, and a few days' repetition of it caused the total disappearance of the pains.

*Case 3.* A Hindu lady, aged about 34, was suffering from acute shifting rheumatic pains in the left arm from the shoulder to the elbow joint. The pain was of a very agonizing character, which she described as aching and throbbing. There was aggravation from cold and during the periods of full and new moon. There was no decided swelling or tenderness. She came under my treatment on the 4th of May 1893. *Puls.*, *Bryo.*, *Rhus tox.*, *Mez.*, were given but without effect. It at last became less under *Calc. c.* 12. On the 13th of June, the day of new moon, notwithstanding that *Calc. c.* was being continued, the pain again returned in an aggravated form, though not as bad as before, but it was less the next day. By the further persistent administration of the same medicine the pain disappeared altogether, and did not return.

## CASES BY BABU BROJENDRA NATH BANERJEE, L.M.S.

## 1.—A Case of Sciatica and Lumbago of 20 years standing, cured by Lycopodium.

An old lady, aged 70 years, was suffering from very painful sciatica and lumbago for the last twenty years. Since the last five years she was confined to bed. She never suffered from rheumatism nor gout. She was subject to acidity only.

*Present condition*:—Very irritable, abuses servants and relatives needlessly and then weeps; very obstinate; always afraid of being left alone; this dread of solitude was noticeable both in the day and at night; is drowsy during the day but wakeful at night; starting on falling asleep at night; continued oppression of the chest and dyspnoea from the least exertion; complains of painful flatulence every night; cough day and night with copious purulent expectoration which tasted salty; frequent copious urination at night and wetting of the bed every night. Another prominent symptom was burning between the scapulae (like coals of fire). This also she used to feel in the night after lying down and when the back was in contact with the bed.

All these symptoms closely resembled Lycopodium symptoms, and it was prescribed in the 30th potency thrice daily. After taking six doses she felt almost cured. No more medicine was given. She has been enjoying good health since the last six months.

## 2.—An Unsuccessful Case of Cholera.

A young man, aged 20 years, resident of Berhampore, came to Calcutta on the 20th May, 1893. On the 21st he exposed himself to the sun and partook of bazar sweetmeats to his heart's content; on the night of the same day he began to purge and vomit, and became pulseless early next morning. I saw him for the first time at 8 a.m. of the 22nd, when I noticed the following symptoms:—body icy-cold, there was no pulse at the wrist, vomiting and retching incessantly, voice husky and scarcely audible, violent cramps of the feet and hands, thirst not much. I ordered Verat. alb. 30. every hour until amelioration should set in. At 11 a.m. I found the patient drowsy, purging and vomiting having ceased after the 2nd dose of Verat. alb. On being questioned, the patient said that he was feeling better and wanted to sleep. No medicine was given.

At 4 p.m. I saw him again. The extremities were now warm and the radial pulse could be felt. The patient had sound sleep for a couple of hours. He had now no complaint. He was given sago water.

Next morning I found him cheerful and free from any complaint whatever. He was given *Gandhal* soup and sago on the morning of the 24th; he walked to the veranda to pass water but staggered and fell down on the floor. Soon after, his brother noticed that his breathing was of a sawing labored character, but the patient did not complain of any difficulty of breathing. If asked he would say he had no complaint and that he felt better. Calc. ars, Crotaulus and Cobra were

prescribed one after the other, but the patient gradually succumbed. I have lost many a case like this one. I believe death in this case was due to embolism of the coronary arteries or gradual formation of a clot in the right heart. But such cases have been known to rally. Dr. Mahendra Lal Sircar assures me that in his hands such cases have sometimes recovered.

[Cases of cholera, in which embarrassment of respiration supervenes, are the most difficult which a practitioner has to treat. They very seldom recover. The respiratory difficulty may depend upon the formation of clot in the heart or in the lungs, or upon the condition of the blood which prevents it from absorbing oxygen. When of cardiac origin, we have derived the greatest benefit from Cobra. Unfortunately it is not every case that recovers. In the case which our colleague has reported, the fall probably proved too severe a shock to the respiratory centre for the patient to rally from. The case shows the necessity of keeping cholera patients under vigilant supervision, and of never allowing them to rise from their beds on any account whatever.—Ed.]

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### A c k n o w l e d g m e n t .

*The Monthly Homœopathic Review*, London, March 1894.

*The New England Medical Gazette*, Boston, Feb. 1894.

*The North American Journal of Homœopathy*, New York, Feb. 1894.

*New York Medical Times*, Feb. 1894.

We have to offer our special and most heart-felt thanks to the Editors of the above *Journals* for continuing to send them to us, notwithstanding that our *Journal* was in abeyance for so long a time.

We hope to deserve their kindness by our regular appearance.

*Indian Medical Record*, Calcutta, March 1 and 15, 1894.

*The Medical Reporter*, Calcutta, March 1st and 16th, 1894.

*Report on the Administration of Bengal*, 1892-93.

*Second Triennial Report of the Sanitary Commissioner for Bengal, on the working of the Vaccination Department in Bengal, during the three years, 1890-91 ; 1891-92, 1892-93.*

**THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.**

**96. FERRUM IODUM.**

**Constipation :**

1. Constipation.
2. St. smaller than usual, light brown, passed only after much urging and pressing, although it was rather soft.
3. St. very small, less than usual.
4. Small hard st., with sticking and pain as from constriction in the anus, on the passage of fœces through it.
5. Urging to st., with much pain in the abdomen (drawings from above the umbilicus down the right side), followed by a small st. of a yellowish-brown color and somewhat hard.

**Diarrhœa :**

1. Very thin, diarrhœa-like, light-yellow st., preceded by much pain, followed by relief of the pains in the abdomen.
2. St. black.
3. The pain in the abdomen was relieved after a natural yellowish-brown st. mixed with black portions.
4. Pain in the abdomen, with urging to st., followed by a darker evacuation than on preceding day.
5. Pain in the abdomen before st., which was small and of a lighter color than usual.

**Rectum and Anus :**

1. Feeling in the rectum and especially in the anus as if it were compressed, a constriction as if worms were in it, while the st. was easy and without pain.
2. A peculiar feeling in the rectum and anus, as if something twisted and turned about in a circle, and something like drops of water flowed down, and as if a screw were boring upward and downward.
3. Ineffectual urging to st.
4. Great pain in the abdomen, especially about the middle, together with much flatulence and great urging to st.

**Amelioration :**

1. Pain in abdomen after st.

**Before St :**

1. Pain in abdomen.
2. Urging.
3. Passing of flatus.
4. Rumbling and gurgling in the abdomen with solicky pain.

**During St :**

1. Sticking and pain as from constriction of the anus.
2. Sensation of worms.

**After St :**

1. Relief of pain in abdomen.

**General Symptoms :**

1. Cephalalgia.
2. Headache, a confused sensation with feeling of heaviness and pressure, especially in the forehead, more on the right side,



aggravated by putting on the hat, reading, writing, &c., better in the open air, sitting down or standing in a draft of air.

3. Painful lacerations in eyes and ears. Roaring in ears.
4. All the symptoms of coryza, profuse discharge of mucus from the nose, and frequent expectoration of mucus from the larynx and trachea.
5. Slight uniform injection of the face.
6. Tongue coated thickly yellow.
7. Unpleasant dryness of mouth and throat.
8. Taste insipid; bitter; flat; pasty; offensive; of peppermint; inky, changed to sour like that of sulphate of iron, most perceptible at isthmus faucium.
9. Rattling in the throat and expectoration of mucus.
10. Hawking of mucus, cough with expectoration.
11. Anorexia. 12. Thirst. 13. Eructations after eating.
14. Nausea and vomiting.
15. Burning in the stomach and intestines or rather a feeling of heat and fever.
16. Rumbling in the abdomen with colicky pain.
17. Rumbling in the bowels, with increase of the pains after eating.
18. Emission of flatus smelling of iodine.
19. Colicky pain beginning about the umbilicus, and extending downward about the right side.
20. Some soreness and rumbling in the abdomen.
21. Sensation of great soreness, with much colicky pain in the abdomen, especially after eating.
22. Pulsation in the abdomen, with a feeling of great soreness.
23. Pain in the urethra on urinating, which was frequent although in small quantities.
24. Awakened by an erection with very violent pain and burning in the whole of the urethra, was not however able to urinate, as it seemed, in consequence of the tenesmus of the neck of the bladder, although there was a most violent and excessive urging thereto.
25. A peculiar crawling tickling in the urethra and especially in the rectum.
26. Frequent desire to urinate with pains and sensation of soreness in the urethra during micturition.
27. Urine, frequent and profuse which is yellow and has a sweetish smell; dark colored; depositing a thick white sediment.
28. Cough, with expectoration of grayish white rather tenacious mucus drawn out in threads.
29. A short hacking cough with white yellowish rather thick expectoration, and at times with pains in the chest.
30. Hæmoptysis. 31. Intense dyspnoea.
32. Oppression of the chest as if a great weight lay upon it.
33. Oppression of the chest; was obliged to take a deep breath which caused a feeling of soreness in the chest, together

with a feeling of oppression, as though expansion of the thorax was prevented; there was however no really acute pain on inspiration.

34. Increased pulse with feverishness, afternoon and evening.
35. The pains in the back and kidneys and the headache were worse in the evening
36. Weakness and a bruised sensation in all the limbs, with great aversion to moving about.
37. Great weakness. Great exhaustion and sleepiness.
38. Awakened from sleep by dreams of thieves. In sleep proved dreamed that he had grown exceedingly large, and that everything else was small. Frequent starting in sleep, and waking with a feeling as though paralysed.
39. Cold and chilly. Very hot and feverish, but without perspiration, either during or after the fever.

## 97. FERRUM MURIATICUM.

### Constipation :

1. Obstinate constipation.

### Diarrhoea :

1. After the sickness, had an attack of diarrhoea, with black sts., which soon ceased.
2. Sts. darker than usual.
3. Nearly two quarts of inky evacuation passed off at st.

### Dysentery :

1. Diarrhoea assuming a decidedly dysenteric character, the bowels being repeatedly moved, with considerable pain and tenesmus, the evacuations consisting entirely of blood and membranous shreds.

### Before St :

1. Nausea.

### During St :

1. Pain and tenesmus.

### General Symptoms :

1. Loquacity.
2. Headache.
3. Severe pain in the right temple and right side of the face.
4. Eyes injected. Bright redness of margins of lids.
5. Face flushed; swollen and livid.
6. Tongue coated; swollen and protruded, with ropy mucus from the mouth; dry.
7. Severe sense of burning and constriction in the throat.
8. Thirst; no appetite.
9. Hand riveted to region of stomach as the principal seat of pain.
10. Pain along the whole length of colon; much increased by pressure or any movement of the body.
11. Hypogastrium swollen and sensitive especially above the pubes; piercing pain in the hypogastrium.
12. Urine scanty; almost complete retention; acid, and depositing

neither uric acid nor urates, and containing one or two centigrammes of iron.

13. Respiration noisy and stertorous, suffocation impeded, croupy noise.
14. Pulse quick and small and feeble.
15. Blood on venesection, remarkably black and so thick and viscid, that it would not flow until he cut much larger orifice in another vein.
16. Violent convulsions affecting the whole body, which was much contorted; the muscles of the extremities contracted violently, and the teeth were clenched and ground together. Required to be restrained upon the couch, and her hold upon those near her could not be unloosed until the spasm suddenly ceased.
17. Restlessness. Exceedingly weak, with anxious, feverish countenance.
18. Skin cold and clammy. Skin hot and disposed to be clammy.

### 98. FERRUM PHOSPHORICUM.

#### Diarrhœa :

1. St., soft but consistent, decidedly yellow, easy st.

#### General Symptoms :

1. Loss of courage and hope, better after sleep. Indifference to ordinary matters. Annoyed at trifles. Impetuous feeling, yet obstacles cause annoyance and hesitation. Trifles seems like mountains. Better from quiet and solitude, worse from bustle and crowd.
2. After moderate tepid bathing, mostly with sponge, lips look blue.
3. Tongue coated yellowish increasing towards the base.
4. Desire for and better from stimulants. Thirst for cold water and brandy.
5. Irritating rising, not sour, somewhat greasy in flavor.
6. Intense heart-burn, with rising so irritating that it made him cough for sometime; irritation in throat and behind left of mid-sternum.
7. Hiccup after sitting bent towards the floor.
8. Pinching in epigastrium. Nausea, after rising in morning.
9. Emission of flatus, colic in the transverse colon.
10. Threatenings of diarrhœa from colon to rectum.
11. Urine, which before taking the drug was yellow, became limpid, abundant, and pale after taking it, and while weather was warm; it became darker and less copious on the weather getting cooler. It contained cystine, uric acid, and chloride of sodium.
12. Sensitive to cool air. Desire to be in a warm room.
13. Shifting rheumatic pains, better by external warmth and wrapping.
14. Drowsy; eyes feel it much. Waker wearily after sleep.

**Remarks :** Strangely enough Hahnemann has mixed up the symptoms of metallic Iron with those of the acetate, and has given it out as his belief that "beyond doubt they correspond essentially as exactly as do the symptoms obtained from dry calcareous earth with those of acetate of lime." It is a matter of surprize to us that the father of homœopathy should have thought so and contradicted himself. The symptoms of natrum carbonicum do not correspond exactly with those of natrum muriaticum, though both are salts of the same metal, sodium. So with the salts of potassium, of magnesium, &c. There may be some correspondence, but the correspondence cannot be said to be so exact that the one salt may be used instead of the other.

In the *Cyclopædia of Drug Pathogenesis*, under Ferrum are included "various preparations of iron, chiefly *F. aceticum*, *iodatum*, and *phosphoricum*." The confusion begun by Hahnemann would have been worse confounded, had it not been for the fact, that mention is made of the preparation of iron which each of the provers took. This is one of the most important services which the Editors of the *Cyclopædia* have rendered to Homœopathy. It is by the light of the information thus furnished, and with the kind aid of our colleague, Babu Hem Chandra Ray Chaudhuri, L.M.S., that we have endeavoured to separate the symptoms which belong to the various preparations of Iron. As far as the diarrhœa and dysentery symptoms are concerned, we think we have succeeded in referring them to their proper source. But we are afraid that as regards general symptoms, we have not been able to make the exact distinction between the pure metal and the acetate.

All the preparations, that have been proved, are found to cause such a disturbance of the functions of the intestines as to cause, in place of the natural stool, evacuations of the character of diarrhœa or dysentery or both; and all, with the exception of the carbonate and the phosphate (no doubt because not sufficiently proved), have been found to produce the opposite condition of constipation.

Under *Fer. met.* the constipation is attended with hæmorrhoids, (not so mentioned under other preparations) which cause a painful pressure at time of stool. Under *Fer. acet.* the regular daily stool is replaced by stool every two or three days, the fœces are dry, hard, passing from light to dark green, at last quite black. Under *Fer. iod.* the constipation is not always marked by hard, dry stool; the stool is generally scanty, and even the soft stool is passed, only after much urging and pressing. The color of the stool is reported to be either light brown or yellowish-brown, never green, and seldom black. *Fer. mur.* has obstinate constipation, without mention of any characteristic.

Under *Fer. met.* the diarrhœa is frequent and copious. Under *Fer. acet.* the frequency is not so much a characteristic, as the copious soft, pasty stool, or mixed soft and hard stool. *Fer. carb.* only has watery diarrhœa which is very profuse. *Fer. iod.* has very thin diarrhœa-like stool, which is light yellow, or yellowish brown, mixed with black portions. No mention is made as to whether they are frequent and copious. *Fer. mur.* has diarrhœa, profuse, black, inky,

but said to cease soon, *Fer. phos.* has soft, but consistent stool, decidedly yellow in color. It needs more proving for the further development of its symptoms

Dysentery is mentioned only under *Fer. met.* and *Fer. mur.* Under the former there is mucus and discharge of blood with every stool, with itching and erosion of the rectum and passage of thread worms. Under the latter the dysentery is of a much more severe character, the motions are very frequent, attended with much pain and tenesmus, consisting entirely of blood and membranous shreds.

The diarrhœaic stools of *Fer. met.* and of *Fer. mur.* are generally painless, and probably also of *Fer. phos.* But they are also preceded by and attended with griping and colicky pains, as is generally the case with *Fer. acet.* and *Fer. iod.* With all the iron preparations the relief of the pains after stool is a marked characteristic. (Under *Fer. acet.* in our last number, instead of "colic continued" after stool, it ought to be "colic relieved"). The mental symptoms are also peculiar and characteristic. The *pure metal* has depression of spirits which is a consequence of the diarrhœa. The *acetate* has ill-humor. The acetate like the *phosphate* attaches too much importance to trifles. The *muriate* has loquacity. The *iodide* has no mental symptoms recorded of it. To the prover of the *acetate* the surroundings seem very large; in contrast with this the prover of the *iodide* dreams in sleep that he has grown exceedingly large, while every thing else was small.

In *Fer. met., acet.,* and *iod.* there is aggravation of the gastric and abdominal pains and discomforts after eating, and as these pains and discomforts generally precede the stools, we may take it that the stools often follow eating. This is corroborated by the case of the lady, cited by Dr. Gonzales as one of poisoning by different preparations of iron prescribed for general debility, who suffered from "frequent diarrhœa; stools watery, with or without tenesmus, preceded or not by pain, but always with much flatulence and more frequent after taking food or water." Clinical experience, chiefly with *Fer. met., acet.,* and *muriat.,* has abundantly verified the genuineness of this symptom.

In the provings of none of the preparations of Iron, is there any mention of undigested food passing with the stool, and still Iron has enjoyed a high reputation in our school as a remedy for lenteria. Dr. Hughes, who in the article Ferrum in his *Pharmacodynamics* says nothing about the action of the drug on the alimentary canal, speaking of lenteria, in his *Therapeutics*, says "*Ferrum* has some claim to be considered specific here." Dr. T. F. Allen, in his *Handbook of Materia Medica*, has, in the following clinical observations after the stool symptoms of Ferrum, given the cream of the homœopathic experience with iron in diarrhœa: "Diarrhœa, specially containing undigested food, (Chin), as a rule painless, recurring particularly when eating or drinking, especially apt to recur at night; with the diarrhœa there is generally unnatural hunger, with easy flushing, great paleness, weakness, and exhausting sweats; chronic diarrhœa, gushing, watery, painless, worse at night, with coldness of the body and great

prostration. Diarrhœa in teething children, stools undigested, with flushed face, sometimes associated with vomiting, both diarrhœa and vomiting coming on immediately after taking nourishment."

Dr. Arndt, in the third edition of Hempel's *Materia Medica*, has given the following cases which may be read with interest :

"A boy, aged thirteen months, was taken from the breast some ten weeks ago and has had, since then, painless, odorless, reddish-brown, watery diarrhœa, from twelve to fifteen stools in twenty four hours. Decided pallor of the surface of the body, emaciation, great exhaustion. Edema of the scrotum and of the extremities. Canine hunger with much thirst. Distinct venous murmurs. Prescribed, *Fer. Sulph. one grain every 4 hours*. Decided aggravation in two days and perfect cure in five weeks. (Kafka in *Prager Mon. Schrift.*, iii, 188).

"A colliquative diarrhœa of a consumptive, where the stools were unusually frequent and finally became involuntary, was controlled by a solution of Ferrum met. 30, so that he had only three, more consistent, stools per day and gained considerably in strength. (Gr. in *Allg. Hom. Zeitg.* iii, 80).

"A child, two and half years old, of a remarkably well-defined lymphatic constitution, has had diarrhœa for three months. Symptoms : Worse at night ; the stools are water and slime mixed, painless ; the lower abdomen is not painless to touch. Countenance pale, the body is much bloated, pressure with the finger leaving a dent which disappeared gradually ; skin cool, loss of appetite, great thirst, great exhaustion, nightly and light paroxysm of fever, out of humor, inclined to cry. China failed to relieve ; Ferrum cured. (Werber in *Hygea*, vi, 322)."

We have seen that the stool symptom of *Fer. phos.* is very meagre. Nevertheless Schüssler, on the so-called bio-chemic principle, has recommended it in lenteria from relaxation of the sphincters. Drs. Boericke and Dewey, in their edition (third) of Schüssler's *Tissue Remedies*, have recommended it in the following disorders of the bowels : "Constipation with heat in the lower bowels, associated with prolapse and hæmorrhoids and aversion to meat diet. Diarrhœa. Cholera infantum with red face, full, soft pulse ; stools watery, contains mucus and blood ; urging, but no tenesmus. Diarrhœa from a relaxed state of the intestinal villi, not taking up the usual amount of moisture. *Stools undigested*. Diarrhœa caused by a chill. Dysentery (alternating with *Kali mur*)." Most of these recommendations are, we are afraid, haphazard and theoretical, and some based on the symptomatology of the other preparations of Iron. Clinical experience alone can confirm or falsify them.

## Cleanings from Contemporary Literature.

### DIFFERENTIATION BETWEEN THE VARIOUS PREPARATIONS OF MERCURY.

By G. S. PECK, M.D.

THE forms of *mercury* here differentiated are the *mercurius vivus*, or *solubilis*, with which the symptoms of the *dulcis* will be included, the symptomatology making any distinction very difficult; the *mercurius corrosivus*; *mercurius sulphuratus*, or *cinnabaris*; *mercurius cyanuret*; and the *biiodide*, and *protoiodide* of mercury.

In a general way, all these forms of *mercury* have many features in common, while there are also some marked differences. The *mercurius solubilis* affects nervous tissue, serous and mucous membranes, bony, glandular and fibrous tissues.

*Mercurius corrosivus* seems to affect, with destructive force, the mucous lining of the alimentary tract, causing softening and gangrenous disorganization of the membrane. While the *cyanuret* much resembles the action of the other *mercury salts* on the mucous membranes and submucous structures, it differs in the marked intensity of its mouth and throat symptoms, and the deposition thereon of a false membrane.

The chief sphere of action of the *iodides* is on the glandular tissues, producing swelling and ulceration of them.

*Mind.*—On the mind *mercurius solubilis* excites a delirium like delirium tremens, or a low muttering delirium. The *mercurius corr.* patient stares at those who talk to him, and does not seem to understand, or speak connectedly. The *cyanuret* causes great excitability and sometimes delirium.

*Head.*—A bursting frontal headache with fullness soon passing to the occiput, with vertigo, or a pressive aching above left temple results from the *solubilis*; the *mercurius corr.* headache is of a shooting character, or there is dull pain in the right eminence, and sometimes there are drawing boring pains in the cranial bones; while the *cinnabaris* headache is frontal with beating in both temples, and that of the *protoiodide* is a dull frontal, on waking in the morning.

*Eyes.*—The effects recorded of the action on the eyes are marked, *mercurius solubilis* causes inflammation of the palpebral and ocular conjunctivæ; dimness of vision; profuse excoriating lachrymation, with heat in the eyes; spasmodic closure of lids; forcible drawing of eyes together; blue rings round them; and agglutination of lids in morning.

*Mercurius corr.* has the photophobia, especially in sunshine, and the conjunctivitis with burning dryness and injection of both eyes. There is also itching in the left eye, and there may be pain behind the eyeball as if it would be pressed out.

*Cinnabaris* produces decided iritic symptoms; as pain from right lachrymal duct around the eye to the temple, and from inner canthus of left eye across eyebrows, the eyes being watery and dull, with sharp sticking pain in right inner canthus. Of the *iodides* the *ruber* has conjunctivitis with watering and swelling of the eyes, and the *flavus* orbital pains and corneal ulcers which look as if they had been clipped out.

*Ears.*—Of the action on the ears, the *solubilis* set up an inflammation of the external and middle parts with cramp-like, sticking pain, and feeling as if stopped up by swelling; the pus is fetid, yellowish or bloody; and there is difficulty of hearing with roaring in the ears. The pain of *mercurius corr.* is of a violent digging shooting character, especially in the left ear; and pulsations of the arteries in the left ear are noticed.

*Biniodide* causes itching in both ears ; and the *protoiodide* sharp throbbing pain from within outward.

*Nose.*—Irritation of the nasal mucous membrane from catarrh ; *coryza* which is fluent and corrosive ; and thick yellowish green, or a mucopurulent discharge, are symptoms of *Mercurius sol.* The *coryza* differs in intensity from *mercurius corr.* which is described as *acid*, burning and corroding the tissues. This salt has also constant dryness at the back of nose, as if in the upper surface of velum palati.

The *cinnabaris* discharge is a yellow mucus mixed with blood. The mucous membrane is hot and inflamed, on right side, with *coryza*, from the *biniodide* while the *protoiodide* causes swelling and softness of the nose.

*Alimentary tract.*—We find the *mercury salts* act with especial severity on the mucous membranes of the alimentary tract. *Mercurius sol.* produces marked salivation, and increased secretion from whole mucous tract ; gums, tongue, teeth and palate are covered with a whitish pellicle ; the gums are swollen, red, hot and painful, recede from the teeth, are spongy, and later they ulcerate and bleed ; there is a red line at borders of gums, cheek and tongue ; teeth become loose, black, carious, covered with sordes ; are hyper-sensitive to a sharp tap, and there is a jerking pulsating toothache.

The saliva from *mercurius corr.* is profuse, viscid, and there may be even ptyalism ; it has toothache at night, tearing from supra-orbital region to superior maxilla, and the swelling of the upper lips seems to be excessive, with great tenderness, the lips being dry and cracked. The grayish white membrane covering the mucous surface of the mouth, with tendency to putrescence, characterize *mercurius cyan.*

While all the *mercuries* have decided throat symptoms, it is here the iodides exhibit themselves mostly. A constriction and dryness of fauces, dysphagia ; swelling of tonsils, uvula, submaxillary and cervical glands, sometimes ulceration, or even gangrene of throat, and suppuration of tonsils with sharp sticking pains when swallowing are indications for *mercurius sol.*

If with the dysphagia, which is marked, the throat is dry and rough, with scraping, making him hawk frequently, with violent burning in throat or œsophagus, aggravated by slightest pressure ; or if suffocation is threatened from the great swelling ; or if there are spasms of the throat from attempts to swallow, then look to *mercurius corr.* as the remedy. Great dryness in the throat, especially at night, calls for *cinnabaris*.

The close resemblance to the diphtheritic throat leads to the use of the *cyanuret*. The tonsils and mouth are covered with a whitish—gray deposit extending along the right side of the tongue, with slightly swollen tonsils and difficult deglutition. The symptoms of the *biniodide* are a painful swelling of the tonsils and submaxillary glands, left tonsil inflamed ; slight superficial ulcers ; hawking and spitting slimy or sticky mucus ; and a sensation of a lump in the throat,

Of the *Protoiodide* are the bright or yellow coating at the base of the tongue ; accumulation of tenacious mucus in throat ; and the posterior wall of pharynx being red, irritated, inflamed, and dotted with patches of mucus and small spots which look ulcerated.

*Stomach.*—In the stomach *mercurius sol.* excites nausea, especially when coughing, eructations and hiccough ; deep-seated epigastric pain (involvement perhaps of pancreas) ; heartburn, and burning pressure in stomach. *Mercurius corr.* has nausea and inclination to vomit ; vomited matter sometimes bloody ; or there may be spasmodic vomiting of a serous like fluid.

*Cinnabaris* excites nausea with uneasiness, acidity, and sometimes throbbing in the region of the stomach. The burning heat is much more intense under the *corrosive sublimates* than from the *soluble mercury*, and is accompanied with contractive pains involving the bowels. *Mercurius corr.* has



also a sensation of obstruction and anxiety in the præcordial and epigastric regions, and great sensitiveness of the latter.

*Cyanuret* causes nausea and repeated vomiting of blood; *biniodide* pain on pressure at pit of stomach, loud and bitter belching; and the *protoiodide* a dull constrictive pain in the stomach.

*Abdomen.*—The action of the *solubilis* is directed to the liver, producing acute, or subacute aching over hepatic region; liver becomes enlarged; sometimes indurated; or it may be atrophied. There is aching in the right inguinal region with circumscribed redness. *Mercurius corr.* sets up severe pinching, colicky pains below navel, especially after food; bruised feeling particularly in caecal region and in course of transverse colon; shooting pains in various parts of the abdomen; pressive pain in right inguinal glands; stitching pains in the middle of liver. Rumbling and distension, with heat and constrictive feeling in umbilical region are results of *mercurius sulph.*

A violent colic, which is aggravated with the evacuation, is excited by the cyanuret. One prover reports from *biniodide* heaviness in hypogastrium with feeling when she walked as if something would come out of the vagina. Aching in the liver, with rumbling and cutting in bowels, is attributed to the *protoiodide*.

*Stool.*—As is well known, there is more or less tenesmus with all the *salts*, but that of *mercurius corr.* is the most marked. The tenesmus is accompanied with ineffectual distressing effort to stool; stools are sometimes watery and bilious with cutting pain in the bowels; sometimes there is purging of bloody mucus; or there is diarrhoea, stools tinged with blood; itching and burning heat and pain in rectum, and anxiety in vesical region.

The *mercurius sol.* stools may be mixed with clotted blood, without any straining; or they are yellowish, copious, sometimes greenish, sometimes dysenteric, slimy and bloody, with *tenesmus* and *tenesmus*. There may be constipation, or alternating constipation and diarrhoea. *Cinnabaris* has nightly diarrhoea; stools are hard and too large. Frequent copious stools and terrible pain in abdomen suggest *mercurius cyan.*; while from the *biniodide* there is severe gripping pain, forcing him to stool.

*Urinary Tract.*—Under the urinary system *mercurius sol.* causes burning in the urethra; urine scanty, or even suppressed. The burning of *mercurius corr.* is at the orifice of urethra; urine scalding, bloody, albuminous. As in *mercurius sol.* it is scanty, or suppressed, or it is sometimes retained. When scanty it is red, with brickdust colored sediment; persistent sense of fullness in bladder; tenesmus of bladder with frequent painful micturition. The urine from *cinnabaris* is yellowish, and there is urgent desire to urinate. The *biniodide* urine is thick and dark when passed; frequent desire, cannot hold her water.

*Sexual Organs—Male.*—On the male sexual organs, Dr. Hughes speaks of *mercurius sol.* producing various ulcers which bleed when touched, and cause pain over the whole body; ulcers are round, raw looking, with overhanging edges, base covered with a cheesy lining; red vesicles at termination of glands, later ulcers form which break and exude a yellowish, or white strong smelling matter.

In the female, menses are scanty, pale, irregular; sometimes profuse; sometimes suppressed. Abortion is common among the workers; also loss of sexual power. *Mercurius corr.* has gripping in the middle of left testicle, diminished sexual power, painful glandular swelling above the nipple. *Mercurius sulph.* causes sensation as if there were a raw spot in centre of urethra at night; sexual desire is increased with erections.

*Respiratory Tract.*—Looking now to the respiratory system, we find *mercurius sol.* has dry cough and tightness of præcordia; wheezing and sharp stitches through lower right lung. *Mercurius corr.* has frequent transient

stitches through chest; burning shooting in chest muscles, and paroxysmal cough. Pain in the upper part of chest, or under lower part of sternum extending to the left side, are recorded from *cinncubaris*. *Mercurius cyan.* sets up a harsh, barking croupy cough. *Biniodide*, catching pain under right breast, and oppressive breathing; while successive sharp violent pains in chest are ascribed to the *protoiodide*.

*Back.*—The pains in the back from *mercurius sol.* are of an aching character and mostly beneath right scapula; tension or tearing in upper part of inner side of left scapula from *mercurius corr.*; and in back part of neck, or dull pain in lower dorsal region from *mercurius sulph.*

*Bones.*—Dull aching drawing or tearing pains in the periosteum of the arms, wrists, hands, and tibia, with weakness and trembling, are symptoms of *mercurius sol.*

*Muscles.*—Shooting pains in adductor, and extensor, pollicis; and in extensors of feet; and in the head of left hip; trembling and paralytic weakness of feet; and deeply seated bone pains belong to *mercurius corr.* All the glands are more or less affected.

*Lymphatics.*—Under the *solubilis* the *lympatics* are swollen, inflamed, and painful; there is also periostitis followed by caries and necrosis, with great pain; great depression of strength; and emaciation.

*Tremor.*—The *mercurial* tremor is very marked; the whole body trembling, a general involuntary trembling; voluntary muscles unusually affected; sometimes tremor goes on to paralysis; may be shaking palsy, anæsthesia, numbness and formication.

*Generalities.*—*Mercurius corr.* patient feels faint and greatly exhausted; there is inflammation of various serous membranes; general spasms and convulsions, and attacks of rigor. The great general weakness and prostration are results of the *cyan.* *Mercurius sol.* causes decided skin symptoms, dryness, jaundice; sour smelling sweat, superficial moist ulcers, which later become covered with yellowish scabs; ulcers are spongy, readily bleed, may become phagedenic; eruptions in the bends of knees, inner surface of thighs, groin, and axilla. *Mercurius corr.* causes dryness and itching, often changing to pricking and burning. Boils and pustules on various parts of the body are due to the *biniodide*.

*Fever and Chills.*—*Mercury* seems to produce a feverish condition with profuse night sweats. *Mercurius sol.* has slight pyrexia; *corr.*, chilliness especially of head, with profuse perspiration. The *cyanuret* produces low febrile state, fever, hallucinations and delirium. The *biniodide* has intense shivering followed by feverishness; and the *protoiodide* burning in nape of neck and occiput.

*Aggravations.*—The aggravations are all at night except *mercurius corr.*, which is in open air.—*North American Journal of Homœopathy*, Dec. 1893.

ON THE VALUE OF THE BACTERIOLOGICAL  
DIAGNOSIS OF ASIATIC CHOLERA.By SHERIDAN DELEPINE, M.B. EDIN.,  
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"Bacteriologically indistinguishable from Asiatic cholera" is an expression which, to some, will undoubtedly convey a feeling of doubt concerning the value of the bacteriological diagnosis, whilst for those who believe that the spirillum cholerae Asiaticæ is the cause of the disease, the same expression leaves absolutely no doubt as to the nature of the case; the presence of the comma bacillus "constituting an infallible diagnostic sign of the existence of the disease." The diagnosis of cholera is by all acknowledged to be based on evidences of four kinds (1) clinical, (2) anatomical, (3) epidemiological, (4) bacteriological.

## CLINICAL EVIDENCE.

The clinical diagnosis presents serious difficulties, for (A) the symptoms, even of undoubted cases, vary much in intensity and in sequence. (B) Other illnesses may closely simulate Asiatic cholera: among them may be mentioned cholera nostras (English cholera, summer diarrhoea, infantile diarrhoea), perforation of the stomach and bowel, cold stage of remittent fever, poisoning by certain organic poisons (muscarin, croton oil, food poisoning), poisoning by certain inorganic poisons (arsenic, nitrites—the latter according to Emmerich and Tsuboi). All the essential symptoms of Asiatic cholera—namely, (1) diarrhoea with rice-water stools, (2) vomiting, (3) cramps, (4) suppression of bile and urine, (5) pinched expression and lividity, (6) extreme prostration and collapse, (7) coldness of surface but not of rectum, (8) reaction or fever in cases not dying in the stage of collapse, (9) death in a certain proportion of cases—may be observed in severe cases of cholera nostras, in which, however, suppression of urine and bile are seldom seen. Unfortunately for the diagnosis, suppression of bile and urine may be absent in typical epidemic cholera. This difficulty is so great, that Koch himself has said that when an epidemic of cholera has reached its acme, cases of acute diarrhoea, with vomiting and cramps, may be considered as choleraic without bacteriological analysis. (C) The difficulty is still further increased by the fact that some cases of alleged cholera, as diagnosed by the bacteriological method, show absolutely no symptoms.

## ANATOMICAL EVIDENCE.

The anatomical diagnosis of cholera is still more difficult than the clinical. Typical lesions of the intestine, and even typical stools are found only in a certain proportion of cases.

## EPIDEMIOLOGICAL EVIDENCE.

The epidemiological notion must evidently be combined with the clinical and the anatomical diagnosis, since it is only the occurrence of cases which points to the existence of an epidemic.

It is well known that in the absence of any evidence of the importation of Asiatic cholera many cases, which in time of epidemic would be attributed to malignant cholera, are called cases of summer or English cholera. When an epidemic is raging, on the contrary, such cases would be described as examples of epidemic cholera (see Koch's statement above).

That this is a source of great confusion is shown by certain occurrences. There have been epidemics of choleraic disease in which the evidence of importation from Asia or from an infected country has been doubtful; this was the case with the Paris epidemic in 1892; the absence of evidence of importation led the authorities at first to give the name of *diarrhée cholériforme* to these attacks; yet a bacteriological examination of several of these cases proved the presence of the cholera spirillum (Netter, Metchnikoff).

The difficulties in this respect, are considerably increased by the occurrence of local outbreaks undoubtedly connected with the supply of impure water—London, 1866; Marseilles, 1884, 1892; Paris, 1892; Hamburg, 1892; for these are capable of more than one interpretation. Moreover, cases, apparently sporadic, seem to have increased of late years, since the bacteriological diagnosis has come into use.

From what precedes it is evident that before the bacterial method was introduced the diagnosis of cholera was based on a certain combination of evidence clinical, epidemiological, and to a certain extent anatomical; and that these were not always conclusive.

#### BACTERIOLOGICAL EVIDENCE.

The bacteriological diagnosis is, according to Koch's latest publications, to be obtained by means of the following tests:

1. Microscopical examination of the fecal matter stained with a dilute solution of carbolised fuchsin.
2. Cultivation in salted, peptonised water, at 37° C.
3. Cultivation on agar at 37° C.
4. Gelatine plate cultivation at 22° C.
5. Testing for the presence of indol and nitrites in pure cultivations in peptonised water (cholera red).
6. Intraperitoneal injection of a minute dose of a 20-hours cultivation on agar in a guinea-pig weighing from 300 to 350 grammes.

But Koch justly remarks that several of these methods have a limited value in themselves. Thus the simple microscopical examination is only available in 50 per cent. of the cases, even in the hands of the most experienced observers.

The cultivations on agar are used chiefly for the purpose of getting bacilli for peritoneal injections, and the plate cultures for the purpose of separating the bacilli (for the rate of liquefaction has had to be abandoned as a diagnostic test).

When morphologically typical spirilla have been found to be present in the intestine of a patient, the only two tests which may be relied upon are (A) the indol-nitrous reaction (cholera red), (B) the virulence of the cultivations on agar to guinea-pigs; and the cholera-red reaction seems to be the more important of the two, for Koch has said, "None of the curved bacteria known until now does produce at the same time, when cultivated, indol and nitrous acid, and gives the characteristic reactions of cholera red." So great is Koch's confidence in the bacteriological diagnosis based on these tests that he considers men apparently healthy, in the solid stools of whom cholera bacilli have been found, as genuine cases of cholera. Such persons, he avers, have always been exposed to the influence of infection.

Unfortunately the comma bacilli are not present or, at any rate, easy to demonstrate in cases where reaction has set in, and Koch is also of opinion that in many cases where observers have failed to discover the presence of the bacillus this was the result of inexperience on their part, therefore he says, "The absence or non-discovery of the bacilli in a suspected case does not always prove that the case is not one of cholera."

It is evident from what precedes that the bacteriological diagnosis is the only one for which infallibility is claimed. All patients, in the intestine of whom the comma bacillus is found, are to be considered cases of Asiatic cholera. On the other hand, we have seen that the only feature distinguishing malignant cholera from certain diseases giving rise to the same symptoms is its epidemic character. If it were proved that the spirilla found in cases of true cholera were found commonly in a district in the absence of an epidemic or of any evidence of infection, then, however constant their presence might be in cases of true epidemic cholera, one would be inclined to doubt their value as absolutely positive proof of the existence of the

disease. On the other hand, if it were found that the spirillum is present in a district only when there has been a distinct evidence of direct or indirect contamination, with products of undoubted Asiatic origin, the value of the bacteriological diagnosis would be much increased.

(The assumption that the disease has become endemic of late in many countries, and that the spirillum is now to be found permanently in many districts, would not make clearer to us the origin of the great pandemics and would considerably alter the character of the question of differential diagnosis between cholera nostras and cholera Asiatica.)

The following observations have, I think, an important bearing on this subject :

I will first mention the result of observations in Manchester. At the time when there was a possibility of the town becoming affected with cholera Dr. Tatham watched for cases exhibiting suspicious symptoms, and found that in the second half of the month of September 4 patients were taken ill with choleraic symptoms. Of these, 3 died, 1 recovered. In two cases there seemed to have been no evidence of infection.

These cases were followed by no other cases. In one of the fatal cases no comma bacillus could be found ; in that case the characters of the stools and of the intestine did not suggest in the least the existence of cholera. In the two other fatal cases and in the one that recovered the comma bacillus was found without any difficulty. In the first case that occurred in Manchester, in order to make absolutely certain that the results obtained by me would be comparable with those obtained by Dr. Klein, I sent him a specimen of the material obtained from the intestine, and he most kindly examined it, and I had the satisfaction to find that Dr. Klein in London and myself in Manchester had obtained independently absolutely similar results, that is, we had obtained from that case spirilla in shape, size, and cultures, having all the characters of cholera bacilli, and giving the cholera red very well. In addition I found that small doses of pure cultivations of these spirilla on agar were very virulent to guinea-pigs. In the other two cases I found even more easily than in the first that comma bacilli were very abundant.

The characters of the organs were as follow :

In the first fatal case. Jejunum : slightly congested ; contents pale yellow, pappy, offensive fæcal smell. Ileum : Mucous and serous coats generally congested, but more specially so in patches ; Peyer's patches indistinct ; no hæmorrhages ; contents very thick, mucous, very adhesive, partly yellow, partly bright green, containing a few whitish flakes.

Microscopical examination of the whitish flakes : columnar epithelial cells abundant, large thick and long bacilli abundant, short straight or slightly curved bacilli abundant, micrococci abundant, some large toruloid organisms ; curved bacilli having the characters of comma bacilli, but nowhere grouped typically.

The lungs were deeply congested and contained hæmorrhagic blocks, especially under the pleura. The liver was dark and congested. The kidneys showed typical cloudy swelling of the cortex, with small areas of congestion under the capsule. Intense congestion of the medulla (cholera kidney so-called).

In the second fatal case the ileum showed hardly any change, except slight congestion of the serous coat. The contents were very thin, pale greyish brown, almost colourless, containing whitish shreds and clear boiled-sago-like masses of mucus. The smell was slightly fæcal.

Microscopically the contents were much poorer in cells and micro-organisms than in the first case. The comma-shaped bacilli were also present, but nowhere in typical groups.

The stools of the patient that recovered were thin, pulpy, pale greyish

yellow in colour, and containing whitish curdy masses or flakes; they had a distinct fecal smell.

Microscopically the whitish shreds contained a very few indistinct epithelial cells; a large amount of granular debris: long thin bacilli; short bacilli, which were abundant; streptococci; curved bacilli, resembling the comma bacilli, but nowhere forming typical groups.

Cultivation in this and in the other cases proved the presence of a large number of comma bacilli, indistinguishable from the cholera bacillus in shape, mode of growth, and chemical reactions. The bacterium coli commune was also found to be abundant.

The most interesting feature I noticed in connection with the spirilla obtained from one case was that by proper selection of colonies on the gelatine plate it was possible to obtain sports of the organism liquefying gelatine at various rates. I was able to maintain these cultural differences through several generations but I cannot say yet whether they indicate the existence of permanent varieties. They tend to prove, however, that the rigid monomorphism, attributed at one time to the spirillum cholerae, was in great part due to judicious selection of specimens and to the production of almost invariable external circumstances.

As is well known, Cunningham and Klein have demonstrated the existence of a large number of varieties of spirilla in choleraic dejecta. Cunningham's observations have not, perhaps, received yet the attention which they deserve.

The observations of Nicolle and Morax are perhaps not so well known. These observers found that the comma bacilli obtained from various sources did not only show differences of size and shape, but that some had four cilia or flagella (Massaowah, Calcutta, Paris, 1884), some had only one cilium (Shanghai, Hamburg, Paris, 1892; Angres, 1892), and in one instance it was impossible to demonstrate the existence of any cilium (Indian spirillum coming from Dr. Koch's laboratory). It is interesting to note that the vibrios of Finkler and Prior, Deneke, Gamalbia, and those found by Blachstein and Sanarelli in water have all only one cilium, like the second group of cholera vibrios mentioned above. Dr. Richmond, working in my laboratory, has not been able to demonstrate more than one cilium in any of the spirilla I have isolated from the Manchester cases. It must be remembered that the cholera red reaction is a test important only in connection with spirilla isolated from the contents of the human intestine. The vibrio Metchnikovi gives the reaction and is pathogenic to guinea-pigs. It is even possible for the Finkler's spirillum to acquire this property (Bujwid). These two facts I have been able to confirm.

Quite recently, Blachstein and Sanarelli, Neisser, have described spirilla in water which are pathogenic to guinea-pigs, and give the cholera red reaction. Sanarelli's observations seem to be most complete, and are extremely interesting. His conclusions may be summed up as follows:

1. It is always possible to obtain from water contaminated with sewage spirilla having all the morphological, cultural, chemical, and pathogenic characters considered by Koch as diagnostic of the cholera spirillum. (Sanarelli obtained pathogenic spirilla from four different sources.)

2. The pathogenic water spirilla do not long retain their pathogenic properties, and they also lose the power of reducing nitrates.

3. It is possible to find in water spirilla morphologically similar to the cholera spirillum, but not pathogenic to the same extent; these are probably derived from the pathogenic spirilla found in sewage. (Sanarelli found spirilla in water from thirty-two different sources; four of these spirilla were the pathogenic ones alluded to above.)

4. The constant presence of pathogenic spirilla in sewage seems to indicate that they are derived from intestinal dejecta.

6. The close resemblance of the spirilla obtained from choleraic stools and of those found in water seems to indicate a common origin.

Metchnikoff has found comma bacilli in the stools of a healthy person in the absence of any cholera epidemic. Rumpel had made similar observations. Koch himself, in various places, admits the possibility of the presence of cholera bacilli in the stools of persons apparently healthy, but insists upon the necessity of their having been exposed to infection, and considers such cases as mild cases of cholera.

Lesage and Macaigne have written a very interesting paper, giving the results of a bacteriological examination of 198 cases of cholera. In these cases they found the bacillus virgula abundant in 20, moderately abundant in 107, in small numbers and difficult to find in 24, and absent in 45. In the 45 cases in which no comma bacillus was found the bacterium coli commune was found alone in 15; associated with staphylococci, streptococci, or rarely the *B. pyocyaneus* in 30.

Protective inoculation might be said to have some bearing on the question of diagnosis, but the evidence obtained by the work of Ferrán, Gamaleia, Haffkine, Klemperer, Klein, Metchnikoff, Pawlowsky, and Buchstab, etc., is of a nature which does not encourage reliance on such a method of diagnosis at the present time.

#### GENERAL CONCLUSIONS.

Although I am fully aware of the objections which Koch might offer, and has indeed offered, to some of the observations related above, it seems to me that the following conclusions can hardly be avoided:—

1. It is as yet impossible to speak dogmatically of the infallibility of the bacteriological diagnosis of cholera Asiatica.

2. All the more recent observations point to importance of the contamination of water and soil with dejecta as a cause of outbreaks of cholera similar to Indian cholera.

3. These recent observations undoubtedly lend much support to the localistic views of Cunningham and of Pettenkofer, though in their details these views may have to be modified.

NOTE.—It is evident that until it is possible to speak more positively, the bacteriological examination will have to be conducted with even more care than it has been hitherto, as only in this way will it be possible to remove all the doubts that remain.—*British Medical Journal*, Jan. 20, 1894.

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CROTALUS AS A REMEDY.

*(Continued from p. 87, No. 3, Vol. xiii.)*

The symptoms produced by Lachesis in the lower extremities were: Helpless, stumbling gait, with stiffness of the joints, so that he could not bend them except very slowly, afterwards movements frequently rapid and active, often uncertain and clumsy; pains in the hip and thigh, lasting into the night, with pressive heaviness in forehead, so that he could not open eyes; paralyzed feeling in both recti muscles of thigh; rheumatic pain in posterior portion of thigh, which becomes painful as if swollen, especially towards knee; frequent tearing in thigh, extending to knees, as in the bones; pain in muscles of right thigh, as after a blow or bruise, after wine, and renewed by it; jerking at times in left thigh, with painful drawing in left leg from above downward; knee swollen, with intolerable pain in hollow, chiefly on touch; knee painful on standing, so that he could scarcely walk, but after walking a while, could bear the pain better; feeling of weakness in knees after eating, with pressure in stomach; pain as from a sprain in right knee; drawing pain, as from swelling in both knees; stitches in knees when walking; bruised feeling in knees in evening; swelling of the left leg and foot; old pains in calves reappear; cramp in calves at night, and towards morning, waking from sleep; drawing in left leg, as if in bone, extending to ankle;



drawing in fibula and foot ; drawing from knees to tarsal joints ; pains in ankles, in tarsal bones, in left external malleolus ; stitches in right malleolus ; redness followed by swelling of feet with fever, as in elephantiasis ; obliged to move feet to prevent jerking upwards of the legs ; cramp in forepart of foot, and pain as if pressed between boards ; cramp in foot, drawing up toes ; sensitiveness of balls of feet on stepping on them ; corns grow rapidly, but not painful ; pain in a corn on right little toes ; aching in a corn of right foot ; numbness and crawling in right toes ; occasional pain in all toes, sometimes of right sometimes of left ; pain with heat in toes, preceded by cold feet, as after walking all day ; feeling as if something were digging beneath right toe-nails and pushing them up ; stitches as with needles in toes, extending upward ; stitches in left great toe ; crawling and heat in toes of one side.

The symptoms produced by Cobra in the lower extremities were : Staggering when walking ; after first dose, dragging and weariness in limbs, while walking, with slight frontal headache which went off after second dose ; pressive and drawing sensations on points in lower limbs and feet ; occasional crampy pains in thigh, shoulders and nape ; slight pain in anterior part of right thigh, which soon passed off ; slight aching in back part of thighs ; slight vague pain about muscles of calf of one leg ; painful drawing in lower part of tendo Achillis, worse from motion, increased to a lameness in a few hours, and passed off in evening ; chilblains on both feet, very painful, cannot suffer boots on.

The symptoms produced in the neck and back, detailed in the previous number as produced by *Crotalus*, *Lachesis*, and *Cobra*, show that the muscles, tendons, cellular tissues, bones, nerves of these parts share in the toxic action of these poisons.

The inflammatory condition is more marked in *Crotalus* than in *Lachesis*, whereas in *Cobra* such a condition has not yet been observed. The inflammation, however, is of the asthenic kind, accompanied with extravasation of blood. The back more than the neck seems to be involved in this inflammatory action in *Crotalus* poisoning. In the neck there is drawing-tearing of a rheumatic character, aggravated by moving arm backwards. In the back, when the toxication falls short of inflammation, there is paroxysmal bruised pain in the interscapular region. Here

again the aggravation is produced by moving arms backwards. *Crotalus*, therefore, is likely to be useful in *asthenic* inflammation of the back, whether of a general diffused character as in gangrene or of the nature of abscesses and carbuncles. It may also be useful in rheumatic pains with the peculiar aggravation mentioned above.

The symptoms of *Lachesis* in the neck and back have not been observed to be of the inflammatory character of *Crotalus*; nevertheless clinical experience has demonstrated its efficacy in all the varieties of that condition mentioned under the latter drug, even when hæmorrhage has been profuse from the gangrenous or suppurating surfaces. The sensitiveness of the neck to external pressure, produced by *Lachesis*, causing intolerance of tight neck-bands, is very characteristic, and has accordingly been a very useful guiding symptom in many affections involving the neck and throat. The stiffness of the neck, as in catarrh, coupled with similar stiffness and pains in other parts, has made it a precious remedy in severe colds, and in Influenza. The symptoms narrated above have justified its use, and clinical experience has amply verified its usefulness, in rheumatism affecting the neck, the shoulders, the back, the lumbar and the sciatic nerves. It has been useful in affections of the spine, and has proved curative in caries resulting in curvature of the spine and paralysis of the lower extremities. It has been useful in paralysis dependent upon other lesions than curvature. It has been serviceable in scrofulous or syphilitic inflammation and suppuration of the cervical glands.

So far as observed *Cobra* has not developed any sort of inflammatory condition in the neck, but it has produced a peculiar tired feel in the cervical and dorsal vertebræ such as is attendant on exhaustion. Hence it may be useful in nervous debility which prevents patients from keeping their head erect, brought on by severe strain of the mind, or by sexual excess. Under *Cobra* old rheumatisms of shoulders revived, the pains being felt at night, and, therefore, it is likely to be useful in similar affections. It may be useful in lumbago, preferentially of the right side, especially when the pains are worse after going to sleep, and prevent sleep.

*(To be continued.)*

CELEBRATION OF THE 139<sup>TH</sup> ANNIVERSARY OF  
HAHNEMANN'S BIRTH-DAY.

The Hahnemann Society of India held its annual meeting on Tuesday, the 10th April, at 5-30 P.M., at the Lecture Hall of the Indian Association for the Cultivation of Science, 210, Bow-Bazar Street. There was a fair gathering of homœopathic practitioners of the city and its suburbs and of the friends and patrons of the reformed system of medicine. After a couple of Bengali songs were sung in honor of Hahnemann, the President of the Society, Dr. Mahendra Lal Sircar, asked Dr. Pratap Chunder Majumdar, the Honorary Secretary, to read the report of the last anniversary meeting, and in doing so congratulated Dr. Majumdar on his having been the recipient of the honorary degree of Doctor of Medicine from the Hering Medical College of Chicago. The report having been read, Dr. Sircar addressed the meeting as follows :

PRESIDENT'S ADDRESS.

GENTLEMEN,—

We here in India celebrate the anniversary of the birth of the Father of Scientific Medicine differently to what it is done in Europe and America, at least this has been the case ever since 1887 when you did me the honor to elect me to preside on these occasions.

In Europe, where wine plays so important a part in all matters gay and grave, where scorched bread had begun to be an adjunct to drink since the 16th century, where in consequence drinking the health of the entertainer has received the name of toasting, and where toasting has received a mighty development, including not only the entertainer or host but all the invited or the guests, not only the present and the living but the absent and even the dead, not only animate beings but inanimate things, as a sentiment, a cause, and so on,—I say, gentlemen, in Europe the celebration of these anniversary days has taken the form of dinners at which after the usual loyal toasts, the toast to the memory of Hahnemann is enjoined by the President to be drunk in solemn silence, as indeed all toasts to the memory of the dead are. The President only in a few words recounts the merits and the services of the illustrious dead. No replies are made to this toast. But other toasts follow in which incidental allusions are made to

Homœopathy, the difficulties it has to overcome, the progress it has made and likely to make, and so on.\*

In India wine, which formed no unimportant element of her dietary in ancient times, and which contributed in no small degree to the devotional exercises of her sages of yore, has long gone out of fashion, not likely, it is hoped, to be revived. We accordingly have been celebrating the birth-day of the greatest genius in medicine after a different fashion altogether from that of the West. Not neglecting the physical man altogether, as our sweet meats testify, we have on each and every one of these occasions been treating our guests with some discourse on the subject of Homœopathy. I had the honor on one of these anniversaries to present you with the life of our great Master, on another with an account of the development of his system in his own mind as given in his published writings, on a third with a refutation of the specious, plausible arguments in the garb of science, presented to his pupils as a legacy by a retiring professor of our local Medical College, against homœopathy, on a fourth I had to denounce the inroads of quackery in the shape of patent medicines and the blasphemous use of the name of homœopathy by a certain class of unscrupulous men.

In one of these discourses I told you that the discoveries of Hahnemann had opened up some of the most difficult problems that can engage the attention not only of the physician but of the general scientist as well, and I was unwise enough to promise to lay before you my own views of these problems and of the system of Hahnemann generally.

Gentlemen, I am sorry that though this pledge was given now exactly six years ago, I am not yet in a position to fulfil it. The reason is no other than the difficulty of the problems, a difficulty so great that neither physics nor chemistry nor both together are as yet able to grapple with them. Without attempting to solve them I will just state what these problems are.

\* The Hahnemann Anniversary dinners used to take place in England under the auspices of the British Homœopathic Society. There seems to have been no such dinner in 1892 and 1893, at least we have not seen any report of such dinners. The last dinner, of which there is a report in the *Monthly Homœopathic Review*, is what took place in 1891. We hope our English colleagues have not got tired of the institution.

The very first that seriously presents itself to our notice is the extent of the divisibility of matter. Physical and chemical considerations point to a limit to this divisibility, and even the size of the atoms of each element and therefore of the molecule of each compound substance seems to have been determined; and yet the undoubted efficacy of homœopathic attenuations would seem to contradict the most recent advances of physics and chemistry. The reconciliation of these two sets of facts is the problem which the homœopathic physician and the general scientist are each bound to effect.

The second problem that presents itself, and seems to be equally difficult with the first, is the strange behaviour of some substances under the processes of trituration and succussion. When thus treated they seem to be no longer subject to chemical laws. Thus Phosphorus can be triturated in sugar of milk or succussed in alcohol, without being converted into phosphoric acid, and many organic compounds may be almost indefinitely attenuated, without losing their identity, that is, without their molecules being broken up.

The third difficult problem, perhaps not so difficult as the two preceding, are the solubility in water and alcohol of substances which are to all intents and purpose insoluble in those menstrua, after they have undergone a certain amount of pulverization by successive triturations. All metals, and various other substances, such as silica, sepia, marble, &c., come under this category of insoluble in water and alcohol, and yet if their third centesimal triturations are mixed with water and alcohol, and dilutions first in proof spirit, and then in rectified spirit, are made from such mixtures, the resulting dilutions, limpid, transparent, apparently containing nothing but alcohol, are found to be endowed with the medicinal properties of the first, second and third triturations in which the drugs can be detected by ordinary chemical re-agents, and even by the microscope. Have those substances become really soluble, or are their comminuted particles simply suspended in the liquid?

These, gentlemen, are the problems which the homœopathist and the physicist are bound to take into their serious consideration. It will not do for the homœopathist to rest contented with the facts that have come under his observation, and relegate their explanation to the physicist. The astounding facts of homœo-

pathy, unless satisfactorily explained, not only stand in the way of its reception, but prove a serious bar to its own development. No man, in my humble opinion, ought to be a homœopathist who is not at the same time a thorough physicist, conversant not only with the most recent positive advances but with even all the most recent speculations of physical science. Homœopathy is the most advanced point yet reached in the domain of therapeutics, and it ought not to remain divorced from the most advanced points yet reached in the domain of physics.

The solution of these problems is intimately connected with the development of homœopathy, and by reaction the positive development of homœopathy will help in that solution.

With reference to the first, for instance, it is true that homœopathy has led us far away from what was actually believed or even conceived. But we ought on that very account to be exceedingly careful to see how far we can safely proceed without trenching on the region of the impracticable, the impossible, or the absurd. It is easy to speak glibly of facts, but I need not tell you it is not so easy to be sure of facts. In matters of literally such vital importance we ought to take as little on trust and to depend as much on ourselves as possible.

I am inclined to put my trust in pharmacutists as far as our 30th dilutions are concerned, and even then I should prefer to make our own dilutions. Beyond the 30th I should be pardoned if I hesitate to accept the labelled dilutions as having been truly made. I am fully aware of the difficulty of running up dilutions to the 200th of even one drug, and for that very reason it is incumbent upon the practitioners of our system to combine for the preparation of genuine dilutions up to the 200th after the directions of Hahnemann, and not after the so-called method of fluxions which I cannot but characterise as the invention of fools or mad men or knaves.

But, gentlemen, it is necessary that we should combine for other purposes than the one I have just indicated. It is not enough to have genuine homœopathic medicines in all their dilutions from the first onwards. They have to be administered in the treatment of disease. The rule for such administration is, in its enunciation, simple enough; but in actual practice it is not so easy as it seems. Indeed, an experience with it of over a

quarter of a century has convinced me, that it is more difficult, immeasurably more difficult, than all others that have been invented. .

The application demands the determination, in the drug the *similimum* of the disease in the patient. And at the very threshold we are confronted with the question whether we are to take the pathological or the symptomatological *similimum*. This is not an imaginary question. It has divided the homœopathic world ever since homœopathy has come into existence. You are all aware that the Founder, while repudiating all pathology, has not hesitated to construct a peculiar pathology of his own. I need hardly tell you that the clearance of this question is of absolute importance to the progress of homœopathy itself, and the clearance can only be effected by combined experience.

Assuming that the *similimum* must be both pathological and symptomatological, every reflecting practitioner must have felt that even with this extension of its signification, it is far from easy to determine the *similimum* in concrete cases. Had it been otherwise there would have been no failures in homœopathic practice, there would have been no necessity for frequent changes of medicines, there would have been no necessity of keynotes or guiding symptoms, and a hundred other devices by which homœopathic practice has been attempted to be simplified.

This difficulty of determining the *similimum* is due to a variety of causes, of which not the least is ignorance or inadequate knowledge of the *materia medica*. But making all the allowance for this cause, that ought to be made, there will still remain a large residue for which the cause is to be sought in the poverty of the *materia medica* itself, poverty in respect of the number of drugs proved, and also in respect of the fullness and exhaustiveness of the provings themselves. Very few post-Hahnemannic provings can claim the same degree of thoroughness which characterised the Hahnemannic provings, and even these latter require to be revised in the light of modern physiology, and with the aid of modern appliances. I fully believe that if Hahnemann had been living yet, he would have been the first to see the defects and short-comings in the provings that he had so heroically made, and would have endeavoured to introduce more precision into the *materia medica* with the aid of chemical analyses of the secretions and excretions,

and with the aid of the stethoscope, the laryngoscope, the ophthalmoscope, the microscope, &c., than he could do at the time he made the provings, when these aids did not exist. Then again, there cannot be the slightest doubt whatever that a vast number of drugs remain unproved without which most of the ills flesh is heir to, and a large number of the ills that are springing up in the wake of modern civilization, cannot be treated at all adequately, and which consequently remain incurable to be the opprobrium of the Healing Art.

Thus, you see, gentlemen, a double duty is imposed upon all practitioners of the new school, the duty of re-proving old drugs and of proving new drugs. This duty is the more imperative inasmuch as we have had the privilege of enjoying advantages from provings already made, imperfect as they are, advantages which are immeasurably superior to those enjoyed by all the other schools of medicine put together. I am confident, gentlemen, it needs no elaborate argument to convince you that this two-fold duty can only be carried on by the union of numbers. Our numbers here in this country are few and the necessity is the greater for the union I am insisting upon.

Gentlemen, I must now conclude, and I cannot do so better than by reminding you of what Drs. Drysdale and Atkin said in their Introduction to the Cypher Repertory: "The highest possible honour is due to careful provers of new or re-provers of old medicines. They alone really advance homœopathy; it is their labours that will extend our knowledge of medicinal action and prepare the way for a scientific classification of the *Materia Medica*. The names of popular or successful practitioners will easily be forgotten; the self-denying provers will win for themselves a place in the temple of medicine, and their names will descend to posterity along with those of Hahnemann and his fellow-labourers as benefactors of their race."

Gentlemen, the eyes of our colleagues in the far West are upon you, and it would be a pity and a shame if, born in a country perhaps the richest storehouse of remedial agents, with delicate organization and acute intelligence with which you have been endowed by Providence, and with the noble example of the Founder of Homœopathy whom we are proud to call our Master, you fail to add to the stock of therapeutic knowledge when the



way for doing it has been pointed out and is so simple and clear, requiring indeed considerable self-sacrifice but having for its reward the good of suffering humanity. May I hope that we shall be able to present at the next anniversary at least one proving of a new, and one re-proving of an old drug.

Dr. Sircar then called upon Dr. William Younan to read his promised paper.

#### DR. YOUNAN'S PAPER ON SOME CASES FROM PRACTICE.

Mr. President and Gentlemen,—

When at our last meeting the secretary did me the honour to request me to prepare a paper for the present occasion, I was glad to accede to his request; for it was my first appearance among you, and you gave me a warm welcome. But later reflection showed me that my promise to read you a paper would require a great deal of care and attention in its fulfilment, for I would be addressing men whose experience of Homœopathy was much larger than my own, and before whom I should find it difficult to lay matter that bore the impress and merit of originality on it. It were easy for me to go over with you the well-beaten track, and point to familiar scenes and faces as we proceeded along our journey. But such a course, however pleasant and profitable, would be open to the objection of being nothing new and fresh, and our good president, at the last meeting, tried to impress upon us the necessity of individual work and action in the field of Homœopathy. To the provings of new drugs, however fragmentary, he invited our earnest attention and labour, and bade us look to the rich harvest of indigenous drugs that only awaited the reaper's hand. But, gentlemen, a comparative beginner in Homœopathy has a lot to occupy him in learning the extensive materia medica of the school, and most of my spare time has been devoted to this, which is both a duty and a task. Therefore have I decided to lay before you the first fruits of my experience as a Homœopath; and to contrast my practice of to-day with my old allopathic experience. A few cases from practice with remarks thereon will form the subject of this paper. It were well to premise here that I had always had a leaning towards simple prescriptions and small doses of drugs, notwithstanding my training at an ultra-allopathic school. I well remember how

distasteful to me, even as a student, were the complex prescriptions of our professor of medicine, and how frequently I compared them with those found in the excellent "Hand-book of Therapeutics" of Dr. Sydney Ringer of University College, London. Dr. Ringer's book I used to call my Therapeutic Bible, and indeed it helped me immensely in practice for years. But, gentlemen, you know as well I do now the source of Dr. Ringer's inspiration in therapeutics. It is none other than Homœopathy. No wonder that Dr. Ringer's teaching is laughed at by many of his colleagues, and our own professor, to whom I had ventured on one occasion to suggest one of Dr. Ringer's recommendations, told me that he had no faith in Dr. Ringer's observations, as he was far too credulous. My transition from the old school to the new was, therefore, a very gradual one, and cost me little or no effort. If therefore I lay before you a few cases from my early and late practice respectively, and contrast them with each other therapeutically, you may learn the same lessons as myself. "Never be ashamed of your mistakes. If you are honest men, you will not make them again," was the advice we frequently received as students, and truth to tell we learn or ought to learn more from our failures than from our successes. With these preliminary remarks I shall proceed to describe my first case, which has been of much interest to me therapeutically :—

Shortly after I commenced practice in Calcutta in 1885 I was called to see a ship-captain who was reported to be suffering from paralysis of the lower limbs. He gave me the following history : Two years before he was exposed to wet and heavy weather at sea and suffered in exactly the same way, and was under the care of a well-known hospital physician, who, in addition to much internal medication, blistered him freely and used the battery for three months, at the end of which time he was well enough to return to work. The second attack was also the result of wetting at sea in bad weather, and the patient's lower limbs were powerless to such an extent, that he could not stand, and the soles of the feet felt padded. Voluntary motion of the limbs in bed was not affected, but sensation was deficient. There was no affection of the sphincters. The patient was well in other respects, and was a big strong man who was, however, addicted to alcohol. This form of paralysis is known as "peripheral paralysis" and is due to neu-

ritis of the peripheral nerves. Cold, especially damp cold, is a frequent factor in its production, and the alcoholic habit is a predisponent. For there is recognised an alcoholic form of peripheral neuritis. My patient, then, was bed-ridden and had the prospect of another long illness. By a fortuitous circumstance I had read in Phillips' *Materia Medica and Therapeutics* the chapter on *Rhus Toxicodendron* and its application to what he termed "Rheumatic Paralysis." Accordingly I procured some of the crude tincture and gave drop doses, three or four times a day. The result exceeded my expectation, and when, at the end of three weeks, the patient was well enough to return to work, I thought my practice was well in advance of that of my predecessor, who took three months to cure him of the first attack. Of course, I knew that I had used a homœopathic remedy, for I had a little acquaintance with Hughes' "Pharmacodynamics" even in those early days. But the sequel of this case is most interesting and unique, and I shall proceed to relate it: Two months ago I was called to see the same patient suffering in almost the same way, with the additional symptom of double vision with both eyes and single vision with each eye. This diplopia, due no doubt to paralysis of the muscular adjustment requisite for binocular vision, was a very characteristic symptom. The patient, since I treated him last, had kept up his alcoholic habit, and had taken ill, not as before from wetting and exposure at sea, but from plunging into a tub of cold water when he was in the habit of taking a warm bath daily. The day after his immersion in cold water he felt his lower limbs weak, and double vision, as above described, set in. I had a vivid recollection of his last attack, and of the appreciable good obtained from *Rhus tox*; so I put him upon the same prescription, giving however a single dose of the remedy in the infinitesimal quantity of six pellets of the 200th potency with *saccharum lactis ad libitum*. Two days after I saw the patient again and was glad to find some difference in the muscular power of the lower limbs, but with no change in vision. This improvement steadily kept up and on the sixth day after treatment the patient informed me that on waking from sleep that morning he saw single objects with both eyes for a little time only. I persevered with *saccharum lactis* for the next few days and on the twelfth day of treatment the patient had so far recovered power

in his limbs and eyes as to be able to return to work. I have since learnt that he has kept quite well. Need I add how proud I felt at my patient's speedy recovery, and prouder of the single infinitesimal dose of the 200th potency of *Rhus Toxicodendron*, and proudest of the Homœopathy of Hahnemann, who taught that the philosophy of his healing art was threefold in character—the law of similars, the single remedy, the smallest dose—*similia similibus curantur, maxima minimis curantur*.

While on the subject of paralysis I will relate to you another case which, but for the interference of a few doses of highly potentized nosode, would have been speedily fatal. The patient, a girl nine years of age, came under my care on July 12th, 1891. She was a big girl for her age, and had been slow in teething and learning to walk, and had passed through a good many of the ailments of childhood. Her knees and ankles were always weak, and she kept falling continually. Ten days or a fortnight after falling off a swing, she complained of a pain in the lower limbs, in which a gradual loss of power occurred, attended with low fever. The paresis then extended upwards, involving the trunk and upper extremities, and when I saw her there was marked paralysis of respiration and deglutition, so that the patient would choke at every spoonful of liquid nourishment, and the lungs were loaded with mucus, which she was unable to cough up. The patient lay in bed in a supine position, and could not ever raise her head, from paralysis of the cervical muscles. No voluntary movement of the trunk or extremities was possible, but there was no loss of sensation, which, on the contrary, was considerably increased, so that the patient cried out when touched, or when passive movement was attempted. The knees and hips were especially painful, the muscles were large and flabby but not wasted, there was frequent micturition, but the bowels were obstinately confined and could only be moved with the enema. The tongue was large, cracked and covered with milk-crusts. The fauces were relaxed, but the uvula was not deviated, there was no tenderness along the spine. The temp. stood at 99.6 F. and there was headache with much uneasiness and irritability. Here, then, was a case of acute ascending paralysis or Landry's paralysis, a disease speedy in its course and invariably fatal. Our young patient bade fair to choke to death or die of asphyxia.

I could not make up my mind to attach much importance to the accident she met with a fortnight before her illness. The effect was too disproportioned to the cause, and I could only suppose that the fall from a low swing was the exciting element in a constitutional predisposition to tubercular disease; for, gentlemen, that was my diagnosis of the case: acute ascending paralysis, tubercular in origin. The past history of the patient, the symptoms preceding and attending the paralysis, the absence of any pathological condition to account for the gravity of the symptoms, all convinced me that it was purely a constitutional paralysis, most probably tubercular in nature and origin. The disease to which acute ascending paralysis has the closest analogy is Diphtheritic paralysis. What there was to be done for the alarming symptoms the patient presented? There was evidently no time to lose, and, unless relief was speedy, no hope could be entertained. Only a little time before I had read of Dr. J.C. Burnett's cures with Bacillinum or Tuberculinum, and through his kindness I was in possession of a small quantity of the nosode in the 100th centesimal potency. Accordingly I determined to put it to a crucial test, and on the 18th July, six days after my first examination of the case, I administered six globules in sugar of milk, dry on the tongue, with placebo ad libitum. Two days later my note book has the following entry:—Temp. normal, troubled last night with pain in abdomen, bowels moving in small, hard balls a number of times, twitching and drawing of lower limbs with a little return of power, can turn on right side by herself, sits better, swallows better, returning appetite and cheerfulness; continue placebo.

July 22, a second dose of six globules of Tuberculinum given. July 25, marked improvement in muscular power. Right arm and left leg stronger than the others. July 30, a third dose of six globules of Tuberculinum administered. Aug 7th: patient trying to stand, but lower limbs from knees downwards painful.

Aug 18, a month to-day since first dose of Tuberculinum. The patient is learning to walk again and goes round the room by holding on to objects. Her general health is much improved.

Progress was steadily kept up and I saw the patient from time to time, and was pleased to find no return of her trouble in any shape or form. She is now a big fat girl and goes to school regularly.

It is a matter of regret to me that I did not report the case to Dr. Burnett, through whose kindness I obtained the drug. This is the first of three desperate cases of mine snatched from the jaws of death by the power of Tuberculinum in high potency. By a strange coincidence "Koch's lymph" was in the field at the time, and medical minds were much exercised thereon. It however has died a natural death, like every other crude Isopathy will, and Homœopathy alone can convert a curse into a blessing. I draw your attention, gentlemen, to the Nosodes as powerful agents in the treatment of the sick. The late Dr. Swan published a materia medica of the nosodes, and Dr. E. W. Berridge has arranged it for convenient use and reference. Finally, I wish to draw your attention to a group of two cases, which occurred in my early allopathic practice, as my subsequent knowledge of Homœopathic materia medica threw much light upon them. The cases were pretty similar, but one was successful, the other fatal. I have unfortunately no notes of either, but their main features are so fresh in my memory that I hope to give you a fair presentment of them :

I delivered a lady of a putrid child at the eighth month, the death of the fœtus being due to an accident to the mother. Puerperal septicæmia set in, in spite of much care and cleanliness, and there was extensive peritonitis and metritis. The symptoms ran a very aggravated course, and for days the patient's life was in danger. I had very little hope of her recovery. Summoned hastily one night to her bedside, I found her sinking, and in desperation I injected hypodermically three grains of Ergotin, in the hope that it would cause the uterine fibres to contract upon the open mouths of the vessels and sinuses, which were drinking in the septicæmic poison from the mucous membrane of the womb. I resorted to the Ergotin injection in sheer despair and in defiance of the teaching of the school, which forbade the use of the drug in advanced metritis and peritonitis. Early next morning, expecting to hear of the patient's death, I received a note stating that, a few hours after the injection, a very copious and frequent diarrhœa had set in and lasted all night. To my utter astonishment, when calling to see the patient, I found her better, and knew at once that the diarrhœa was a critical one, and had been established by nature to remove from the system

the offending septic matter absorbed from uterine mucous membrane, while I argued that the Ergotin had shut off further septic absorption by sealing the open mouths of the vessels and sinuses. The patient was thus rescued from the jaws of death by the timely administration of a hypodermic injection of Ergotin, but convalescence was very tedious, and it was a matter of two or three months before the extensive pelvic inflammation was entirely resolved. Of course I had reason to be very proud of the case, and very grateful to Ergotin for its success, and I meant to make it my sheet-anchor in such bad cases in future. But alas! it failed me signally in the very next similar case I treated, and I shall proceed to describe it: M. G., a multipara, aged 43, was delivered by me of a putrid child almost at term. Symptoms of septicæmia set in, and in spite of antiseptic measures, ran an aggravated course. By the advice of a consultant accoucheur a trained hospital nurse was employed to wash out the uterus with a strong antiseptic solution, but no improvement resulted. I then injected three grains of Ergotin hypodermically as in the first case, and hoped for better things. But imagine my horror when thirty-six hours after the injection I found that Tetanus had set in, and the other symptoms were correspondingly aggravated. The consultant accoucheur was again called, and I well remember how timidly I mentioned to him that, emboldened by success in a similar case with Ergotin administered hypodermically, I had ventured to use it in this, and that my mind was uneasy about this little surgical operation being a factor in the production of the Tetanus. It was indeed a "flattering unction to my soul," to be told by my consultant that the distant fear of Tetanus was no bar to the administration of Ergotin hypodermically. But, gentlemen, you can guess the sequel, and I felt, when the patient died, that though she died orthodoxly, there surely was a better way in the treatment of these difficult cases that I did not know about. Do I know it now? Thanks to the teaching of the materia medica of our school, I have learnt, and experience at the bedside has confirmed it, that case after case of puerperal septicæmia will yield *tuto, cito et jucunde* to well-chosen homœopathic remedies. Need I add that when reading the provings of Arsenicum, Lachesis, *Nux Vomica*, *Secale Cornutum*, etc., I bitterly regretted that the light of Homœopathy had been late in coming, and that many

a life might have been saved a premature termination. In connection with these two interesting cases, gentlemen, I would ask you to refresh your memory of the proving of Ergot, *Secale cornutum* as we call it. Putrescence is a marked feature of the drug, and is preeminently shown in the sphere of the female sexual system. Its effects on the nervous system are no less prominent, and we read in the proving—of tremors, cramps and paralysis, and even of *Tetanus*. And now, gentlemen, I have taken up too much of your time and attention, and must thank you for the honour you have done me in listening to the recital of “a few cases from practice with remarks.”

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### A c k n o w l e d g m e n t .

*The Monthly Homœopathic Review*, London, April 1894.

*The New England Medical Gazette*, Boston, March 1894.

*The North American Journal of Homœopathy*, New York, March and April 1894.

*New York Medical Times*. No Number subsequent to that for Feb. yet received.

*Indian Medical Record*, Calcutta, April 1 and 15, 1894.

*The Medical Reporter*, Calcutta, April 1st and 16th, 1894.

*The Journal of the British Homœopathic Society*, being a new series of the Annals of the British Homœopathic Society and of the London Homœopathic Hospital. Edited by Richard Hughes, M. D. Vol. 2. No. 5, January 1894.

*A Repertory ; or a systematic arrangement and Analysis of the Homœopathic Materia Medica*. Chap. V.—Ears. By John W. Hayward, M.D. Second Edition. Hahnemann Publishing Society, 61, Shrewsbury Road, Birkenhead, Cheshire. London : E. Gould and Son. 1894.

This is a remarkably exhaustive Repertory. We will notice it in our next.—Editor, C.J.M.

*The Harrogate Mineral Waters and Homœopathy*. By Arthur Roberts, M.D., D.P.H.



## EDITOR'S NOTES.

### GROWTH OF HOMŒOPATHY IN THE UNITED STATES OF AMERICA.

Like almost every other product of human intelligence, homœopathy has attained a wonderful development in the virgin soil of America. First introduced in 1825 by Hans Christian Gram, it could number only one convert in three years, in the person of Dr. John F. Gray. In a little over dozen years, in 1840, before the death of its Founder, the number of practitioners of the new system was 100 ; in 1850 it was 500 ; in 1860, 2000 ; in 1870, 3500 ; in 1880, 6000 ; now in 1894, that number has risen to 12000. In 1880 there were devoted to homœopathy 38 hospitals, 40 dispensaries, 11 medical colleges, and 17 journals, 26 state societies, and 100 local societies. Now there are upwards of 40 general and 40 special hospitals, 55 dispensaries, 22 journals, 30 state societies, 3 national societies, 2 sectional societies, 81 local societies, and 23 medical clubs. This is progress indeed. Shall we ever attain to it ? It is a matter of no small regret that homœopathy here has yet to depend upon the earnestness and zeal of laymen.

### CREMATION THE ONLY SCIENTIFIC WAY OF DISPOSING OF THE DEAD.

In the matter of disposal of the dead the object of prime importance to be kept in view is the health of the living. The various products of decomposition of the human as of all animal bodies, are most of them calculated to seriously affect health. Hence common sense dictates that dead bodies should be so disposed of that the products of their decomposition may not contaminate the soil, the water, and the air. From this point of view cremation, which effectually prevents all possibility of putrefactive decomposition, destroys all germs of the diseases from which death had taken place, is the best, because the only scientific method of disposal of the dead. Bacteriological research has shown that the microbes of some severe disease, such as tetanus, naturally live in the soil ; and Pasteur has demonstrated that the microbes of anthrax, after burial of the cattle which had died of the disease, were brought up to the surface years after by the earth-worm, and gave rise to fresh epidemics in cattle feeding in the contaminated field. Burial, therefore, is the most insanitary mode of disposal of the dead. The Hindoos of yore were thus far ahead of all the modern civilised nations in a matter which concerns all living creature. The obstinacy of these nations in clinging to a pernicious custom, in the face of the plain teachings of sanitary science, is astonishing.

### THE LATE DR. BROWN-SEQUARD.

The *Englishman* of the 19th inst. has announced the death of Dr. Brown-Séguard, in whom has passed away an experimental physiologist of the first order, a worthy successor of Claude Bernard. Dr. Ch. Edouard Brown-Séguard was born in 1817 in the island of Mauritius. His father was one Edward Brown, a native of Philadel-

phia, and his mother a French lady of the name of Séquard. After having completed his medical studies in Paris, and taking the M. D. degree in 1840, he devoted himself to the experimental study of physiology. He made special researches on the various constituents of the blood, on the spinal cord and brain in their normal and pathological states, and on the sympathetic system. In 1858 at the invitation of the Royal College of Surgeons of London he delivered a course of six lectures. When in 1860 the Hospital for the Paralysed and Epileptic was established in London, he was appointed to take charge of it. In this year he had the honor of delivering the Croonian lecture at the Royal Society and the Gulstonian lecture at the college of Physicians. He lived in London till 1864, and then went to the United States where he was appointed Professor of Physiology and Pathology of the Nervous System at Harvard University. He returned to Paris in 1869, and was appointed Professor to the Faculty of Medicine. He went back in 1873 to New York where he established a journal, and engaged in practice till 1878, when he returned for good to France, and on the death of Claude Bernard was appointed to the chair of Experimental Medicine as his successor. He was a member of the French Academy of Sciences, and was the recipient of several of its prizes, the latest of which was the biennial prize of 20,000 franks of the Institute. The Royal College of Physicians of London awarded him the Baly Medal in 1881.

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FAILURE OF THE BROWN-SEQUARD METHOD OF TREATMENT OF  
ORGANIC NERVE DISEASE.

Our readers may be aware that some years ago the late Dr. Brown-Séquard caused quite a sensation by announcing that he had discovered the much-wished-for elixir of life. This was a fluid manufactured from the testicles of rabbits and other animals, and it was believed that injected hypodermically it would infuse the energy and strength of vigorous manhood into the old and the decrepit, and that it was especially useful in chronic diseases of the nervous system. Trials were made with it by continental physicians, and wonderful results were reported, especially from France. Insular England was the last to make the trial, and the results are given in a paper by Drs. Guy Wood and A. J. Whiting, house physicians to the hospital for the Paralysed and Epileptic in London. As might have been expected the result has been a signal failure. Of the 23 cases treated, 4 were cases of *tubercles dorsalis*, 2 of Friedreich's ataxy, 1 of ataxic paraplegia, 4 of disseminated sclerosis, 4 of paralysis agitans, 1 of double hemiplegia, 1 of left-sided hemiplegia, 1 of peripheral neuritis, 1 of progressive muscular atrophy, and 2 of functional paralysis. The quantity of orchitic fluid injected was in the beginning one gramme with one gramme of distilled water, increased gradually to 4 grammes in some cases, and 6 grammes in others with the same quantities of distilled water. The immediate effects of these injections were practically *nil*. In three cases suppuration took place at the seat of the injection. In two cases the patients became worse and the injections had to be dis-

continued. The rest expressed themselves as feeling better, but not the slightest real improvement was seen in any. At the suggestion of one of the physicians, Dr. Buzzard, in two other patients distilled water was substituted for orchitic fluid, and both these patients expressed themselves as feeling better, though as in the others no real improvement was observable in them. These test cases showed the worthlessness of the method, and the physicians therefore did not feel justified to make further trial of it.

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#### THE BACILLUS OF INFLUENZA.

Borchardt (*Berlin. klin. Woch.*, January 8th) has succeeded in detecting Pfeiffer's bacillus in the sputa in thirty-five out of fifty cases of influenza. In some it was associated with other microbes, but in others it existed as an almost pure culture. In good preparations the bacilli were either scattered over the whole field of view or in the form of small shoals, as it were, in the filaments of mucus, or in regularly disposed colonies of a characteristic appearance. In the rusty sputum of pneumonic cases diplococci were most commonly found, but Pfeiffer's bacillus occurred as an almost pure culture in one such case. The bacilli were present throughout the attack, and in one case so late as the twenty-eighth day. They may be generally recognised by their small size, and the ends usually stain more deeply than the central portion, bearing out Pfeiffer's suggestion that the microbe may be in reality a small diplococcus. The author succeeded in obtaining cultures in fifteen cases. He failed to detect the bacillus in the blood, and he attributes the general symptoms to the absorption of toxins from the affected portions of the respiratory tract. In the case of one patient the diagnosis was uncertain, and lay between influenza and typhoid fever. On the ninth day of the patient's stay in hospital she coughed up a portion of mucus, which was found to be an almost pure culture of Pfeiffer's bacillus, the diagnosis being at once made clear. Borchardt promises another paper, and for the present he concludes that Pfeiffer's bacillus is almost constantly found in the expectoration in cases of influenza, and that in doubtful ones its recognition may prove of service in clearing up the diagnosis.—Huber (*Zeits. f. Hygiene*, 1893, H. 3.) reports his bacteriological investigations during two epidemics of influenza. He states that even when it is impossible to see the bacilli in the sputum with the aid of the microscope, cultivation experiments will still give positive results. Inoculation of tubes of agar blood mixture with the sputum gave rise to the characteristic colonies appearing like separate drops of water. He was never successful, like Bruschetti, in obtaining cultivations from the blood. A very interesting statement is the fact that the influenza bacillus does not require Pfeiffer's mixture of blood and agar for its nutrition, but will grow excellently on a mixture in which a commercial substance called "hæmatogen" is present instead of blood. This discovery greatly facilitates the bacteriological investigation of the disease, as the preparation of blood-agar tubes is always difficult, and the hæmatogen can be readily obtained.—*British Medical Journal*, Feb. 10, 1894.

## CLINICAL RECORD.

### Cases of Diarrhœa.

BY BABU HEM CHANDRA RAY CHAUDHURI, L.M.S.\*

*Case 1.* Babu S.—, aged about 45, was suffering from diarrhœa for the last 4 or 5 days. The stools were yellow liquid, and used to spurt out with gurgling sound in the abdomen. He could not account for this disease by any irregularity of diet. Though he had these stools for the last 4 or 5 days yet there was no exhaustion. He was taking his usual vegetable diet.

24th August 1893. *Croton T.* 6. The medicine had no effect.

27th. *Puls.* 6. This arrested the diarrhœa, though he was taking his usual diet all along.

*Case 2.* N.—, a Hindu girl, aged 16, was suffering from diarrhœa off and on, for the last three months. The stools were hot, liquid, yellow and came out with great force, generally in the day time, scarcely at night. The aggravation of the diarrhœa was noticed after taking food. 27th December, 1893. *Croton T.* 6.

28th. The ejection with force as well as the hot character of the stools have disappeared; the stools have become a little more consistent; there was no further improvement. *Puls.* 6.

The subsequent report was that she was much better after *Puls.* The medicine was continued, with ultimate recovery.

*Case 3.* S.—, a Mahomedan woman, aged about 30, was suffering from diarrhœa. The stools were hot, yellow liquid, and expelled with great force. She used to pass 4 or 5 stools during day and as many during night. 4th February 1894. *Croton T.* 6.

6th Feb. She was not doing well, and the diarrhœa continued as before. *Puls.* 6.

8th. The stools were much less in number and of a better character; 2 or 3 stools she passed only in the day time. *Puls.* 6 continued.

10th. Much better than before. *Puls.* 6. 12th. Diarrhœa stopped.

15th. The diarrhœa reappeared after taking *Musur dal* (Lens esculenta—the lentil). The stools were neither hot nor expelled with great force. *Puls.* 6.

17th. Much better. *Puls.* 6. 20th. Doing well. No medicine.

### Remarks.

These three cases illustrate the uncertain action of *Croton Tiglium*. The three symptoms, yellow liquid stools, expulsion with force, and aggravation from food, were present in the second case. There it only removed some of these symptoms, but the diarrhœa remained almost the same. The hot character of the stool also disappeared after the administration of this medicine. In the other two cases there were the same symptoms without aggravation after food. In all these cases *Puls.* 6 fared better and even removed the hot character of the stools. In the last case, *Puls.* was efficacious in aggravation of the diarrhœa from a vegetable diet.

At other times I have noticed that *Croton T.* produces a satisfactory result when the liquid yellow stools are expelled with great force, but when there is no aggravation from food or drink.

*A Case of Cancrum Oris, from the use of two grains  
of Hydrarg. Subchlor.*

BY BABU BROJENDRA NATH BANERJEE, L.M.S.

A girl, aged six years, came under my treatment on the 26th January 1892, for high fever. Previously she was under an old school physician and was treated with Phenacetin and Quinine. For six consecutive days, several doses of Phenacetin were given to lower the temperature. As soon as the temperature used to become normal, five grains of quinine used to be given to prevent its rise. On the 24th Jan., the 6th day of fever, the temperature steadily rose to 106.4 in spite of several doses of Phenacetin. On the 25th January, as I subsequently learned, two grains of soda and calomel each were given to procure an evacuation of the bowels, the girl having had no motion for several days.

On the day I first visited the patient I noted the following symptoms: Temp. 106.2, pulse 144, child drowsy but every now and again asked for water to drink; there was profuse salivation, abdomen tympanitic, bowels constipated, boring of the head into the pillow, aphonia with short, dry, hollow cough with cold limbs and hot head.

*Belladonna* 30, every four hours, was prescribed. I next saw her in the evening when I found that the fever had come down to 103.2, but all other the symptoms were the same.

On the 27th at 9 A.M. the temp. was 101.6, pulse 132 and full, salivation profuse, limbs still cold but the head was not so hot. The child was still drowsy with boring of the head into the pillow. *Bell.* 30 was continued. In the evening the temp. was 101, but the concomitant symptoms did not at all abate. A dose of *Bell.* 200 was given.

On the 28th at 9 A.M. the temp was 100.2, pulse 132, other symptoms did not abate a bit. The thin character of the saliva changed into a ropy one. Now I began to suspect that mercury in some shape or other must have been given, and asked the guardian of the girl to get copies of all the prescriptions that were given by the previous medical attendant. No medicine was given this morning. In the evening I found the child in the same state. On examining the prescriptions I found that only one dose of two grains of calomel had been administered. To antidote the mercury I gave a dose of *Ac. nitric* 6. On the morning of the 29th the temp. was 99.6, pulse 132, drowsiness less, salivation same. On the whole the child was better, but I noticed a brown spot in the left cheek. This spot was found a little larger in the evening. *Ac. Nitric* 6 was continued. On the 30th the temp. was 99. F., pulse 120, and the child was in all respects much better, but the salivation did not decrease at all and the brown spot became bluish and increased in extent. The whole of the buccal cavity was full of ulceration. In the evening the child spoke for the first time.

since she has been under my care, and complained of burning sensation in the bluish spot. *Arsenicum* 30, one dose, was given.

On the 31st the bluish spot became deeper in color and its size increased to that of a rupee. The patient complained of severe burning pain in it. *Arsenic* 30 was again given in the morning. On the 1st Feb, the fetor in the mouth was so bad that the patient herself complained of the bad smell, and the gangrene went on increasing.

Dr. Sircar was consulted the next day. He advised me to stick to *Arsenicum*, and suggested the 6th. Two doses were given, and on the following day, the 3rd Feb., the slough separated, but the gangrenous process did not seem to be arrested.

On the 4th Feb. *Ars.* 200, one dose, was given, the gangrenous process stopped at once, and a slough separated as if cut out by a knife. Subsequently a portion of the lower jaw with three teeth necrosed and separated, leaving a smooth surface. The child made a good recovery.

#### A Case of Influenza.

Reported by the patient—a medical man.

Up to the evening of the 10th Inst. I was quite well, hale and hearty, attended the Hahnemann anniversary, took part in it, and never for a moment even dreamed that in the course of a couple of hours I shall be laid prostrate by disease. I took my supper at the usual time, 9 o'clock, and then, as usual also, began to enjoy from my Verandah the fine southerly breeze that was blowing that evening with peculiar sweetness. My good Munshiji was treating me, as he has been doing for sometime, with recitations from the *Meghnadh badha* of Madhu Sudan. On other days I tarry long in the Verandah, till 11 O'clock; but on this day, I soon felt that the air and the breeze were colder than I ought to expose myself to. I therefore retired into my room at 10, and at once began to experience aches and pains in the limbs, so much so that I had to get myself shampooed. The night was passed in great uneasiness from these aches and pains, and I awoke in the morning with slight fever and a very distressing headache, in addition to the general pains involving the whole muscular system.

On the morning of the 11th I took my usual ounce of milk, had my usual stool, but felt so bad, so weak and exhausted, that I could not attend to the patients who came to consult me in the morning. The temperature in the axilla was not higher than 99, but the whole day was passed in the greatest uneasiness. I could not sit up, had to lie down all the time, sleeping heavily off and on, and unable to keep my eyes open even when not asleep. The most annoying symptom was the aggravation of all my complaints after sleep which forced itself upon me, but which proved the very reverse of refreshing. It was far from balmy and a sweet restorer. It was full of heavy dreams, which left most unpleasant impressions or memories behind. It was followed by increase of the prostration, of the pains and particularly of the headache, and even of the feverishness.

The 12th and the 13th were passed with increased fever and in-

creased suffering of the same character. The temperature on the 12th was 100, and on the 13th over 101. The appetite was entirely gone, and an ounce of milk was enough to allay the burning of the stomach which was the only symptom of hunger which I felt when I had fasted long. Milk, which is always agreeable to me, I could not like, and on the 13th I was obliged to take a little vegetable soup to take off the disrelish for food.

Throughout the whole course of the disease there was no thirst. There was some dryness of the mouth for which I had to take at long intervals a sip of water. I am not accustomed to drink water except twice during the two meals I take in twenty four hours. And the extra sips I was obliged to take to keep the mouth moist gave me sore throat on the 13th which troubled me much for more than five days.

On the morning of the 14th I had a stool after two days. The character of the stool gave warning of diarrhoea. As my temperature had come down to normal I ventured to take a few spoonfuls of rice with fish broth. The temperature fortunately did not rise, but my sore throat increased. Swallowing became very difficult, especially empty deglutition. But the other symptoms improved, the pains became less, the sleep lost much of its heavy and unrefreshing character, and my waking hours were more bearable. The prostration, however, did not show any symptoms of abatement.

On the 15th I was not only free from fever, but my temperature was subnormal. I felt the necessity of a bath, and notwithstanding the increase of the sore throat that had taken place, I took a cold bath, fortifying myself as I believed with a dose of *Bell. 30*, the first dose of medicine I took since the commencement of my complaint. I not only bathed but took rice, and the consequence was fearful aggravation of the sore throat, but fortunately no reappearance of the fever. Barring the sore throat I felt better in other respects, even the prostration was less. *Belladonna* doing no good, I took a dose of *Hep. S. 30* on the 16th with the effect of further aggravating the sore throat, and producing other unpleasant pathogenetic effects. I took no further medicine, and by dint of strict regimen got rid of the sore throat which had become very alarming indeed. The prostration is the only symptom which is still lingering.

#### *Remarks.*

This case, a comparatively mild one, illustrates several important points regarding the disease. I have called it Influenza because of the suddenness of its attack and the pains in the limbs and the great prostration, out of all proportion to the severity of the fever which characterized it. Besides, I have been attending a few cases of Influenza within a couple of days or so of my own attack.

With reference to the immediate cause which gave rise to the disease, I fear I incur the risk of raising a smile even in my homoeopathic colleagues by giving it out as my conviction that it was the drinking of an ounce or two of iced water after the Hahnemann anniversary meeting. If I had not repeated experience of the injurious effects of the drinking of iced water in my own person,

I myself could not have ventured to trace my attack to such an apparently trivial circumstance as an exciting cause. But ever since I got bronchitic asthma in 1874, I have invariably noted that drinking of iced water, even in the hottest days of summer, would disturb the equilibrium of my health, giving me sometimes a headache, sometimes an inflammation of the gums, and almost always a severe pain in the middle of the spine, a fact which had compelled me to deprive myself of this luxury even when it becomes almost a necessity. If, notwithstanding this fact before me, I took iced water this time, it was because plain water was not at hand, and I thought that a sip or two would at the most give me a taste of one or the other of the sufferings I have mentioned. I did not dream even for a moment that the couple of mouthfuls that I took would create a more serious disturbance. But the constitution was pre-disposed for it by the contagium of Influenza that was working in it. In all probability had it not been for this exposure to the influence of the influenza, the disturbance would not have taken the severe form it did. I dwell upon this apparently small matter, because I have found by a hard experience that it is by neglect of such small matters that the way is cleared for the invasion of the gravest diseases.

The present was not my first attack of Influenza. And the first attack, that I had in the beginning of 1891, had its origin in a cause as trivial as that of the second. The disease invaded India in the beginning (February most probably) of 1890, and ever since it has swept and has been sweeping over the whole country without any predilection for locality or climate, and with singular impartiality as regards age, sex and race. My lungs having been weakened by long continued and oft-recurring disease, I was in mortal horror of its advent amongst us. But notwithstanding that it was raging as an epidemic for nearly a year, and notwithstanding that I exposed myself to its contagium, I did not catch the disease till I exposed myself for an hour to the emanations from heaps of rotten straw at a certain place where I had gone on a visit to a friend. This was enough to disturb the balance of my health, and I fell an easy victim; the whole force of the disease was then concentrated on my lungs, as now it has been on my nervous system. It was with difficulty, chiefly by change of climate, that I got rid of it. But ever since I have not been my former self. I have just briefly narrated my first attack, in order to illustrate individual susceptibilities to particular morbid influences, and to show that the constitution must be prepared for the incubation of even such a wide-spreading disease as the Influenza, for its germs to thrive and multiply. My susceptibility to malaria is extraordinary, and I have suffered thrice from it. My belief is, had I not had this exposure to malaria, I would not have got the disease in 1891.

As regards treatment, my readers no doubt must have been astonished to see that I took no medicine for the disease itself. I suffered for four mortal days excruciating tortures, and yet I did not try to mitigate their severity by taking a drop of medicine. I was led to this course by my previous experience, from which I had learned that the more we meddle with the disease the worse we render it. If we



share the impatience of the patient and yield to his importunities, we certainly succeed in pleasing him and his near and dear ones, but this is at the expense of prolonging his sufferings. There is such a thing as meddlingness and thoughtless routine even in homœopathic practice, and it not unoften proves scarcely less disastrous than the heroic meddlingness and routine of the old school. Of course I do not preach absolute inaction and indifference in the presence of suffering of apparently great severity. But what I insist upon is that we must not be appalled by suffering however great, so long as we find that the patient's whole condition does not demand active interference, and especially when we cannot find a drug which covers the totality of symptoms. I have found that even in grave cases it is far better to wait and watch than to prescribe for a few symptoms.

In my case there were some symptoms which might have served as key-notes to the routine and impatient practitioner and gladdened his heart. But I am glad that I had not such an one to treat me. For I am sure that *Gelseminum*, to begin with, would have led to *Lachesis*, *Lachesis* to *Arsenic*, and so on, till the fever would have run high, delirium would have set in, and then heaven knows what might have been my fate. It is not imaginary difficulties that I am conjuring up; I have actually seen cases terminate unfavourably simply from impatience and want of confidence in the restorative powers of nature on the part of the practitioner. Especially is this the case when the disease we have to deal with runs a definite course.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.

99. FLUORICUM ACIDUM.

**Constipation :**

1. No passage of st. St. delayed and very scanty.
2. St. every other day and at a later hour.
3. The evacuation becomes protracted, insufficient and lumpy.
4. Hard sts. Some nodules were pressed out with difficulty.
5. Constriction of the throat, rumbling in the abdomen, pressure in the stomach and burning, eructations, retching followed by constipation.
6. Copious hæmorrhage after constipated st.

**Diarrhœa :**

1. Inclination to D.
2. The soft small passage which he has every morning after drinking coffee, and again late in the evening, with ineffectual urging and protrusion of hæmorrhoids, changes into copious natural evacuations.
3. Free evacuation of bowels. Sts. more loose than common.
4. A large pappy yellowish brown st., of a very strong disagreeable smell, together with tenesmus to which he is liable, although less protrusion of anus than formerly.
5. Indefinite desire for st., small odourless wind and pappy evacuation ; after fœtid discharge of flatus, a sudden urging, then a thin pappy passage without any odour, and a very copious discharge of urine and afterwards a better appetite than usual. The evacuation is more regular than before.
6. Hasty pressure for st., as in diarrhœa, and a soft evacuation.
7. Watery sts., immediately after rising in the morning, protrusion of anus during st.
8. He wakes up after midnight with a large quantity of viscid tasteless saliva in the mouth, burning pinching pain in the stomach, and with a sensation of distension from flatulency ; after the passage of some wind the pain is increased, and he cannot pass any more ; after a copious pappy evacuation of the bowels the pains seem to concentrate themselves in the region of the navel ; after the evacuation the pain is diminished ; on returning to his room, however it returns again, and he has a second passage, accompanied with pain in the region of the navel and several other pappy sts. followed.
9. °Very loose bright yellow sts., with a quantity of mucus, preceded by considerable griping.
10. °Bilious D. worse during day, soon after drinking, especially warm drinks.
11. °Diarrhœa and bilious vomiting.
12. °Tongue vivid red at tip and margins, and coated yellow in centre ; appetite good ; evacuations never less than twice a day of liquid, bilious fecal matter, intermixed with frothy mucus ; no griping and no tenesmus ; some sensibility to

external pressure in right hypochondrium ; face pale ; muscles soft and flabby ; bilious vomiting after trivial errors in diet, with aggravation of the diarrhœa, sts. on such occasions being preceded by tormina.

13. "Six to eight evacuations a day, consisting of "very loose, bright yellow matter and a quantity of mucus," preceded by considerable griping ; dejections occur chiefly during night, or early in morning ; during day they mainly occur soon after drinking, especially warm fluids.
14. Pinching pain in the region of navel, inclination to D., and a copious watery evacuation.
15. Pain more particularly in the region of the navel during D.
16. Pain is increased after passage of flatulence, before D.

**Rectum and Anus :**

1. Ineffectual desire for st.
2. Determination of blood to the anus after drinking wine.
3. The protrusion of the anus, habitual to him considerably diminished, returned on resuming coffee and wine.
4. Comfortable feeling in the anus more than is usual with him in one subject to piles.
5. Constriction of the anus in attempting to emit flatulence.
6. Feels as if the wind was retained in the anus.
7. Within and around the anus violent itching.

**Aggravation :**

1. Immediately after rising in the morning.
2. Morning.
3. Afternoon.
4. Evening.
5. Night.
6. After warm fluids.

**Amelioration :**

1. Protrusion of the anus during evacuation.

**Before St. :**

1. Indefinite desire.
2. Sudden urging.
3. Hasty pressure.
3. Discharge of flatus.
4. Tenacious saliva in the mouth.
5. Pain of a burning pinching character in stomach.
6. Pinching pain in the region of navel.
7. Pain increased after passage of flatulence.
8. Tormina.

**During St. :**

1. Passage of wind.
2. Pain in the region of the navel.
3. Protrusion of anus and hæmorrhoids.
4. Copious evacuation of urine.

**After St. :**

1. Pain in the region of the navel diminished.
2. Extraordinary appetite (after D.).
3. Tenesmus.
4. Copious hæmorrhage (after constipated st.).

**General Symptoms :**

1. Indifference towards those he loves best ; has no objection to their presence but does not care to converse with them ; yet if strangers or mere acquaintances come in will enter into animated conversation. Indifference even to very sick patients.
2. Uncommonly gay disposition. Feeling of highly enjoying everything. All nature seems to smile (morning).

3. Disposition to be anxious, frequently to such a degree that a perspiration breaks out.
4. Sensation as if dangers menaced him, without being afraid; particularly during pressure in occiput, during staggering, pain in bladder, &c.
5. Easily displeased. Least trifle evokes temper in his features and motions.
6. Forgetful; does not recollect the most common things.
7. When rising from lying, vertigo, which lasted also when walking or sitting; afterwards eructations and slight nausea.
- 8. Apprehensive of apoplexy; determination of blood to head; with heat and loss of consciousness (after smelling the acid).
- 9. Frequent attacks of coryza, suddenly appearing and disappearing; it seems as if excitement removed the coryza. Red wine and ale give coryza, not Rhein wine.
10. Feeling of heat in the teeth (not in gums or alveolar processes), followed by considerable warmth in pharynx.
11. Decidedly improved condition of teeth; carious teeth seem to secrete less, and gums do not bleed so easily.
12. Toothache on right side disappears for a moment, and jumps on left thigh outside above knee.
13. Teeth so painful that he could not bite upon them. Teeth, especially carious ones, very sensitive to cold air and water.
14. A very painful little ulcer in the back part of the mouth, on the right side, in the angle of the upper and lower jaw; very troublesome during mastication and otherwise.
15. Salivation causing constant spitting, with dull heaviness and pain whole head.
16. Taste, acid; greasy; acrid offensive in the roots of teeth; of what he has eaten, worse afternoon; saltish; like ink proceeding from a lower tooth on left side; sweetish in throat.
17. Hawking of bloody mucus or of phlegm with blood.
18. Constriction in throat; pressure and sensation of fulness in stomach; frequent stale disgusting eructations, with inclination to vomit.
19. Sore throat, with difficult deglutition; throat, as far as below the larynx, felt so sore that the bread, although masticated very thoroughly, could not be swallowed without the greatest pain.
20. A singular sensation as though the passage from the mouth to the nose was wide open, during a walk in the open air.
21. Appetite, increased especially after D. Easily satisfied, food tastes good and is well digested; appetite diminished, he wants something "piquant."
22. Aversion to coffee; relishes wine no more.
23. More thirst. Craves cold water and is continually hungry.
24. Eructations of wind and sickness of stomach. Eructations and discharge of flatulency. Eructations, flat, nauseous, stale, disgusting, sour, bitter after dinner, burning.
25. Sensation of heat and disagreeable flat taste in the mouth.

26. Pyrosis with nausea and passage of flatulency.
27. Sensation as though nausea or a kind of vertigo would set in, but which does not.
28. Nausea ; nausea without inclination to vomit, with dulness of head ; nausea and heaviness above the eyes.
29. Sickness of stomach with vertigo and headache ; sickness of stomach with general heat.
30. Retching ; retching and vomiting.
31. Vomits several times with difficulty a clear, viscid fluid, with coagulated white pieces, having no connection with the burning in the mouth, nor the symptoms accompanying it : felt nausea, eructations and lassitude.
32. Rumbling in stomach and urging as in diarrhœa after eating.
33. Heat in stomach before meal, disappears after it ; heaviness in stomach and again heat ; worse during exercise.
34. Burning in stomach ; pressure in stomach with burning : pressure and fulness in stomach.
35. Sensation, between meals, as of pressure from a weight in stomach, simulating indigestion.
36. Sensitiveness of the region of stomach to pressure.
37. Pinching in the region of the spleen.
38. Sensation of faintness, like an emptiness, in the region of the navel, with a desire to draw a deep breath ; relieved by bandaging ; better after eating ; then a feeling of slight burning.
39. Rumbling in bowels with erratic pain ; rumbling from flatulency ; feeling of accumulated flatulence.
40. Frequent passage of flatus and eructations ; feels comfortable afterwards and thinks as if it was the last ; everything is renewed in the same order, succession, and feeling as before.
41. Flatus, inodorous with much noise ; offensive smelling like a mixture of carburetted ; sulphuretted, and phosphuretted hydrogen, the odour was exceedingly persistent.
42. After eating herring a very unpleasant sensation in the abdomen and a very discontented mood.
43. Immediately after partaking some pieces of water-melon pain in abdomen, which is not generally the case.
44. A sensation of warmth in abdomen, with a pressure towards bladder.
45. Acute pain in left side of abdomen above hip, hindering respiration.
46. Shooting pain in bowels extending towards right side as if from wind, sometimes very acute.
47. Colic after eating fish with vinegar.
48. Burning in right inguinal region, burning from left side of the breast down to groin.
49. Before and after urination, pain in the lower part of bladder ; also pain on pressure.
50. Dragging towards bladder, with feeling of warmth in abdomen. Dull pains in region of bladder.

51. Intolerable burning in the urethra, during and after micturition (in one who never had gonorrhœa).
52. Frequent desire to pass water.
53. Free discharge of light colored urine, very frequent, of sufficiently large, but not increased quantity, leaving him more comfortable; during and after discharge feels a kind of elasticity of urinary organs with subsequent agreeable sensation.
54. More urination and afterwards more thirst.
55. Urine, much increased, and of a clear color.
56. Decidedly less voiding of urine, but the urine is not of a darker color.
57. The urine has diminished in quantity and has a decided fragrance (like Benzoic acid). Pungent and strong odor of the urine, which was freely discharged. Urine smells very offensive.
58. The habitual whitish sediment in the urine is also mixed with a very copious purple colored one.
59. Breathing continued after radial pulse had failed, and even after action of heart had apparently ceased.
60. Wheezing during respiration, observed more by others than himself; has to bend backwards to take a full breath.
61. Breathes deeply, as if the breast within and below was full, during sitting and writing.
62. A kind of oppression of breath deep internally, he is obliged to breathe deeply, which however gives no relief.
63. Difficulty of breathing, as if from an impediment in the region of the pit of the throat and upper part of the chest, as though he did not get air enough; pain in the chest below the shoulder-blade.
64. Throbbing, like a pulsation, on feeling the breast and abdomen.
65. Whole upper part of chest, deep internally, more towards front, seems too light, so that inspiration is impeded; deep inspiration does not afford relief; it is not like a pressure, nor like a constriction; it feels as if something remained fixed there.
66. Aching in the heart. Pulse small and rapid.
67. Weariness, nausea and eructation.
68. Singular indescribable weakness, like a numbness, as if one had received an electric shock, particularly in the head and hands, with nausea in stomach, without desire to vomit, she never experienced a similar sensation.
69. Most of the symptoms are on the right side. Almost all symptoms appear in the room, while reading or writing. Many symptoms are worse when standing, though better when standing than when sitting.
70. Drowsiness. Profound sleep.
71. Sleeplessness. Day and night without usual sleep; he feels as if he had already slept.
72. Dreams; towards morning; frightful; of distant acquaintances and things; sudden death of his son and the son of one

of his friends; that he was dead, and orders the rapid removal of the corpse.

73. Great heat with nausea.

74. Sensation as if a burning vapour was emitted from the pores of the whole body

75. Perspiration, particularly in the face, profuse, sour, offensive; cold clammy perspiration.

76. Perspiration in the palms of the hands disappeared.

**Remarks :** The symptoms under Diarrhœa, marked with a cypher (°), are clinical, having been taken from two cases published in the *British Journal of Homœopathy*, Vol. xxiv, pp. 156-7, by Dr. Laurie who selected the remedy in these cases "principally ex usu in morbis, having found it effectual in one or two other cases of obstinate diarrhœa, of a bilious type, which had resisted other remedies."

As will be seen from the symptoms actually derived from provings, neither the diarrhœa nor the vomitings of a bilious character were observed. The use of FLUORIC ACID, therefore, in such diarrhœa and vomiting will have to be confirmed by further clinical evidence.

Apart, however, from this bilious character of the diarrhœa, for which we have not as yet the authority of provings, the symptoms of diarrhœa already elicited by provings are sufficiently characteristic to justify its use in similar cases. The stools vary from pappy to watery, and occur chiefly at night and in the morning after rising. The extraordinary increase of appetite after diarrhœaic stool is very striking, in which FLUORIC ACID resembles LEPTANDRA and PETROLEUM.

The symptoms of constipation are also characteristic, the evacuations taking place on alternate days and late, and consisting of hard nodules pressed out with difficulty. The constipated stool is followed by copious hæmorrhage.

Some of the general symptoms are very peculiar, and will help in differentiating FLUORIC ACID from other remedies.

**gleanings from Contemporary Literature.**

**ON THE CONNEXION BETWEEN CHEMICAL CONSTITUTION AND THERAPEUTIC ACTION.**

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It has been of late years the hope of medical men, if not their assurance, that chemical knowledge—the acquaintance with the atomic structure of molecules—will lead them to a more accurate understanding of the working of such molecules upon living organisms. Certain it is that, more recently, pharmacology and therapy, investigating on chemical lines, have possessed themselves of numerous compounds, whose action they in a manner foresaw, and indeed sought of malice prepense. In proof of this statement, one need only point to the long list of antipyretics and antiseptics on the one hand, and of anæsthetics and soporifics on the other, which have been obtained from the aromatic and fatty series respectively. These for the most part are moderate acquisitions; but if they are hopeful signs—and they would be even more so if the soil out of which these bodies sprang was not so alarmingly prolific—there yet remain for chemistry and pharmacology to solve riddles so puzzling that one is compelled to reconsider the grounds on which belief in a definite relation between chemical constitution and therapeutic action is based. It is proposed to deal with this subject as follows: (1) to state the problem as it stands practically; (2) to consider its chemical aspects; and (3) to discuss its therapeutic or pharmacological aspects.

The problem of the relation between chemical constitution and therapeutic action requires proving—(a) by demonstrating that, in a series of compounds containing as a constant one element or group functioning as an element, there is traceable a corresponding constancy of effect; and (b) by demonstrating that in a series of compounds built up on the same type there is traceable a constancy of effect corresponding to the constancy of type. Thus (a) will be proved by showing that in a series such as the bromides a certain degree of constancy of action is present, the cause of this being the presence of the constant bromine. [This, provided that one limits oneself to the simpler inorganic compounds consisting of but two elements in the molecule, will be the whole of the problem, for structure as such will hardly come into play, one arrangement only being possible between two elements.] And (b) will be proved by showing that in a series of bodies, such as the fatty or aromatic compounds, a constancy of effect belongs to the constancy of type. If one may have recourse to simile, the problem here put is such as would require solution if, with a double series of hospitals built respectively on the linear-pavilion and circular-ward block systems, it were asked whether a similarity of service and administration belonged to each system independently of the number of wards and beds comprised in each hospital. Into the larger problem (b) the question (a) of identifying a given element or group of elements may also enter in the same way as in the hospital series the introduction into either system of, say, a fever ward would raise the question of the means of identifying the infectious element thus incorporated, for example, from the change necessitated in the service and administration.

To examine now the chemical aspects of the problem. What does chemistry promise as to the possibilities or probabilities of tracing an element through a series of compounds—i.e., of recognising the individual characteristics of the element after it has become chemically



united with other elements? It must be confessed that it promises very little, if indeed it does not actually assert the impossibility of such recognition. Every treatise on chemistry contrasts mechanical admixture with chemical combination and shows that, whereas in the former the constituents still retain their characters, in the latter these characters are lost. It would be superfluous to exemplify this point, for it has become an axiom that when two or more elements combine chemically the resulting compound or compounds differ essentially from their constituents. When one turns to physics one is the less prepared for this teaching, since here a more fundamental law presents itself—viz., that of the composition of forces—with the statement that when two or more forces act upon a body the resultant manifests all the qualities of the components. But is there not in the chemical compound the exact counterpart of the physical resultant? And if so, what is the meaning of these opposing laws? A closer examination reveals the flaw in the argument, and shows that the physical resultant does not answer to the chemical compound, but to the mechanical mixture for when several forces act upon a body each force remains distinct and exerts an independent effect upon the body. These separate effects may cooperate or thwart each other, but in any case it is their algebraical sum which represents the combined or resultant effect. In like manner, when salt and sugar are placed on the tongue simultaneously, each substance retains its identity, and on the sensory nerves an effect compounded of saltiness and sweetness is produced, which may truly stand as their resultant. It is not so in the case of chemical union, for here intramolecular rearrangements of the most vital importance take place, and one looks in vain among the products of such union for the qualities of their constituents. Perhaps no more striking instance of the completeness of the transformation which obtains during chemical union can be given than that which is observed when hydrogen, carbon, and nitrogen unite to form prussic acid. Separately or mixed—e.g., as a dust of carbon diffused through an atmosphere of hydrogen and nitrogen—these substances would exert practically no effect upon living animal tissues, but in combination as prussic acid they yield a body whose malignity towards the same tissues it would be hard to surpass. The physical resultant, then, is not the counterpart of the chemical compound, and whilst one may rightly claim to find in the former the characteristics of its components, one is not justified in expecting this in the case of the latter. All that is at present known of this gulf between physics and chemistry is that it is a wide one and that it has yet to be bridged.

Certain further considerations will enable one to glimpse the magnitude of the changes possible during chemical combination. The progress of chemistry since the time of Lavoisier has been in the direction of a multiplication of the elements, and of these there are now available some seventy, with the promise of more; but certain curious relations between the atomic weights of these elements have led to the establishment by Mendelejeff and Lothar Meyer of the so-called periodic system, and this system suggests very strongly the existence of a primary underlying substance of which the elements are but multiples. How Dalton's theory and the periodic system may be made to harmonise is of no moment, but it is clear that if the elements are not elements, but aggregates, one will be the less surprised that during chemical combination such re-arrangements shall occur as shall effectually obscure the original groups. Accordingly even in the apparently simple molecule formed by the union of two elements it must be admitted that the question of structure may play an important part—a position contrary to that which, for simplicity's sake, has been already postulated. But, wide of all theory, there is the remarkable fact of allotropy which

several elements exhibit, though none more strikingly than carbon. In the case of this element there is seen a primary and undecomposable substance manifesting itself in three forms—as graphite, charcoal, and the diamond—which forms differ among themselves as much, perhaps, as any three elements, at least in respect of physical characteristics; but if it be possible that one and the same element can, in the uncombined state, assume such very different appearances, what grounds are there for expecting uniformity of manifestation when such element enters into the complicated relations of chemical combination? If, however, one should still persist in demanding uniformity will it be, in the case of carbon, the uniformity of charcoal, or of graphite, or of diamond? And it must be remembered that these varieties of carbon differ not merely in their external form, but in their intimate relations to heat, light, and electricity, and even in their behaviour towards chemical reagents. These considerations have the more weight, as regards carbon, when it is remembered that this element stands as the central figure in the complex groupings of organic chemistry, which, otherwise named, has been called the chemistry of carbon compounds. But, it will be said, do not potassium salts resemble each other in their chemical characteristics, and sodium and lithium salts likewise? Nay, more, do not potassium and sodium and lithium salts show certain group resemblances one to the other? And are not these the very proofs that are demanded? By no means conclusively, for when it is said that potassium salts resemble each other one means that most of them are freely soluble; that with platinum chloride they unite to form a crystalline precipitate, that they impart to the Bunsen flame a definite colour, which colour has a definite spectrum, and such like. Of the similarity of sodium salts one would bring forward similar resemblances, and in like manner of lithium salts. But what is the value of such proofs? That with a given substance, a certain class of salts will yield a definite precipitate is proof merely of similarity by decomposition and recombination; it is no proof of similarity of the salts in their integrity. To point to the fact that charcoal, graphite and diamond, when burnt in oxygen, all yield carbonic acid is no proof of the similarity of the unburnt charcoal, graphite and diamond. This same objection holds for the evidence by spectrum analysis, for this test probably involves the decomposition of the salts examined; and, again, the fact of solubility being a characteristic of a class of salts fails to help much, since so little is known of the nature of solution and of the state in which bodies exist whilst in solution, whether, for example, the process is physical, or chemical rather. What one desires to know is the resemblance between, say, potassium oxide and potassium chloride, of potassium bromide and potassium sulphide, whilst these bodies maintain their integrity. Is evidence of this kind forthcoming? •

The question of the resemblance of, say, the salts of potassium to the salts of sodium is not quite so simple. To begin with, the elements potassium and sodium in the free state have many features in common; this being so, it will be hardly surprising that when they enter into combination each with the same element or group the resulting compounds will have features in common—e.g., that the oxides, bromides, and iodides should resemble each other. For in these cases it is, in fact, a combination of similars; the potassium is a kind of sodium, and because of this the oxides are of a kind, just in the same way that the oxides of two separate portions of potassium are identical because of the identity of the two portions of potassium. Yet when it is said that the salts of potassium resemble those of sodium this and no more is meant—viz.; that the compounds of these elements with the same element or group are similar. The evidence needed is the resemblance of compounds of sodium and potassium with *dissimilar* elements or groups, and, again, is this evidence forthcoming?

To go no further, one would ask at this stage : Is one justified on chemical grounds in demanding that in a series of compounds, say the bromides, the uniform presence of the element bromine shall always reveal itself by a uniformity of action. Assuredly not; but, on the contrary, if such uniformity is obtained one should be very thankful. This then, is the first stage arrived at—viz., that chemistry does not promise that the incorporation of a constant element in a series of compounds shall produce a likeness between the members of the series *so long as the compounds maintain their integrity*. There is, however, one way in which we may reasonably expect that an element should be pharmacologically traceable through a series of compounds. This is when each compound of the series undergoes more or less decomposition within the tissues and in each case yields a constant among the products. For example suppose that a series of soluble salts of iron is administered ; in each case there is the likelihood of the formation by double decomposition of a compound of iron with albumen, an albuminate. Clearly similarity of action from such a series will be expected. In like manner if a series of bromides act by virtue of more or less decomposition with development of free bromine, the subsequent reconstruction of other compounds with bromine it will be expected that the series will show similarity of action because the bromine will almost certainly reconstruct the same compounds, since the organism will present on an average the same conditions. (It has been maintained by some that bromides act in this way). But it will be observed that such constancy of action will result from a decomposition of each member of series with reconstruction of a constant, and that it does not belong to the series of compounds in their integrity. Of course even on this view a series of compounds will manifest dissimilarity as well, because of the inconstants liberated in the decomposition. Similarity in pharmacological action of the kind just described is the counterpart of the chemical similarity which a series of compounds exhibit when exposed to one and the same reagent—e.g., the uniform precipitate which lead salts form with hydric sulphide.

The question of molecular structure next presents itself. It has been seen that, on the theory of elemental complexity, this question may arise even when the molecule consists of but two elements ; but it is known that it must arise when three or more elements compose the molecule, even though the elements be severely simple, and it must now be asked whether on chemical grounds one has a right to expect that uniformity of structure shall be answered to by uniformity of character and behaviour. The reply is on the whole more satisfactory—viz., that one may reasonably look for a certain degree of uniformity—for, in the first place, if one take such a natural group as the ethylic alcohol series, it is found that the elements composing each term are the same—in each case it is carbon and hydrogen and oxygen, and these elements alone, which are present ; and, in the next place, each member in the series differs from its adjacent members by a constant difference, which permits even of numerical expression. There are therefore both constancy in the quality of the constituents and a constant quantitative difference between the members of the series, which form, indeed, an arithmetical progression. This is a bare statement of fact. It is not surprising, therefore, that a group of which this can be said should form a natural group possessed of many features in common. The like will hold of the other homologous series of the polyatomic alcohols and to a large extent also of such natural groupings as the carbohydrates (glucoses, saccharoses, amyloses) and the alkaloids &c. In the latter, however, more especially among the oxygenised members, the complexity of the molecule is assuming alarming proportions. One may expect then a certain degree of uniformity in these natural groups, especially in the simpler series and among the simpler terms of each series ; but, inasmuch as it is

known that in the case of the more complex molecules it is possible to group the atoms of one molecule in more than one way and yet satisfy the atomic values of each element, one will be prepared for the occurrence of bodies containing the same number of atoms of the same elements in each molecule, yet differing more or less in their properties from each other—i.e., one will be prepared for the fact of isomerism and the occurrence of primary, secondary, and tertiary compounds with corresponding differences of characters. The number of possible isomerides belonging to a given empirical formula is a problem in permutations, and obviously is dependent on the molecular complexity. "Three atoms of carbon and eight similar monovalent atoms can only be arranged in one manner, but if the eight monovalent atoms are all different then no less than 280 forms of combination are possible. It is clear that the atomic linking in a given compound can only be determined by calculation in the very simplest cases." (Lothar Meyer.) These remarks refer to the number of isomerides theoretically possible. Unfortunately a further complexity is possible, and chemists describe under the heading of polymerism an association of two or more molecules to form one compound molecule, as it were. What the nature of this association is has yet to be learned, but it may carry with it a very marked change of properties, and therefore it may probably be assumed that a correspondingly marked change in molecular arrangement will also obtain; this change is inadequately represented by the chemical symbolism  $(-)_n$ . Molecular structure, therefore, may show variations both isomeric and polymeric, and deviations from a certain degree of uniformity of behaviour will follow on these same variations. But a complexity to the  $n$ th power will result when the region of chemical substitutions is entered, when, for instance, in a complex organic molecule one replaces a single element—e.g., hydrogen—by a compound radicle—e.g.,  $C_2H_5$  or  $C_3H_7$  or  $C_6H_5$  &c. In each such case the question which must arise in connexion with uniformity of behaviour will be whether the difference introduced by the substitution shall outbalance the uniformity of plan still present. This question will arise in each case and will have probably to be answered in each case on its own merits—viz., on the one hand, the relative stability of the type of structure, and, on the other, the relative disturbing force of the substitution, and, of course, this will hold whether a compound radicle or a single element is introduced, as, for instance, when one introduces the elements arsenic or antimony into organic molecule. In such cases it is very improbable that any guiding rule will be forthcoming which shall enable one to make the step from chemical constitution to therapeutic action. This difficulty may be expressed in another way. Supposing one takes a molecule from the fatty series of compounds and substitutes for, say, an atom of hydrogen the monovalent grouping ( $C_6H_5$ ), how is one to regard this chemically? As belonging to the aromatic or to the fatty series? Yet if one is to accept the prevailing teaching that to the aromatic and fatty series belong different therapeutic tendencies, it is obvious that it is very important that one should know how to answer this question if any forecast of the mode of action is to be given. On this second question, then—the influence of molecular structure—it may probably be said that chemistry teaches that a certain degree of uniformity of action will attend uniformity of plan of structure, provided that one is dealing with the simpler terms of a series but that the introduction of substitutions imperils this uniformity of action and may completely annul it and that such deviations from the original plan as obtain in cases of isomerism and polymerism may also cause marked alteration in the mode of action. This part of the problem will require for completion that account should be taken of certain issues which affect the whole subject of chemical action. These are, firstly, that one must always

bear in mind when any substance is brought to bear on the living body that this same substance comes into relation with an arbitrary set of physical conditions—e.g., a definite temperature, a certain degree of humidity, &c. These conditions arbitrarily set the limit to the sphere of influence of the substance under examination, and according as they do or do not favour its action it will be accepted or rejected. In this way a melting point or a solubility may determine the verdict active or inert, no matter what the kinship may be which the chemist has demonstrated between the substances in question. And secondly, that every substance brought to bear on the living organism enters a vortex of chemical actions which constitute the metabolism of the body and which are arbitrary. Such substance or substances may or may not take part in this chemistry, and again the classification will have to be an arbitrary one, and it may draw the dividing-line between the nearest of kin. We would illustrate another difficulty—e.g., let it be supposed that two chemically allied substances are being compared, and that the one dissolving and circulating and influencing the tissues escapes from the body as such, unaltered, whilst the other, after admission, suffers decomposition in the tissues and escapes variously combined; it will be clear that there will be no justification in drawing any conclusions as to a similarity or dissimilarity in the structure of these two substances from their pharmacological action, because the one body will have ceased to be that body in its passage through the tissues. To take a hypothetical case, suppose that the actions of chloral hydrate and of chloroform are being compared, and that the former should suffer decomposition within the tissues and yield chloroform, and, indeed, act by virtue of this chloroform, one clearly could not point to the pharmacological action as bearing out the chemical relationship between chloral hydrate and chloroform, for the experiment would have only demonstrated that chloroform acted like chloroform. (It is not maintained that this is what happens in the case of these two bodies, for the evidence is to some extent against it.) Or, to take another example, let it be supposed that the actions of citrate and of carbonate of potassium are being compared. This also will be futile, for the citrate will not retain its identity, but by oxidation become converted into carbonate. It must be clearly understood that neither in this nor in the preceding hypothetical case is it maintained that the action of the citrate or chloral hydrate is absolutely identical with that of the bodies into which they are converted, for in the one class of cases the active elements, ready made, are administered, and in the other these active elements are manufactured within the tissues. The conversion in each case, whatever it may mean chemically, or physically, will constitute the difference in action between the two classes of bodies, and it may, of course, be important or insignificant. This is, perhaps, still better illustrated by the group of the acids. One is accustomed to contrast the action of these with that of the alkalies, and yet, as a matter of fact, nothing is known of the action of the acids as such within the substance of the body, for they never circulate as acids, since life is impossible on these terms. For all this, the action of the acids is wholly different from that of the salts, potassic, sodic, &c., into which they are converted, and the difference lies in this, that the act of conversion has been at the expense of the tissues—that there has been a withdrawal of alkali from the body.

These considerations lead up to the question, How do the *materia medica* exist within the organism? The answer to this question is very far from being formulated as yet. Unquestionably some substances may pass through the tissues in the particulate form—e.g., fine particles of carbon and other finely divided insoluble substances. Such will exert physical properties, if any, for in respect of chemical powers each travels *incognito*.

Other substances, freely soluble and of high diffusive power, will mix freely with the fluids and solids of the organism. Many of those compounds taken from the class of the crystalloids will retain the comparatively quick movements belonging to the molecules of this class and they will pass freely into and out of the tissues; yet others, and these will constitute a large class, will assume the colloid form, which, as long since suggested by Graham, seems specially adapted to meet the needs of the organism, on account of the instability of the molecules, their proneness to change and their peculiar relations to water. These bodies, unstable and ever changing, are sluggish in their physical characters; they dissolve and diffuse very slowly. It is more than likely that the salts of the heavy metals circulate in some such form, for one knows the affinity of these bases for albumen and that outside the body they readily form albuminates. If formed these compounds somehow undergo solution and circulate through the tissues, probably still as albuminates and in the colloidal form. Once in solution, however, whether as crystalloids or colloids, one is unable to say how the compounds administered comport themselves, whether, for example there is a constant interchange of bases and acids between the several salts in solution, or whether each pair, acid and base, keeps the original arrangement at the time of its solution.

An endeavour must now be made to make good these hints at the comity of the subject by actual reference to cases in point. This is the third part—the therapeutic aspect of the problem. A very convenient series of simple compounds is to be found in the inorganic bromides; from them the following list is taken:—

Compounds.	Molecular weights.	Weights containing equal quantities of bromine.
Hydrogen bromide, HBr ... ..	$80+1=81$	81
Lithium bromide, LiBr ... ..	$80+7=87$	87
Ammonium bromide, $(NH)_4Br$ ...	$80+18=98$	98
Sodium bromide, NaBr (? NaBr + 4Aq) ... ..	$\left\{ \begin{array}{l} 80+23=103 \\ (? 175) \end{array} \right\}$	103 (? 175)
Potassium bromide, KBr ... ..	$80+39=119$	119
Calcium bromide, CaBr <sub>2</sub> ... ..	$(80 \cdot 2+40=200$	100
Rubidium bromide, RbBr ... ..	$80+85=165$	165
Strontium bromide, SrBr <sub>2</sub> (? SrBr <sub>2</sub> + 6Aq) ... ..	$\left\{ \begin{array}{l} (80)2+87=247 \\ (? 355) \end{array} \right\}$	123·5 (? 177·5)
Cæsium bromide, CsBr ... ..	$80+132=212$	212
Gold bromide, AuBr <sub>3</sub> (AuBr) ...	$\left\{ \begin{array}{l} (80)3+196=436 \\ (80+196=276) \end{array} \right\}$	$\left\{ \begin{array}{l} 145 \cdot 3 \\ , (276) \end{array} \right\}$

In the above table the compounds are arranged from above downwards in ascending order of atomic weight of the basic element. In the second column the molecular weights are given, and in the third the weights which correspond to a constant weight of bromine, 80; these last numbers agree with the molecular weights excepting where the molecule contains two or more atoms of bromine, in which case they are found by dividing the molecular weight by the number of atoms of bromine. The molecular weights are calculated for anhydrous salts, though some of the above salts form also hydrated salts—e.g., NaBr+4Aq and SrBr<sub>2</sub>+6Aq. The figures

in parentheses appended in these two instances represent the hydrated salts. The bromide of gold is represented as  $\text{AuBr}_3$ , though two other salts of bromine are formed, including the monobromide. It is Merck who suggests that the salt used by Goubert must have been the tribromide. Now, in the first place, is there traceable throughout these bromides a similarity of action due to the constant, bromine, and in the next place is the uniformity of action proportional to the amount of bromine in the salt? The answer to the first question must presumably be in the affirmative for it is claimed for the entire list that the members are sedative, as shown by their power to lessen motor and mental excitement. But is the sedative action proportional to the amount of bromine administered? The answer is less distinct. If equal weights of the bromides are given, then on the bromine-influence theory the order of efficiency should be: lithium most efficient, and then, in descending order, ammonium, sodium, potassium, rubidium and cesium. These six have been selected for comparison because the bases are all univalent and belong to one natural group. The first three—lithium, ammonium, and sodium—do not differ greatly in molecular weight, therefore one should be prepared for an apparent equivalence, but the potassium salt shows a considerable advance in molecular weight, 119 as against 87, or as 100 : 73, therefore the potassium salt should only possess about three-quarters the power of the lithium salt, whilst the rubidium salt should be just about half the strength and the cesium salt of little more than one-third the strength. Calcium and strontium, two adjacent members of a natural group, from bromides which do not differ very greatly in their molecular weights—approximately they are as 5 to 6; therefore one could not look for much difference in their dosage. Hydrobromic acid should be more efficient than potassium bromide, as 3 to 2. Gold bromide, on the other hand, should be a little less efficient than the potassium salt if one considers the tribromide, and less than half as efficient if one takes the monobromide.

If now one passes to practical therapeutics it is noted that the bromides of ammonium, sodium, and potassium are given in about the same doses, and the lithium salt in doses about the same or rather smaller. Various opinions are held as to the relative efficacy of these salts, some giving the sodium or ammonium salt the preference over potassium bromide, others reversing the order, whilst some place lithium bromide as the most active. Nothing really definite is known, in spite of Laufenauer's statement that it is "recognised" that potassium bromide acts much more energetically than sodium bromide, and sodium bromide than the lithium salt. As to cesium and rubidium clinical evidence is still awaited, but the latter has been tried to a certain extent, and according to Laufenauer it does not fall short of, but surpasses in activity, the potassium salt. This observer advances the view that the bromides of the alkali metals increase in activity as the positivity and atomic weight of the base increase. It cannot be said, however, that he establishes this view on either extensive or convincing experimental evidence, and the promised communications on the value of cesium bromide are still looked forward to. Hydrobromic acid has never seriously competed with the ordinary bromides, and it can not be quantitatively compared with them. Bromide of gold has of late been recommended as a sedative in particular by Goubert. He has been followed and to some extent confirmed by some Russian observers, Drs. Danillo, Shcherbak, and others. The interest attaching to this salt, which Merck declares to be the tribromide, lies in the smallness of the doses said to be efficient; these are from one twentieth to one-tenth of a grain for children, and from one-eighth to one-fifth of a grain for adults (Goubert); moreover, these doses represent the quantities given *pro die*. Shcherbak, who experimented upon ani-

mals rendered epileptic, puts the dose higher; but even he gives the strength of the bromide of gold as compared with that of the other bromides in the ratio of 10 to 1. But on the bromine theory the gold salt ought to be less active than the potassium salt. Since Goubert's investigations the preparation of the double bromides of gold and potassium suggested by Merck as more suitable than the pure bromide of gold, because more stable, has been tried by Jankura and Laufenauer. The formula of this salt is  $\text{AuBr}_3, \text{KBr} + \text{H}_2\text{O}$ , and its molecular weight 591. The molecule contains four atoms of bromine, and therefore to get the weight corresponding to the constant, 80, of bromine one must divide by 4; this gives 148. Accordingly the salt should be rather less effective than potassium bromide, yet the dose employed subcutaneously (the method found most efficient) averaged 2 centigrammes—rather under one third of a grain.

Dr. Julius Donath has recently attacked this question of the action of bromides from another standpoint. He regards the evidence as being tolerably conclusive that the sedative action of these bodies belongs to the bromine, and therefore very ingeniously concludes that if he could introduce an organic bromide, the base of which would be burnt in the organism he would not only get rid of the disturbing element, the base, but by liberating the bromine in the nascent state would bring it to bear in its most active form. With this in view he made trial of ethylene bromide,  $\text{C}_2\text{H}_4\text{Br}_2$ , in epilepsy. His results, though not conclusive, especially as to the relative value of this and other bromides, are certainly encouraging. The doses, however, which he found efficient were for adults only from one and half to three grains twice or thrice daily—i.e., about one-tenth the magnitude of the ordinary doses of potassium bromide. Now if one compares together the weights of these two bromides, which contain an equal weight of bromine, the numbers 119 (KBr) and 94 ( $\text{C}_2\text{H}_4\text{Br}_2 \div 2$ ) are obtained, and accordingly one should expect ethylene bromide to take rank between ammonium and lithium bromides as somewhat more active than the potassium salt—this, of course, on the bromine theory. But Donath's dosage makes the organic salt ten times as powerful. Obviously there is no proportion here between theory and fact, unless one is to credit the nascent state with disproportion.

From my point of view it does not matter whether the grouping  $\text{C}_2\text{H}_4$  is broken up or not—all that is of any moment is that the activity of the salt is not to be calculated from the quantity of bromine contained in it. Further confirmation of the results given above must be awaited, but meanwhile it may be said that whilst the bromides in general appear to demonstrate a qualitative likeness, which one is justified in ascribing to the constant bromine, they do not at present manifest any quantitative likeness such as one might reasonably expect, for it must be clear that if a constant reveals itself qualitatively it ought also to show itself quantitatively.

I will now examine the therapeutic evidence in favour of the effect of molecular structure. Stated broadly it must be admitted that there is



some relation—the long list of hypnotics and of antipyretics recently introduced give evidence of this ; but one meets with very puzzling exceptions. Let me take the small group of hypnotics—sulphonal, trional, tetronal—all of which are built up, so we are taught, on the type of marsh gas, methane. These might be better named, to show their supposed structural relations, by substituting the word “dional” for “sulphonal,” for there are respectively two, three and four groupings of ethyl in the molecules. The extra groupings in trional and tetronal are not, however, additions to the molecule, but substitutions for methyl radicals, and, with the exception of these substitutions the molecules are exactly similar. Kast and Baumann propounded the view that the ethyl groupings dominated the action of the molecules ; they base this upon experiments on animals, and they gave the order of efficiency as tetronal, having most action, then trional, then sulphonal. Barth and Rumpel, however, were not able to confirm this from clinical results, and more recently Schultze, in a careful series of trials, has also been unable to confirm the statements of Kast and Baumann. According to him, trional is, on the whole, more efficient than tetronal, and may rank as equal to, if not in some respects superior to, sulphonal ; whereas, then, in the case of this ~~series~~ group general uniformity of structure is corresponded to by likeness of action, one is unable as yet to recognise any proportion between quantitative molecular differences (substitutional) and therapeutic value. I shall only be expressing the fact in this case if I say that type of structure predominates over substitutional differences. It will be noted here, it is true, that the interchanging radicals are from the same series. Substitutional differences may, however, play the most important part—thus, e.g., the introduction of these very groups, methyl, ethyl, which it has just been seen are interchanged with so little effect, may completely reverse the activities of the molecule. Brown and Fraser have shown this in the case of the alkaloids strychnine, brucine and thebaine, which, when converted into methyl derivatives by substitution exchange their convulsant action for paralytic, curare-like effect ; the like holds good for the ethyl derivatives of strychnine and brucine—they are paralyzants. What, however, is most astonishing is the effect of introducing these same groups into the morphine molecule, with formation of the codeines, a class of bodies which appear to have acquired a relatively convulsant action. Further, methyl coniine is said to differ from coniine in that its action falls upon spinal cord and peripheral nerves instead of only on the nerves. It cannot be said that these teachings are altogether encouraging from the point of view of the relation between molecular structure and therapeutic action.

Of the effect of the simple subtraction of elements without further decomposition there exist examples in aldehyde and apomorphine ; these are derivatives respectively from alcohol and morphine by the withdrawal of the elements  $H_2$  and  $H_2O$ . But whereas in the case of the simpler molecule of alcohol the abstraction does not appear to involve any serious alteration in function, in the case of the more complex molecule the change in structure causes changes in function, which seem quite disproportionate. Of

course, the real disproportion is between the actual molecular rearrangement involved by the withdrawal of the molecule of water and the symbolic representation of the same.

What, it may be asked, are the changes involved in the close association of like molecules, which produces polymeric derivatives? As examples of such there are aldehyde and paraldehyde—the former causing powerful excitement of the brain before it stupefies, the latter producing sleep without excitement and taking rank as one of the best and safest, if not most agreeable, hypnotics.

Finally, I will revert to the question of the structure of molecules which include two or more radicles from different series. One of the recently introduced hypnotics, hypnone, is generally described as methyl-phenylketone—i.e., as a body belonging to the fatty group in which the carbon atoms occur in chain series; but it is clear that one may also theoretically regard it as a body belonging to the aromatic series in which one atom of hydrogen is replaced by the monovalent grouping  $\text{CO}(\text{CH}_3)$ , the equivalent of  $\text{CO}(\text{H})$ . But in the aromatic series the carbon atoms appear in closed rings, and one generally attaches to this structure different tendencies from those which belong to the chain series of carbon compounds. How is a hybrid structure such as this to help to any inference as to its potencies? As a matter of experience it appears that the soporific powers attributed to the chain structure prevail. In the substance hypnal, which is said to be a compound of chloral with antipyrin, with definite chemical formula—in fact, monochloral antipyrin—the same problem confronts one; of this body it is learned that the properties of the chloral contingent predominate, the compound being hypnotic and analgesic. But antipyrin itself possesses analgesic powers, so it is possible that the compound borrows from both constituents and to some extent behaves as a mixture. Further the substance euphorine, phenyl-urethane, admits of a double representation and may be regarded either as an aromatic body or as a derivative of the fatty series—therefore, either as  $\text{C}_6\text{H}_5\left(\text{CO} \begin{matrix} \text{C}_2\text{H}_5\text{O} \\ \text{NH} \end{matrix}\right)$  or as  $\text{CO} \begin{matrix} \text{C}_2\text{H}_5\text{O} \\ \text{NH}(\text{C}_6\text{H}_5) \end{matrix}$ . Theory would leave the choice an open one; experience has declared the compound to be possessed chiefly of antipyretic and antiseptic powers.

These examples may suffice to at least point out the difficulties which surround the subject and perhaps also to suggest whether one can regard the rational formulæ of the chemist as altogether rational from a therapeutic point of view.

In conclusion, I would add that these remarks are offered as a protest against the tendency now prevalent to exploit the rational formula of the chemist for pharmacological purposes. To try to connect the ascertained facts of chemical structure and therapeutic action is well, and this must always be the aim to be achieved; but the subject bristles with difficulties and to build or theorise rashly in the present state of knowledge is nothing less than scientific speculation of the worst possible kind—it is the unscientific use of the imagination.—*Lancet*, Feb. 3, 1894.

## Correspondence.

To

THE EDITOR, CALCUTTA JOURNAL OF MEDICINE,

SIR,

Will you kindly give the following a place in your paper ?

For the purpose of a scientific inquiry into the disease known as diabetes, I am collecting some statistics. Will those who suffer from this disease help me with the following information ? Will also my professional *confrères* who may have patients under treatment also kindly help me ?

Yours faithfully,

A. MITRA,

KASHMIR :

1st January 1894.

Chief Medical Officer, Kashmir.

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 Informations required.

1. Age.
2. Sex.
3. Race.
4. Profession.
5. Age in which the disease was first noticed.
6. Family history. Any relative either in the paternal or maternal line suffering from the disease.
7. Married or not : if married at what age ?
8. Children. How many children before the disease and how many after ?
9. Habits : active or sedentary ?
10. Intemperate, temperate or total abstainer ?
11. Do you use any intoxicating drug ?
12. Are you losing weight since you are suffering from the disease ?  
Have you kept any record of your weight from time to time ?
13. Do you perform excessive mental work ?
14. Had you any source of grave anxiety or any serious mental grief or powerful emotional disturbance before the disease was first noticed ?
15. You ever had any injury to the head, spine or any other part of the body ?
16. What was your usual diet before the disease was noticed ?
17. Do you suffer from any other disease, if so, what ?
18. How did the disease first draw your attention or how your suspicion was first raised that you were not healthy ?
19. Average quantity of urine in 24 hours.
20. Present state of your urine if chemically analysed.
21. Do you suffer from thirst, burning sensation of the body, specially of the extremities and sleeplessness ?
22. What diet now suits you best ? What diet does not suit you ?
23. Have you tried skimmed milk or butter-milk ?
24. What treatment you found most useful in your cases ? Have you tried (a) opium, (b) codeia, (c) jambul, (d) arsenic, if so with what results ?
25. Did you ever try change of climate ? What climate suits you best ?
26. Have you any complication, such as cataract, carbuncle, &c. ?
27. Give briefly an account of your present state of health.

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CROTALUS AS A REMEDY.

(Continued from p. 123, No. 4, Vol. xiii.)

We have seen that Crotalus, Lachesis, even Cobra have produced, as the result of bite, severe inflammatory condition in the extremities, culminating in gangrene. Under Crotalus, in addition to gangrene, formation of abscesses was observed. All these serpent poisons are, therefore, likely to be useful in gangrenous inflammation, whether of traumatic, or of idiopathic origin, but especially the former.

There has been no clinical experience yet with Crotalus and Cobra in the treatment of this morbid condition. All the experience in this direction is confined to Lachesis, and this experience is abundant. Dr. Franklin, in his *Science and Art of Surgery*, writes as the result of his experience in the late civil war in America: "I have used the remedy in a number of cases of gangrene following wounds, and have never been disappointed in its results. In a case of compound comminuted leg fracture terminating in gangrene, and threatening speedy destruction of the limb, the gangrene was quickly checked by the internal and external use of Lachesis, the inflammation subsiding, and the healing process moving on to a complete cure. In another case of compound dislocation of the ankle point, with fracture of malleolus externus followed by gangrene, Lachesis effected a speedy cure, the patient making a good recovery under the surgical treatment employed."

The late Dr. Caroll Dunham's own case of Septicæmia with symptoms just short of gangrene, following a dissection wound, shows the value of Lachesis in these cases. The case is thus

related by Dr. Dunham: "In 1850, while assisting in the autopsy of a woman who had died of puerperal peritonitis, the writer received a dissecting wound in the index finger of the left hand. Within a week, the finger had quadrupled in size, the hand and fore arm were much swollen and œdematous, a hard, red line extended from the wrist to the axilla. The axillary glands were swollen. The arm and hand were intensely painful; the whole left side was partially paralyzed. The constitutional symptoms were: extreme prostration,—causing the disease to be at first mistaken for a typhus,—low muttering delirium at night, marked aggravation of suffering and prostration on awaking from sleep. The general condition steadily grew worse, abscesses forming under the deep fibrous tissues of the finger and hand. No homœopathic practitioner was in the neighbourhood. The allopathic surgeons in attendance advised calomel and opium, but gave a very discouraging prognosis. The patient refused to take any drug, determining to trust the issue of the case to *Lachesis*. The first dose (of the 12th) was taken on the ~~third~~ day of illness, and a dose was taken thrice daily for five days, at the end of which period the constitutional symptoms had substantially vanished. The recovery of the finger was slow but complete. The effect of the *Lachesis* could not be mistaken by the patient."

The following case recorded by Dr. T. F. Allen illustrates the efficacy of *Lachesis* in idiopathic gangrene: "A labourer, forty years old, came to the Central Dispensary, in Eleventh Street, with a most discouraging-looking hand, which he said he had not hurt in any way. Three days before he had been working among lumber, and thought he must have been poisoned. It commenced swelling very rapidly two days ago, until it is now three times the size of the well hand; very red, and pits on pressure; between the first and second knuckle is an opening as large as a three-cent piece, looking like (precisely) dirty soft soap; I never saw any thing just like it; around this and along the first three knuckles the skin was bluish-black and inflated by gas (one could see little gas bubbles under the skin), the skin under the black cuticle looked rotten. I separated the fingers (first and second) a little, and the skin cracked right open, exposing this dirty soft-soap appearance underneath; it seemed absolutely rotten. He said it burnt horrible all over his hand, deep in, not on the surface, and he felt some pain in the red streaks that ran up beyond his wrist. He had had no chill, his pulse was not rapid but soft, he had constant thirst. I directed him to sprinkle it with cornmeal and keep it wrapped in a dry cloth, and gave *lachesis* 200 every hour. His hand improved day by day from the first dose of *lachesis*, and in ten days was

quite healed up; he had no discharging from it: the open sore and the place I split open granulated and closed very rapidly. Was it spontaneous gangrene? It certainly got well, and I gave Lachesis the credit." (*Amer. Hom. Rev.*, 1864)

The successful use of Lachesis in gangrene and similar diseased conditions of the extremities encourages the hope that Crotalus and Cobra will be equally successful in combating similar morbid states, if only we could use them truly homœopathically, that is guided by peculiarities which characterize them, differentiate them from each other and from Lachesis. We do not believe that any and every such case can be treated with equal or any success, indifferently by either Lachesis, or Crotalus, or Cobra. Each case, having a general pathological resemblance to other similar cases, will always present peculiarities which will point to one or other of these poisons, or to some other drug, as its appropriate remedy. The great point in homœopathic practice is to differentiate. Have we any means of distinguishing these poisons by the peculiarities of the gangrene and of the septicæmic condition they produce? So far as our present knowledge goes, scarcely any. For, all have swelling and heaviness, burning and other pains, numb and paralyzed feeling in the affected part. It is true that formation of abscesses was observed only in Crotalus, but Dr. Dunham's case shows that such a condition was clinically met by Lachesis, and there is no knowing whether it may not be met by Cobra. Again, though the great tendency to hæmorrhage from the wound inflicted by its bite is a great characteristic of Crotalus, and may therefore be looked upon as pointing to it as the right remedy in cases having this peculiarity, yet we must remember that hæmorrhage is not unoften met with under Lachesis and sometimes also under Cobra. So that we must have other symptoms to distinguish them.

These other symptoms are of a general character, and may be stated as follows: Both Crotalus and Cobra have depression of spirits and melancholy, but Cobra has them in a more intense form. The melancholy of Cobra is of that peculiar kind that with the full perception of what to do, the Cobra patient is unable to resist the strong disinclination to do it. The mental characteristic of the Lachesis patient is irritability, with excessive desire to quarrel and dispute for the sake of contradiction. Crotalus and Cobra have both aggravation by motion, Lachesis during rest. Crotalus has constant drowsiness and sopor, Cobra amelioration from sleep, Lachesis sleeplessness and aggravation after sleep as was observed in Dr. Dunham's case. The Cobra symptoms improve in the open air, by smoking, by alcoholic drinks, each of which aggravates the symptoms produced, by Lachesis.

(To be continued.)

**THE BENGAL SANITARY DRAINAGE BILL.**

Malarious fever of an intermittent and remittent character is endemic in several parts of Bengal, chiefly in what are called the terai or the low basal lines of mountain and hill ranges, and even of isolated hills, and in places where stagnant waters and marshes abound. Besides and beyond these parts, the villages of Bengal have from time immemorial enjoyed excellent health, some so much so, that they were looked upon as sanitarium. Within living memory a change has come on which has cast gloom and desolation over nearly the whole of Bengal. Malarious fever of the most virulent type, more virulent than what chronically prevails in the endemic area, has appeared, visiting village after village till it has spread death, ruin, and suffering over the fairest regions of the province. It appears to have begun to assume an epidemic character in 1840, when it depopulated the village of Gudkhali; whence it spread westward to Srinagar and, having carried off nearly three-fourths of its inhabitants, extended eastward to Gopalnagar, Balarampur and neighbouring villages, southward to Digriah, Chowbariah and other places on the Jabuna River, and northward to Simuliah, Gansara and other villages. In 1850 it made its appearance in Gourpetha, twelve miles north-east of Srinagar. From Gourpetha it spread westward, devastating the villages of Devagram, Majerkhali, Muragachi and others, reaching the populous and prosperous village of Ula in 1856, which it nearly depopulated in a short time. From Ula it spread with fearful rapidity, till in 1860 it had made its destructive influence felt over nearly all the healthiest portions of Bengal.

In the face of the dire calamity which thus, in the course of a couple of decades, overtook nearly the whole of a province, the fairest, the most intelligent, the most peace-loving, and the most loyal of Her Majesty's Indian Empire, the attitude of our Government, both local and imperial, was singularly indifferent and apathetic. The action of Government did not commence, before years had elapsed and thousands of souls had been hurried to an untimely death, and a vast population thinned and laid prostrate with the frightful sequelæ of a most virulent type of fever. Government remained almost an idle and unsympathetic spectator of the dreadful ravages of the epidemic till 1864, when it contented itself with appointing "a Committee to inquire into the causes of the epidemic, its course, and the best means of checking its further progress." Though this Committee was composed of three medical men and two laymen, the only successful attempt at ascertaining the cause of the epidemic was made by one of the laymen, Babu Degumber Mitter, the only native member of the Committee.

While the medical members of the Committee, rightly attribu-

ting the excessive production of malaria in the parts suffering from the epidemic "mainly to the increasingly deficient natural and artificial drainage of the country, in consequence of which the soil is kept saturated with moisture for a much longer period after falls of rain than it would be were the surface water more rapidly removed," with strange inconsistency loses sight of this real cause, and lays stress upon "thick closely packed trees and bamboo clumps, standing in dense masses of low jungle," and old tanks, and Mahomedan graves as more potent causes of the malaria; Baboo Degumber Mitter, looking upon these latter as things which had been existing in villages long before they were visited by the epidemic, sought to trace the greatly increased humidity of the soil to its real cause, and this he found in the obstruction to the natural drainage of the villages offered by roads, railways, and embankments. It is remarkable that both the Governor General and the Lieutenant Governor were more disposed to accept the conclusions arrived at by Babu Degumber ~~than~~ than those arrived at by the other members of the Committee. His Excellency Sir John Lawrence very justly observed "that the report of the Commission does not satisfactorily account for the fact, that all the causes of disease, mentioned by the Commission, have been for years in work in many places, which, until lately, have never suffered, and are still in operation in many places yet free from sickness." The Lieutenant Governor emphatically remarked "that hitherto no valid grounds have been shown for concluding either that the affected villages are more overgrown with jungle and rank vegetation than was formerly the case, or that the outbreaks of the epidemic were, in any way, connected with the cause." His Honour further sagaciously observed that "it must especially be borne in mind that under the conditions of Lower Bengal any clearance of spontaneous vegetation, however thorough, is of the most transient effect only: To cut down jungle and underwood is worse than useless; to root it up is extremely laborious and costly; and even when uprooted it is replaced by a no less luxuriant growth in the course of one or two rainy seasons."

And yet strangely enough the Governor General thought it of urgent importance "that whatever ulterior measures may be taken for the general improvement of the country, the simple sanitary measures recommended by the Commission should be carried out in every village." Accordingly peremptory orders were issued by Government to cut down trees and remove jungles, to fill up stagnant pools, and to re-excavate and clear out tanks. A regular and wholesale crusade was organized against the vegetable kingdom, and indiscriminate destruction followed, which spared neither fruit trees nor bamboo tops, from which



the people derived both sustenance and means of earning their livelihood. The worst part of this serious fun was that in carrying out these ill-judged measures the sick and debilitated were dragged away from their beds and homes to assist in the destruction of their own means of livelihood, and in cutting and re-cutting jungles and bushes which sprang up almost as soon as they were cut down.

There was no further Government "interference" with the progress of this devastating epidemic, and people were left to die in hundreds and thousands, as if they were not human beings and fellow-subjects, till 1877, when the epidemic showing itself with considerable virulence in the districts around the Capital of the Empire, another spasmodic attempt by the local Government was made to grapple with it,—as usual by the appointment of a Committee to inquire into the obstructions to the drainage of those districts, and to make a careful inspection of the general features of the fever-stricken tract. The Committee was placed under the presidency of the Sanitary Commissioner of Bengal, ~~Mr.~~ Lethbridge, and the conclusion they arrived at was one in which nothing was definitely concluded. Nevertheless a Circular was issued by the Government of Bengal to all Commissioners, telling them that "it is a *recognized* fact that much unhealthiness is caused by obstructed drainage and consequent dampness of the soil," and requesting them to call the attention of the District Officers and Municipal Commissioners of their Divisions to the provisions of Act VI (B.C.) of 1873, so far as these furnish a means of improving the drainage of town and village sites.

Here the matter ended so far as Government was concerned. Meantime the deadly fever has settled down in the whole country as an endemic, its virulence varying in different localities according to the varying meteorological and other conditions. It has become a greater scourge than cholera itself. For while cholera has its origin in a cause which depends upon the people themselves, and therefore easily removable by the observance of certain simple precautions; the fever in question has its origin in a deeper cause, which is no other than the deterioration of climate brought on by natural and artificial agencies, which can only be removed by counteracting the operation of these agencies, and even then in a long course of time. Hence the whole population becomes liable to the febrile disease, whereas only those who are actually exposed to its contagium become victims of cholera. Again, whereas the effects of cholera are short-lived, ending generally with the attack, the effects of malarious fever are of a much more permanent character, sometimes life-long.

We are glad to observe that notwithstanding the apathy of Government, the present Sanitary Commissioner of Bengal, Dr. Gregg, has been issuing notes of warning year after year, and making suggestions to grapple with this terrible disease. In his annual report of 1892, he wrote of the fever thus:—

“The increasing rate of mortality from this cause is truly lamentable. The average death rate of the last ten years was 15·17 per thousand of the population. The average of the last five years was 16·37. In 1891 the death rate was 18·94 and now (1892) it is 22·84. Allowing two per thousand for improved registration during the year under report, the mortality of 1892 is still two in excess of the average of 1887-91. Ever since I have held the office of sanitary commissioner, i.e., for the last five years, I have never lost an opportunity, of impressing upon district officers, District Boards, Municipalities and the Government, that the principal causes which are operating to produce this high and increasing rate of mortality are obstruction to drainage and bad drinking water, and that until the one is removed, and the other improved, there is no hope of a diminution of death-rate from this disease, which is nearly the three-fourths of the entire death rate of the province, and represents only about a twentieth part of the suffering of people. I have nothing to add to the ~~report~~ I have ~~made~~ on this important subject in previous annual reports, except to urge on all concerned the urgent necessity of adopting practical measures, as far as possible, without further loss of time, to promote the improvement of drainage and water supply both in towns and in the rural tracts of Bengal, and thus to save the people from a disease which is greatly deteriorating the physique and energy of the population.”

Whether owing to this persistent appeal by the Sanitary Commissioner or not, it is a noteworthy and happy fact that the present Government of Bengal has awakened to the magnitude of its responsibility as regards the health of the people under its charge. Sir Charles Elliott, in opening the Conference which His Honour had convened at Belvedere on the 18th July 1892 to consider what legislative action should be taken in order to promote the improvement of water-supply and drainage in towns and rural tracts, spoke of the matter “as affecting the health and comfort of all our countrymen in Bengal.” The following is one of the resolutions which was passed at the Conference:

“That when an application is made to Government on the part of the inhabitants of any tract where malarial fever prevails, or when it is notorious that there is a high rate of mortality due to the want of drainage, provision shall be made by law for ascertaining the wishes of the majority of the inhabitants or owners of property concerned, and if the majority support the scheme, the Government shall be empowered to carry out comprehensive schemes of drainage, and to raise from the area affected such funds as may be necessary for meeting the cost of such schemes.”

The outcome of this resolution is the Sanitary Drainage Bill which has been introduced in the Legislative Council of Bengal. We shall consider it in our next.

**SENECIO JACOBÆA AND SENECIO AUREUS  
IN UTERINE DISORDERS.**

Failures in the treatment of disorders of the uterus, even with the rich materia medica that we now possess, are not uncommon. To some extent, we are inclined to suspect, the failures may be due to the neglect of massive doses. The success of old school practitioners with our drugs in such doses, when they do not commit the folly of mixing medicines, supports the suspicion. We should take a lesson from such success. When an indicated medicine fails, instead of changing it for another we should do well to change the dilution, and even have recourse to the mother tincture; and then in many cases we shall have the satisfaction of being rewarded with unexpected favorable results.

But making all allowances for failures from the cause mentioned above, we shall find that there will remain a large residue of our failures which can only be ascribed to lack of proper remedial agents which are awaiting discovery. Hence the necessity of watching the practice not only of other schools, but of laymen, of old women, and even of quacks. Many a remedy of our school has been discovered by this watchful procedure. Almost the whole of Dr. Hale's new remedies have been derived in this way, and many of them are really valuable. Hence we make no apology in drawing attention to the remedial action of any drug in any dose, when reported by competent authorities.

Dr. Murrell, Lecturer on Pharmacology and Therapeutics at the Westminster Hospital, has published his experience of the use of *Senecio Jacobæa* in functional amenorrhœa, in the *British Medical Journal* for March 31. His discovery is due to the household use of the common ragwort (*Senecio Jacobæa*) in the form of tea, in many parts of England, for menstrual disorders. He had no medical literature to guide him; but he found that a closely allied species, the *Senecio Aureus* (life root), was employed by the eclectics for the same purpose. It has so much reputation that it is called the "female regulator." His dose is a drachm of the tincture to begin with increased to three drachms four times a day, or twenty minims of the liquid extract to be gradually increased. Even the increased doses do not produce purging or vomiting. Amenorrhœa, if associated with

anæmia, is beyond the province of *Senecio Jacobæa*. His own clinical experience has led him to make the following remarks :

"I am satisfied that *Senecio* not only anticipates the period but that it also increases the quantity. In many cases it relieves the accompanying pain and not infrequently the headache from which some women suffer at those times. In one instance the administration of the drug was coincident with the disappearance of a profuse leucorrhœa from which the patient had suffered for many months."

The undermentioned cases have been cited from his practice. The 1st case illustrates the utility of the drug, when the menstrual function, always regularly performed, becomes suspended in consequence of exposure to cold; the 2nd and 3rd cases, its utility in amenorrhœa following parturition, but unattended with anæmia; the 4th case, its utility even where the menstrual function has never been established, and is replaced by a vicarious hæmorrhage elsewhere; the 5th case shows its utility when the menses are scanty, and are supplemented by vicarious hæmorrhage from the lungs.

*Case 1.* L. G., aged 18, commenced menstruating at the age of 14, and had always been perfectly regular. The period usually lasted four days, was fairly profuse, and unattended with pain or discomfort. Six months before coming under observation she took a situation as chambermaid in a country hotel, where she slept in a cold damp room. The menses ceased and she saw nothing for five months. She was examined, and there were no indications of pregnancy. On May 25th, 1893, she was ordered one drachm of tincture of *senecio* in water four times a day. On May 26th the dose was increased to two drachms four times a day, and on June 5th to three drachms four times a day. On June 8th the catamenia appeared, and lasted three days. She was given a tonic, and was not seen again.

*Case 2.* Mrs. B., a stout well-nourished woman, aged 24, had been married three years, and had had three children. She had always been perfectly regular, except when pregnant. The menses ceased in March, and in the following December she was delivered of twins. The labour was not prolonged or difficult, and there were no complications. She suckled the children for a fortnight, and then weaned them. She came under treatment on March 18th, and complained that she had seen nothing since her confinement. She was not anæmic, and there was no history of syphilis. On vaginal examination nothing abnormal was detected, except that both ovaries were tender. She was ordered 20 drops of the fluid extract of *senecio* three times a day, and came on well on March 22nd, the period being profuse and lasting three days.

*Case 3.* In another case the patient had seen nothing since the birth of her first child, five months previously. She was suckling the child, and was slightly anæmic. She had no leucorrhœa, and the condition of the uterus was normal. She was given a drachm of the tincture four times a day four days, and the dose was then increased to 2 drachms twice a day. After taking four doses of the stronger mixture the catamenia appeared and lasted four days.

**Case 4.** C. G., an ironer, came to the hospital on February 25th, 1893. She stated that she had never seen anything, but every month had a severe pain in the back and stomach, which lasted two or three days. The pain was always followed by bleeding from the mouth and gums. The hæmorrhage lasted only for few minutes, but occurred several times a day for three or four days, and always came on immediately after the pain and at the same time every month, the last time being on February 14th. The breasts were well developed and there was hair on the pubes. On February 25th, 1893, the patient was ordered a drachm of the tincture in water three times a day. On March 1st, this was increased to 2 drachms three times a day, and on March 11th to 2 drachms four times a day, which was continued until April 3rd, when, after three days of acute abdominal pain she came on unwell, the period lasting one day. The pain on this occasion was not accompanied by the usual bleeding from the mouth. The medicine was discontinued immediately on the appearance of the period, but was resumed in 2-drachm doses four times a day on April 8th. On April 19th she came on unwell quite unexpectedly, the period lasting two days, being much more profuse and again being unattended with bleeding from the mouth. This case is satisfactory, but the drug should not have been discontinued quite at the commencement of the menstrual flow and it should not have been resumed until a week or so before the expiration of the month.

**Case 5.** In another somewhat similar case the patient, a girl of 17, was regular, but the menses were scanty and at each period she spat blood three or four times a day. She said it was bright red blood and that there were several mouthfuls each time. Her chest was examined but nothing abnormal was detected. Her next period was due in a fortnight. On June 19th she was ordered 2 drachms of the tincture three times a day, and this she took without intermission until July 2nd, when she came on unwell. The flow was much more profuse than it had ever been before and there was no spitting of blood.

*Senecio Aureus* has a wider field of application. It has been used in all those conditions which are due to functional derangement, as retention and suppression of catamenia from cold, in nervous or excitable women, who suffer from sleeplessness, constant feeling of lassitude, disinclined to move about, wandering pains in back and shoulders, tendency to catarrhal troubles of nose, throat or lungs, with dry, tearing cough, sharp stitches in the chest and blood streaked expectoration, irritability of the bladder and dysuria. The bladder and the catarrhal symptoms improve as the menses return. In ovarian dropsy and dropsical condition of anæmic girls suffering from amenorrhœa, it has also been administered with success. Its sphere also extends over dysmenorrhœa and menorrhagia, where the patients complain of uterine distress, crampy pains, cutting in the region of the sacrum, hypogastrium and groins, with too early or too profuse flow. In dysmenorrhœa of anæmic women and in chlorosis it has a curative effect. "Its action," according to Dr. Scudder, "is peculiar; it seems to possess the

power of restoring the secretion when suppressed; of alleviating pain in dysmenorrhœa, and of controlling the secretion when redundant; hence one of its common names, '*female regulator.*'" Hale in his *New Remedies* has given a few cases illustrating the action of *Senecio Aureus* (var. *Gracilis*) in peritoneal dropsy, anasarca, pain in the kidneys, tenesmus of the bladder and strangury. It is also useful in advanced stages of gonorrhœa and prostatic disorders. The dose of the medicine is from one to twenty drops of the tincture.

The cases given by Hale illustrative of its beneficial effects in amenorrhœa and dysmenorrhœa are the following:

*Case 1.* A lady, aged forty eight, presented the following symptoms: Inability to sleep, nervous irritability, loss of appetite, coated tongue, bowels constipated, constant feeling of lassitude, disinclined to move about, wandering pains in the back and shoulders; had been in this condition six months, during which time the catamenia, which, previous to this, had been regular in appearance, have not appeared; has been treated allopathically for the last three months, with no permanent benefit. I gave *Macroton*, *Sepia*, *Secale Cornutum*, *Zincum Valerianas*, *Pulsatilla*, *Cypripedium*, etc., with but little or no success. At last *Senecio* was given in doses of 20 drops, three times a day; this was followed by a marked improvement, and after the lapse of one week she reported herself able to sleep well at night. Under the continued use of the remedy all the symptoms disappeared in the space of two weeks longer. A relapse presenting the same phenomena, which occurred about six months later, was in like manner cured by the *Senecio*.

*Case 2.* A lady, the mother of one child, had had an abortion three years ago, and another, at the second month of pregnancy, four months since. Since the date of the last abortion she had suffered much from painful menstruation, which had not been the case previously. The menses came on too soon—every three weeks; were very profuse, lasting eight or nine days, and were accompanied with a great deal of pain of a cutting character referred to the region of the sacrum, hypogastrium and groins. She was pale, weak, and "nervous," and had a slight cough, generally at night. Thinking this a good case in which to test the vaunted virtues of the *Senecio aureus*, I prescribed five drops of the mother tincture three times a day, and continued its use until the next menstrual period. To the patient's gratification and my own, the menses appeared at their proper time (in twenty-nine days), and were normal in quantity, and unaccompanied with pain or suffering of any kind.

In India, we have four different varieties of *Senecio*, viz., *Densiflorus*, *Jacquemontianus*, *Quinquelobus* and *Tenuifolius*, all inhabitants of the Himalayas from the Punjab to Bhutan, with the exception of the last which is found in the Western Peninsula. As far as our knowledge goes on this subject, they have never been known to be used for any uterine disorder. The *Senecio Densiflorus* seems to be the same as *S. aureus*, and may therefore be tried in place of the American plant.

## REVIEW.

*A Repertory; or a Systematic Arrangement and Analysis of the Homœopathic Materia Medica.* Chap. V.—Ears. By John W. Hayward, M.D. Second Edition. Hahnemann Publishing Society, 61, Shrewsbury Road, Brikenhead, Cheshire. London; E. Gould and Son. 1894.

Simple and easy as the law of similars may appear, its application in actual practice is the most difficult that can be imagined, and the difficulty is increasing with each addition to the materia medica. Even if we had regular histories of the provings in chronological order, the difficulty would not have been less, but would have only changed aspect. Each of the provings of a drug would then have had to be studied by itself, and all of them co-ordinated and re-arranged for purposes of reference, and this re-arrangement could be done in a variety of ~~ways~~ ~~but the~~ best, in our opinion, would be the schema form adopted by Hahnemann. Whatever the form, an Index or a Repertory, where the symptoms in all their connections could be found, would be an inevitable necessity to the practitioner. Hence repertories came to be in demand within the life-time of the Founder of Homœopathy. The demand has stimulated supply, and accordingly compilers of materia medicas deem it almost a necessary part of their work to furnish repertories.

The compilation of repertories, which are to be of real usefulness to the busy practitioner, is a matter of no ordinary difficulty, and no repertory, that has been compiled up to date, has come up to the ideal of the utility sought. Such an ideally perfect work, the late Dr. Jahr calculated, would cover 48 big octavo volumes! We owe it to the ingenuity of a few ardent British homœopathic physicians that the almost hopeless task of condensing this stupendous mass of material into a couple of volumes has been very nearly achieved. This has been done chiefly by a well-devised system of symbols or cyphers represented by the letters of the alphabet, (Roman, German, and Greek—each variously marked!), and hence the repertory has been called the cypher repertory. The great drawback of such a repertory is the difficulty of mastering the meaning of the cyphers, but the mastery once effected, the repertory becomes charmingly ~~simple~~ and easy of interpretation and reference.

The work under review, forms Chap. V of the Cypher Repertory, treating of the Ears. The Eye and the Ear Chapters, were done by Dr. Dudgeon so far back as 1859, that is, thirty-five years ago. When we remember the revision the materia medica has undergone, and the number of drugs that have been added to it, we can easily understand how necessary it has become to revise the repertory. Dr. Dudgeon has in hand the revision of the Eye-chapter. Dr. Hayward has completed that of the Ear-chapter; and, we are glad to be able to say that he has done it in a way as to leave scarcely any room for criticism. Thoroughness and scrupulousness for accuracy are the great characteristics of all that Dr. Hayward does, and this revision of the Ear-repertory is eminently characterized by both these qualities.

The Homœopathic Materia Medica of the present day may be said to be chiefly based upon Hahnemann's *Materia Medica Pura* and *Chronic Diseases*, and the *Cyclopædia of Drug Pathogenesis* which includes all the Hahnemannian drugs giving their post-Hahnemannian provings only, and all other drugs subsequently proved. Dr. Hayward's repertory is an index to the symptoms found in all these sources. Some of the pathogenetic material of *Belladonna*, of *Crotalus*, of *Digitalis*, and of *Kali Bichromicum* given in Dr. Hughes', Dr. Hayward's, Dr. Black's and Dr. Drysdale's monographs respectively, not having been incorporated in the *Cyclopædia*, have been taken from these Essays, and symptoms from each of these sources are distinguished,—those of the *Materia Medica Pura* having no distinctive mark, those of the *Cyclopædia* by the number of the page on which they occur being placed underneath the name of the medicine, those of the *Chronic Diseases* being separated from the others by a line, and those from the monographs by suitable abbreviations being placed beneath them. So that any one wishing to verify and refer the symptoms to their sources can do so easily.

A glance at the work shows that each of the six sections has been revised and considerably enlarged, so that in place of 32 pages of the 1st Edition, we have 72 pages, besides the Introduction to the whole Repertory by Drs. Drysdale and Atkin, which Dr. Hayward has done well to have reprinted, (unfortunately without the interesting notes in the original). In Sec. IV devoted to the "Course, Progress, Direction, and Succession of Symp-



toms," besides an Analysis in cypher (not in the 1st. Ed.) the symptoms (verbatim) include many drugs which could not be given in the 1st Edition, but we see also a few drugs and some symptoms have been altogether omitted. In Sec. V devoted to Complex Symptoms (called Peculiar Symptoms in the 1st. Ed.), symptoms not referrible to other sections, there is no cyphering, as the symptoms are unsusceptible of being cyphered. The list has been considerably increased, with some omissions as in the previous section. Sec. VI devoted to the Anatomical Regions, has been revised and considerably enlarged, and, as in the first edition, all symptoms, already given in Sec. I under their names, are here given under each region or locality to which they belong.

Thus it will be seen that in this repertory each symptom has been repeated as often as possible, and exhibited complete wherever it has been given. And though cyphers have been used in the "filling up" of the symptoms, every thing has been given so often in ordinary printing, that if one chooses, one can use the repertory altogether without the cypher. Dr. Hayward has thus succeeded in producing a repertory of the Ear the most complete of all the repertories in existence. And we trust our colleagues in India will show their appreciation of his labours by each possessing a copy.

## EDITOR'S NOTES.

### ABSORPTION BY THE URINARY BLADDER.

**BAZY** (*Bull. Gén. de Thérap.*, February 8th, 1894) has come to the conclusion that the idea that the bladder is unable to absorb is erroneous. Injections of poisons into the bladder kill animals with as great certainty as if made into the rectum or subcutaneously. Chemical and microbic poisons were used in his experiments. Cocaine, strychnine, and hydrocyanic acid kill animals in a few minutes; belladonna, curare, and pilocarpin produce their effects much more slowly. Pneumococcus injected into the bladders of six rabbits produced a fatal result in five instances, three died in five to six days with pleural and peritoneal exudations and without renal lesions. Maceration of gangrenous muscle by the septic vibrio injected into the bladder of a rabbit, after being passed through a Chamberland's filter, killed the animal in twenty days. Water appeared to be absorbed by the bladder also. Absorption by the urethra appeared to be very active while that by the ureter was less so; but when the toxic liquid ~~reached the level of the calices~~ death depended on the dose.—*British Medical Journal*, March 24.

### TUBERCLE INFECTED HOUSES.

Clinical experience and experiments on the lower animals with tubercle bacilli, show that these germs are very infectious. There is every possibility, therefore, of houses, inhabited by phthisical patients, being infected by tubercle bacilli, and thus becoming dangerous sources of spread of the disease, unless particular care is taken for their thorough cleansing and disinfection. Dr. Miller, in the *British Medical Journal* of January 13, speaks of such a house in London, where five persons of two different families were attacked with phthisis within the course of fourteen years. Dr. Miller found tubercle bacilli even in the scrapings from the top of the dining room door, which showed a group of eight and one among them contained several hundred germs.

Recently in one of the houses near Sukea's Street, in this city, three persons, two sisters and one brother, died of phthisis almost within a year, out of a family of seven or eight. If proper search be made, similar infected houses would be found to abound, especially in populous cities. The occurrence of numbers of cases of cholera in the same house in rapid succession is due to the same cause, infection by its germs, for the destruction of which no care was taken.

### ELIMINATION OF IRON IN MALARIA.

THE following is a summary of the results obtained by the researches of Colosanti and Jacoangeli (*Rif. Med.*, January 5th, 1894) on this question:—(1) normal human urine constantly contains iron, the mean absolute quantity per diem being 0.0023 gr., and the mean per mille 0.0013; (2) in febrile conditions generally the quantity of

iron is increased, the increase being proportional to the extent and duration of the elevation of temperature ; (3) in malaria the quantity of iron lost is greater than in other febrile conditions and is proportional also to the gravity and duration of the case, and to the amount of destruction caused by the parasites to the red blood corpuscles ; (4) in malaria the daily quantity may reach as high as 0.016 gr., the mean daily amount per mille being 0.0093 gr. ; (5) the increase is most marked after the termination of the febrile stage, and it lasts for several days after all parasites have disappeared from the blood ; (6) the increase is most marked in cases of primary infection, and less so in the chronic and recurrent forms ; (7) the quantity of iron eliminated is always proportional to the degree of malaria oligocythæmia ; (8) as soon as the hæmoglobinometer and hæmocytometer show an increase of the hæmoglobin and red corpuscles respectively of the blood, the elimination of iron begins to diminish.—*British Medical Journal*, March 24.

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#### MUSSEL POISONING.

That there is danger even in our every day food, is well illustrated by a recent case of mussel poisoning which happened in Yarmouth. The victim was a quay labourer, and had enjoyed a good health even on the eve of his death. Previous to this he was thrice poisoned by eating mussels. This time the mussels that were taken by him were quite fresh, well boiled and well cleaned ; but within two minutes after his meal, the deceased was suddenly taken ill, felt giddy, staggered about and complained of pain all over him and of "pins and needles." A medical man was immediately called in and he found the patient lying with staring eyes, pupils dilated and froth issuing from the mouth. The heart had ceased to beat and death is said have occurred within twenty minutes of the onset of the symptoms. The medical man at the inquest stated that, in his opinion, the patient died of asphyxia caused by mussel poisoning. The Editor of the *Lancet* (April 7) in which this case is reported, on the ground that there were other persons who partook out of the same dish but did not suffer at all, is inclined to believe that "death might have been due to some other previously existing pathological condition or to an infinity of other causes, which might have been revealed if the body had been examined after death." Very true, but the fact remains that death took place immediately after the ingestion of a dish of mussel and that the man was poisoned thrice before this by the same thing. On the present occasion the man was in apparent good health, and whatever pathological condition might have been lurking in his system, it is more than probable that but for his taking mussel he would not have met with the fate he did. That idiosyncrasies have a tendency to increase with age is a matter of every day experience. Those, who have any idiosyncrasy, ought to take warning from this case, not to neglect or ignore their constitutional peculiarity.

## ANALYSIS OF INDIAN FATS AND OILS.

The analysis of Indian food stuffs has hitherto been a great desideratum. We are glad to see that Dr. P. C. Roy, Assistant Professor of Chemistry in the Presidency College, has begun in right earnest to supply the desideratum. He has commenced with the analysis of fats and oils, the result of which he has communicated to the Asiatic Society of Bengal. We take the following from his summary, to give an idea of the work that has been done.

The following processes have been made use of :—

1. Direct titration of the fats and oils by alcoholic potash—Koettstorfer's test.

2. Estimation of the amount of glycerine.

3. Iodine absorption—Test of Hübl.

4. Estimation of the volatile fatty acids—Reichert's test.

For convenience of reference the results obtained are presented below in a tabulated form :—

Name of fat or oil.	Saponification equivalent	Glycerine, per cent.	Iodine absorption, per cent.
Mustard ... ..	172-176	8.5	97.0
Niger-Seed ... ..	190.0	10.8	120
Cocconut ... ..	258.0	.....	6.9
Ghee ... ..	218-222	.....	33.5-39.4
Mowa-fat ... ..	199.3	.....	61.8
Mutton-tallow ... ..	195.5-206	10.5	.....
Sesam6 ... ..	189.9	.....	104.5
Lard ... ..	195.4	.....	50.0
Earthnut ... ..	195.0	.....	98.0

It would thus appear that as the saponification equivalents of niger-seed oil, mowa-fat, mutton-tallow, sesamé oil, lard and earthnut oil, are very close to one another, their admixtures in considerable proportions cannot be detected by Koettstorfer's test. Even the saponification equivalent of *ghee* is not far removed from that of lard or tallow. The saponification equivalents of mustard oil and cocconut oil are, however, highly characteristic. The iodine numbers on the other hand afford us valuable hints as to the nature of adulteration, the most remarkable features being the exceedingly low numbers for cocconut oil and for *ghee*.

## TRADE IN RATTLESNAKES IN THE UNITED STATES.

The following interesting account of trade in rattlesnakes first published in the *Rochester Sunday Morning Herald*, Nov. 6, is going the round of our Journals. There is, as will be seen, no fear of fall in the supply of the genuine *Crotalus Horridus* poison for purposes of our school. We can supply from India any quantity of the poison

of Cobra or the Naja Tripudians. But what about Lachesis? Are there not to be found men like Peter Gruber enterprising enough to deal in *Trigonocephalus Lachesis*, which is the first and as yet the best proved of the serpent poisons, but which nobody has taken care to obtain genuine. There cannot be much difficulty in distinguishing Lachesis from other snakes, as there is, we believe, yet to be seen a specimen of its head in the Academy of Natural Sciences of Philadelphia, deposited by Dr. Hering.

A queer consignment came in on a Rochester and Pittsburg train from Punxsutawney the other evening, in the shape of a long red box marked, 'Snakes, Handle with Care.' This innocent-looking box was addressed to Peter Gruber, 150, West Avenue, Rochester, N. Y., and contained twenty-four large and lively rattlesnakes, fresh from the woods and rocks of the hill country around Punxsutawney. They were captured by W. B. Murphy, and shipped to his friend, known throughout the country as 'Rattlesnake Pete.' A reporter of the *Sunday Herald* happened to be at the station when the box arrived, and on Pete's invitation visited his museum, and saw that worthy take the vicious reptiles from their travelling box, test them for poison, fondle them for a few moments, and then place them in the den with his own snakes. Before unscrewing the lid of the box, Pete brought a long hempen cord, a bottle of ammonia, some whisky, &c., while his brother, who was also interested in 'crawling varmints,' stood close behind the principal figure. When these articles were arranged to his satisfaction Pete remarked, 'It's just as well to be prepared for an emergency,' which remark caused the reporter to move two or three steps farther away from the box. A moment's work unfastened the lid, and, quicker than thought, a dozen flat, triangular, venomous-looking heads were protruded over the edge; but all but one were swept back by the box-lid in Pete's hand. The owner of this head drew four feet eight inches of snake out of the box on to the floor, and, with a defiant whirr of seventeen rattles, threw himself into a striking coil, just in time to feel Pete's muscular fingers encircle his body just back of the head.

'He's a beauty,' said Pete, 'and he's getting his dander up in good shape.' The snake was carried to the table with his long, little body, thicker than a man's wrist, coiled around Pete's arm, and the rattles singing away like a giant grasshopper. Now comes the interesting part of the performance. A piece of common window-glass was placed near the snake's open mouth, and the rattler struck his wicked-looking fangs, which were nearly an inch in length, against the glass, a thin stream of yellowish looking liquid spurted upon it at each stroke, 'Oh, he's full of it,' said Pete. 'There's poison enough right there to kfl twenty men.' While he spoke he walked toward the den, and giving the snake a quick twist, released him, and he landed in his new home. The poison on the glass was absorbed with sugar of milk, scraped into a bottle and carefully sealed. The poison thus obtained is sent to certain London homœopathic physicians, who use it in their practice as a medicine for diphtheria and other diseases of a similar nature. The poison is supposed to be very valuable. The process just described was repeated with snake after snake, until all in the box were transferred to the den. After the first three or four were taken out, Pete plunged his hand among the mass of wrigglers with seeming impunity, dragging out his next victim with a quick but certain motion. 'These fellows will give up their poison more readily to-morrow. They are a little sluggish on account of having been kept in such close quarters for the past forty-eight hours,' said Pete in response to the writer's query.

When asked what he did with so many snakes, he said, 'Well, of course

my first object is to exhibit them in my museum, and I have to have a good many, as they often die from very slight injuries. They are profitable to me in other ways also. Besides selling the poison, which I have told you about, when a snake dies, I skin him, have the skin tanned, and make it up into fancy neck-ties and other ornaments. I have a complete suit of clothes, made to my measure, including hat, shoes, cane and scarf-pin, made entirely from rattle-snake skins. There are two hundred and fifty skins in the suit. I then try-out the fat of the reptile, and obtain from one and a half to two ounces of a very penetrating oil, from a fair-sized snake. This oil is worth eight dollars per ounce, and is used as a specific for deafness, and many cases have come to my knowledge where it has effected a permanent cure. A piece of the skin moistened with a little water is often used as a drawing poultice.

The deafening rattle of the snakes again attracted attention, and Pete said, smiling, "The new arrivals are exploring their quarters, and the old inhabitants are not half pleased with their intrusion, but they seldom fight with their own species."

"It is a common thing for black snakes and rattlers to engage in deadly conflict; and the black snake is invariably the victor. Rattle-snakes cast their skins once a year, and with each new dress add a button to their string of rattlers. You can tell a snake's age by the number of its rattles, if you don't forget that only one button is formed during the first three years of its life. After that he adds one every year. In captivity I have noticed that they cast their skins twice a year in some cases, and I am sure they add a button at each cast. This has been disputed; but I am certain that it is a fact. I have noticed several newspaper articles lately, regarding a snake's ability to blow or project poison. Persons prefer to keep a safe distance from snakes of whatever pedigree, and unite in praising St. Patrick, while regretting that his field of action did not encompass the globe."

#### DIPHtheria AND RHODODENDRON.

Dr. Robert T. Cooper, the distinguished physician for Diseases of the Ear, of the London Homoeopathic Hospital, has published in the *Homoeopathic World* for April, the following paragraphs, the first from the *British Medical Journal* (March 3), the second from the *Field* (Feb. 24), as illustrative of a peculiar pathogenetic symptom of Rhododendron resembling a peculiar form of paralysis as a sequela of Diphtheria.

"Dr. Hale White read an account of a man who three weeks after a severe attack of diphtheria was attacked with paralysis. Food regurgitated through the nose, and there was unilateral paralysis of the palate. Muscular and tactile sensation was slightly impaired. When drinking some tea he suddenly began to cough; this ceased in a few seconds and the patient became very distressed in his breathing, exactly as if he had suffered from asthma. There was at no time any evidence that the larynx was obstructed. The patient was dead in less than ten minutes from his taking the tea. The pulse continued good till the end. At the necropsy an ounce and a half of tea was found in the bronchial tubes, and this was absolutely the only cause of death." (*British Medical Journal*.)

"My attention," Mr. Collings (Veterinary Surgeon) states, "having been drawn by Colonel Dawson, of Weston Hall, respecting an article in last week's *Field* concerning rhododendron poisoning in sheep, I should like to say a few words upon it. Two years ago next April I was requested to proceed to Weston Hall as quickly as possible, as a flock of sheep, some 150 in number, were believed to be poisoned. On my arrival I found two or three dead and several more approaching dissolution. Restoratives were applied to

those that were mostly under the effects of the poison, taking the worst cases first. Some fifty or sixty were put under treatment, but the result, after all means had been tried, was the loss of nine sheep. On reaching the Hall next day I found the whole of the sheep had recovered with the exception of two, which were still badly under the effects of the poison. I decided to administer another dose of stimulants to them, but they died under my hand immediately. Being so surprised at the speedy termination, I made a post-mortem examination, with the result, I found the fluid administered had proceeded the wrong way, reaching the lungs instead of the stomach, they having evidently lost all power of swallowing," &c. (*The Field*.)

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PUNCH, OF JUNE, 1845, ON HOMŒOPATHY.

"At the Hahnemann Dinner and Jubilee Meeting of the British Homœopathic Society, held on the 10th April last, Dr. Alfred C. Pope, one of the Editors of the *Monthly Homœopathic Review*, in responding to the toast of "The Literature and Journals of Homœopathy," gave, in the course of his interesting speech, the following extract from *Punch*, of June, 1845, in which that comic Journal gives an account of the dinner with which the "English Homœopathic Association" commenced its career. As a fair specimen of the way in which homœopathy and medical men who practised homœopathy, were written about, both in the general press, and in the medical Journals, 50 years ago," in England, this must be highly amusing reading at the present time.

"A melancholy spectacle was last week presented at the Albion Tavern, Aldersgate Street, where no less than 80 unfortunate gentlemen, actuated by one common delusion, met together to hold, what is called, a festival on behalf of the Homœopathic Association. The mania of homœopathy has indeed come to a pretty spread. Poor Lord Wilton presided over these unhappy individuals, and unhappy Lord Robert Grosvenor"—who, Mr. President, I may note in passing, always having resorted to homœopathic treatment during illness, served his generation, as Lord Ebury, until a few short months ago—"Lord Robert Grosvenor supported him. Hence a gloom is cast over Wilton Street leading from Grosvenor Place.

"Mr. Staples, the landlord, provided an excellent dinner for them, and the meeting wore the aspect of the most extreme conviviality; but it is painful to reflect upon the state of mind concealed under this show of merriment. There is something appalling in the idea of these 80 gentlemen being at large. There is no knowing what they may do, but, at all events, those who spend money on homœopathy ought not to be trusted with property. We hope Mr. Staples did not give them steel knives and forks; they ought only to have been allowed wooden spoons. Had we to entertain such a company we should certainly apply their own principles of infinitesimal dilution to their liquors, out of consideration for their heads, whose infinitesimal brains a very little might upset. We would also have several barbers, and a number of strong men in attendance with a large assortment of strait-waistcoats ready."

## CLINICAL RECORD.

*A Case of Remittent fever with Diarrhœa and burning of the body.*

BY BABU HEM CHANDRA RAY CHAUDHURI, L.M.S.

On the 11th September, 1893, I visited D—, a Hindu boy, aged 14, who was suffering from remittent fever for the last four days. For two days I gave first *Aco.* and then *Bell.* On the sixth day he complained of a great burning sensation of the whole body attended with diarrhœa. The stools were three or four in number, and liquid yellow. *Ars.* 12 was given on the 13th. On the next day there was no change. The burning sensation was of a distressing character and attended with restlessness. Neither fanning nor even the application of cold water would relieve him. The temperature used to rise to 103 F. when the burning was great, and was never less than 101. He insisted upon taking a bath and with difficulty was prevented from having it. After referring to Allen's *Intermittent Fever*, under heat with burning, *Apis*, *Ars.*, *Puls.* and *Opium* were found to be more prominently placed than other remedies. *Ars.* having been already given, *Puls.* 6th was next administered. Finding no change in any of the symptoms, on the next day, the 15th September, I thought of giving a further trial to *Puls.*, and gave a lower dilution, the 3rd.

On the 16th, in the morning, I was glad to have report of the good effect of this medicine, even beyond my expectation. There were no more stools after *Puls.* 3, and the complaint of burning had also vanished. I saw the patient at 8-30 a.m. He was calm and quiet, and expressed satisfaction at the relief of his distressing symptom of burning. The fever was also reduced, the temperature came down to 99.6 this morning. He was all right in a few days.

*Remarks.*

This case shows the necessity, in some cases of our practice, of changing the dilutions rather than the medicines. For the distressing burning symptom with diarrhœa *Ars.* 12 was given without benefit, and for fear of aggravation it was thought not desirable to administer a lower dilution. I was not encouraged to try a higher dilution as there was no good effect from the use of the 12th. Besides, the state of the patient was not so low as to lead one to prefer it to other remedies, though the burning sensation, diarrhœa and restlessness were present. The symptoms which led to the choice of *Puls.* were: the thirst was not such as to call for *Ars.* and it was felt only at the height of the fever, both of which were characteristic of the drug. These reasons led me to change not the medicine but the dilution; and as the result proved, the lower one I selected had the desired effect. *Apis* and *Opium* had obviously no sphere of application in the case, and so they were left out of consideration.



## A Case of Cholera.

UNDER THE CARE OF DR. M. L. SIRCAR.

. Reported by Babu Amrita Lal Sircar, L.M.S.

L—, a Hindu female, aged about 80 years, came to Calcutta on the morning of the 20th April 1894. She was hale and hearty when she came down ; and took her usual meal during the day. From early morning of next day, i.e., the 21st inst., she began to pass loose stools. When I saw the patient at about 6 p.m., I found that she was very weak and had about 15 loose stools, but no vomiting. The pulse was strong and bounding. Taking the history of the case I learnt that she had taken fried paddy and milk two or three days continually before she came to Calcutta. I then ordered a dose of camphor water. Two hours after I was called in, and upon enquiry I found that since the exhibition of camphor water she had 5 loose motions, the stools were ejected with great force and spurting, and were also hot in character. The pulse at this time was observed to be intermittent. I was then told that she was an opium eater. I ordered her a dose of *Crot. T. 6*, and her usual dose of opium half an hour after the exhibition of the medicine. For about an hour and a half the patient had no stools ; but again from about 11 p.m. she began to purge.

At about 1½ a.m. on the 22nd inst., I visited the patient. She was found to be very weak, her pulse was slow and intermittent, and had great thirst. The color of the stools was exactly like water, and there was no solid food materials in them. I consulted my father, Dr. Sircar, at this late hour, and asked him if I could not give her a dose of *Verat. 6*. He gave me permission to do so but with an observation which I shall never forget in my life, in as much as it taught me how very cautious we should be even to give an infinitesimal dose of medicine to a patient. The observation was, "you may give her a dose but I fear it may bring on vomiting," as the patient has had no vomiting up to that time. However without any further consideration one dose of *Verat 6* was given at 1-30 a.m., and an hour and half afterwards the patient vomited and had a watery stool as if to fulfill the prophecy of my father. I went to see her at about 3-15 a.m., and saw the vomited matter and the stool. Instead of being frightened at this I was rather glad, for the vomited matter contained seeds of undigested patoles and other undigested food materials which I believe relieved the stomach from further irritation. I did not do anything for the patient but simply watched her till 4-30 a.m. She was very thirsty at this time, and cramps began to appear in the fingers and toes. I gave her little water to drink and relieved her cramps by stretching. From 1½ to 5 a.m. she had no more stools or vomiting. Early in the morning, at about 6-30 a.m., she had two or three stools. She was fully prostrated at this time, her finger tips were bluish, her pulse intermittent and weak, thirst remaining the same, and cramps continuing. A dose of *Carb v. 12* was ordered by my father, and within two hours after the exhibition of the medicine the finger tips were

found to be of natural hue. Three stools were passed from morning till 11 a.m., when another dose of the medicine was repeated. The cramps ceased, and she was lively when I saw her at 2-30 p. m. Sago water was prescribed for her food. At 11 p.m. I saw her again, and I came to know that from 11 a.m. to 11 p.m. she had one thin stool with yellowish tinge. She passed the night well. There was one peculiarity in the case, and that was she had no urine for four days. On the morning of the 23rd inst. she felt comfortable, and all medicines were stopped. She had three semi-liquid stools of yellow color. Passed water on the 24th inst., and was nearly all right. Soft rice was ordered for her diet.

A Case of Diphtheria cured by *Arum triphyllum*.

BY BABU CHANDRA SEKHUR KALI, L.M.S.

On the 23rd January last I was called to see a little girl, daughter of Babu A. C. S., aged 2½ years, suffering from high fever since 4 days. A native doctor was attending the case. Temperature was as high as 102°. There were much tympanites and difficulty of breathing, with a peculiar sound proceeding from the throat, which raised my suspicion that there must be something wrong there. I took the child outside of the room and in a good light opened the mouth with a spoon, and found three or more sores on the right side of the uvula and partly covering the tonsil of that side, and similar smaller sores on the left side; there were also sores on the right side of the pharynx. Tonsils of both sides were enlarged and all the sores were covered with thick white cheesy crusts. There could be no doubt that the case was one of Diphtheria. I ordered *Lycopodium* 12, to be given three times in the course of 24 hours.

On the next morning (27th) I saw the case much improved; temp. only about 101; no more tympanites; breathing much better. I examined the throat and to my great astonishment I saw that the cheese like white crusts had almost disappeared. *Lycopodium* was repeated. Child could take to the mother's breast. I ordered her also soup of Masur dal (*Lens esculenta*) from the very beginning of my treatment.

Child went on improving for two days so nicely that I began to doubt if it was a case of Diphtheria at all. I actually said in the presence of the attending physician and of the father of the patient, "thank God, I was wrong in my diagnosis." But after two days again the white crusts reappeared, covering both sides of the pillars and arches of the fauces, and the uvula; deglutition and breathing became more and more difficult, but there was no more tympanites; the child at every attempt to suck the breast appeared to be suffocated. Chicken broth was tried with a spoon but she could not swallow it properly. The question of tracheotomy was raised by many advisers, but I stoutly opposed it. I ordered chicken broth about 2 drachms to be injected through the rectum every two hours for the purpose of nourishing the child. After a dose of sulphur 30th,

*Lycopodium* was again resumed, but it had no effect. In this state some prominent physicians of this locality saw the case and declared it to be a most serious case of Diphtheria. Now the suffering of the child was indescribable. Sometimes it was drowsy, sometimes very restless, but always under extreme difficulty of breathing. Salivation supervened. *Merc. cyanid.* 30 was resorted to, but it gave no good effect. Its 3rd potency also was tried with the same result, and we all grew hopeless.

The fact of the *Child's always boring in the nose and picking the lips* reminded me of *Arum triphyllum*. Its mother tincture was applied over the external part of the throat (i.e. on the skin) and its first decimal potency was given internally every two hours. Next morning I saw the child much improved, fever less, there was not much restlessness, there was more tendency to drowsiness; respiration slightly improved, but no power of sucking. The child began to improve but very slowly. For full eleven days the child was unable to suck and was nourished through the rectum as mentioned before. Sometimes soup of Masur also was injected in place of chicken broth. *Arum* was continued thrice daily. The case made a good ~~prognosis~~. The false membranes were thrown off daily and the exposed sores improved. Gradually power of deglutition returned, she could swallow milk safely.

On the 10th February she asked for biscuits, and I allowed Huntley Palmer's Pearl biscuits. She could eat them without difficulty. The case recovered without any sequelæ whatever.

*Remarks.*

(1) A few days before this child was attacked with the disease, one of the cats of the house had salivation and left all food and died; another cat caught the same disease during which time the child was ailing. It may be that from these domestic animals the child might have got the germs of the disease. We should be very careful especially about our children, when any of our domestic animals is diseased, as generally most of their diseases are of an infectious nature.

(2) We should not be hopeless when any of our patients, of whatever age, lose the power of swallowing. Feeding through the rectum can keep up the strength for a long time. This I have done in many other cases even for a month's time.

(3) Tracheotomy in little children is almost always fatal. God knows what would have been the fate of this child, if this operation had been resorted to.

(4) Under Homeopathic treatment the sequelæ of Diphtheria are rarely seen.

(5) *Arum Triphyllum* is a plant which is abundant in our own country, India; it is called *খারকোণ* (Kharkon) in the Dacca district, and in Calcutta and suburbs it has received the name of *ভেটকোল* (Bhetkole). I have seen its use among our *Kavirajes*, who use it in diseased conditions which they call "galahara," i.e., dangerous disease of the throat.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.

100. FORMICA.

**Constipation :**

1. St. constipated ; passed small balls after much straining.
2. She had been costive all her life ; on the sixth day her bowels began to move regularly ; has been getting a little worse since, but not so bad as before.

**Diarrhœa :**

1. D. early in the morning, as soon as awake ; compelled to go to st. at once, with rumbling in the bowels ; the st. is soft and painless.
2. St. with urging, immediately after breakfast.
3. D. with some tenesmus ; pain in lower umbilical and upper hypogastric regions before moving the bowels ; relieved after st.
4. Before taking the medicine was troubled with constipation with sensation of constriction of sphincter ani ; relieved of these symptoms entirely, afterwards the D. set in.
5. Slight D., small sts. without pain, in the morning.
6. Loose st.
7. Soft pappy discharge from the bowels every morning ; the passage was accompanied by a feeling as though the mucous membrane was thickened and stiff.
8. Rumbling in the bowels, with a nervous feeling as from strong coffee at 4 a.m., compelled to get up ; a loose diarrhœaic st. followed, which left a desire for another st., with an uncomfortable feeling in the anus, as if the passage were not all through and more must pass.
9. Sensation, with much yawning, as if diarrhœa would set in, followed by regular st., the last part of which was thinner, having a very peculiar smell, but he could not define it.
10. On waking felt much pain in transverse and descending colon from incarcerated flatulence ; was obliged to rise ; st. papaceous, followed by constriction of the anus and tenesmus.
11. Colicky pain in the lower part of the abdomen, with passage of flatus, which relieved but momentarily ; subsequent passage of soft st. with heat and burning irritation of the anus, accompanied by a sensation of great weakness in the bowels.

**Rectum and Anus :**

1. Protruding painful piles appeared without constipation.
2. Pressure in the rectum, worse in the evening and in bed.
3. All the evening a sensation as though diarrhœa would set in ; this sensation is, however, only in the anus.
4. Sensation of constriction in the anus.
5. Itching in anus, relieved by scratching.
6. Painful desire in anus and rectum for st., which, however will not pass.

7. Difficult passage of small quantities of flatus, afterwards diarrhœa-like urging in the rectum.

**Aggravation :**

1. Morning.

**Before St :**

1. Rumbling in the bowels.
2. Pain in lower umbilical and upper hypogastric regions.

**During St :**

1. Urging. 2. Tenesmus. 3. Straining.
4. A feeling as though the mucous membrane was thickened and stiff.
5. Heat and burning irritation of the anus accompanied by a sensation of weakness in the bowels.

**After St :**

1. Pain in lower umbilical and upper hypogastric regions relieved.
2. Sensation of constriction of anus. 3. Tenesmus.

**General Symptoms :**

1. Mind unusually excited.
2. Easily depressed ; things do not look as cheerful yesterday and day before ; little things cause lowness of spirits, yet soon return to cheerfulness ; decidedly irritable and low-spirited without any cause.
3. Remarkable and unexpected activity of the mind during the day, with absence of the usual dulness and sleepiness.
4. She begged earnestly to be removed, and then became unconscious, and with rattling in the throat died in three-quarters of an hour.
5. Dizziness in the morning, after dressing, when writing ; while eating ; on attempting to rise.
6. Headache with nausea. Headache with nervous shudderings and vomiting.
7. Appearance when looking at objects as if seen through a mist.
8. Coryza, fluent, thin, acrid, causing a burning in the nose.
9. The entire left side of the face and cheek feels as if paralyzed, as if everything were loosely hanging down.
10. Soreness at corners of mouth.
11. Great stiffness of the articulation of the jaws, cannot open her mouth.
12. A feeling in the fauces and throat, as if from mint drops.
13. Sensation of contraction in the œsophagus. Difficult deglutition. Food passes with difficulty and causes pain.
14. Violent thirst.
15. Acid eructations, rising of fluid from the stomach, which tastes like sour food, causing the mouth and throat to smart.
16. Belching of wind tasting sour.
17. Nausea and vomiting with oppression.
18. Severe pains in the stomach, cramplike, with passage of flatus from the bowels, which gave relief.

19. Burning pain in stomach, with oppression and weight.
20. Pain as if bruised in the umbilical region, extending across the abdomen, after taking a drink of cold water.
21. Very fœtid flatus, almost putrid. Forcible, difficult passage of flatus.
22. Increased quantity of urine. Urine like saffron, bright yellow, no sediment. Frequent urination, urine darker.
23. Aching of the bones, with a feverish state of the system, with fulness and dulness of the head.
24. Great weakness of the whole muscular system, the muscles feel as if paralyzed.
25. Attacks of faintness; everything is black before the eyes, is compelled to sit down.
26. Could not bear as well as usual the cold weather.
27. All the symptoms including the cold, have been on the right side.
28. He does not feel like getting up; he has scarcely roused himself when he drops off to sleep again.
29. Languid feeling of the whole system, with pain in all the limbs, accompanied by chills, and horripilations along the spine.
30. Continued chilly sensation during the night.
31. Continued creeping down the back.
32. Cold feet continually.

**Remarks:** FORMICA, so far as we have been able to ascertain, has not been used in either constipation or diarrhœa. The symptoms recorded above point to its use in both these conditions. It is likely to prove an excellent remedy in habitual constipation when stools are passed in the shape of small balls with much straining. It is likely to be no mean rival of ALOE and SULPHUR in the early morning diarrhœa, when the urging comes on as soon as awake, and compels the patient to go to stool at once. It should be useful in cases of diarrhœa when there is much rumbling in the bowels, and when the loose motions do not give full satisfaction but leave a desire for more. The symptom, "passage of soft pappy stool, accompanied by a feeling as though the mucous membrane was thickened and stiff," is characteristic, and when present will lead to the selection of the remedy. Some of the general symptoms, of which we have a pretty full list, are also characteristic, and should be borne in mind.

### 101. GAMBOGIA.

#### Constipation :

1. Hard st., succeeded by burning in the anus and passage of a lumbricus, or with sticking in the groins and emissions of flatulence.
2. Hard insufficient st., with violent urging, pressing and protrusion of the rectum.
3. Soft scanty st., with sensation as if the passage of the fœces were arrested by a hard body obstructing the anus.

#### Diarrhœa :

1. D., with cutting pains.
2. D., with burning pain and tenesmus of the rectum, protrusion of the anus, and constant pinching around the umbilicus, sometimes attended with discharge of mucus.
3. Frequent D., evacuated with great force, with burning and tenesmus, without pain in the abdomen.
4. Profuse watery D., with colic and tenesmus,
5. Fœcal D., sts. evacuated with great force, with long continued burning in the anus, preceded by violent cutting pain in the abdomen, waking him from sleep, and relieved by firmly compressing the abdomen, which is small, as if eviscerated ; after he had fallen asleep again he was awakened by pain in the small of the back.
6. Repeated diarrhœaic sts., with discharge of green mucus, preceded by pinching in the bowels.
7. Discharge of yellow and green diarrhœaic fœces, mixed with mucus, preceded by excessive cutting around the umbilicus.
8. Frequent soft sts., with rumbling in the bowels, or with pain about the umbilicus, succeeded by tenesmus.
9. Repeated evacuations, rather hard than soft ; afterwards, first a hard, then a soft st.
10. St., late in the evening with emission of a good deal of flatulence which seem to press upon the bladder, and shortness of breath.
11. Inclination to vomit, followed by painful twitching in the umbilical region, and diarrhœaic sts.
12. Ulcerative pain of the stomach, going off after eating, succeeded by rumbling in the abdomen during a walk in the open air, and papescent st.
13. Horrid vomiting and purging with fainting.
14. Frequent violent pinching in the entire abdomen, without urging or else succeeded by D. and burning in anus, after which the pinching ceases.

#### Rectum and Anus :

1. Sticking in the anus before st.
2. Frequent urging, with pinching around the umbilicus, and protrusion of the rectum.

#### Before st :

1. Sticking in the anus.

2. Cutting in abdomen. Pinching in the bowels.
3. Pain around the umbilicus.

**During St :**

1. Cutting pains. 2. Burning pain and tenesmus of the rectum.
3. Protrusion of anus. 4. Pain around the umbilicus.
5. Evacuation with great force. 6. Colic.
7. Burning in anus. 8. Rumbling in the bowels.
9. Emission of flatulence.
10. Sensation as if the passage of the fœces were arrested by a hard body obstructing the anus.
- 11. Urging, pressing and protrusion of rectum.

**After St :**

1. Tenesmus. 2. Burning in the anus.
3. Passage of lumbricus. 4. Emission of flatulence.
5. Great relief from cessation of pinching in the abdomen.

**General Symptoms :**

1. Ill-humored, anxious, with continued desire to work, although the work does not advance as he would wish.
2. Vertigo, frequently during rest and motion, in the morning on rising, or in the forehead when spinning (succeeded by anxiety.)
3. Violent itching of the eyes in the evening. Itching of the lower eyelids. Itching of the inner canthi, with discharge of acrid, corrosive tears, after rubbing.
4. Sneezing. Violent chronic sneezing only in the day time, generally in the forenoon.
5. Catarrh, at first dry, afterwards with discharge of offensive mucus.
6. Bleeding from the right nostril. Ulceration and dryness of the right nostril.
7. Hæmorrhage from the nose, mouth, throat.
8. Accumulation of water in the mouth. Burning vesicles on the inner surface of the upper lip.
9. Sweetish taste in the mouth and throat, with subsequent expectoration of bright red blood.
10. Sweetish taste in the throat and expectoration of bloody mucus.
11. Bitter taste in the mouth.
12. Feeling of swelling in the throat, choking sensation in the throat, ascending from the chest arresting the breathing.
13. Stitching in the throat always on swallowing, disappearing after eating.
14. Violent stinging in the right side of the throat, both when swallowing, and when not.
15. Sore pain in the throat which is felt on external touch.
16. Roughness and burning in the throat, obliging one to hawk constantly.
17. Violent hunger, with much thirst. 18. Aversion to food.
19. Violent thirst in the evening and also at night, preventing falling asleep.
20. Frequent, violent, empty eructations.



21. Nausea and aversion to food.
22. Nausea proceeding from stomach (as if the stomach would become everted) during a walk in the open air, with accumulation of water in the mouth, gulping of sour water and movements in the stomach. Violent vomiting.
23. Painful feeling of constriction of the stomach after dinner.
24. Pressure in the stomach and chest, arresting the breathing, in paroxysms, going off after an eructation.
25. Constant pain in the innermost parts of the stomach, as if sore, with sensitiveness of the integuments to the touch.
26. Painful burning in region of the liver.
27. Painful contraction, as with pincers, in the umbilicus.
28. Feeling of constriction and twisting beneath the umbilicus, with urging to st.
29. Inflammation, ulceration, and mortification of the intestines.
30. Inflation and accumulation of flatulence.
31. Rumbling in the bowels.
32. Emissions of foetid flatulence preceded by cutting in the bowels.
33. Empty feeling in the abdomen and stomach.
34. Pinching in the abdomen after eating.
35. Immediately after eating, twitching in the abdomen, or sleep.
36. Sensation of flatulence in the hypogastrium, most painful in the small of the back, succeeded by urging.
37. Pinching in the groins without flatulence.
38. Increased secretion of urine. Frequent micturition but little at a time. 39. Micturition seldom.
40. Emission of a few drops of urine at a time, then intermitting and finally returning, with burning at the orifice.
41. Tearing in the shoulder or in the axilla, in the tendons of the extensor muscles of the fingers, in the ball of the thumb and index finger and between the metacarpal bones of the index and middle fingers so that the skin is thereby drawn backward.
42. Cramp and tearing pain above the calf attended with contraction of the toes, (going off by rubbing).
43. Cramp in the right great toe.
44. Spasmodic tearing in two smaller toes of the right foot.
45. Congestion of the head, chest, uterus. 46. Faintness.
47. Burning (eyes, tongue, fauces, abdomen, region of the liver, anus, hands).
48. Constriction or contractive pains, (stomach, umbilicus, foot).
49. Pinching (abdomen, groin, humerus, dorsum of foot).
50. Drawing (head, bend of thigh, leg).
51. Gnawing (stomach, subcostal region, umbilical region, os coccygis).
52. The sticking pains appear for the most part at night, or are then worst.
53. Stitches resembling a slow fine pinching over the whole body.

54. Tearing particularly in the bones and tendons (head, ears, dorsum of the nose, malar bone, lower jaw, teeth, cervical tendons, nape of the neck, shoulder, wrist, fingers, hip, bend of the thigh, legs, toes).
55. Pricking (head, stomach, chest, region of the kidneys, hands, fingers bend of the thigh.)
56. Stinging (ears, goitre, neck, groin, arms, chest, small of the back, shoulder, thumb, middle fingers, calves, toes).
57. Burning stinging (hand, malleolus).
58. Pain as from soreness (gums, neck, stomach, chest).
59. Pain as if bruised (head, small of the back).
60. Beating or throbbing (ear, teeth, stomach).
61. The symptoms of the right side predominate.
62. The symptoms are more particularly apt to occur in the evening or night.
63. The majority of the symptoms come on while sitting and go off during motion in the open air.
64. Sleepiness ; great inclination to sleep.
65. Vexatious dreams, making him anxious.

**Remarks :** GAMBOGE is a drug which is an irritant to the whole of the alimentary canal from its beginning at the mouth to its termination at the anus. In excessive doses it has caused violent vomiting and purging, terminating in syncope and death, the post mortem examination revealing its destructive action on the mucous membrane of the intestines in the shape of inflammation, ulceration, and mortification. Hence, though the homœopathic provings have not developed dysentery, that it is eminently calculated to produce the disease there cannot be the slightest question, and its remedial use in this complaint justifies the inference. The use of it in bowel complaints, as has been well remarked by Dr. Arndt, varies from a profuse watery diarrhœa to a dysentery. The diarrhœaic stool symptoms are characteristic—profuse, watery, coming out with great force with a single prolonged effort. Though not as yet justified by the symptoms developed in provings, it has been used with success in licteria, in which the diarrhœaic stools consist chiefly of undigested and partially digested food, and the vomited matters consist also of similar stuff. Though no mention is made of the smell of the stools in the provings, its use in diarrhœa with stools both odourless, and offensively fetid, has been established. As a general rule the diarrhœa in which GAMBOGE has been found efficacious is of the kind in which after stool there is a feeling of great relief in the abdomen as if some offending, irritating matters have been removed from the intestines. But it must be remembered that the absence of this symptom would not contra-indicate the drug. The stools of GAMBOGE are almost invariably attended with burning and tenesmus in the rectum and anus, and with colic in the abdomen, especially about the umbilicus. In children the constant rubbing of the canthi and eyelids when suffering from diarrhœa, has been looked upon as an almost unerring indication for it. The

symptom, "sensation as if the passage of even soft stool were arrested by a hard body obstructing the anus," is very peculiar, and requires verification,

The following cases from Hempel and Arndt's *Materia Medica* afford good illustrations of its use in diarrhœa :

Mr. D., aged thirty-six years. Thin, yellow, watery stool, coming out all at once. Aggravation in the morning and forenoon. Before and during stool, some pain and urging. After stool, great relief. Cured by two doses of gummi guttæ 200. (Dr. Conant in *Am. Hom.*, Oct. 1877.)

Mrs. B., aged thirty years. Thin, watery diarrhœa, discharged all at once, preceded by urging. Aggravation in the morning, after breakfast. After stool she feels great relief, and thinks she is well ; but is soon seized again with urging and stool. Cured by one dose of gummi guttæ 200. (*Ibid.*)

A child, had been sick four weeks of lenteria, until it was emaciated to a skeleton. The bowels refused to hold anything ; the discharges from the bowels were very fetid and came away with a gush, nearly all of the stool at a time. Often gurgling sounds were heard, as if water was passed from a bung-hole. Gummi guttæ 200 cured promptly. (Dr. G. N. Brigham in the *Am. Hom.*, Oct. 1878.)

GAMBOGE has been used in dysentery, even by practitioners of the old school. Our sometime colleague, Dr. Phillips, now in the opposite ranks, cites the authority of Malgaigne and Betz in evidence of its usefulness in dysentery, especially in young persons, in about  $\frac{3}{4}$  gr. dose in twenty-four hours, but he adds, "their mode of treatment has not been generally adopted." This mode of treatment could not be adopted, on account of the dose used. Dr. Phillips should not have forgotten that though  $\frac{3}{4}$  gr. may be a very small dose according to the posology of the old school, it often is a very dangerous dose from the stand point of the law of similars. We should deprecate the use of GAMBOGE in any but very minute doses, not lower than the 2nd decimal, in diarrhœa or dysentery.

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## Cleanings from Contemporary Literature.

### TUBERCULINUM.

HORACE P. HOLMES, M.D., OMAHA, NEB.

Read before the International Hahnemannian Association June meeting,  
1893.

Tuberculinum is one of those remedies which has come up to us along with the outgrowth of that peculiar system of therapeutics known as Isopathy. Where the isopathic idea originated is impossible to trace. Paracelsus wrote in such a way as to give little room for doubt that he believed in the occasional application of the theory that "the same cures the same." Instances are not wanting to trace a complete chain of evidence of the occasional use of isopathic remedies from the time of Paracelsus, early in the sixteenth century, down to the present day.

In regard to the particular isopathic remedy here chosen for a subject—Tuberculinum—we have many references, and more history than would be supposed at first thought. If one were to ask the great world who was first to use the diseased products of consumption as a cure for that malady, the universal answer would be—Koch. And yet we have records going back two hundred and fifty years, when an English physician, Dr. Robert Fludd, wrote: "*Sputum rejectum a pulmonico post debitam preparationem curat phthisin.*" Here Koch with his theory was antedated two hundred and fifty years. But as far as we are concerned, and for all practical purposes, we need to go back but sixty years to the time when our own Constantine Hering wrote, in 1833, that of the many remedies which would cure isopathically, he would advise "phthisine for phthisis." Here again Koch was antedated sixty years. The man, however, who has done more to put Tuberculinum, as a remedy, in the hands of his professional brethren and who, so far as the writer can ascertain, was the first to actually prepare and use it for tuberculous troubles, and to have his work reported in regular publications, was Samuel Swan, M.D., of New York city. We should give all "honor to whom honor is due," and detract nothing from the helpful hints of those who have here and there thrown out suggestion which have been as rays of light to the followers. Hering suggested, Swan acted. Swan's work once established, Dr. Burnett wrote his excellent monograph on the *New Cure of Consumption*. Dr. Swan was some twenty years ahead of Koch, and when the latter famous scientist was paralyzing the world with the brilliancy of his supposed discovery, J. Compton Burnett, M.D., was writing his *Five Years' Experience in the New Cure of Consumption by Its Own Virus*. In our homœopathic literature we have a report of a case in the July, 1879, number of *The Organon*, a journal which was published for a short time in England. In the number referred to, Dr. Samuel Swan gives an exhaustive report of a complicated case where he deemed tuberculous influences were at work in his patient. The record says he prescribed Tuberculinum on the 18th day of November,

1877, and repeated the doses once a week until four doses in all were given. The permanent, curative results were something wonderful. The above article bears the date of January 17th, 1879, and as stated, appeared in the July issue of the journal the same year. In the same volume is a second article on Tuberculinum by Dr. J. A. Biegler, of Rochester, N. Y., in which that gentleman reports the cure of a case of tubercular meningitis. The diagnosis had been confirmed by an eminent old school physician, so there can be no controversy on the point of diagnosis. Tuberculinum was administered on November 2d, 1878, and repeated at irregular intervals. The improvement was prompt and positive, and the cure complete and permanent.

The two principal preparations of Tuberculinum are Swan's and Burnett's. The latter is prepared by Heath and is sold under the name "Bacillinum Heathii." Dr. Swan made his Tuberculinum from the rich creamy pus, the contents of a freshly ruptured vomica from the lungs of a man in the last stages of phthisis tuberculosis. It was a patient of Dr. A. W. Pierson, of New York city, and the pus was potentized early in the '70s. A record of its use as early as 1874 is in existence. Dr. Burnett draws a comparison between the two preparations which seems ludicrous. He says of Swan's Tuberculinum, "The mode of obtaining it I felt to be too nasty."

His own æsthetic preparation was from a portion of a lung taken from an individual who had died from genuine tuberculosis. This post-mortem specimen, of course, contained all the morbid products of such a diseased condition—"bacilli, débris, ptomaines, and tubercles in all stages," and Dr. Burnett naïvely adds: "There is, moreover, nothing disgusting in this, which can hardly be said of sputal tuberculinum—one instinctively shrinks from it." Well, this is a matter of taste, and the writer is unable to draw a line as to the palatability or æsthetic position of one remedy over the other.

Dr. Burnett's change of name from the Tuberculinum of Swan to Bacillinum is one open to serious criticism. It is not only unfair to the man who has done so much to bring the remedy into general use, and to whom Dr. Burnett is indebted for what little he first knew of Tuberculinum, but it is scientifically incorrect, so far as a specific name is concerned. Bacillinum is a term which might with equal propriety be applied to any cultures of bacilli or any morbid product containing them. It in no way specifies the one applicable to tuberculinosis, and might with equal propriety apply to the diseased products of septicæmia, typhoid fever, cholera, glanders, leprosy, syphilis, malaria, and many other diseases in which specific bacilli are found. To be correct it should particularize the disease from which it came, and this Tuberculinum does. Moreover, Tuberculinum had been adopted and in use for more than sixteen years before Dr. Burnett wrote his first little book on the subject, and in which he took the liberty of changing the name. Another error lies in the implied assertion that as bacilli were not found in Swan's first preparation they were probably not there,

and as they were found in *Burnett's* material, it must follow that his was the more reliable of the two. It may seem unfortunate that *Dr. Swan* prepared his *Tuberculinum* and verified its efficacy some ten years before *Koch* discovered the bacillus tuberculosis. But such was the case. Had *Dr. Swan* waited until his work was coeval with *Dr. Burnett's* the bacillus would undoubtedly have been easily found in his first source of *Tuberculinum*. But as all the microbial scientists to-day agree that tubercle bacilli are found in the expectoration of typical cases of tuberculosis, and as that was the source of *Swan's* *Tuberculinum*, it is idle talk to intimate that the preparation is not so reliable as the one in which bacilli were found. It is an evident effort to appropriate the honor which belongs to another, and to detract from *Dr. Swan's* work the merit which is due him.

*Koch's* Lymph is prepared from the tuberculous processes in such a manner as to make it of little use to the homœopathic profession. The principal objection is that it is a compound, and not only that, but the chances are exceedingly probable that its composition may vary in character. In the first place, it is derived by artificially cultivating the tubercle bacilli in a suitable medium in order to obtain a quantity of the bacilli and their products. This culture fluid with its contents is filtered through porcelain and then heated to a baking temperature. To this is added enough carbolic acid to thoroughly obliterate the germ action and it is then mixed with glycerine. Strange as it may seem, this preparation was found to have a most virulent action when diluted one thousand times, or to the third decimal attenuation. Whether the supposed curative action was due to the dynamic influences of the bacillic culture or to the action of the carbolic acid and glycerine, similar to the phenic acid preparations with which *Dr. Declat* thought to revolutionize therapeutics, still remains to be settled. The remedy seemed to alleviate a few, killed a great many, and proved non-curative in almost every instance in which it was used according to *Koch's* instructions. But when *Koch's* Lymph fell into the hands of homœopathic practitioners and was diluted to the 6th or 10th decimal attenuations a curative action was developed which already promises wonderful results. Not only have the tuberculous lung affections been brought under a very decided control, but in other maladies as well the action of the remedy has proved its value. *Dr. Marc Jousset* of Paris, has cured acute parenchymatous nephritis where there was one grain of albumen per litre, the albumen disappearing in a very few days. In experiments made on animals, it has been proven that *Koch's* Lymph produces acute parenchymatous nephritis, and hence the curative action of this remedy in *Bright's* disease and its homœopathicity to it.

The field of action to which *Tuberculinum* is applicable presents a wide range, not only for tuberculous affections of the lungs, but for all maladies which owe their origin or their chronicity to a tuberculous taint. Since the researches of those scientists who have devoted so much study to the microbial theory of diseases has incontestably proved that the so-called scrofulous affections of the glands known as chronic adenitis are, as a rule,

but a latent tuberculosis, we are entitled to carry the reasoning a step farther, and claim that other inveterate chronic troubles, such as skin diseases, kidney difficulties, nervous affections, etc., are often but other forms of latent tuberculosis. It must lead us into a very close relationship with the psoric theory of Hahnemann and cause us to make a new differentiation. If psora is to be a name which expresses in a broad sense a dyscrasia which gives diseases a chronic foothold, then we must subdivide psora into different families of which tuberculosis will be one. Others will be found to have for their origin a syphilitic, gonorrhœic, or some other taint for which psora will be too indefinite a term, and for which a closer differentiation is necessary to diagnosis and prescribing. What Psorinum has done in its broad field of usefulness, Tuberculinum must do in those particular conditions where tuberculosis is the fundamental feature in the malady.

Tuberculinum will be found useful in either simple or more serious colds where there is a tendency to cause bronchitis. It is especially serviceable to those individuals who take cold very easily, and where the difficulty at once locates itself on the bronchial mucous membrane, causing a teasing, troublesome cough, which is slow to recover, under either time or the ordinary methods of treatment. For incipient tuberculosis, and also where a case is slowly but surely dragging a patient on to a serious tuberculous condition, this remedy has proved itself to be one of most excellent merit. For well developed cases of phthisis tuberculosis it is too much to expect that this, or any other remedy will cure in very many instances. But it already promises to be more efficacious than any other remedy. Based upon its indications, through provings of Koch's Lymph, it has promptly relieved acute parenchymatous nephritis, as has already been noted, and removed the albumen from the urine in from two to four days. May this not be a reasonable ground for inferring that Bright's disease is an affection really based on tuberculous tendencies? Tubercle bacilli are often found in the urine, and it is not at all improbable that affections, which many physicians pronounce Bright's disease, are in reality tuberculous conditions of the kidneys. A closer differentiation in these cases will be necessary in order to settle upon the etiology, as well as treatment.

Tubercular meningitis was one of the first diseases successfully treated with tuberculinum, and analogous reasoning shows it indicated in tuberculous affections of the bowels. *Tabes mesenterica* and *cholera infantum* have been cured by this remedy. Tubercular affections of the bones and joints have been promptly benefited by this remedy, and Burnett's experience with ringworm proves its efficacy in skin diseases, and also shows that skin diseases may often be based on a tuberculous origin. Cases which have not recovered from la grippe, and which date their ill-health to the epidemic invasion of that malady, are as a rule, favorably influenced by Tuberculinum. Idiocy and cretinism, undoubtedly based on tuberculosis, have shown wonderful improvement when treated with Tuberculinum. Rheumatism and gout, chronic headaches, sleeplessness, general decline, accompanied by amenorrhœa in young girls, chronic diarrhœa,

hæmorrhoids, chronic conjunctivitis, and granular ophthalmia, are among the many affections which have been benefited or cured with this remedy.

Proving of Tuberculinum may be found in Hering's *Guiding Symptoms*, Volume X; in Allen's *Therapeutics to Gregg's Consumption*; in different numbers of the *Homœopathic World* for 1891, provings of Koch's Lymph were published, and in the November number of the *Homœopathic Recorder*, is a proving of Bacillinum Heathii by R. Bocoek, M. D. The first proving was made by Dr. Swan, and is thus far the principal one at our command. In all probability other provings will rapidly be made, and their additions joined to what we already have, making Tuberculinum one of the best proved remedies in our materia medica.

This remedy seems better adapted to blondes than to brunettes; to the thin, slender individuals rather than the fleshy; and to the mentally active, rather than those of sluggish dispositions. It is allied to Sulphur, Psorinum, and Carbo-veg., in being useful where the indicated remedy fails to act. It has the power of reviving the vital force, so that indicated remedies may regain an action, and good authority says an occasional dose of Tuberculinum is not interfered with by the intercurrent use of other remedies.

As to dosage, we can only advise the higher potencies. Koch killed patients with the 3d decimal attenuation, and all the successful results have been accomplished in our school with the 30th and higher potencies. Burnett favors the 100th and 200th, and all are emphatic in advising doses to be infrequently given at not shorter intervals than one week. In the writer's hand the most efficacious potencies, after months of experience with different potencies of Bacillinum Heathii, have been Swan's highest. In many instances in the writer's experience hæmoptysis, with sharp lancinating pains in the lungs have followed the administration of a single dose of Swan's Tuberculinum—his highest potency. This has been too often verified to admit of doubt as to its being an aggravation caused by the remedy.

In closing, a word of caution will be *apropos*. We have in Tuberculinum a most valuable remedy, and at the same time capable of doing a vast amount of damage. The greatest care and judgment should be used in administering it, and the advice of those who have brought this remedy into prominence—to use only high potencies, and at the intervals of not less than one week—should not be ignored. There are already many physicians who will not use it because they are unable to get it in the 3d or 6th attenuation, and do not believe in a higher potency of any remedy. To such physicians it is imperative to say: Let this remedy alone until you can take the advice of those who know what they are talking about.—*Homœopathic Physician*, Jan. 1894.

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THE DIFFERENTIAL DIAGNOSIS, BETWEEN ACUTE  
GLAUCOMA AND IRITIS.

By A. B. NORTON, M.D.,  
New York.

The importance of an early diagnosis between two diseases that may so closely resemble each other as the two under consideration cannot be over-estimated, because the treatment of the two diseases in certain very essential respects is diametrically opposite.

In iritis it is of the *utmost importance* that the pupil should be *fully dilated* at the earliest moment possible to prevent adhesions of the iris to the lens capsule and a blocking up of the pupil by the exudation thrown out from the iris during its inflamed state.

In glaucoma, on the contrary, it is essential in its early treatment to produce a *contraction* of the pupil in order to prevent a blocking up of the filtration passages, and thus by promoting excretion relieve the intra-ocular tension.

It will, therefore, be at once readily seen wherein a mistaken diagnosis may lead to an irreparable damage of vision, for in glaucoma *eserine* or some other myotic should be used, as it is the first indication in the treatment of this disease, while *atropine* or any mydriatic is a positive injury; on the contrary, in iritis, *atropine* must be used, while *eserine* is decidedly harmful.

— In considering our text we shall first arrange the characteristic symptoms of the two diseases side by side for a more ready comparative study.

*Acute Glaucoma.*

1. Usually a history of premature recession of the near point; that is, the patient has been unable to use his ordinary glasses, but has been changing them every little while for stronger ones.

2. May have had periodic dimness of vision.

3. May have noticed a rainbow of colors encircling a light.

4. Onset apt to occur suddenly during the night, and sets in with severe pain in the eye and head which increases in severity and is often accompanied by vomiting, fever, and general prostration. Attacks usually brought on by some sudden excitement or grief.

5. *Causes.* Especially a disease of old age, very rarely found under the age of thirty-five usually in one eye. Often hereditary, sex no influence, most frequently in hypermetropic eyes. May be due to neuralgia of fifth nerve, irritation from decayed teeth, hysteria, convulsions, nervous excitement, anxiety, mental disturbances, anger, fear, etc., predisposing causes: also gout, acute rheumatism, atheroma, climatic changes, intoxication, indigestion, fever, sleeplessness, etc. Atropine will also cause it in some eyes.

*Iritis.*

1. Usually no such symptom.

2.  
3.

4. Onset more gradual, with much less severe pain, and no constitutional symptoms.

5. Usually in adults from the twentieth to the forty-fifth year. May occur in one or both eyes, more often in men than women. Comes on from colds and over use of the eyes. Syphilis the most frequent cause, but may be due to scrofula, rheumatism, gout, after injuries or secondary to other inflammations of the eye.

*Acute Glaucoma.*

6. Lids may be swollen and œdematous.
7. Conjunctiva inflamed, chemosed.
8. Subconjunctival or scleral injection.
9. Lachrymation and photophobia.
10. Cornea hazy, may have lost its sensitive-ness to touch.
11. Iris may be discolored.
12. Pupil sluggish and *dilated*.
13. No synechiæ or exudation in pupil.
14. *Greenish reflex from pupil.*
15. Aqueous cloudy, anterior chamber shallow.
16. *Intense pain in the eye and head.*
17. *Eyeball is hard.*
18. Eye sensitive to touch
19. Vision impaired and field contracted.
20. Ophthalmoscopic examination often difficult from haziness and general inflammation, but if possible find *excretion of optic disk*, retinal arteries small and pulsate, retinal veins enlarged.

*Iritis.*

6. Lids red and puffy.
7. Conjunctiva inflamed, chemosed.
8. Subconjunctival or scleral injection.
9. Lachrymation and photophobia.
10. Cornea may be slightly hazy.
11. *Iris always discolored.*
12. Pupils sluggish but *contracted*.
13. Posterior synechiæ usually present and pupil may be partially closed by exudation.
14. Greenish reflex from pupil absent.
15. Aqueous cloudy, anterior chamber *normal*.
16. *Severe pain in the eye and head, which is worse at night* and in damp weather.
17. Tension may be slightly increased in rare cases.
18. Eye sensitive to touch.
19. Vision may be impaired.
20. Ophthalmoscopic examination reveals no abnormal changes in fundus.

A careful examination of the symptoms detailed above will at once show a striking similarity in the two diseases, so much so that a case might arise where even the most careful and expert oculist might not be able to make a positive diagnosis. The most characteristic symptoms upon which the distinctive diagnosis must be based, are the previous history, the iridescent vision, the rapidity of the onset of the attack, the age, heredity, and causes, the dilated or contracted pupil, the tension of the eye, and the ophthalmoscopic examination. Now, to study or further sift these symptoms, we find that the history of premature recession of the near point and the periodic dimness of vision may be absent in glaucoma and might possibly be elicited in a case of iritis. The iridescent vision or rainbow of colors around a light is usually quite indicative of glaucoma, yet it has been found in iritis and in conjunctivitis; the onset of the attack is as a rule very much more rapid in glaucoma than in iritis and yet it may occasionally be more gradual; the age of the patient is usually greater in glaucoma, still there is a very wide margin where a person may have either disease; heredity and the exciting causes of sudden grief excitement, etc., are quite indicative of glaucoma, while syphilis and rheumatism are more characteristic causes of iritis; the dilated pupil of glaucoma, and contracted pupil of iritis are always distinguishing diagnostic symptoms, unless the patient has been using some form of eye-drops, which have probably contained atropine, when of course the value of the symptom is nil; the increased tension of the eye in glaucoma is always a positive guide and is always present, but in an acutely inflamed eye it often requires the skilled touch of the expert to detect it, because such an eye is so sensitive to touch that it is often extremely difficult to estimate the tension; the ophthalmos-

scopic appearances in glaucoma are characteristic diagnostic signs, but owing to the haziness of the media, these are too frequently unrecognizable.

We may, therefore, consider that there is *no* constant symptom that can *always be found* upon which we may base a differential diagnosis between these two serious and grave diseases of the eye. In the large majority of cases there should be no trouble whatever to the general practitioner, with due care and consideration of the symptoms of the two diseases, in making a correct diagnosis, but as there is no telling where or when the difficult case is going to appear this article has been prepared in hopes that it will aid in solving the problem when it arises and perchance be the means of saving some one the affliction of blindness so feelingly described by one who had suffered it.

“Thus with the year  
Seasons return ; but not to me returns  
Day, or the sweet approach of even or morn,  
Or sight of vernal bloom or summer’s rose,  
Or flocks, or herds, or human face divine ;  
But cloud instead, and ever-during dark surrounds me.”

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COMMENTARIES ON THE ORGANON  
OF HAHNEMANN.

(Translated from the French of DR. LEON SIMON, Père,  
by the Editor.)

The work, published by Samuel Hahnemann under the title of *Organon of the Art of Healing*, contains the exposition of the principles of the medical doctrine to which he has given the name of *Homœopathy*. Some of these principles have received numerous developments in several of the writings of Hahnemann; others have rested in the state of simple statements. The commentaries which follow have for their object to fix the sense attached to each of these by the author, and to justify their theoretic and practical, experimental and logical, import. At the point of development at which homœopathy has arrived, this work appears to me necessary. The principles have been so disfigured by controversies raised on their subject that it is of importance to the ulterior progress of the new doctrine to redemonstrate the true point of view from which homœopathy ought to be studied, to bring, to the notice of all, friend and foe, the unique object which the Master had proposed to himself in the pursuit of the reform undertaken by him.

In writing the commentaries which follow, I had but one thought: that of rendering a new homage to the memory of the

man whom I consider as the first and the boldest reformer among physicians of the present day; to him who has made the most complete, the most exact, and consequently the most legitimate use of reason, of observation, and of experience in medicine that has been made up to this time. I do not intend to revive polemics to which time has done justice, nor reply to objections that are puerile. Since more than the twenty years that homœopathy has penetrated France, this task has been taken up with high reason, with much intelligence and talent by a great number of the disciples of Hahnemann. I have myself brought my feeble tribute to this thankless and oft-recurring contest. What has been the result of our common efforts? It is that in the present day as twenty years ago, there are the same objections necessitating the same replies, and that the controversy always moving in the same circle has brought a deplorable sterility.

This sterility of the controversy is explained by the difference of the points of view of the one and the other school. It is, in fact, worthy of remark, that all the work of modern schools, more particularly of the French, for sixty years, has been exclusively anatomical and pathological. It has therefore been a great surprise to see Hahnemann denying at once pathological systems and the excessive pretensions of pathological anatomy. The man, who was audacious enough not to follow the beaten paths, and had refused to pathology and pathological anatomy the privilege of being the basis of all medical systems, has been denounced as unworthy of the title of physician.

The disciples of Hahnemann essayed uselessly to recover the authority of the master from the discredit thrown upon his name and upon his works. To the objections they brought forward against pathological systems, was opposed a cold disdain; and, not to conceal the fact, the controversy was perhaps neither sufficiently fair nor sufficiently decisive on the part of the disciples of Hahnemann. In Germany, especially, Griesselich and his friends did not dissemble what they believed to be an exaggeration of homœopathy. Not being sufficiently convinced of the exactitude of the Hahnemannian principles in what touched upon pathology, they had the weakness to allow themselves to believe that homœopathy, very strong in its pharmacological and therapeutical bearings, was extremely feeble from the double point of

view of physiology and pathology. They believe that the reconciliation of the two schools should be effected by the aid of reciprocal concessions, not perceiving that they were precipitating the new doctrine to inevitable ruin, under the pretext of saving it from an imaginary danger.

I beg pardon of Griesselich and of those who are endeavouring to collect its heritage when I say they have comprehended neither the character nor the extent of the reform undertaken by Hahnemann. Beginning at the very foundations of medical knowledge, the illustrious master takes his point of departure from the ultimate object of all medicine: the cure of diseases. For a work so elevated and of such importance it is undoubtedly proper to know the enemy which one pretends to combat; but it is not of the less importance to know the virtues of the agents of cure; and it is of greater importance still to know the true relationship between these two terms; the medicament and the disease. The harmony between these three terms of medical knowledge (pathology, pharmacology and therapeutics) constitute the power of the physician at the bedside of the patient; and the degree of this power is the rigorous measure of the science which he possesses. When one of these terms receives great development while the two others remain in extreme feebleness, the science of the physician does not make any progress, since his power does not receive any enlargement. In medicine, the most knowing man is he who cures the most and cures the best. The knowledge, which does not lead to this final object, constitutes what with much spirit Sydenham said of the medicine of his time, when he characterized it as "the art of talking rather than of healing" (*Ars garrulandi potius quam sanandi*).

Convinced as I am that the character of the Hahnemannian reform has been often misunderstood by several who, after the example of Griesselich and his friends, have adopted one or more of the Hahnemannian principles, and rejected others; that it has also been suspected by the enemies of homœopathy; that, nevertheless, it is complete in its statements; that it has need to be developed and perfected, but that it repudiates all alliance with what I will call error in medicine; I essay, in the commentaries which follow, to demonstrate these various points.

For this purpose I examine in so many separate commentaries

the physiological, pathological, pharmacological, and therapeutical laws laid down by Hahnemann. It will appear, I hope, from the developm<sup>en</sup>ts into which I shall enter, that these four laws open to the art of healing a vast field, which promises an abundant harvest and numerous conquests. But I will say, in the beginning, a few words on the spirit in which the *Organon* has been conceived; what was intended by its author, and what was not intended; how he has comprehended and executed the task which he had imposed upon himself.

#### § 1. THE ORGANON, WHAT IT IS ?

As the word indicates, the *Organon* is not a dogmatic treatise, still less a didactic work. It is a medical logic. The object of this work is neither to impose a new system, nor to give prevalence to an idea conceived *à priori*, but to give to the physician an *instrument*, a *help*, a *method* to direct him in the difficult art of curing disease and of relieving suffering. The word and the idea have been borrowed from Chancellor Bacon who, having established in the first part of the *Instauratio Magna* the schedule of human knowledges, and demonstrated the faults and imperfections of science such as was taught for centuries, endeavoured to enter into the route which he counseled to follow. The *Novum Organum*, a work incomplete and destined to form the second part of the *Instauratio Magna*, the *De Augmentis Scientiarum* having been its first part, contains the new method, the new instrument by the aid of which, according to Bacon, it was possible for the philosopher and the savant to arrive at truth philosophical or scientific. The title given by Bacon to designate the second part of his philosophical reform had this of felicity that it declared the object he proposed to himself by a general expression received in the scholastic philosophy. Under the name of *Organon* were designated the six treatises of Aristotle which relate to logic, without this philosopher having ever thought to re-unite them under one title. The whole of the Baconian philosophy was, as we know, a long and brilliant revolt against the Aristotelian philosophy. The *Novum Organum* was accordingly a new logic which Bacon opposed to the peripatetic logic.

I have not to examine here the relative value of the systems of Aristotle and of Bacon. I desire only to observe that the title chosen by Hahnemann expresses sufficiently the object which he

had proposed to himself. The *Organon of the Art of Healing*, in the mind of its author, evidently was for medicine what the *Novum Organum* and the six treatises of Aristotle, of which I have spoken, had been for philosophy.

Deeply moved at the imperfections of the science of medicine as taught for centuries; having investigated the cause of the numerous errors which were current in his time; believing to be in the possession of the truth, Hahnemann began where all those who wish to run a large career begin: he made a return towards method; he went up to the examination of the vast and formidable problem of *certainty in medicine*.

At a time far removed from ours, since it carries us back almost to the historic origin of the science, Hippocrates, whose ever-respected name has traversed centuries, wishing to free medicine from the pernicious influence of philosophical schools and particularly of the school of Elea, could only succeed in doing, in the treatise on *Ancient Medicine*, what Hahnemann has since done from an altogether different point of view, and in contending with other adversaries. It was in hatred of philosophical hypotheses, and by making a solemn appeal to observation and experience, that Hippocrates succeeded in constituting medicine a separate science, distinct in its object, in its principles, and to a certain extent in its philosophical methods. Hahnemann was no more in presence of philosophers, but of physicians, successors of Hippocrates, who might nevertheless be friends or enemies of the doctrines taught by the father of medicine. He interrogated them all, as he had a right to do, upon the use they had made of observation and experience, vaunted by all and misunderstood by all, and the results of this examination are recorded in the introduction to the *Organon*.

In all treatments undertaken by the allopathic school, the pretension was to hit the disease at its primary cause. Vain hope! Pretension ridiculous? The primary cause of disease cannot fall within the cognizance of the senses, no body can know it, nor consequently can meet it. It is lawful for every body to imagine one. Discoursing of divers hypotheses contrived in order to explain what they have called *prima causa morbi*, Hahnemann made a long criticism of the pretensions of each one of them, so much the more to destroy it. This criticism of Hahnemann has very



much scandalized the opponents of homœopathy. They have judged him superficially, not reaching his object, affecting either profound contempt, or great ignorance of tradition. If Hahnemann had wished to make a historical or philosophical criticism, what he said of the allopathic school would have been insufficient, but such was not his design.

“Without ignoring,” says he, “the services which a great number of physicians have rendered to the sciences accessory to the art of healing, to physics, to chemistry, to natural history in its several branches, and to that of man in particular, to anthropology, to physiology, to anatomy, &c., I only occupy myself here with the *practical part of medicine*, in order to show how imperfect is the way in which diseases have hitherto been treated.”

It was not then with the object of judging the ancient systems from the point of view of theory that he cited them at the bar of criticism, but in order to estimate their value according to their practical results. Of what importance to him, from that time, that in the historic succession he should meet solidists and humorists, dogmatists, empirics and eclectics! Bringing to medicine a new basis of certainty, he had to occupy himself less with what his predecessors had thought than with what they had done, less with systems than with their results. When in the treatise on *Ancient Medicine* Hippocrates attacked physicians who, under the influence of the Eleatic school, sought in a single element, either the regular play of life or its alterations in disease, he did not lose himself in long discussions upon the doctrines of the Eleatic philosophers, nor upon the writings of the physicians who had submitted to their influence; he combated them in their practice and their tendencies. Can any one say that he had ignored the doctrines of Parmenides, of Xenophon, of Zeno and of Melissus, and the works of physicians who had received their inspirations from them? Can any one say that he had disdained them? One cannot combat what one cannot comprehend, and the voice of centuries has shown that Hippocrates comprehended what he combated. Even so, when Hahnemann attacked the allopathic school in its pretension to know and to have power to destroy the *prime cause of diseases*, he took the various systems which had flourished from Hippocrates to Broussais, in what they had of essential and fundamental, overthrowing by the same blow

the coction of Hippocrates; the strictum and laxum of Themison, the humorism of Sylvius, the eclecticism of Boërhaave, the dichotomy of Brown, and the irritation of Broussais. When one refers the primary cause of diseases to an alteration of the solids or of the liquids, or to the simultaneous alteration of both solids and liquids, what does it matter how this cause acts in producing asthenia or irritation? Different and contradictory as were the answers to the question, these answers were vain, since, as Hahnemann has shown, the problem attacked was insoluble,—it was a problem which was beyond the reach of the feeble powers of the human understanding. And meantime what have they done, from the time of Hippocrates to the present day, other than searching for this cause, whatever the element might be in which they had placed it?

Is this to say that medicine should be perpetually condemned to the uncertainty of systems? No, answers Hahnemann. Medicine possesses three sources of knowledge, the legitimacy of which is incontestible, since it possesses them in common with other branches of human knowledge. These are 1. observation and experience; 2. reason; 3. testimony.

*(To be continued.)*

## CROTALUS AS A REMEDY.

(Continued from p. 167, No. 5, Vol. xiii.)

As the result of bite there was paralysis of both the extremities from *Crotalus*. This paralysis was associated with paralysis of the upper eyelids. Neither *Lachesis* nor *Cobra*, so far as observed, has produced paralysis of either the upper or the lower extremity, and, though under both there is inability to open the eyelids, it does not appear that this was due to paralysis. The only symptom of the upper extremities, observed under *Lachesis*, which might be looked upon as paralytic, was: "weakness of arms so great that he is unable to raise them, they sink down exhausted." And similarly the only symptom of that character in the lower extremities was: "helpless, stumbling gait, with stiffness of the joints, so that he could not bend them except very slowly, afterwards movements frequently rapid and active, often uncertain and clumsy." *Cobra* has "sudden prostration of strength in limbs," "staggering when walking," "dragging and weariness of limbs while walking," all of which might be and most probably were due to general prostration, rather than to paralysis properly so called. Whether this absence of actual paralysis under *Lachesis* and *Cobra* was a characteristic feature of their toxic action as distinguished from that of *Crotalus*, or whether it was simply accidental, cases of provings and poisonings not having been sufficiently numerous to bring it under observation, it is not easy to say. For the present, therefore, and so long as further experiments and observations do not warrant a different conclusion, we would say that *Crotalus*, having actually produced paralysis both of the upper and lower extremities, should have the preference as a remedy in that diseased condition, unless other associated symptoms point either to *Lachesis*, to *Cobra*, or to any other remedial agent.

As the result of bite by a *Crotalus* on the right thumb there was recurrent contraction of the *flexor carpi radialis* of that side associated with simultaneously recurring eruption of vesicles upon the integument between the metacarpal bone of the thumb and index finger, the recurrence continuing for years. As the result of proving of the same serpent poison, a sensation of contraction of a tendon in the right leg was observed. In a proving of

Lachesis this contraction was observed, as in the symptoms: "tension through the whole arm, extending through the middle fingers, as if the tendons were too short;" "the hands, which were bent by contraction of the tendons, began to pain if she attempted to sew." Such symptoms have not been observed under Cobra. We should expect, therefore, both *Crotalus* and *Lachesis* to be useful in cases where there is the distressing sensation as well as the actual existence of contraction or shortening of tendons. No clinical experience has yet been obtained with *Crotalus* in this affection. The following quotation from the late Dr. Constantine Hering seems to lend support to the value of *Lachesis* in that direction. "Lachesis I have found," he writes, "very useful in many cases of so called shortening of tendons, sensation of threads stretched along the arms, legs, or from the back of the neck to the eyes, and in various other sensations of tension." Cases have been reported in which contraction of the Hamstrings after popliteal abscess were benefited by *Lachesis*.

The joints of the extremities are painfully affected by all these poisons, perhaps less so by *Crotalus*, and very frequently and greatly by *Lachesis* and *Cobra*. Under *Crotalus* we have pain in muscles and joints; rheumatic pains in elbows, wrists, ankles, last phalangeal joints of the hand, especially of right side; gout-like drawings through right knee, right patella and tibia; rheumatic drawing in hollow of right knee; all these are worse from touch and movement. Under *Lachesis*, there are rheumatic pains in shoulders, elbows, wrists, all the joints of the hand (especially left), knees (with swelling), ankles, tarsal joints; worse by motion. Under *Cobra* we have rheumatic pains in shoulders, elbow-joints, wrists, ankle-joints, of a shifting character, worse at night in bed and from motion.

Hence we should expect all these poisons to be useful in rheumatism, rheumatic arthritis, and in simple rheumatic pains of the joints of both the upper and lower extremities. There has not been as yet much clinical experience with *Crotalus* in these affections. Dr. Hayward speaks of a case of *Gonorrhœal Rheumatism* in a chronic inebriate, in which he witnessed much improvement follow a course of *Crotalus* 6. Clinical experience with *Lachesis* has been a great deal more abundant; indeed, it has become an

established remedy in rheumatic affections of the joints, especially of a chronic character, in patients whose constitutions have been shattered by alcoholic and sexual excesses, or undermined by syphilis and mercury. Lachesis has also been found serviceable in swellings of joints when of traumatic origin, resulting from sprains or blows. Implication of the heart is an additional indication for Lachesis. We have found Cobra to be useful in these affections, when the pains are worse at night and shift from one joint to another, and when the heart is involved in the rheumatic inflammation.

Both *Crotalus* and *Lachesis* are credited with having produced pains in bones apart from their connection with joints. Thus we have under *Crotalus*, "drawing in the *bones* of the arms," "drawing pains in the *bones* of the left thumb," "pain in right *tibia*," "dull drawing as if through marrow of *bone*, extending from knee to foot," "cramp-like drawing in both heels, extending to malleoli, chiefly felt within the *bones*." Under *Lachesis*, we have "pains in the arms as if internally in the *bones*," "gnawing and crawling in *bones* and flesh of right third and fourth fingers," "drawing in left leg, as if in *bone*," "drawing in *fibula* and foot," "stitches in right malleolus." No pains, referrible to the bones themselves, apart from their connection with joints, have been observed under Cobra. Hence both *Crotalus* and *Lachesis* would be useful in diseases of bones,—inflammation, suppuration, necrosis, and caries. Some clinical experience has been obtained with *Lachesis*, but none as yet with *Crotalus*. Whether further provings with Cobra will develop bone symptoms, has to be seen.

Under *Crotalus* has been observed inflammation of the lymphatics of the bitten (upper) extremity and of the corresponding axillary glands. Hence it may be useful in similar inflammations, especially when arising from septic poisoning. Though under *Lachesis* lymphangitis and adenitis have not been observed either in its poisonings or in its provings, there has been satisfactory clinical experience of its remedial action in those conditions, when of syphilitico-mercurial or of septic origin. Observation and clinical experience are as yet wanting with Cobra as regards its action on the lymphatic system.

Under *Lachesis* was experienced "gnawing and crawling under the finger-nails," feeling as if something were digging beneath

the right toe-nails and pushing them up." Under Cobra was felt "most acute pain under the nail of the left thumb (where the virus had entered), this pain also ran up the arm." Hence we may conclude that both Lachesis and Cobra have a pathogenetic action on the matrix of the nail, and may be useful in onychia and paronychia, especially of a malignant type. From the similarity of its action, Crotalus is likely to have the same toxic action, and therefore the same remedial influence.

The affections of the extremities mentioned above are what may be said to be referrible to distinct classes. There are others of a miscellaneous character, to which all these serpent poisons may be homœopathic, and which therefore may be benefited by them. These are the various kinds of abnormal sensations and pains, startings, jerkings, and cramps, chilblains, ulcers, hæmorrhagic spots, varicose veins, etc. Provings and poisonings have not yet been so numerous and varied as to enable the physician to point with precision to one or other of the serpent poisons as the true homœopathic remedy in particular cases. Any clinical observation bearing on this subject cannot but be welcome. We, therefore, make no apology to cite the following cases, the first from Dr. Hayward, illustrating the cure of *Tingling and Pricking* of the hands by Crotalus, the second from Dr. Hering, illustrating the cure of a peculiar affection of the right hand, attended with swelling, mottling, itching and creeping, by Lachesis:

"Mrs. J—, aged 33, married six years, no children, but several miscarriages. Her husband has chronic syphilis, and has lately become impotent, and for the last twelve months she has ozœna. Reports that for two months she was noticed her hands tingling and pricking—"going to sleep"—especially the left one, on the least exertion, and that "they became quite dead" when she sews; the left leg is also similarly affected. She had a similar attack three years ago, for which she was treated with electric and salt-water baths, and gradually recovered with three or four months. *Crt.* 6 three drops three times a day was prescribed. Within a week she began to have less tingling, and it totally disappeared within five weeks, and the ozœna within two months."—*Hayward.*

"A young man, weakened by disease and by medicine, had suffered much from pains in the bones (probably mercurio-syphilitic) of the right arm, which had been still further weakened by

the fracture of the clavicle. After he had been cured of this pain, as well as of caries of the upper jaw, and had remained perfectly well during four months of the coldest weather, that is, from December to March, he was attacked, without any ascribed cause except that he had taken a piece of ice in his hand, suddenly one morning with the following affection: Swelling of the back of the right hand, extending down the fingers; the whole after a few minutes became quite livid. After being wetted with hot brandy it went off; but after some days it returned as suddenly as before, and much more severe, and then it appeared every day, each day earlier than the foregoing, and continued 3 or 4 hours. It begins with severe itching and "creeping" (*kriecheln*), the hand becomes blue and gradually darker, and has the appearance, on the worst part, of a contusion but more transparent; it is at parts (*mar-mortirt*) mottled; the hand looks as if it were stuffed, it is so hard. The affection now grows from the middle of the back of the hand, over all the fingers, the hand is ice-cold, but seems to him burning hot; it is very sensitive to pressure, and he can bear nothing to lie upon it; burning and pricking in the finger ends; the heat of the stove relieves the pain, but increases the creeping sensation. Throbbing pain at the outside of the wrist the whole day; sharp pain extending up the arm as far as the elbow; spasmodic (?) pain in elbow-joint when he carries his arm in a sling, not when he allows it to hang; by every attack there is pain at one small spot under the shoulder (affection of a vein?). There is pricking and burning in the hand as it goes slowly away. Lachesis given after an attack made the succeeding one slighter, and there was no more. It was observed at the last attack that the cold finger-ends when rubbed became white, and by repeated stroking of the finger upwards, the blood was forced into the upper veins, thus the color left the fingers, but it was more difficult to recover the back of the hand."—*Hering*.

(To be continued.)

NECESSITY FOR CAUTION ON THE PART OF  
ATTENDANTS ON PATIENTS UNDER  
OLD SCHOOL TREATMENT.

Fatal mistakes of compounders of old school medicines are not of infrequent occurrence. Not only children, but adults have fallen victims to the carelessness and blunders of men who, in using the scales for the weighing of drugs, may be said to hold the balance of life and death of patients in their hands. From the minuteness of doses of homœopathic medicines such serious mistakes are not possible in homœopathic compounders. Of course we do not say that mistakes of dispensers of homœopathic medicines are absolutely harmless. We believe that they may, and in most cases must, lead to aggravation of the patient's complaint, but they cannot lead to actual death as very often follows an overdose of medicine or a wrong medicine, under old school treatment.

There is need of extreme caution not only on the part of dispensers of old school drugs, but there is equally the same need on the part of the attendants on patients who are under old school treatment. Often more than one prescription is given, of which one, in a good per centage of cases, is likely to be for a sleeping draught. There may not be much harm when single doses only are prescribed. But economy requires the ordering of several doses bottled in a single phial, or a quantity of the pure drug out of which a few drops are directed to be taken. It is easy to see what danger lurks in these bottles large or small, how a slight mistake or carelessness on the part of him or her who is charged with the administration of these medicines intended to alleviate pain or procure sleep, may soothe away life itself, by bringing on sleep from which it will be impossible to rouse the patient. The lamentable case of the late Prof. Tyndall must be still painfully fresh in the mind of every lover of his kind, of every admirer of great men, and of every wisher of progress of the human race.

There is another danger attendant on old school treatment about which the patient's attendants cannot be too careful. Our colleagues of this school are very seldom confident of success from internal drug treatment alone. They must supplement it with external applications to soothe or irritate or blister. And these



external applications consist generally of more than one drug of a poisonous character, each of which, in the doses prescribed for external application, is capable of proving fatal when taken internally. It is easy to imagine how disastrous would be the consequence when medicines intended for external application are mistaken for those intended for internal use.

We have been led to the above remarks from the occurrence of two fatal cases, which had resulted from the carelessness we speak of, in the course of this month in our city. One of these cases happened in a private institution, called the *Dásáram*, or Home for Incurables, in which a mendicant named Fakir Mahammad met with his death from carbolic acid poisoning, the nurse "by mistake" having given the man a dose from the "wrong phial."

The other case was that of a child about two years of age, who met with his death, because the unfortunate grand-mother of the child used, "by mistake," the contents of a phial of liniment! It is true the child was ailing for sometime, probably from the effects of the impaction of a piece of betel-nut in a bronchial tube (as the *post mortem* revealed), but the fact that after taking the first dose of the liniment, the child collapsed, shows that the poor little thing, but for this dose, would not have met with such a sudden and sad termination of his life; and might, for all that we know, have recovered from the effects of the foreign body in the bronchial tube, as a similar case that we had under our care had done.

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We have not yet received the No. for April 1894 of this excellent Journal.—Editor, C.J.M.

## EDITOR'S NOTES.

## FRAGMENT OF GLASS IN THE CHEEK.

The following case of a sharp foreign body, remaining imbedded in the cheek for thirty-two years without being felt by the patient, has been reported in the *American Medico-Surgical Bulletin* for May 1, by Dr. Carl Beck, and is surely worthy of a permanent record :

"This man, now 45 years of age, carried a piece of glass in his cheek for thirty-two years without noticing its presence. About nine months ago a physician told him he had an epithelioma of the cheek, and advised immediate operation. Examination showed, near the right zygoma, a redness of the skin and some broken down tissue. Palpation gave an obscure sensation of a foreign body, and further exploration revealed a piece of glass. He then recollected that when a child he was wounded in the face by an explosion of gun-powder. It was remarkable that, in spite of the sharpness of the fragment, it gave rise to no symptoms until nine months ago."

## DEATH FROM HÆMORRHAGE AFTER TOOTH EXTRACTION.

Apparently it may seem strange and almost impossible that death may take place from hæmorrhage after the simple extraction of a tooth. But such a fact has been recorded by no less an authority than by Dr. Elliott Bates, in the *Annals of Surgery*. People suffering from hæmophilia are exposed to such dangers even after slight operations. The patient in the present case was a young man of twenty-five, of very delicate constitution from childhood. He was a sufferer from painful joints and digestive troubles at intervals. On one occasion when he was a child, he had a great deal of hæmorrhage from a slight accident, and twice he had been almost on the verge of death after extraction of a tooth. These facts were not quite sufficient to warn him against dangers from similar causes. He determined to undergo the risk a third time. After the extraction of a tooth hæmorrhage followed with profuseness which stopped after plugging, but it again reappeared at night, and on the following morning the patient was in a state of collapse from loss of blood. His face and lips were pale and cold, and he had tinnitus aurium and dimness of vision. The patient succumbed, in spite of all active treatment, seventy-six hours after the extraction of the tooth. This case ought to be a lesson to rash surgeons. The man might have been fool hardy to submit himself for a third time to an operation which

might bring him death, but the surgeon should have abstained from operation when he came to know of the peculiarity of constitution of the patient.

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#### CIVILIZED MANNERS FOR THE MEDICAL PRACTITIONER.

The *New England Gazette* for May, has quoted the following useful, though perhaps a little too worldly, advice from the *Family Doctor*. There is no doubt that the manners of a physician go a great way in helping or retarding the effects of drug treatment, which, it should be remembered, is not the be-all and end-all of the practitioner's calling. Very often the gentleness and the sympathy of the medical adviser effect half the cure.

"Learn to laugh. A good laugh is better than medicine. Learn how to tell a story. A well-told story is as welcome as a sun-beam in a sick room. Learn to keep your own troubles to yourself. The world is too busy to care for your ills and arrows. Learn to stop croaking. If you cannot see any good in the world, keep the bad to yourself. Learn to hide your pains and aches under a pleasant smile. No one cares to hear whether you have the earache, headache or rheumatism. Don't cry. Tears do well enough in novels, but they are out of place in real life. Learn to meet your friends with a smile. The good-humored man or woman is always welcome, but the dyspeptic or hypochondriac is not wanted anywhere, and is a nuisance as well."

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#### A CURIOUS ESCAPE FROM DEATH BY LIGHTNING STROKE.

The subject of this fortunate escape was, we learn from the *Lancet* of May 26, Dr. L. Dandois, a distinguished surgeon of the Belgian school, Professor of Surgery in the University of Louvain. On his return from a visit to a patient in the neighbouring town of Linden, he was overtaken by a thunder-storm as, having alighted from the train, he was pursuing his homeward journey by road. The sky was dark as at midnight so as to make it difficult for him to avoid the telegraph poles standing at intervals along his path. In a few minutes a fireball, the *fulmen globulare* of the older meteorologists, the most dangerous and destructive form of lightning known, descended upon him. He was hurled off the road across a ditch and was landed in an adjacent field. Fortunately he was holding with both hands a large umbrella with a thick wooden handle. The umbrella cover was completely burnt off the steel frame work, which was twisted into every sort of shape. It was full ten minutes before the professor recovered the use of his benumbed limbs.

Ultimately he was able to resume his walk homeward. Had the handle of the umbrella been of metal, Dr. Dandois is convinced that he must have been killed instantaneously.

#### SCARLET RASH AFTER ENEMATA.

In the *British Medical Journal* of June 2, Dr. C. W. Suckling gives two cases of scarlet rash appearing after the administration of enemata. The first case was that of his own son aged eleven. About two hours after the use of a soap water enema a bright scarlet rash appeared all over the body. The rash disappeared within 48 hours. The second case was that of a young girl in the Queen's Hospital, in whose body a little scarlet rash appeared after the use of a soap-water enema. Dr. Suckling says that occasionally mild symptoms of scarlet fever arise after the use of enemata. He refers to a paper by Dr. G. H. Burford in the *Lancet* of December 15, 1888 from which we give the following notes of similar cases:

*Case 1.*—A girl aged 21, with marked gouty diathesis and intractable constipation, was under treatment for endometritis. Enemata were freely administered, with the usual results from time to time, but at length after some days' constipation, an enema was followed by a general erythematous rash, excessively irritable, diffused over the trunk and extremities. There was also some congestion of tonsils and fauces, but no rise of temperature. The rash quite subsided after two days.

*Case 2.*—a woman, aged 30, had urticarial rash within a few hours after an enema. The rash disappeared within 2 days.

*Case 3.*—similar eruptions in a woman aged 36.

*Case 4.*—Diffuse papillary rash, with no obvious wheals, although highly irritable.

*Case 5.*—Miss H——, aged thirty, convalescing after operation for division of the cervix, had an enema given, subsequent to which there appeared a red rash of the urticarial type, chiefly involving the extremities and trunk.

*Case 6.*—a man aged 53. After an enema a rash rapidly developed, diffuse, irritable, erythematous, and with distinct symptoms of general malaise the latter lasted for a few days, although there was no pyrexia and no sore throat. The rash disappeared within two days.

*Case 7.*—Mrs. G——, aged twenty-nine, convalescing from amputation of the cervix uteri. The administration of an enema in this case was followed in a few hours by a typical urticaria, diagnosed as such

before the cause was discovered. This rash was diffused over the trunk and extremities, was excessively irritable, and with wheals minute but obvious.

Case 8.—a woman, under treatment for cervical erosion and catarrh, had an enema administered and a few hours afterwards a diffuse erythematous rash appeared, universal and pronounced. Coincident with this was a rise of temperature and a sore throat sufficiently marked to require special treatment. The rash soon disappeared, the pyrexia and sore-throat abated in three or four days. The temperature rose above 102°.

Dr. Suckling is of opinion that the rash is due to toxæmia caused by the absorption of fæcal matter liquified by the injection of a large quantity of warm water. These cases ought to make us careful about the too frequent and sometimes unnecessary administration of enemata which are now a days so often resorted to.

#### PERMANGANATE OF POTASH IN OPIUM POISONING.

The following case of recovery from almost the last stage of Opium poisoning by the use of Permanganate of Potash, reported by Dr. W. J. Martin, of Pittsburg, Pa., in the *North American Journal of Homœopathy* for May, is sure to be read with interest in connection with recent experiments on the antidotic effect of the potash salt in poisoning with opium and its narcotic alkaloids, and also in connection with the next case which we have taken from the *Lancet*.

"About 10 P.M., March 14th, a man was brought to the Pittsburgh Homœopathic Hospital who, about 6 P.M., had taken some three ounces of laudanum at one dose. When discovered soon afterwards he was not entirely unconscious. A physician was called who was with him for an hour or more but to no purpose, and advised his removal to the hospital.

"When received at the hospital his body was livid and as limp as a wet rag; his respirations were four per minute, or, as one of the residents said, "he only breathed occasionally;" the eyes insensible to light or touch, the finger placed on the cornea did not cause the lids to close; pressure over the supra-orbital notches had no effect. He was absolutely and totally unconscious and insensible.

"I, as visiting physician on duty, was telephoned in regard to the case, but being engaged at a case that I could not leave, advised the resident physician to pour strong coffee into patient's stomach and give atropine hypodermically, and keep the man moving about. The coffee was given, the stomach having first been washed out; three hypodermic injections were given at short intervals; the bladder was catheterized—result, eighteen ounces; flagellation was vigorously and persistently practiced, especially over chest. To walk the patient was impossible, as much so as

it would be walk a corpse. An hour had been consumed in these efforts on the part of Drs. Moreland and Gregg, the residents, without the least improvement in the condition of the man, when Dr. Moreland recalled the permanganate of potash experiments that he had read in a recent journal, and proposed a trial. A strong solution was immediately prepared and three injections in each arm given at intervals of from twenty to thirty minutes. After the first injection no effect was noticed; after the second there was improvement in respiration; after the third, more marked improvement in the respiration, and slight muscular action in the arms; after the fourth he raised his hand to his mouth; after the fifth, when spoken to loudly, he answered, but still very stupid, after the sixth and last injection he recognized his employer, and asked and answered questions. The flagellations were continued at intervals all night as they drove off drowsiness, to which there was a great tendency.

"The next day, less than twenty-four hours from the time he took this large quantity of laudanum, the man was dressed and walking about the ward, and said he felt well, except the arms were sore from the hypodermic needle. His pupils, also, were insensible, though he appeared to see properly.

"The consensus of opinion of all who saw the case is, that without the permanganate of potash this man surely would have died.

"The strength of the solution used cannot be given, as the permanganate was not weighed nor the water measured, but it was quite strong, being of a very deep purple color. The amount used at each injection was two drachms."

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#### OXYGEN IN OPIUM POISONING.

Oxygen plays a most important part in the functions of life. But its uses as a therapeutic agent have been few. It has been employed by few physicians in embarrassed respiration with varying results, as in asphyxia from coal gas and dyspnoea and cardiac failure from many acute diseases. Recently it has been employed in "opium poisoning with intense cyanosis, dyspnoea, and a flagging pulse." If this succeeds in the majority of cases then it will be a valuable acquisition in the domain of therapeutics. The following case, reported in the *Lancet* of June 2, by Dr. W. J. C. Merry, gives an excellent illustration of the use of oxygen in opium poisoning:—

A man, thirty-two years of age, was brought to St. Thomas's Hospital by the police. He had been found lying insensible on the Albert Embankment about half an hour previously, and all attempts to rouse him proving ineffectual, he was conveyed to the hospital. When I first saw him he was somewhat, though not greatly, cyanosed, and breathing stertorously about fifteen times per minute. He was quite unconscious, his corneal reflex abolished, his pupils contracted and inactive, his pulse rapid and weak, and his limbs flaccid. His breath smelt of chlorodyne, and a quantity

of brownish fluid with a similar smell was removed from the stomach by the stomach pump. After these efforts were made to rouse the man from his stupor, and, with this intention, enforced exertions being out of the question, the interrupted current, flagellation, cold affusion, and strong ammonia to the nostrils were successively tried. The ammonia made him cough slightly, but he responded to this combined treatment only to the extent of indifferent protestations when pressure was applied over the supra-orbital notch. The pulse having shown signs of failure at intervals during this time, hypodermic injections of ether were occasionally administered. At the end of about three hours the patient was very little, if at all better, and as soon as the battery and other restoratives were discontinued he relapsed into profound coma. The united efforts of three policemen failing to make the patient walk, and his condition at the end of four hours continuous stimulating treatment being serious, he was sent up to the ward. When seen there shortly afterwards his face was intensely blue, and his lips and fingers livid: respiration was very slow (about 8 per. minute) and laboured. The pulse was scarcely perceptible and unconsciousness was complete. It was then determined to try the effect of the administration of oxygen. This was given in such a way that only the pure gas, undiluted with air, was breathed, and the inhalation was continued without interruption for twenty minutes. At the end of this time the face had regained a nearly normal colour, the respiration were fuller, easier, and slightly quieter, and the pulse was now perceptible at the wrist, beating regularly about 100 to the minute. The patient was, however, still in a state of stupor, though the eyelids now responded slightly to a touch on the cornea. After an interval of about half an hour the inhalation was repeated with marked effect. Shortly after its commencement the man, for the first time, moved in bed and presently opened his eyes. The whole condition improved so rapidly from this time that before a quarter of an hour had elapsed the patient could tell his name and answer, though in a somewhat rambling fashion, any reasonable question. The inhalations were repeated twice after this for twenty minutes, at intervals of three quarters of an hour, at the end of which time the patient's condition was so satisfactory that they were discontinued. The man remained in a somewhat drowsy state during the day, but never relapsed into coma, and made a perfect recovery. The patient on his recovery, alleged that he had drunk two ounce bottles of chlorodyne (a preparation containing, I believe, somewhere about four grains of morphia to the ounce) at midnight—that is, about three hours before the police discovered him. The use of oxygen was suggested by the lividity of the patient and by recent observations upon the destructive effect, apparently by oxidation, of potassium permanganate on morphia. That the oxygen was the turning point in the case seems to be beyond doubt; but of the exact way in which it acted it is difficult to speak without further experience of its use in similar cases.

## CLINICAL RECORD.

*Cases of Intermittent Fever* cured by high dilutions.

By DR. BRAJENDRA NATH BANERJEE, M.D.

*Case 1.*—Nakauri, a boy aged seven years, came under my treatment for an attack of intermittent fever on the 17th March 1893. Previous to this date he was being treated with quinine for a week.

*Previous Symptoms:*—Great thirst for large quantities of cold water before the setting in of the fever; then felt chilly when also there was great thirst and desire to lie down quiet. Then heat would supervene with thirst and nausea and desire to lie quiet. The great characteristic of the attacks were one attack at 3 p. m. one day, and the next attack at 8 p. m. of the following day. I could not detect this peculiarity for a couple of days.

*Treatment:* On the 12th March, *Nux v.* 6, two doses. On the 18th and the 19th *Bryonia alba* 6, two doses every day were given; the attacks would return in spite of the medicine. On the 20th, 21st, and 22nd *Bryonia* 30 was given without moderating or changing the attacks. On the 23rd, 24th and 25th no medicine was given, but the peculiar features of the attacks, one day at 3 p.m., the next at 8 a.m., continued. On the 26th a dose of *Bryonia* 200 was prescribed, and since then the boy did not get another attack.

*Case 2.*—A boy, aged 12 years, came under my treatment for an attack of double quotidian fever on the 20th June 1883.

*Present Symptoms:*—The attacks used to come on with vomiting and shivering. After the vomiting was over, the boy would sleep for several hours covered with perspiration. He used to get one attack at 8 a.m. and the next attack at 6 p.m.

*Ant. Crud.* 6, for 3 days did not abate the attacks. The same medicine in the 200th potency, one dose, cured the case.

*Case 3.*—A girl, aged 12 years, came under my treatment on the 16th June 1893 for an attack of intermittent fever. The fever used to come on every day at 2 p.m. Had no thirst, no chill, no sweat, in fact she had no complaint except that she could not sleep or stay in the room during an attack of fever, she always felt better in the breeze and open air.

*Pulsatilla* 6th, 12th, and 30th, consecutively for a week did not do her any good. At last a dose of the 200th potency of the same medicine removed the attacks.

*Case 4.*—An adult, aged 48 years, came under my treatment on the 20th February 1894 for a very severe attack of ague. He had taken large doses of *Quinine* to no effect. Every attack would come on at 4 p.m. with distressing vomiting, preceded by a very severe chill. The bilious vomiting would continue in the last stage with pains all over the body. When the temp. rises to 105 he becomes somewhat loquacious and then falls into a deep slumber.



*Eupat. Perf.* 6th, for three days, did him no good. On the 23rd February a dose of *Natrum mur.* 200, in the morning checked the attacks.

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Cases of Fever.

BY BABU CHANDRA SEKHAH KALI, L.M.S.

*Case 1.*—M. N., aged 35 years, of robust, well-built constitution, and short stature, with tumefied abdomen, began to have fever of an intermittent character from the 2nd April 1892. I saw the case on the 4th April. Fever used to come on from 8 to 10 A.M. with chilliness. During the chill I noticed "*icy coldness of the feet and legs as far as the knees.*" Heat was excessive, ending in profuse perspiration all over the body. He used to drink much water in the hot stage. Guided by the italicized symptom I selected *Silecea* and gave its 30th potency for two days; there was some improvement but not such as we expect from homœopathic drugs. The question now to decide was, whether the potency should be changed or the remedy. Seeing that there was slight improvement as regards the intensity of the paroxysm I decided to change the potency, but not having a higher with me, I gave *Silecea*, 3rd trituration, every three hours. The day this was administered the attack was very slight, and the next day there was no fever at all. The trituration was given only three times a day, and the patient was all right within a couple of days.

*Remarks:* I had never used *Silecea* in the 3rd. potency in any disease, under the idea that drugs which, in the crude state, are of an inert nature, such as *Silecea*, Sulphur, Carbo, Calcarea, cannot acquire medicinal power below the 30th potency. I am glad that I had not a higher potency of *Silecea* in my case than the 30th, for if I had I would certainly have used it in preference to the lower, which I was in a manner forced to use. This simple case has therefore considerable value in that it shows that medicinal power is developed in ordinarily inert substances even at the third decimal trituration.

*Case 2.*—B. N., the younger brother of the above-mentioned patient, aged 10 years, thin and of weak constitution and delicate health, was suffering from intermittent fever since a long time with an occasional feverless state for months and weeks. I took charge of his case on the 31st. August 1892, and found he had a large spleen and was very pale. The paroxysm of fever used to come on generally in the afternoon. During the fever the feet were icy cold (not the hands). He used to lick the lips frequently even when in good health as a habit. Thirst was of ordinary character; fever ended with good perspiration. *Error of diet used to bring on the paroxysm.* Last paroxysm was due to taking some sweet meats prepared with clarified butter (ghee). *Pulsatilla*, 3rd potency, was given 4 times daily which made the patient feverless within four days. *Pulsatilla* was continued thrice daily for a week more; the paroxysms did not return within a couple of months and the spleen was almost reduced to its normal state. The little patient thought he was all right, as he had regained his

strength and his appetite. He was, therefore, tempted to try his favorite sweet meat one day, but the very next day fever came down upon him with much more force, and the spleen was seen to be again enlarged; he was alarmed and confessed his error. I again gave him *Puls.* 3, which made him feverless within two days, and he continued the medicine for a few days more and was careful about his diet. Since then he had no more fever. Having occasion to see him a few months ago, I had the satisfaction to find that his enlarged spleen has come back to its natural state.

*Remarks:* Afternoon attack, paroxysm brought on by indulgence in greasy food, and cold feet in the chilly stage, led me to select *Pulsatilla*; and the result was all that could be desired.

This case shows how within a few days the spleen may become as big as double or triple its normal size; and how by proper treatment it may be made to return to its proper size, so that it would appear as if there were no enlargement at all. When the spleen, however, becomes chronically enlarged, it becomes hard and irreducible.

#### A Case of Rheumatism.

BY BABU TINKARI MUKERJEA, L.M.S.

Babu D. M., aged 29, came under my treatment on the 13th Jan. 1894. He was suffering from fever since the 9th inst. The symptoms were: fever worse in the evening, when the temp. would be 100, pain in the head, loss of appetite, bowels costive, tongue foul, taste bitter. Gave *Ac. mur.* 3x, 1 dose.

14th January. Bowels not moved. Fever same. *Nux v.* 30.

15th. Had two doses of *Nux v.* yesterday. Bowels had moved once. Temp. in the evening was 100.5. Complains of pain in the elbow-joints, extending down to the middle of the fore-arms, the pain in the right elbow is more than in the left. *Bell.* 6x, twice to-day.

16th. The temp. had risen to 101. Pain in left elbow was less, but that of the right has increased; and there was some swelling of this elbow. To have *Bryo.* 6x, three times to-day.

17th. Pain in the elbow less, but the right knee and ankle-joints have become affected. Ordered *Puls.* 30, to be given twice.

18th. Almost all the joints, including the little joints of the fingers and toes have become painful and swollen. Pain worse from movement. Max. temp. yesterday was 106.6. Tongue foul and coated white. Patient was put on *Bryonia* again. In the evening the temp. rose to 103, and the pain in the joints were very excruciating.

19th. Patient to-day confessed that previous to the attack of fever he had exposed himself at night, and had felt chilly in consequence, and that he used to feel chilly after his usual bath every day for some days. The temp. in the morning to-day was 102.8, the pains and swellings are just the same. Had no sleep in the night. *Rhus Tox* 30, to be given three times to-day.

20th. The temp. was considerably less, being only 101.4. The pains

and swellings were also less. Bowels have become regular. Tongue still continues coated. There is also slight redness of the eyes. Cont. *Rhus*.

21st. Patient better. Continued *Rhus*, and allowed fish broth for diet.

22nd. The temp. rose again to 102.4, though the pains in the joints were comparatively less, and the swellings were also much less. Complaints of uneasiness in the chest. Has to take a long deep breath occasionally. No pain or tenderness in the cardiac region. Pulse was frequent and full. The aortic second sound was almost absent. Ordered *Aco.* 3x one dose.

23rd. Patient was no better. The heart becoming implicated, the relatives of the patient became alarmed, and it was decided to consult Dr. M. L. Sircar, who called on the following day.

24th. Dr. Sircar called, and was satisfied that the endocardium had become affected. This fact, associated with the symptom that the pains were worse after sleep, and that there were startings when about to fall asleep, induced Dr. Sircar to prescribe *Lachesis* 30th. The temp. was reduced by the 1st dose to 100.2, but it rose again in the evening to 103.

25th. Pains in the joints were considerably less, though the sleep was no better. Temp. in the morning was 99.8.

Dr. Sircar called in the evening, when the temp. was 102.2, less than it was about this time yesterday. The uneasiness about the heart was less, though the sleep was no better. Dr. Sircar left *Coff.* 5x, to be given in case of extreme sleeplessness.

26th. The *coffea* by mistake was not given, though he could not sleep in the night. Dr. Sircar called in the evening, and left positive instructions to give the *Coff.* if necessary.

27th. *Coffea* had to be given in the night, and had the desired effect. There was no starting on falling asleep, and the sleep was comparatively sound. The sounds of the heart were clearer, the aortic second sound was distinct. There was, however, no decided improvement in the pains, which continued to be worse at night and on movement, and now becoming severer in some joints, then in others, and back again in the former. Considering all these Dr. Sircar prescribed *Fer. Phos.* 12x. Improvement set in from after the very first dose, the fever and the pains becoming less. The medicine was continued twice a day for about ten days, at the end of which the patient made a complete recovery.

[Remarks.

It is remarkable that while *Lachesis* may be said to have saved the heart, it did no further good to the primary disease; and that *coffea* should be so effective in sleeplessness from such an organic disease as rheumatism. I have in many similar cases found it to act better even than opium and chloral. I have found it a mistake to prescribe *Coffea* only in sleeplessness of a purely nervous character dependent upon excited feelings of a joyful nature. I was led to try *Fer. Phos.* out of sheer despair, and only to see if it would bear out the praises lavished upon it by Schüssler and his followers. The happy termination of the case fully justified those praises.—M.L.S.]

THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.

102. GELSEMIUM.

**Constipation :**

1. Had a slow st., having a sensation of more remaining to be passed and abdominal repletion. 2. Insufficient st.
3. Attempted to pass a st., but much wind only passed.
4. C., when the motion is retained in consequence of want of tone in muscles of bowels. (Hg.)

**Diarrhœa :**

1. Bowels loose but great difficulty in discharging any thing ; there seems to be great strength in the sphincter muscles.
2. Good consistent sts.
3. Bilious sts. Deep yellow soft st.
4. A soft bilious st. ; preceded by threatenings of diarrhœa ; renewed by exciting news, and afterwards when walking.
5. St. at first consistent, then papescent, bilious, homogeneous, preceded by flatulence.
6. Tea-colored semi-solid st.
7. St. of deep yellow color (papescent).
8. Exciting news caused urging to st. ; st. papescent, of dark-yellow color.
9. After experiencing chills, headache, feverish and prolonged sweating, awakened by severe moving pains in the lower abdomen, soon followed by a very large but natural st., without relief of the pains, and soon after a deeply bilious discharge, with instant relief of the pain, followed by another bilious evacuation without pain.
10. Intoxicated feeling, with painless, but slightly diarrhœaic st.
11. Sharp pains in the bowels, with stools of a light creamy color and pappy consistence.
12. D., bilious, fermented, with much wind and great nervous weakness, more than the evacuation could cause. (Hg.)
13. Chronic D., with watery, thin, dark brown, or dark green sts. ; little or no pain ; brought on or made worse by any exciting news, emotion or mental irritation ; chilliness in back, every day during D., but not at any fixed hour ; became much tired by a short walk ; sank into a chair and appeared quite unconscious for about two minutes, during which time her eyes were closed, her arms when lifted dropped down heavily ; she did not hear when spoken to or see when her eyelids were opened ; when conscious, said that she could not open eyelids ; very nervous and prostrated. (Hg.)
14. D., in nervous persons, subject to nervous chills ; after sudden emotions, as grief, fright, bad news, the anticipation of any unusual ordeal ; of soldiers before a battle ; during dentition ; with intermittent fever. (Hg.)
15. Paralysis of sphincter ani, involuntary D., the result of nervous excitement. (Hg.)

**Aggravation :**

1. Exciting news, sudden depressing emotions, as fright, grief, anticipation of any unusual ordeal.
2. Walking. 3. After breakfast. 4. Dentition.

**Before St :**

1. Threatenings of diarrhoea.
2. Flatulence. 3. Urging.
4. Moving pains in the lower abdomen.

**During St. :**

1. Sensation of more remaining to be passed.
2. Great difficulty in discharging anything.

**After St :**

1. Relief of the pain.
2. Renewal of the confusion of sight.

**Rectum and Anus :**

1. The piles returned with raw smarting pain.
2. Paralysis of the sphincter ani with disposition to prolapsus.
3. Disposition to go to st. whenever anything startles her. (Hg.)

**General Symptoms :**

1. Depression of spirits. Anxiety following a cheerful, careless mood.
2. Irritable, sensitive ; desires to be quiet and alone ; does not wish to speak nor have any one near her company, even if the person be silent.
3. Dullness of mind, heaviness of head, alleviated on profuse emission of watery urine.
4. Incapacity to think or fix the attention. Confusion of mind. Stupid intoxicated feeling. Incoherency of thought.
5. Totally unconscious and could not be aroused.
6. Dizziness of head and blurred vision.
7. Tightness of the brain. A band-like pain surrounds the head, with shooting pain in both jaws and parietal bones.
8. Sensation of weight and pressure in the head.
9. Sensitive bruised sensation of the brain.
10. Severe pain in forehead and vertex, with dimness of vision, roaring in ears ; sensation of enlargement of the head, and a "wild feeling," almost amounting to delirium.
11. Strabismus, and constant inclination to squint.
12. Great heaviness and drooping of eyelids. Difficulty in opening or in keeping them open. Eyelids half closed with inability to move them. Control over upper eyelid almost gone.
13. Dilated pupils. Dimness and confusion of sight and vertigo.
14. Smoky appearance before the eyes, with pain above them.
15. After the stool, marked renewal of confusion of sight, with heavy looking eyes ; much less when holding a finger vertically beyond the nose, also when either eye is closed.
16. Diplopia when inclining the head towards either side, but vision single when holding the head erect.
17. Complexion yellow, also the eyes. Face and lips blue and

- livid. Face flushed and hot to touch.
18. Jaws rigid. Gums tender and swollen. Child frantic, especially when gums are examined.
  19. Tongue, coated yellow; yellowish white, with fetid breath.
  20. Tongue felt like some foreign body clogging the mouth. Tongue was so thick that he could hardly speak.
  21. Taste, mawkish; slimy, disagreeable, bitter; foul taste and breath with frequent need to rinse the mouth or spit.
  22. Dryness of mouth and throat, with disposition to swallow.
  23. Paralysis of muscles of mouth and throat.
  24. Spasmodic sensations and cramplike pains in gullet. Tried to swallow but could not.
  25. Thirst during sweat. Little or no thirst.
  26. Pain in stomach, nausea and dimness of vision; succeeded by ineffectual efforts to vomit, great restlessness, and free perspiration over the body. Retching and vomiting.
  27. Gastralgia and colic with intoxicated feeling.
  28. Gastric oppression; had to loosen waist band, after which colicky sensation to left of navel, as if stool would shortly follow.
  29. Colicky pains below navel, extending down to testes, caused by flatus, and relieved by its expulsion.
  30. Rumbling in region of umbilicus, and abdomen generally, with emission of flatus above and below.
  31. Lancinating pain in abdomen, disturbing sleep, relieved by copious discharge of flatus.
  32. A feeling when urinating as if something remained behind; the stream stops and commences again.
  33. Frequent emission of clear limpid urine, with seeming relief to the dulness and heaviness of the head.
  34. Urine increased in quantity, clear and watery; at times milky and turbid.
  35. Voice thick as if tongue were too large.
  36. Breathing slow, sighing, and at times sobbing; stertorous and very imperfect; heavy and labored.
  37. Complained of choking, and soon rose struggling for breath, pushing his fingers into his throat, as if trying to tear it open.
  38. Pulse, slow and weak; irregular, feeble, intermittent.
  39. Lost control of limbs, so that their movements could not be directed with precision.
  40. Sensation as if a galvanic current were passing down the forearms and hands; the same also in the feet, while sitting.
  41. Tried to walk but staggered as if drunk. Fatigue of lower limbs after slight exercise. Loss of voluntary motion of lower extremities.
  42. Listless and languid. Became tired and greatly exhausted very early. Feeling of relaxation of whole body, especially of hands and feet, with indisposition to move.
  43. Complete loss of muscular power; was unable to move limbs

or even to raise eyelids, although he could hear and was cognizant of all transpiring around him.

**Remarks:** The symptoms of constipation and of diarrhœa produced by GELSEMIUM are sufficiently characteristic to indicate its use in both these conditions. The constipation is dependent upon want of tone or a paralytic condition of the muscles of the intestines, especially of the colon and of its terminal portion the rectum. In association with this paralytic condition of the intestinal muscles there is very often a spasmodic condition of the sphincter ani, and when such is the case, even diarrhœaic stools are passed with difficulty. A marked characteristic of GELSEMIUM is the influence exerted upon the intestines by the emotions especially when of a depressing character, which causes their contents to be hurried on, producing diarrhœa, often of an involuntary character, and this characteristic renders the drug an invaluable remedy in cases which not often come under our observation, and which but for GELSEMIUM would have to be treated with OPIUM. Indeed, this has been the chief use of GELSEMIUM as a homœopathic remedy. We quote the following remarks of Dr. Hale, *a propos* of this subject :

"Many provers observed that it (Gelsemium) caused an *involuntary diarrhœa*, or, rather, a tendency to involuntary evacuations from the bowels, excited by emotions of a depressing character, as bad news of battles, disappointment, &c.. Many cases are recorded where it cured similar conditions. During the war it was very effectual in the diarrhœa of soldiers, especially when aggravated by the excitements of struggl.э. In these cases probably the catarrhal and nervous elements of the disorder were both present. A case has recently been reported of a 'chronic diarrhœa, aggravated by exciting emotions,' cured by one dose of Gelsemium 2000th !"

With reference to this therapeutic characteristic of GELSEMIUM, Dr. Bell has remarked that "it is a short-acting remedy, and although relieving the attacks, will seldom cure the disposition to them ; some carefully, chosen antispasmodic must do that." GELSEMIUM has its analogue in respect of the influence of the emotions upon the intestinal muscular fibre, in ARGENTUM NITRICUM, which according to Dr. T. F. Allen, has cured many cases of diarrhœa, caused by the least mental excitement, especially when associated with chronic flatulence. ARGENTUM NITRICUM is a more deep and long acting remedy than GELSEMIUM, and it would be worth noting with care whether the disposition to diarrhœa from mental excitement is permanently cured by it.

So far as observed GELSEMIUM has produced *bilious, not mucous, stools* ; and yet Dr. Hale thinks, "it is indicated in *acute catarrhal enteritis*, which may take the form of *mucous diarrhœa* or *mucous dysentery*, according to the grade of the inflammation. In the first stages of this affection the discharges may be almost involuntary ; in the advanced stage they may be attended by intense *spasmodic colic* and *tenesmus*, both of which conditions equally indicate GELSEMIUM."

## 103. GLONOINE.

**Constipation :**

1. C. and hæmorrhoids, which itched and pained.
2. Hard and unusual st., pinching in the abdomen before and after it, till going to sleep.
3. No st., something very unusual.

**Diarrhœa :**

1. D. copious, loose, blackish, lumpy.
2. D. with sharp burning ; with rumbling,
3. D. after eating peaches.
4. D. with sudden cessation of the menses.
5. D. with much rumbling in the abdomen and passage of flatus.
6. Several thin sts. after vomiting and diarrhœa.
7. A copious loose motion (after luncheon, 2 p. m.) ; later, while driving about, gripping pain in rectum, and urging followed by a loose but not copious st. ; felt as if much more would come, but was obstructed high up in rectum ; before evacuation sickish and faint ; urging less when driving in the open air than in the warm room ; after dinner another loose, scanty evacuation, after which all the symptoms went off.
8. Thin st. and nausea with headache.
9. Headache on rising (morning), with colic pains in hypogastric region, and painful D., sts. soft and copious ; pain relieved after st., but returned soon again, especially when moving about or sitting erect ; soreness on pressure in left iliac region ; shuddering and heat in the arms.
10. Pain in the front part of the head, pressing ache in both temples, especially the left, as if pressed out, also towards both eyes ; pain in the sacrum, better after returning home after supper, worse after going to bed, with nausea and thin stool.
11. Sensation as if he must vomit, then violent headache, followed by forcible vomiting of yellow mucus, repeated several times, after which several thin sts., better after brandy. Brandy relieves vomiting, headache, and soft sts.
12. Awoke very early, with pain in the abdomen, followed by a copious evacuation of liquid fæces.
13. Cyanosis of the lips with involuntary D.
14. Rumbling in the abdomen, mornings, with D.
15. Frequent passage of flatus during stools, with a loud sharp noise.

**Aggravation :**

1. Morning.
2. After eating peaches.
3. Sudden cessation of nausea.

**Amelioration :**

1. By brandy.

**Before St :**

1. Pinching in the abdomen.
2. Vomiting.
3. Urging.



4. Sickish and faint. 5. Nausea with headache.
6. Pain in the abdomen. 7. Rumbling.

**During St :**

1. Sharp burning.
2. Rumbling in the abdomen and passage of flatus.
3. Sensation as if more were to come and of an obstruction high up in the rectum. 4. Sensation of contraction of the anus.
5. Rumbling and growling more in the lower abdomen.
6. Nausea and headache.

**After St :**

1. Pinching in the abdomen. 2. Amelioration of pains.
3. Rumbling. Sensation more to come, but obstructed high up in rectum.

**Rectum and anus :**

1. During evacuation the anus seemed more contracted, closer than usual.
2. The urgency to st., could be easily suppressed.
3. Inclination to diarrhoea before proving, had disappeared the next morning but returned the third morning.

**General Symptoms :**

1. Delirious and insensible, and speedily became comatose.
2. Though naturally cheerful, she became apprehensive of her approaching death. Fear that he has been poisoned.
3. Confusion of ideas so great that he could not tell where he was.
4. Fell down senseless, with convulsions and frothing at mouth.
5. Vertigo. Vertigo with nausea.
6. Immediately, a sensation as if the head were too large. Fulness in the head and throbbing without pain.
7. Tensive headache over eyes and nose, extending behind ears, followed by tight and choky feeling like strangulation.
8. Skull seemed too small, and as if brain would burst it ; violent action of heart, and pulsation all over body.
9. Sensation of soreness through whole head ; he is afraid to shake it, it seems as if it would drop to pieces.
10. Throbbing in head, especially in temples and over eyes, with heat in head ; worse when moving ; better when sitting still and lying, and also by pressure.
11. Staring, wild-look ; protrusion of eyes. Fixed look. Eyes injected, seemed to protrude ; pupils somewhat enlarged.
12. Eyes have a lifeless appearance ; provers wink a good deal and look strangely about ; blue rings appear under the eyes.
13. When rising, blindness, giddiness, and nausea, with desire to drink cold water.
14. Sparks before the eyes. Flashes of lightning almost constantly before the eyes, so that he could not see.
15. Heaviness, deafness, and sensation of ears being stopped. Ringing in ears, and audible pulse. Rushing noise in ears like escaping steam. Humming in ears.
16. Redness of the face. Face grew red during headache.

17. Face alternately flushed and pale, afterwards red and swollen.
18. Pale face after sweating. Countenance pale and agitated. Pale face with nausea and congestion to chest.
19. Numbness in lower lip, with sensation as if considerably swollen. Strange sensation in the chin; as if being elongated to the knees; was obliged to feel his chin repeatedly, to be convinced that it was not so. (Had considerably jarred and injured his chin by a fall, twenty years before.)
20. Tight, contractive sensation down the jaws on either side, in masseter muscles, as if lock-jaw were coming on.
21. Throbbing pain in all the teeth.
22. Mornings, mouth filled with thick, offensive saliva; during day slimy saliva collected, which had to be ejected, as it was too disagreeable to swallow; at the same time tongue seemed larger, and was coated white.
23. Taste, sweet and at the same time burning and acrid; bitter; sweet, sharp; aromatic; disgusting, fatty.
24. Great difficulty in conversing, from diminished power of the tongue and confusion of ideas.
25. Tight and choky feeling about the throat, like strangulation, followed the tensive headache.
26. Difficulty in swallowing, with constant inclination to swallow.
27. Increased desire to smoke, and smoking regulates the bowels. One, who took a cold (coryza) and could not smoke, as soon as he had taken Glonoine, had a great desire to smoke.
28. Thirst. Desire to drink cold water, with nausea and faintness.
29. Eructation before the headache. Regurgitation of food; supper did not digest well.
30. Nausea, with desire to vomit but could not do so.
31. Repeated violent vomiting.
32. Attack of nausea relieved by sweat breaking out.
33. Sick, faint, death like sinking at epigastrium, with nausea, and incarcerated flatus.
34. Pain in left hypochondrium, half way between pit of stomach and side, pinching around umbilicus. Rumbling in abdomen, belching of wind, loss of appetite.
35. During st., rumbling and growling, more in lower abdomen, as in diarrhœa, grew worse in bed, still worse when lying on the left side, and lasted till going to sleep.
36. Rumbling in bowels, especially in transverse colon, with feeling as if diarrhœa were coming on, also prickings in the pudenda, and feeling of dryness and parchedness in the throat.
37. Offensive flatus giving relief.
38. Abundant urine containing large quantities of albumen.
39. Considerably increased passage of light urine, in one who had scanty evacuation of urine for months.
40. Urine, yellow frothy, voided painlessly; high colored, causing a sensation of burning and heat in urethra while passing it.
41. Sudden cessation of the catamenia, followed by increase of

headache and severe diarrhœa.

42. Dyspnœa, and loud mucous râles over the whole chest.
43. Felt the remedy alternately in heart and head. Could count the pulse by the heart-beats.
44. Anxiety about heart after dinner when leaning back in chair (relieved by Nat. m.).
45. Violent and rapid palpitation, felt also in head like a hammer, especially when stooping. Pulse accelerated, while the headache lasts.
46. Great weakness and trembling of limbs, especially of middle portions of thighs and arms.
47. Throbbing in whole body, especially in vertex.
48. Itching of face, back, and hands. Constant inclination to rub the forehead on account of a crawling sensation there.
49. When falling asleep wakes up with fear of apoplexy. Wild, confused, unpleasant dreams; dreams of homesickness; dreams of multitudes of heads with comical features.

**Remarks:** GLONOINE, so far as we have been able to ascertain, has not yet been tried in bowel complaints, though its symptoms point to it as eminently worthy of such a trial both in constipation and diarrhœa. It is likely to be useful in constipation accompanied by hæmorrhoids which itch and pain, and when the stools are hard with pinching in abdomen before and after stool, lasting till the patient goes to sleep. It should be useful in diarrhœa when it is attendant upon the peculiar headache of the drug; when it follows sudden cessation of the menses any how produced; when it is involuntary and accompanied by lividity of the lips. The characteristic of the diarrhœic stools of GLONOINE are that they are copious, loose, blackish, lumpy, with sharp burning in the anus and rumbling in the abdomen, and attended with frequent passage of loud flatus. Very often there is nausea and vomiting with the diarrhœa. It is remarkable that brandy relieves the nausea, vomiting, headache, and the diarrhœa. The diarrhœa is brought on and aggravated by eating peaches, and probably other sour fruit. There is also this another character of the diarrhœa to which GLONOINE is homœopathic, *viz.*, that after a copious stool there is a sensation of more to come, but which is obstructed high up in the rectum.

## Gleanings from Contemporary Literature.

### SOME PECULIAR SWEATS.

By S. F. SHANNON, M.D.,  
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- Abdomen : Sweat mostly on the abdomen : *Cicuta vir.*
- Affected parts and covered parts sweat : *Aconite.*
- Sweat only on the parts *not* affected : *Bryonia.*
- Affected side : Sweat mostly on the : *Aconite, ambra grisea, antimonium tart.*
- Alternate moisture and dryness of skin : *Apis mell.*
- Ascends from the feet to the head : *Belladonna.*
- Awake : Sweats only while awake : *Sambucus.* (See *Conium.*)
- Awaking : Profuse sweat on awaking : *Ptelea.*
- Axillæ : Sweat most profuse in the axillæ : *Asarum.*
- Sweat in the axillæ smells like onions : *Bovista.*
- Back part of body only sweats : *Sulphur.*
- Back : Sweat on the back during efforts at stool : *Kali bi.*
- Sweat on the forehead and back after meals : *Carduus mar.*
- Better after although worse while sweating : *Aconite, antimonium tart., chamomilla, spongia.*
- Better after sweating : *Aconite, antimonium tart., apis mell., chamomilla, mercurius, spongia, valeriana.*
- Better during sweat : *Fluoric acid.*
- Body covered with large drops of cold sweat : *Apocynum cann.*
- Sweat only on the front of the body : *Amanita, argentum met., graphites, phosphorus.*
- Sweat only on the upper part of the body : *Nux vomica, opium, secale corn., sepia, spigelia.*
- Chilliness and sweat as soon as he gets warm in bed : *Argentum nit.*
- Chill : Sweat follows the chill immediately, no heat intervening : *Digitalis, lycopodium.*
- Clammy sweat, especially in the left palm : *Anacardium orient.*
- Only on the legs : *Calcareo ost.*
- Coition : Sweat after unsatisfactory coition : *Jambos eugenia.*
- Cold sweat after the slightest exertion of the mind or body in nervous persons : *Actea spic.*
- Cold sweat all day : *Oleum jecoris aselli.*
- Cold sweat immediately after eating warm food : *Sulphuric acid.*
- Cold sweat on the body ; warm sweat in the palms of the hands : *Digitalis.*
- Cold sweat on the hands with cough : *Antimonium crud.*
- Colic and nausea are somewhat relieved by sweat : *Copaiba.*
- Complaints are worse during the sweat : *Mercurius.*
- Cough ends with sweat : *Arsenicum album.*
- Damp : Sensation as if the sheets were damp : *Dac de flor.*

Day and night: Sweat day and night the moment he drops asleep or even closes his eyes: *Conium*.

Delirium: Sweat relieves the malaise and tendency to delirium: *Aethusa*.

Eating: Sweat is lessened while eating: *Anacardium orient*.

Sweat while eating: *Ignatia, oleum animalis*.

Sweat while eating, only on a small spot on the face: *Ignatia*.

Eggs: Sweat smells like rotten eggs: *Staphisagria*.

Eyes: Sweats the moment he closes his eyes: *Conium mac*.

Face: Sweat on the face, the rest of the body being dry and cold: *Sabadilla*.

Frequently sweat only on the right side of the face: *Alumini*.

Sweat all over except on the face: *Secale corn*.

Face and forehead: Sweat starts on the face and forehead: *Jaborandi*.

Face: Cold sweat on the face, the rest of the body being dry: *Mercurius*.

Sweat slight or only on the face: *Ignatia*.

Feet and hands sweat from noon to evening: *Lactic acid*.

Flies: Sweat attracts the flies: *Culadium*.

Forehead: Profuse sweat on the forehead during stool: *Ptelea*.

Sweat on the back and forehead after meals: *Carduus mar*.

Forehead and face: Sweat starts on the: *Jaborandi*.

Forehead: Sweat on the forehead, the rest of the face being dry: *Kali bi*.

Free from pain only during the sweat: *Arsenicum alb*.

Front of the body: Sweat only on the front of the body; *Amanita, argentum met., graphites, Phosphorus*.

Genitals: Sweat mostly on and around the genitals: *Aurum met*.

Greasy sweat on the side on which he lies: *Cinchona*.

Hands and feet sweat from noon till evening: *Lactic acid*.

Hands: Cold sweat on the hands with cough: *Antimonium crud*.

Palms of the hands sweat constantly: *Iodum*.

Sweat when walking in the open air: *Agnus castus*.

Headache and other pains are relieved by sweat although it weakens: *Natrium mur*.

Headaches: Sweat relieves the headaches: *Carboneum sulf*.

Sweat relieves all the symptoms but the headaches, which are made worse: *Chininum sulph, eupatorium perf*.

Head: sweat general except on the head: *Belladonna, rhus tox., sambucus*.

Horse's urine: Sweat smells like: *Nitric acid*.

Hour: Sweat returns at precisely the same hour: *Antimonium crud*.

Improving, warm, profuse sweats: *Camphora*.

Increased by eating: *Baryta carb., carbo animalis, guarea, laurocerasus, mercurius, rhus vomica*.

Increased by every motion: *Ammonium mur*.

Increased in the presence of strangers: *Baryta carb*.

Itching parts: Profuse sweat in the morning on the itching parts: *Sulphur*.

- Itching : Severe itching of the sweating parts : *Chamomilla, colocynthis*.
- Itching : Sweats on the itching parts : *Spongia, sulphur*.
- Joints : Sweats in the morning most at the joints : *Ammonium carb.*
- Knees : Profuse sweat about the knees at night : *Arsenicum album*.
- Left palm : Clammy sweat especially in the : *Anacardium orient.*
- Left-sided sweats : *Baryta carb., fluoric acid, jaborandi*.
- Legs : Clammy sweats only on the legs : *Calcarea ost.*
- Lessened after meals : *Cinchona, ferrum met.*
- Lessened while eating : *Anacardium orient.*
- Lies : Sweats only on the parts on which he lies : *Nitric acid*.
- Lain on : Sweat only on the parts not lain on : *Nux vomica*.
- Long continued general sweat of a somewhat sour odor : *Aconite*.
- Lower half of the body only sweats : *Crocus, cyclamen, ferrum met.*
- Malaise and tendency to delirium are relieved by sweat : *Cicuta vir.*
- Meals : Sweat on the back and forehead after meals : *Carduus mar.*
- Sweats lessened after meals : *Cinchona, ferrum met.*
- Menstrual nixus : Profuse sweats at the : *Murex purp.*
- Mental emotion : Sweat after every : *Kali carb.*
- Morning sweat mostly at the joints : *Ammonium carb.*
- Sweat only in the morning : *Angustura.*
- Morning sweat with biting-itching : *Ptelea.*
- Motion : Sweat lessened by motion : *Arsenicum album.*
- Sweat increased by every motion : *Ammonium mur.*
- Musk : Perspiration smells like musk : *Moschus.*
- Night sweats relieve : *Amanita.*
- Nausea and colic are somewhat relieved by sweat : *Copaiba.*
- Night sweats relieved by drinking wine : *Sulphuric acid.*
- One side of the body only sweats : *Aurum mur. nat., baryta carb., fluoric acid, jaborandi, pulsatilla, nux vomica, sulphur.*
- Odor of the sweat is sweet : *Culadium.*
- Offensive sweat mostly on the left side : *Baryta carb.*
- One (left-sided) sweats : *Fluoric acid, jaborandi.*
- Onions : Sweat in the axillæ smells like onions : *Bovista.*
- Periodical sweats : *Silica.*
- Profuse sweat relieves the rheumatic pains : *Aconite.*
- Palms of the hands sweat continually : *Iodum.*
- Quinine : Profuse sweats after the abuse of it : *Ipecacuanha.*
- Relieves all the symptoms but the headache, which is aggravated : *Chininum sulph., eupatorium perf.*
- Right side : Sweats only on the right side : *Aurum mur. nat., nux vomica*
- Sheets : Sensation as if the sheets were damp : *Lac. de flor.*
- Single parts : Sweat only on single parts : *Bryonia, petroleu. n.*
- Sleep : Sweats during sleep : sweat disappears on waking : *Conium, nux vomica, platinum, pulsatilla, sulphur.*
- Sweat during sleep only on the face : *Prunys.*
- Sweats as soon as he sleeps : *Arsenicum alb., conium, selenium.*

Sweats the moment he drops into a sound sleep : *Cinchona*.

Sweat on going to sleep, but it ceases after sleeping awhile :  
*Arsenicum alb.*

Sweat worse during sleep, better after waking. *Chelidonium maj.*,  
*conium*, *nux vomica*.

Sweat only during sleep : *Thuja*.

Spice : Sweat has the odor of spice : *Rhododendron*.

Slight sweat only on the face : *Ignatia*.

Sour smelling sweats : *Natrum phos.*

Spots : Sweats in spots : *Tellurium*.

Stool : Sweat on the back during efforts at stool : *Kali bi*.

Sweat with every stool : *Veratrum album*.

Sweat only on single parts : *Bryonia*, *petroleum*.

Sweat relieves the malaise and tendency to delirium : *Aethusa*.

Sweetish acid odor to the sweat : *Pulsatilla*.

Sweet odor of the sweat : *Caladium*.

Toothache is relieved by sweating : *Aphis chen.*, *glauca*.

Uncovered parts alone sweat : *Thuja*.

Upper part of the body only sweats : *Nux vomica*, *opium*, *secale*, *sepia*,  
*spigelia*.

Warm, improving, profuse sweats : *Camphora*.

Warm sweat after epilepsy : *Silica*.

Warm sweat in the palms of the hands ; cold sweat on the body : *Digitalis*.

Worse during sleep, better after waking : *Chelidonium maj.*, *conium*, *nux vomica*.

Worse especially when moving about in the open air : *Rhododendron*.

Worse while sweating but better afterwards : *Aconite*, *antimonium tart.*,  
*chamomilla*, *spongia*.

Worse from sweating : *mercurius*.

Worse during sweat : *Aconite*, *antimonium tart.*, *arnica*, *chamomilla*, *mercurius*, *spongia*.—*North American Journal of Homœopathy*, May 1894.

#### PHYTOLACCA—LEAF, FRUIT, AND ROOT.—THE VALUE OF EACH.

• BY ROBERT BOOCOCK, M.D., FLATBUSH, L. I., N. Y.

When we have found a use for anything not before fully known, or developed that which was but partly understood, some investigators would be tempted to make further search for other more hidden beauties or features that may prove of greater service in the cause of humanity. Thoughts such as these have led me to the study of this very valuable plant, as well as a desire to see its history and usefulness properly enrolled in our World's Congress meeting. It will doubtless prove true that all I may write will not be new, but if I repeat known facts concerning the plant it will be only because they are necessarily inseparably connected with the new data which I hope to present, and I will begin, as I would the examina-

tion of a patient, with its history, and follow with its value by provings and its curative power as evidenced by clinical facts.

Scoke root, Poke root, or Garget root ; *Phytolacca, radix et bacca*, U. S. Ph.

*Botanical History.*—This plant is a large, succulent, perennial herb, with a very thick, light colored green leaf almost oval in shape, a deep channel down the centre of leaf, and twelve or more deep veins branching from and running to the edges ; but before they quite reach the edge they turn again towards the point of the leaf, as if nature designed the water to be held on the leaf as long as possible for some wise purpose. At night they shine like phosphorus, though not quite so bright. Upon closer inspection there may be seen the beautiful cellular texture throughout the leaf, together with a number of irregular-sized white spots, but which latter, on being examined through a magnifying-glass, prove to be diseased spots of an irregular shape and size, reminding one of *tuberculous* lung tissue. Only the outer edge of the spots, however, are white—at that point where it comes in contact with the green leaf—while towards the centre of the spot we have a deepening in color and depth. I am inclined to think that a closer and more persistent proving of what is here mentioned merely as a suggestion may prove of great curative power in tuberculosis of the lung. So much for the leaf.

*Fruit.*—The cylindrical racemes of white flower (which ought to have a place in our gardens for their beauty), then the dark purple juicy berry. These latter are sweet and pleasant to the taste when first taken into the mouth, but presently it changes to a tannic acid taste, and, if the seeds be broken by the teeth, they emit a pungent, bitter taste. The flower is pretty, but the fruit is more beautiful. The whole plant increases in size and beauty until fully matured ; then the stems, in a measure, partake of the purple color of the fruit. The plant however, is not done with when flower, fruit, and stem are gone. The thick, light-coloured fleshy root, somewhat like a parsnip in color and shape, but very much larger, is the oldest known medicinal part of the plant, and is full of clinical value. This, when fully grown, will measure, across the crown, many inches, dividing itself into two or three large branches. Externally, the root is brown, and light-colored within. When dry, it is gray, hard, wrinkled, and inodorous. Taste, sweetish acid. Mr. Edward Preston, Jr., found starch, tannin, gum, sugar, resin, fixed oil, a volatile acid, and an alkaloid, which latter he calls *Phytolaccine*. Claussen obtained from *Phytolacca* seed a neutral principle, and for this the name last given was also proposed. From medicinal sources we learn that all parts of the mature plant are active, and in sufficient doses cause vomiting and purging. It has also some narcotic power or stupefying influence and in poisonous doses, in addition to the intestinal symptoms, convulsions, coma and death may follow. Its action is slow and protracted.

The clinical uses made of this plant are as follows : emetic ; rheumatism ; scrofula ; inflamed breasts, ovaries and testicles ; cancer and indolent ulcers ; tonsillitis ; diphtheria.



## PROVINGS.

On chewing the matured leaf at different times a smarting and burning is produced throughout the whole of the mouth and throat, hard to bear; no swelling; dry cough and hiccough; belching of wind and inclination to vomit; a feeling as if the occiput were grasped or compressed. It leaves in the mouth a greasy, smooth feeling; but the most intense feeling of distress is in the stomach which is very full, and the contents swell upwards from a cramp-like, spasmodic feeling like a wave passing from the bottom upward; the hiccough is very distressing, a pain extends through to the back under the scapula—more to the right than to the left. The pain which is deep-seated begins in the neck and renders it difficult to hold up the head, with an inclination to drive the head deep into the pillow for rest. This cerebro-spinal action makes one very weak, causing a dragging of the feet which catch and stumble in walking.

There is difficulty in breathing as if the lungs were swollen and had not room to properly expand, and the effort to do so causes a cough—or a hiccough and belching of wind—which may continue for several hours after eating; during this time the salivary gland discharges freely, but the secretion, if held in the mouth, will work itself into a thick foam; the smarting in the fauces produces a swelling of the uvula, a lumpy feeling in the throat, but which does not interfere with swallowing, except that the frothy saliva does not go down readily, being apparently held in the upper part of the throat; the voice is thick and weak, and there is no desire to make any effort to be heard; power is very weak, retired early and slept well. When awake there is a soreness in the throat and an inclination to clear the husky voice by hawking up phlegm, which comes up freely. Urine is free.

*Phytolacca Berries*—During my proving of this fruit—the suggestion for which proving I found in Hale's *New Remedies*, first edition, some years ago, I was much annoyed at my bodily shape, and was rather overjoyed as I remembered the reputed powers of these berries over adipose tissue.

Having determined to make a proving of the berries, I secured them from my garden, prepared and took them, and in a few months reduced my proportions and again became shapely, having lost my protuberant abdomen. (Report of this will be found in the *Homœopathic Recorder* of January, 1893.) The juice of these berries when first pressed is of a deep and bright reddish color and dyes of the same color; but when long kept it becomes darker in appearance; and if alcohol be used to preserve its color (which it does) it loses its power to stain, or else the stain soon fades away; the power to reduce adipose tissue is not destroyed though somewhat decreased. This latter fact caused me to inquire further into the properties of this berry, and my conclusion is that alcohol is not the best preservative vehicle. I became convinced that birds could digest the whole berry, hull, seed and juice, and so their fat is rapidly consumed; but in which part of the fruit this great virtue resided I had no means of saying without first making a proving. In consequence I have been reproving them, taking the leaf

and stalk first, and the hard seed next, chewing them after having had them well-washed and dried, and free from the juice, and the following is the result :

I began by chewing the seed, putting a pinch of the seed, in my mouth as they were drying them, and chewed them vigorously, but their bitterness was not pleasant. I found they had power to affect the muscles of the abdomen. So I sent a quantity of the seed to Messrs. Boericke & Tafel for pulverization and trituration to the first ; of this I have taken a powder two or three times daily on an empty stomach, and in the month of experiment I have reduced my girth measure three inches. This led me to think that the principal virtue over adipositis lies in the acid of the berry and seed, and that *Phytolacca semen*, 1x trit., has a peculiar power of its own, the taste being still slightly bitter. On proving, the first effect is felt in the head, pain or dull feeling, right side over the temporal region, and is most from within, as there was a fulness under the temporal bone ; it then passes across the head to the left side and presses under what is usually spoken of as the "bump of veneration ;" there is a slight feeling of fulness in the ears, and an aching in the atlas, at the base of the skull. It then is felt in the stomach, producing a severe pain (such as I have heard described as arising from a perforating ulcer) going through to the back, but no feeling of fulness or belching of gas, only pain. One fat lady to whom I gave it had to decrease the dose and take it less frequently because of this pain in the stomach and abdomen.

The pains in the abdomen seem to be in the muscles or between them and the peritonæum. The pains are of a drawing character, and they draw inward as if there was a contraction or a shortening of the broad ligaments, and the seat of this drawing is below the umbilicus.

It has power to contract the prostatic gland or to expand the bladder, for large quantities of urine can be held in my own case, I can hold a good four ounces and have only to pass it four times in a day. The water is light coloured and leaves a lime deposit. All express themselves as passing more water and of holding it longer. Many of my own women patients have large pouches of fat below the umbilicus that rest upon the thighs when sitting ; this presses up the bladder and contracts it so that, in some cases, it is difficult to say whether the bladder is enlarged or only relieved from the pressure as the fat is reduced.

But there is a dull feeling amounting to a soreness in the region of the kidney and making one believe it will have power over the enlarged kidney. The aching is similar to that described by the sufferers from Bright's disease. It never amounts to a pain, only to an aching and tired feeling, that makes a chair with a good back to it feel comfortable.

I have fancied that my hips were somewhat stiff and sore during the time I was taking it, but have not been any less able to do my duty or play my favorite game of cricket.

The proving of the *Phytolacca* root has been so well made by so many and is so well known, that I cannot say anything new about it, but only

this, that my provings have confirmed the symptoms as described in our *Materia Medica*, and especially in the *Encyclopædia* of Allen.

I could give you many cases that have been greatly reduced in flesh and made to feel comfortable in their actions and breathing, but as it is too early in some cases, perhaps I had better not.

I have seen it stated that the *Phytolacca* tincture of Dr. Howe is made from the whole plant. Well, perhaps, that may be the better way—and yet I am somewhat inclined to believe that there is some truth in what is called the law of signatures—so far as to believe that the breathing organs of a plant may possess more affinity to or for the breathing organs of the sufferers. And the instinct of the lower animals leads them to eat the leaves in most cases of medicinal plants, and only rarely the branch or bark; seldom if ever the root.

I am sure that in the *Phytolacca* leaf we have a very valuable cough remedy. In those dry throats with much tickling in the throat that nothing seems to reach—which produces such distressing coughs, dry bronchial coughs with sensation of roughness and increase of heat in trachea and difficult or no expectoration.

A few cases of this kind of cough have been greatly and promptly relieved.

How shall we make our tinctures, seeing that alcohol has some detrimental influence over some parts of the plant or fruit and leaf or color, and thus to a certain extent will mar or interfere with its usefulness in some of its finer shades? Fully believing that the bountiful benefactor, who has created all things to satisfy the perfection in Himself, would not put even the coloring matter to the fruit or flower if there was nothing to serve thereby—so that in my judgment everything should be taken as nature has prepared it.

Glycerine is the most pleasant way, but it cannot be accepted or made to apply to all the modes of usefulness.

The acetic acid or vinegar keeps it best and clearest in all its ways, but this makes a combination and cannot be used unless we make a proving of it as such, and that I propose to do during the next two weeks.

September 8, 1892, measurement is thirty-one and one-half inches, tight, abdomen.—*Transactions of the World's Homœopathic Congress, 1893.*

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COMMENTARIES ON THE ORGANON  
OF HAHNEMANN.

Translated from the French of DR. LEON SIMON; Père, by the Editor.  
(Continued from p. 211, No. 6, Vol. xiii.)

I. OBSERVATION AND EXPERIMENT.

All schools have made their appeal to observation; and have pretended to take it for their guide; but none has remained faithful to it. Is it the question of knowledge of diseases? Observation reveals them to us by their symptoms. Symptoms are to diseases what characters are to the naturalists in the determination of beings submitted to their study, what properties are to the physicist and chemist in their study of substances. Whatever may be the invisible changes, thought Hahnemann, produced by disease in the depths of the organism, these impenetrable changes are manifested (translated) by morbid symptoms. In order to know of a disease all that is possible and useful to know, it is sufficient to take account of the symptoms by which it expresses itself, taking them in their universality (totality).

The study of a disease in the totality of its symptoms,—here is the basis at once logical and experimental of the Hahnemannian pathology. This basis is indestructible: We may enlarge it; but reverse it, we can never. In fact, as Hahnemann himself recognized it, of the thousands of metaphysical speculations on the essential nature of diseases to which physicians abandoned themselves, all have taken symptoms

for their basis; but having allowed speculation to predominate over observation, none of them has held to the totality of the symptoms. More or less all have sketched pictures of disease; but compared to what nature furnishes they are only evident abstractions, similar to those which one meets with in the descriptions of botanists and naturalists before Jussieu and Cuvier had traced the conditions of what has been called the *natural method*. They have invoked, as a model of the kind, the characters assigned by Sydenham to dropsy. These characters are, indeed, fundamental; but they do not lead to any practical application. Now, if it is proper to distinguish in practice one given disease from all others, it is still more important to individualize, since the indication to fulfil is above all dictated by each case of the same genus. The history of allopathic therapeutics superabundantly proves this. Whence comes it that thousands of receipts and formulæ have been extolled for the treatment of a single given disease? Evidently because each of them has cured one or more cases of the same genus of disease. Wherefore is it that one single formula is not sufficient to cure all the cases? Because each case differs from others by characters which are proper to it, and because these differences constitute an individuality which is not reducible to others.

The absolute individualization of diseases, the consideration of symptoms taken in their totality, not the positive negation of the essential nature of diseases (Hahnemann has never denied it), but of the possibility of reaching it,—such is the basis, logical and experimental, of the Hahnemannian pathology.

Is it the question of pharmaco-dynamics? Here again, Hahnemann has made his appeal to observation and experiment. He denies to the old school, that the knowledge of the virtues of medicaments can be deduced, whether it be originally *ab usu in morbis* (from use in disease), or from any pathological system whatever. These are, nevertheless, the two means proposed and generally followed from the remotest times. Because a series of therapeutic agents have cured what is called inflammation, it does not follow that they would cure all cases; still less that they would act as hypostenisants or antiphlogistics. In this respect, Hahnemann has done with regard to pharmaco-dynamics, which had up to his time remained the humble servant of pathology,

what Hippocrates had done to the medicine of his time which had likewise been entirely the humble servant of philosophy. He separated the one from the other, wishing that the medicaments may be studied in themselves, outside and independent of all pathological systems and of all therapeutical applications. *Pure Experiment* as the first, though not the only, means to ascertain the curative properties of medicaments; such is the method which he has counselled, and of which he has traced the conditions with the utmost care. Here again, that is to experiment, that he appealed in order to destroy pharmaco-dynamic hypotheses; and this part of medicine, which had remained up to his time without the domain which was proper to it, acquired, by the care and attention that he devoted to it, a principle and a method of such wisdom that henceforth pathology and therapeutics may lose themselves in the mazes of systems, without pharmaco-dynamics being ever carried along with them in their ruin.

Is it the question of therapeutics? The law, *Similia Similibus Curantur*, distrusted in all time, having never been elevated to the height of a principle, is the first fact of therapeutics, and Hahnemann justified it altogether by data furnished by tradition and by an appeal to observation and experiment. The facts of *homeopathic cures due to accident*, a number of which he has given in the second part of the introduction, facts which it would have been easy for him to multiply, furnish sufficient evidence in favor of the law laid down. But the law of similars, considered from the point of view of logic, appears also as the necessary conclusion from antecedent premises.

In fact, the cure of disease cannot result, whatever its nature and the curative agent employed, except by the alliance of the two terms: the disease and the medicament. If experience and reason show that diseases are not known except by the symptoms which characterise them, symptoms which constitute their positive qualities; if again, medicines, in their turn, are not known except by the morbid symptoms which they develop in the healthy human subject, which constitute their virtues equally positive; it is evident that in the work of cure we ought to take opposite the one of the other that which is positive in the two terms, medicament and disease. If, in order to judge of a

disease we take for our point of departure its opposite which is health, we can never arrive at any pathological notion whatever. Similarly, if, knowing by *pure experimentation*, the real properties of a therapeutic agent, properties which are the totality of the morbid symptoms, we wish to judge of its power by the negation of these symptoms, nothing will remain to serve as a law which we should wish to apply. This would be a wilful denial of the data of experiment. If, in obedience to the principle, *Contraria Contrariis Curantur*, one would pretend to apply to the cure of diseases the medicaments by bringing the reverse of pathogenetic symptoms previously ascertained, we would still be obliged by virtue of the principle of contradiction to oppose the fundamental symptoms of the disease by the symptoms of the medicament, and pathogenetic experiment shows that this fundamental opposition is impossible; whereas the resemblance of morbid symptoms (symptoms of disease) and of pathogenetic symptoms taken in their totality and above all in the conditions of their development is always possible. The law, *Similia Similibus Curantur* is, then, at once an experimental fact and a logical necessity of the Hahnemannian method.

## II. REASON.

We live at a time when the pretensions of *medical rationalism* have risen higher than ever. This vicious phrase, borrowed from the bad philosophy of the commencement of this century, has no meaning. It simply states that the methods, the processes and the treatments adopted by physicians who call themselves rationalists, are founded upon rationality. In order to be justified, such pretension makes two suppositions which are opposed by all testimony: 1. That in its revelations, experience does never precede the development of reason; 2. or that human reason is sufficiently pliant and sufficiently acute to discern and penetrate directly the teachings revealed by experimental data as soon as they are produced. If it is so, then medical rationalism has a rational basis; in the contrary case, it is a dangerous illusion. But what medical system, of the past or of the present, could boast that it is truly rational? What physician would venture to say that he is ready to submit to reason, I do not say his method, but the processes which he applies, and the treatments he employs? Assuredly none.

Considered from the practical point of view, medical rationalism is nonsense and an arrogant pretension.

It would be worse still if there existed a physician who is confident of the infallibility of his reason in order to pretend to arrive at the truth in medicine, without ever having recourse to observation, to experiment or to testimony. Thank God, such a man has never been met with among physicians in any age. But many have thought and think still that the capacity of their understandings and the delicacy of their senses, aided by means of the analysis known in their time, are the measure of all truth in medicine. All principle which is repugnant to the principles adopted by them, all fact which they have not observed or which has resisted their means of investigation, they confidently and determinedly deny, and do so in the name of their idol, *medical rationalism*. If one proves to them that a large number of their cures, and specially those which are the most positive, the most permanent, and the most beautiful, are so many applications of the law of similars, applications unwittingly made; they prefer to refer the honor to the law of contraries, simply because their reason has never comprehended nor could they persuade themselves to comprehend any other law than this. Seeing that the processes of chemical analysis have no power to detect the medicament in the infinitesimal doses, they deny their action, because they believe that in these cases they have a right to deny the presence of the therapeutic agent. Each one, making himself the measure of all truth, imposes upon the order of nature the narrow limits of his own intelligence or the fluctuations of his own caprice.

Reason has, undoubtedly, its dominion in medicine as in all natural science. Hahnemann has shown this by the use he made of it in the exposition of his principles and in the practice of his art.

It was an act of high reason to submit this last to observation and experiment, and to do so without vacillation and without faint-heartedness. Never has any physician remained so invariably faithful to his principles, as has Hahnemann. If, in the *Treatise on Ancient Medicine*, Hippocrates has traced an irreproachable method, if the criticism which he has supplied remains true after so many centuries have passed away, it is not the same with the humoral pathology with which he concludes his work. If, in the



*Organon* of Hahnemann, one recognizes a criticism and a method, what may be called system is absolutely wanting. One cannot, in fact, characterize as system, the explanation he has given of the *law of similars*, nor what he has said in a short work of the possibility of action of infinitesimal doses, nor the doctrine he has expounded on the *nature and treatment of chronic diseases*.

It is not for presenting, under the form of a *conjecture* or of an essay, an explanation of the manner in which homœopathic cures are brought about, that one can attribute to the author of homœopathy the spirit of system. He declares that this law, being the expression of a positive fact, the scientific explanation of the manner in which it takes place is of little importance to it, and what he has proposed appears the more probable because it rests upon facts furnished by experiment. Hahnemann has not any more attempted to give a rational explanation of the action of infinitesimal doses in the very little work in which he tries to present the extraordinary changes which medicinal agents undergo when submitted to succussion and friction (trituration), and in which he repels the objections urged against the very real action of infinitesimal doses. The doctrine of the nature and treatment of chronic diseases is, in its turn, but an exposition of facts.

The pretension set up by Hahnemann, of attributing the long series of chronic diseases to three fundamental causes, has been contested, and will be contested for a long time to come. It may be said and maintained (we will speak our own sentiment on this subject later on) that he has misinterpreted tradition; that the facts upon which he supports his doctrine are subjects of discussion, and that they do not sufficiently establish the proposition which he endeavours to prove. But it may also be that in the new historical testimony and in the new facts cited to elucidate this point so essentially practical in the Hahnemannian pathology, and in all cases, one cannot see the least pretension to system. As we shall prove it in its place, Hahnemann was, in the statement of pathology, faithful to his general method. This method consists—1. in stating facts; 2. in ascending to their causes; 3. in formulating the law of their production. In proportion as we advance, it will be easy to cite a number of examples in this respect, and it will be evident that Hahnemann has remained, throughout his career as physician and savant, the

happy and humble slave of the method which he carried so high and so far above all natural science. It is above all in medicine that it is proper to say that all ought to start from observation and experiment to come back to practice; that the most rational physician, whose practice is the most happy, is he who departs the least from this direction, that all reasoning in medicine ought to rest on facts which can be discerned and perceived; and that in this science there is no place for speculation.

### III. TRADITION.

The author of homœopathy has been most bitterly reproached for the virulence of his criticism and for what has been called his affected contempt for tradition. They had wished to find in Hahnemann the most courteous forms of expression in his polemics, and probably also that, unfaithful to his method and to his convictions, he had retained or appeared to retain something of contemporary systems or of the systems of his predecessors. This was to demand an impossibility. Hahnemann did not, I repeat, oppose system to system; he rejected all system, and combated the spirit from which they sprang. For him tradition consisted entirely of facts observed by his contemporaries and his predecessors. If he had written upon the history of medicine, he would have been forced to throw himself into the examination of successive doctrines. If he had produced a dogmatic work, he would have found himself under the necessity of comparing works of the same kind. But wishing to make known a method of which it is just to call him the inventor, tradition had value in his eyes in so much only as it furnished him with facts which approached the principles he wanted to establish. In this respect was he unjust towards it? Those, who maintain this opinion, prove themselves ignorant of the aid which Hahnemann had borrowed from *toxicologists*, from authors of *materia medica* since Dioscorides, and also from practitioners. Without doubt, he is far from having exhausted this mine of almost inexhaustible fertility; he has traced the path, that his disciples may continue it.

He has shown that in the unprofitable succession of systems we would meet with facts which ought not to perish, that we ought to disengage these facts from the explications with which they have been surcharged, and from theories which very often alter their value, and that we ought to take them in their real simpli-

city and utilize them as so much material. What he has said, he has done. It is now for us to complete the work he began.

Those are mistaken, who reproach Hahnemann for what they call his contempt of tradition, on the ground of the false doctrine, that individual experience aided by individual reason are incapable of finding for themselves the truth in medicine; that these ought to ask the assistance of general reason which alone has the privilege of infallibility. The disciples of Hahnemann cannot follow them on a ground which will be the ruin of homœopathy.

The reason and observation of all are no more infallible than the reason and the observation of one individual. How is it possible that scientific certainty would spring forth rather from a multitude of minds, each one fallible by nature, than from a single mind? This opinion, which in another class of sciences, has attempted to erect itself into a system, has proved its weakness and its dangers. What matters it to Lavoisier, to Newton, and to the two Jussieus, what the theories were which preceded them in chemistry, in physics, and in botany? Each of them coming with a new method and with principles which were their own, turned their attention more towards the future than towards the past. So did Hahnemann in all his writings and in all his teachings. Homœopathy, which is essentially an experimental and logical doctrine, has never hoped for anything from tradition, often erroneous in its principles, always incomplete in its methods, and more often faulty in its applications. A return to the past would have removed it from the object which it ought to pursue. Once engaged in the traditional path, it would necessarily have ended either in a new dogmatism or in a revival of an old one, or in an impotent eclecticism like all other eclecticism, or in a monstrous combination of one or more parts of itself with some badly stitched fragments of old doctrines. It is the privilege of men of genius to present in their works a unity which cannot be broken with impunity. This unity is evident in the doctrine of Hahnemann; it may be summed up in two points: an absolute rejection and repudiation of all metaphysical speculation and of all dogmatic pretension, and an unbounded love of observation and experiment. It is in this spirit that the *Organon* has been conceived and executed; this is the spirit which it is necessary to bring to its perusal and to the

study which one should make of it. Hahnemann made himself the faithful historian of nature; he refused to lend her the resources of his imagination, which, if he had but given free scope to it, is so potent and so rich to bring forth a system that would have lived as live other systems, which would have saved him a great deal of personal trouble, and would have secured him a host of followers other than the few and faithful friends whom he has left scattered over the two hemispheres.

(*To be continued.*)

### CROTALUS AS A REMEDY.

(*Continued from p. 216, No. 6, Vol. xiii.*)

We now proceed to the consideration of the pathogenetic action of *Crotalus*, *Lachesis*, and *Cobra* on the skin.

The skin serves a multiplicity of function, and accordingly is a most complex organ as regards structure. It is composed of two layers, the epidermis, called also the cuticle or the scarf skin, and the corium, called the cutis vera or the true skin. Each of these layers, again, is separable into more than one layer; the former into four, the latter into two. These layers have different functions. Imbedded in the skin, and forming its appendages, each of which subserves a distinct and important function, are the sebiparous glands, the sudoriparous glands, and the hairs. By means of its papillæ the skin serves as an organ of common sensibility, tactile and thermal. The secretion of its sebaceous glands keeps it soft and lubricated. The secretion of the sudoriparous glands not only relieves the system of superfluous water, but also of carbonic acid, volatile fatty acids, and organic and inorganic salts, some of which chiefly pass out through the kidneys. Thus the skin, besides affording a protective covering to the body, acts as a supplementary organ to the lungs and the kidneys.

Hence it will be seen how important must be to the physician a knowledge of the actions of drugs on the skin; and we see the wisdom of Hahnemann in giving it the importance with other parts of the body in his pathogeneses.

We cannot be said to have a full knowledge of the cutaneous pathogenesis of any drug, unless we know the changes which it produces in the various layers and sub-layers of which it is

composed, in its glandular structures, and in the hairs. But this knowledge has not yet been attained with respect to any drug in the materia medica. All that we have is a very rough and imperfect sort of thing, of which we must make the most of.

As in respect of other organs, so in respect of the skin, the pathogenesis of *Lachesis* is fuller than that of *Crotalus*, and of *Crotalus* than that of *Cobra*.

The pathogenetic changes developed in the skin are best studied under the heads of subjective phenomena or abnormal sensations, and objective phenomena or structural changes cognizable by the senses, though in noticing the latter we shall also have to take into consideration the abnormal sensations associated with them.

The abnormal sensation which is produced by all these poisons is itching. Under *Crotalus* there is itching of the middle joints of all the fingers, about the bend of the elbow, and stinging itching alternately in all parts of the body, but worst on the scapulae, much itching of skin all over body, on awaking in the morning.

Under *Lachesis* there is itching over whole body, preventing sleep; itching as from ants, especially on the loins; itching in the face, about the eyes, and on the cheeks from morning till evening, relieved by scratching; stinging-itching over whole body, face, and scalp, as from ants, in the afternoon; itching followed by pimples, with violent burning after scratching.

Under *Cobra* there is itching on various parts of the trunk after going to bed; creeping itching in various parts of the body from time to time, requiring them to be scratched; itching and irritation in the cicatrix of an old ulcer.

Singularly enough there is no burning under *Crotalus* referrible to the skin proper, though there is violent burning in the wound (in one bitten), extending over the body, even to the top of the head.

Under *Lachesis* there was, in one prover, burning in the skin after taking acids, but sometimes also, independent of this circumstance, there was stinging burning everywhere in the skin proceeding from the small of the back upwards.

Under *Cobra*, as in *Crotalus*, burning was felt, but occasionally only in the wound, and not extending beyond.

Under *Lachesis* there was crawling in the skin in the right shoulder and upper arm, in arms and legs, in fingers and calves,

in the left hand and toes, at times in the whole left side from the vertex to the toes. This abnormal sensation has not been noticed under Crotalus and Cobra, unless we except the *creeping* itching under the last poison noticed above.

Under the action of Crotalus the color of the whole skin becomes yellow as in Yellow Fever, due not to the circulation of biliary constituents in the blood, but to a specific degeneration of that fluid,—a peculiarity not observed under Lachesis or Cobra. Under Crotalus the body was found covered with yellow spots breaking out at times; and blue and yellow spots with fever were found to occur yearly.

Under either Lachesis or Cobra there is no such coloration of the general skin. The face only under Lachesis was of yellow color during the fever, but apart from this circumstance was either pale or more often earthy gray. Under Cobra the skin around the bitten spot was of a purple, livid color, or dark and mottled, the discoloration spreading upward; the face generally looking livid, or pale. Greenish-yellow color of the face is also reported.

The morbid alterations of the skin, recognizable by the senses, have received the general name of eruptions, which take the various forms of rash, papule, pimple, pustule, furuncle, &c.

Under Crotalus blisters were observed to form on the skin, but only after bite. These blisters were filled in some cases with fluid of a yellowish color, and in others with dark fluid blood, in others again with a fluid which, when allowed to escape by opening the blister, scalded like boiling water. The blisters were often surrounded by red areolæ. In one case *vesicular* eruptions were observed to recur periodically at seat of bite, regularly *every three months* for several years, afterwards, at irregular and longer times for some years, and finally ceasing altogether. In a proving a large *pustule* appeared near left wing of nose with tensive pains extending into cheek, followed by continued redness and hardness of the place. Obstinate *ulcers* were also observed to form about seat of bite.

Under Lachesis, as the result of bite, blisters on the gangrenous parts were observed. As the result of proving were observed *erysipelatous* eruption (beneath left eye) with intense itching, worse after mid-day nap; *papulous* eruption on right fore-arm and afterwards over whole body, with itching on elbow-joint, and like nettle-rash over whole face, disappearing and returning; *pimples* on the face, forehead and cheeks not unlike scabies, on the arms, painful on the outer portion of the right thigh, especially on the hairy portion of the genitals; *hives* on the shoulders, legs, back; warty elevations after itching vesicles, or suddenly appearing; cartilaginous nodes in the skin about an ulcer.

Under *Lachesis* were observed *vesicular* eruption on the left nostril; vesicles with itching burning on hands and fingers; small clear vesicles on right fourth finger; small, hard, white, deeply seated vesicles on heels, on right hand and fingers, on dorsum of foot and on toes, always worse and burning after scratching. *Pustules* were observed especially on the thighs, surrounded by a red areola; small pustules on the face, upper lip, brows, arms, shoulders, chest. A large boil appeared on the heel with violent shaking chill on the formation of matter, caused by very slight rubbing of shoe, in one who had never had anything like it (this was speedily cured by Zinc followed by Hepar). Threatening boils near spine, with violent burning throbbing, have disappeared under *Lachesis*. While proving it, small ulcers appeared on elbow, old red ulcer-scars re-opened, and existing ulcers bled and then became cleaner.

Cobra, as we have seen, has produced gangrene as the result of bite, but so far as reported we have no evidence of the formation of blisters which are observed in some cases. As results of proving, small papules on a slightly inflamed base appeared on the tip of the nose; a pimple appeared on the upper lip and one on the left ala nasi; a large pimple on the brow; small white blisters on an inflamed base broke out on the neck and body, very itchy, but passing off in an hour; also a small boil-like swelling on back of middle phalanx of right little finger, fading in three days.

Under *Crotalus*, in a severe case of bite on the human subject, after recovery all his hair fell off. In a similar case of a dog, which had recovered, all its hair had also fallen off. Under *Lachesis* (in alternation with *Merc.*) the hair, which in a pregnant female was falling off, grew firmer, thicker and longer. Under Cobra the hair which was already falling off, fell off in greater abundance, especially from the crown.

The above survey of the pathogenetic actions on the skin of the serpent poisons under review, will point to the uses that may be made of them in diseases of the external covering of our body. As yet clinical experience with Cobra has been nil. *Crotalus* has begun to prove a valuable cutaneous remedy at the hands of Dr. Hayward and others. With *Lachesis* the experience of our school has been pretty extensive. Dr. Hayward, in his splendid monograph on *Crotalus*, has not only given his own cases, but cited good cases of others, illustrating the remedial virtues of *Crotalus* and *Lachesis*.

*Peteckia*; Mr. B—, aged 48, who had lived freely in youth and had syphilis. From 21 years of age to 35 he suffered on and off with severe hæmatemesis and melaena, followed by general debility and weak heart with chronic rheumatism, headache, constipation, attacks of vertigo, jaundice, &c., and when about 44 he

became invalided, and suffered much with dizziness, fainting and irregular action of the heart; and petechia now broke out over the whole body, especially the lower extremities. Several remedies were used, but he benefited most under mer.—k.—hy.—pho.— and crt. It was whilst taking *Crt. 6* that his petechia disappeared, and he made most progress. He made a good recovery; and is now, at 52, in fairly good health.—*Hayward.*

*Erysipelas after vaccination* : M. T—, aged 4 months, healthy, and of a healthy family; vaccinated November 14th, 1883, with calf lymph, fresh, and in a tube procured from London for the purpose. All three insertions took effect severely, and on the morning of the eighth day had extended so as to touch each other: their centres were blackish, and the circles filled with dark lymph; they were surrounded by a patch of inflammation, in the form of a square, one and a half inch in diameter; and there were a few small red, raised papules on the arm and forearm. The child had been restless and feverish. *Crt. 6* every two hours; and a hot bread poultice to the vaccination spots. The child had a very restless day and night, and the next morning (*i.e.* of the ninth day) I found the skin of nearly the whole upper extremity inflamed, dark red, and thickened, as evidenced by the sharply-defined edges of the few remaining patches of healthy skin. The skin of the shoulder, neck, chest, abdomen, and back was in a similar condition; and on the lower extremities the eruption was in small patches, leaving more healthy skin than eruptive. There were much fever and restlessness. Continue *Crt. 6*, and the poultices. The child was very restless and feverish during the day and night, though less so than the previous day and night; and the next morning (*i.e.* of the tenth day) all the symptoms were ameliorated, and the eruption was becoming pale, except about the elbow, where it was blackish. On the eleventh day all the symptoms had disappeared: the child was apparently well, and there was no eruption or redness of the skin. The vaccination marks looked fairly healthy, and had not been burst.—*Hayward.*

The following case of cure by *Crotalus* of a troublesome and obstinate pustular eruption after vaccination, by Dr Bryoe of Edinbrugh, cited by Dr. Hayward, shows the power of the drug in similar affections:

*Pustular Eruption after vaccination* :—“Mrs B— wrote to me from Ireland about her baby. It had been vaccinated when three months old. On the ninth day the arm was much inflamed; and about the twelfth day a discoloured ‘dirty’-looking crust formed, with discharge of dirty-looking pus and the formation of other unhealthy-looking crusts. At the end of three weeks, there being no improvement, the arm was poulticed; and soon after this the part healed up. But as soon as it had quite healed the neck and



behind the ears became raw and had a scalded appearance. After this, ointment was applied, and the part healed. But, in a few days, 'spots' appeared on the back of the head, across the shoulders, in the armpit of the vaccinated arm, and over the breast. The spots were pimples and pustules from the size of a pin's head to that of a split pea. They were especially numerous on the vaccinated side. After the eruption had lasted two weeks Mrs. B—sent for the doctor. He gave some medicine and the eruption disappeared; but in a short time returned as bad as before. Wishing not to give any more allopathic medicine she did nothing for it for a fortnight: after this she wrote to me, June 15th, 1882; I sent *Crt.* 6. In her next letter, dated June 29, she writes:—"I am happy to say all the spots have disappeared except one or two on the shoulders, and they too appear to be dying away." Up to now, October, 1883, there has been no return."

The following case of cure by *Lachesis* of ecthymatous eruptions, by Dr. Hering, cannot but be read with interest:

"A woman had to take charge of a child affected with the itch. After some months she became affected with the itch; *psorin* only increased, and after various medicines, she got, on account of the dark blue vesicles, the swelling, and the burning pain, *Ars.*, which however did no good except at first, and on its repetition increased the disease, and brought on bilious vomiting. She had itching on the whole body, on the hands and feet; after burning pains there appeared itch vesicles; attended with much itching, throbbing heat, there formed a large diffused red swelling; here and there among the small vesicles a larger vesicle the size of a nut was seen, at first full of water, but afterwards containing pus, and there was great inflammation at the time as far as the elbow and knee; some of the pustules instead of being yellow, were dark blue, with burning throbbing pain in the whole swelling, as if the flesh were being torn from the bones; the attacks made her almost desperate; the pains attack head, teeth, breast and back, and dreadfully severe burning pain is felt in the head, which causes a sense of sickness and nausea; throbbing and beating is felt in the head at every movement. After the attack she lies in a stupefied sleep; the pains are worst at night; she has constant thirst, but drinking makes her sick. Sometimes the itching goes off, and then she is very short of breath and full of anxiety. After the first dose of *Lach.* she was better, and the headache was gone. After some days a second dose was necessary. In a week she was quite cured, except the remains of stiffness in the joints of the fingers."

Dr. Hayward has cited the following case related by Dr. C. Wesselhoft of the cure of *Ecthyma* by *Lachesis*:—"Mrs. P—, æt. 30; after having had three abortions suffered with a pustular

eruption on the back, legs, and ankles, consisting of isolated pustules, rapidly filled with sero-purulent matter and surrounded by an inflamed halo. They varied from the size of a pea to that of a five-cent piece, and soon dried into dark hard scales, which were easily knocked off leaving red moist surfaces extremely sensitive to contact with the atmosphere or bed-clothes. Itching was intense, especially at night, often changing to burning-stinging. Improvement set in immediately after taking Lach. 30, and within four days the eruption dried up, and she made a rapid recovery."

The late Dr. Caroll Dunham has, in his lectures on *Materia Medica* under *Lachesis*, thus recorded the beneficial effects of the drug in an epidemic of malignant pustule which prevailed in Brooklyn in 1853: "A furuncular formation appeared, generally upon the lower lip, attended with severe pain, and frequently surrounded by an erysipelatous areola. The most marked constitutional symptom was a very rapid and extensive loss of strength, the patient being reduced from vigour to absolute prostration within the space of from twenty-four to thirty-six hours. Allopathic physicians at first resorted to local application of nitrate of silver to the pustule. In those cases, thus treated, which came under my personal observation, death followed cauterization within twenty-four hours. In eight cases treated by myself, *Lachesis* was the only remedy used. It relieved the pain within a few hours after the first dose was given, and the patients all recovered speedily."

It will have been seen that, in all the cases cited above, the cutaneous disease was but a manifestation of some profound disturbance of the constitution, and considering the all-pervading action of the serpent poisons, their remedial action in those cases demonstrates their true homœopathicity. It is a question, if these poisons will prove beneficial in those diseases of the skin which own a local origin, and in which the constitution remains untouched. It is true that such cases are very rare; but they do occur, and then we should depend upon less deep-acting remedies, and perhaps simple topical applications may be quite effective. The great difficulty sometimes would be to differentiate between the two classes of cases. It is essential that the correct diagnosis should be made. For, it is just as much a mistake to treat a cutaneous disease of constitutional origin by local applications, as to treat a purely local disease by deep-acting constitutional remedies.

*(To be continued.)*

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 EDITOR'S NOTES.
 

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## SAFETY-PIN SEVENTEEN YEARS IN THE INTESTINES.

Dr. J. W. Irwin, of Louisville, Ky., has reported in the *Medical Century* for May 15, a remarkable case wherein a woman was relieved of a safety-pin that had been swallowed by her seventeen years before. Her usual complaint was sharp, cramping pains in the sigmoid flexure and once in a while, in the colon. Dr. Irwin found the pin lodged in the rectum and removed it. The sufferer experienced immediate relief.

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## DATE SEED IN THE URETHRA.

In the same journal of the same date, "A case is reported where a date seed was found in the urethra. The conclusion was that the seed had sloughed from the vermiform appendix into the bladder and had become lodged in passing through the urethral canal. The explanation seems plausible. Last year Dr. Crutcher, of Chicago, reported that in one of his cases he had found a large date seed in a gangrenous appendix, the specimen measuring nearly three-quarters of an inch in length and a quarter of an inch in diameter."

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## INFANTILE MENSTRUATION.

Again in the same number of the same journal which seems to be full of curiosities, we find the following remarkable fact recorded by Dr. F. P. Green, of Memphis, Tenn. Of course the discharge of blood from the infantile vagina was not menstrual in the physiological sense of the term, but the fact of the discharge and its association with a milky secretion from the infantile mammary glands, were unique in themselves, and deserve a permanent record.

On January 27th, last, I was called to attend Mrs. H——, act 23, a primipara in confinement. She was taken with labor pains at five o'clock P. M. No progress being made, at two o'clock I applied the forceps in the superior straight and in a half hour delivered her of a twelve-pound girl baby. There was not over a half teacupful of liquor amnii in the uterus and the cord was only ten inches long. This materially interfered with the delivery of the child, and to add to the trouble the baby's shoulders were so broad that I was compelled to tear the perineum before I could complete the delivery. When I came to deliver the placenta I found it adherent over a large area of its attachment, complicated with hour-glass contraction. Having my patient under chloroform I introduced my hand into the uterus, overcame the contraction and delivered the placenta. Everything went along nicely until the sixteenth day when I was called to see the baby. Examination revealed both breasts swollen and full, from which I milked about two tablespoonfuls of milk. The nurse called my attention to the napkin she had just removed from the baby which was stained with blood. Upon examination I found it came from the vagina. This flow was colorably profuse and lasted for six days, the

child losing fully a teaspoonful of blood in twenty-four hours. I told the parents to give themselves no concern about it and let the matter rest. In twenty-eight days the same flow occurred again, lasted six days and ceased. Since then there has been no return. The child has been in perfect health all the time since its birth and seemed to suffer no inconvenience from the trouble.

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#### KALI BICHROMICUM IN DISEASES OF THE KIDNEYS.

Dr. F. H. Pritchard of Ohio has, from his "Study of the Pathogenic Action of Kali Bichromicum upon the Kidneys," published in the June No. of the *Hahnemannian Monthly*, recommended its use in pyelitis of calculous origin, in acute desquamative epithelial nephritis, and in the chronic parenchymatous nephritis. He has also cited from the *Cronica Medico-Quirgica de la Habana*, tomo xvii, No. 17, the practice of an old-school physician, Dr. Manuel Delfin, of Havana, Cuba, who has found the bichromate to be an efficacious remedy in the treatment of that terrible disease, hamato-chyluria, in several cases of which he has employed with success a solution of one gramme to eight ounces of water. The only solitary instance of milky urine which may be attributed to Kali Bichromicum was in Dr. Roberts' case cited from his *Urinary and Renal Diseases in the Cyclopaedia of Drug Pathogenesis*.

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#### THE CREMATION OF A EUROPEAN AT CALCUTTA.

The *Indian Mirror* of the 5th Inst. reports that Mr. Karl Hammergreen, a Brahmo, who died of dysentery, was cremated at Nintola Ghat on the 3rd instant. He was a Swedish by birth. Having read in a French book the account of the Brahmo Samaj he came out to this country in July last to have a personal experience of India and the Indians. But the climate of this country proved unsuitable to him. With his preference of Brahmoism to Christianity he had also shown his preference of cremation to burial. Perhaps this is the first case of a European cremated in India.

In this connection we would quote the following from the utterances of Bishop Jenner for the consideration of our Christian brethren, and of those who are still prejudiced against cremation: "What is cremation, after all, but oxidation. That which, under ordinary circumstances, subsequent to burial, takes several years to accomplish, is thoroughly effected in an hour or two by the process of cremation; and if it was only possible minutely to watch the successive stages of both these processes, not only would every shadow of doubt as to which of the two was preferable for the disposal of the dead immediately vanish, but every trace of prejudice would vanish with the doubt. ... The sole end and aim of cremation, as well as the process itself, is 'to purify and make white.' Whereas everything in connection with burial, from its first inception to its horrid termination, is disgusting in the extreme, and tends only to corruption and filth."

## ELECTRIC PROOF OF MATTER IN HOMŒOPATHIC DILUTIONS.

Soon after the discovery of spectrum analysis by Bunsen and Kirchoff, Dr. Ozanam of Paris, by operating with homœopathic dilutions of metals, showed so far back as 1862 that the substances of these metals are detectable in their dilutions up to the seventh centesimal, or the fourteenth decimal. Mons. A. Demaeght, Doctor in Science, and pharmacist, of Belgium, has, by quite a novel method, demonstrated the presence, in dilutions up to the sixth centesimal, of the matter of homœopathic remedies made of other substances than metals, and which are not amenable to spectrum analysis. The method adopted by M. Demaeght is that of measuring the electric resistances of the successive dilutions (in water). The substance he has operated with is sulphuric acid. He took 14 glass tubes, 15 centimetres long, curved in the shape of U, first washed with chromic acid to get rid of fat, then successively with distilled water and alcohol, and lastly thoroughly dried. The 1st and the 14th were filled with distilled water, the 2nd to the 13th with dilutions of sulphuric acid from the 1st decimal to the 12th respectively; that is to say, the 2nd was filled with the 1st dilution, the 3rd with the 2nd dilution, and so on. At each extremity of these tubes was plunged a plate of platinum carefully cleaned and of exactly the same dimensions, and these extremities were closed by cork. To each of these platinum plates was attached wires of rigorously the same length. Thus arranged a current was sent through each tube to the coils of a delicate galvanometer (Lord Kelvin's reflecting galvanometer was used), and the deflections of the needle were noted. The results of his experiments have been embodied in an article on the subject by Dr. Demaeght in the *Journal Belge d'Homœopathie* for April, from which we take the following:

No. of Tube	Dilution	Proportion of H <sub>2</sub> SO <sub>4</sub>	Deflection in degrees
1 ... ..	0	0	0
2... ..	1st dec.	.1	More than max. of scale
3 ... ..	2nd	.01	"
4... ..	3rd	.001	"
• 5 ... ..	4th	.0001	"
6... ..	5th	.00001	101°
7 ... ..	6th	.000001	70°
8... ..	7th	.0000001	58°
9 ... ..	8th	.00000001	65°
• 10... ..	9th	.000000001	49°
11 ... ..	10th	.0000000001	33°
12... ..	11th	.00000000001	17°
13 ... ..	12th	.000000000001	5°
14... ..	0	0	0

In order to avoid the injurious effects of induction of electric condensation and of remanent magnetism, Dr. Demaeght, following the plan of the late M. Giesener, sent the current during each experiment in one direction for ten minutes, and in the reverse direction for another ten minutes. Dr. Demaeght says that he interposed tube No. 14 permanently and in derivation in the circuit, in order to obtain comparable results. If the resistance of distilled

water, was infinite, or at least so great as not to cause any deflection of the galvanometer needle, we do not see the necessity or the utility of the interposition of this tube.

#### DIFFERENTIAL DIAGNOSIS OF IRITIS AND CONJUNCTIVITIS.

Dr. G. A. Saffa, M.D., of Boston, read an interesting paper before the Boston Homœopathic Medical Society, on the differential diagnosis of acute catarrhal conjunctivitis and plastic iritis which is published in the May number of the *New England Medical Gazette*, from which we give below the principal heads of the diagnostic signs of the two diseases:—

IRITIS.	CONJUNCTIVITIS.
1. Changes in the color of the iris, myosis. Irregular swelling of the iris, diminished or lost reaction to light or mydriatics.	Iris not involved.
2. Posterior synechia.	No synechia.
3. Hazy or haziness of cornea.	No changes in cornea.
4. Changes in the aqueous humor, general turbidity due to inflammatory products.	No changes in aqueous.
5. Pericorneal injection, vessels not movable with conjunctiva.	Conjunctival injection, vessels movable with conjunctiva.
6. Photophobia variable.	Photophobia variable.
7. Some abnormal lachrymation.	Muco-purulent secretion.
8. Conjunctiva usually transparent, occasionally chemotic.	Conjunctiva opaque, velvety, at times chemotic, vessels enlarged but freely movable.
9. Pain in eye-ball and in distribution of ophthalmic division of 5th nerve, usually in supraorbital branch, always worse at night.	Discomfort and feeling of sand in eyes, no deep pain.
10. Dim vision.	Vision usually unimpaired unless secretion is abundant.

#### CALOTROPIS GIGANTEA IN ECZEMA.

*Calotropis* (vel *Asclepias*) *gigantea* is a valuable indigenous plant. It was known to the ancient physicians of India. The whole plant, flower, leaf, bark of stem and branches and root, (especially the milky juice) is a powerful irritant both of mucous membranes and of the skin. It deserves a proving. In the absence of pathogenetic evidence of its remedial powers, any clinical evidence should be welcome. We, therefore, make no apology in citing the following case of Dr. Morton of Mussoorie from the *Indian Medical Record* of June:

An Irish lady, about 40 years of age, had been suffering from eczema extending from the axilla to the tips of her fingers for the last nine years. Every doctor in Mussoorie had attempted a cure, and the list of medicines tried internally and externally, were I to enumerate them, would fill a whole page of the *Record*. There is a history of rheumatism, but the patient herself has had no symptoms of the disease. Anti-rheumatic drugs have therefore also had a fair

chance. By accident I was asked to try a poultice of *mudar* leaves. I commenced very cautiously as the case was a very bad one, the slightest exposure to air making the inflamed parts weep with a serous exudation, and so I applied the poultice only to the fingers. On the second day the weeping had stopped, and the parts looked healthy. It was continued for another two days and the fingers were healed. Encouraged with the result I applied it to the whole arm and, miraculous to relate, this was well within a week. The surprise to the patient was immense, for she, like a good Irish woman, hated Indian drugs, but has since been converted to a different opinion, and is seriously thinking of leaving a legacy for the study of Indian drugs. If this humane resolve ever passes beyond the stage of humour, I will certainly encourage her to carry it out—she being possessed of the world's currency, and the *Record* will have the satisfaction of further advancing the knowledge of Indigenous Drugs.

#### CANCER HOUSES AND THEIR VICTIMS.

Mr. D'arcy Power, Demonstrator of Surgery, St. Bartholomew's Hospital, has made the following communication to the *British Medical Journal* of June 6, on the above subject :

Mr. SHATTOCK, in his Morton Lecture, again calls attention to the interesting fact that cancer, like tubercle, may repeatedly show itself in certain houses. The following series of cases further illustrate this point. They were communicated to me by the medical man who had them under his care.

Miss B., aged 45, lived in a certain house in a suburb of London for thirteen years, and died of cancer of the stomach in 1884. Miss T., aged 47, then succeeded to her place, and occupied her bedroom. She had lived in the house for twenty years, and died of cancer of the liver in October, 1885. Mrs. J., aged 67, who had lived in the house for eight years, succeeded to the place and to the bedroom successively occupied by Miss B. and Miss T. Mrs. J. died of cancer of the breast and uterus in 1893. Each of these patients, my informant adds, appeared to be in perfect health until they took one another's place as "housekeeper" to the *banmaids* of the establishment in which they had each lived for so long a time. There was no blood relationship between them. One of the sons of the house, who is a nephew of Miss T., has a keloid which has been removed three times.

Similar cases of cancer, occurring in a single house amongst persons who are not related by blood to each other, have been published by Mr. Shattock in the *St. Thomas' Hospital Reports*, vol. xx, p. 233. The house was situated at Ashburton, in Devonshire. It was damp, and within a period of fourteen years four persons were affected with cancer in it, of whom three died.

Mr. Cooper, of Chatteris, mentions three cases of cancer of the parotid and submaxillary glands and tongues of cows occurring on a piece of land a mile and a-half from Chatteris, in Cambridgeshire.

Mr. Clement Lucas relates the case of a gentleman, who was operated upon in 1881 and again in 1883 for a rodent ulcer of the eyelid and forehead. His wife had a scirrhus of the breast removed in 1884, and a partner, who has always lived in the same house with them, had an epithelioma of the tongue removed in 1886. Mr. Lucas does not suggest that

there, is anything more than an accidental association between these cases, but says that the coincidence is the more interesting in that there is no blood relationship between the patients.

Mr. Wynter Blyth narrates the case of three successive tenants of a house in Buckland Brewer, who died of cancer. Mrs. V. frequently visited the last of the tenants, to whom she was not related, and she subsequently became affected with cancer of the breast and lung. Her niece, a girl of 14, slept with her and nursed her. This girl developed cancer of the breast, and was operated upon, seemingly with success.

Dr. Fabre, in an excellent treatise on the contagion of cancer, which deserves to be more widely known in England, records the following observation by Dr. Mollière: "There is a well-built house in Lyons, standing on the bank of the Saône, which has long been occupied by well-to-do people. In 1873 the owner, aged 80, who lived on the first floor, died of cancer of the stomach. Four years later a tailor, aged 45, who lived in the *entresol*, also died of cancer of the stomach. The porter, a healthy old soldier, aged 55, died three years later of the same disease, also affecting his stomach. Lastly, a man, of 35, who lived on the second floor, was attacked two years after the death of the *conciérge* with cancer of the cervical glands, which killed him in a year. Thus in ten years there were no fewer than four deaths from cancer in this house; and although other people were living in it, no death from any other cause occurred during this period."

Mr. Roger Williams has recently called attention to Fiessinger's cases. These cases, and others like them, may be, and probably are, mere coincidences, such as might happen when we consider the enormous number of deaths which occur annually in Europe from cancer. They may, however, point to a more specific origin of the disease. We are still unable to explain them, but such local outbreaks have to be borne in mind in all investigations connected with the question of the causation of cancer. No one, I suppose, imagines that cancer is directly contagious. It is possible, however, in epidemic cases that there may be some condition of earth or water common to all the individuals attacked, in which the organism, if such there be, may pass a part of its existence. The cases, however, are so rare that it is better worth while to record them as they occur than to argue as to their origin, for any conclusion that can as yet be arrived at can only be based upon insufficient premises, and is therefore worthless.



## CLINICAL RECORD.

CASES BY BABU TINKARI MUKERJEA, L.M.S.

### 1. *A Case of Laryngeal Croup, cured by Bromium.*

A baby, aged 3 months, at Ahmad Khan's Lane, Abercreech, has been suffering from Fever and Cough, and was being treated by a brother practitioner for 3 days, without any effect. He had given *Aconite* and *Bell.* I was called to attend the child on the 24th Nov. 1893, at 9 A. M., and found the following symptoms:—Temperature 100.4, skin warm and perspiring; breathing almost abdominal, gasping, with wheezing and rattling in the larynx; cough very troublesome and incessant; mouth dry and parched; tongue dry and coated with white fur; the mucous membrane of the fauces and epiglottis was red and slightly swollen; pulse low and frequent. On examining the chest nothing abnormal was heard except the obstruction to the entrance of air into the lungs. I prescribed *Kali Dich.* 6, every 4 hours. I visited the patient again in the evening and found no improvement. I then prescribed *Bromium* 6, one globule every 4 hours, and steam to inhale. After two doses of the medicine the child felt relieved and slept well during the night. On the next morning I found the child was much better; dyspnoea less, cough not so troublesome, temperature 100. Continued *Bromium* thrice daily. Next day there was no fever, cough easy, other symptoms were also decidedly less. Ordered *Bromium* to be given three times to-day. The child was quite well on the following day.

### 2. *A Case of Malarial Fever, cured by Secale.*

The wife of Babu——, aged 35, at No. 43 Hari Ghose's Street; had begun to have fever on the 15th February 1894. She had her menses with the fever. The discharge was not free; though usually her menses are profuse and lasts for 7 or 8 days. I was called on the morning of the 19th when there was violent shivering; the chill commenced and spread from the arms; insatiable thirst during the chill; complained of pain in the loins and abdomen. The menstrual discharge was scanty. There was no thirst during heat; she could not bear the external warmth during the hot stage. There was frequent sighing, the hot stage lasted till midnight when there was profuse perspiration over the whole body. Tongue clean; bowels regular. Prescribed *Ignatia* 3x thrice daily. The fever came on again the next day, at the same hour but with less severity and did not last long. The fever left at 12 o'clock midday. Then there was no fever on the following two days. The menstrual discharge became profuse with large clots of deep color. The fever came on again with severe ague on the morning of the 23rd Inst. The shivering lasted for over an hour, with unquenchable thirst. Skin cold, with pale and sunken face. There was shivering again at 3 P. M. and during the hot stage; burning heat and shaking chills again at 7.30 P. M. At midnight the patient perspired freely, when the fever left. Tongue clean and dry with red tip. Disgust for food, and desires only

sour things. *Secale* 6, 2 doses were given during the remission. The fever came on again with shivering the next day at 9 p. m., but was not so severe. Had shivering again at 5 p. m. The fever left at 8-30 p. m. when another dose of *Secale* was given. Next day *Secale* was given twice, and the patient was free from fever from this day.

#### Cases of Gastralgia.

BY BABU HEM CHANDRA RAY CHAUDHURI, L.M.S.

Case 1.—S——, a Hindu boy, aged about 15, was suffering from cramps in the stomach for the last five or six days. I was called to see him on the evening of the 12th July 1893. He had then severe pains in the stomach with slight cessation at intervals. When the pain was intense, he could find a little relief from walking by grasping the stomach with his hands, but doubling up would not relieve him. He had also desire for drinking water, though had no thirst. The pains used to aggravate after eating and in the afternoon and evening. He was a vegetarian for a long time. The nature of the pains he could not describe, but he said that they were very excruciating. He was rather costive. I tried *Nux v.* and *Calc c.*, without success.

13th July. The pains were of the same intensity and character. I gave *Sulph.* and *Lyc.* one after the other without any effect. Thinking that this may be due to his taking only vegetable diet I advised him to take fish broth which he refused, but with the vegetable soup the fish broth was mixed and administered, without his knowledge. Even after taking the fish broth thus given the pain was of the same intensity as before.

14th. Taking the aggravation of the pain after food as the key-note I administered *Coloc* 6, and this produced the desired effect. He was cured within two or three days after the administration of this medicine. The fish broth mixed with vegetable soup was continued to be given.

#### Remarks.

In this case the principal features were: the pain in the stomach used to be aggravated after food and in the afternoon and evening; inclination to drink water without feeling thirsty; the pain was not relieved by doubling up but was a little better from walking and grasping the stomach by the hands. At first I did not give *Coloc.* because the pain was not relieved by doubling up. Most authorities take this to be the keynote for using colocyath in crampy or colicky pains in abdomen. But a careful study would prove it otherwise, at least for the crampy pains in stomach, as I found in this case. The principal symptoms recorded in Allen's Hand Book are as follows:—gripping in epigastric region after every meal, worse towards evening; gripping in epigastric region, with movements, then soft stool; pinching in pit, preventing sleep, with constriction of stomach, and sensitiveness of stomach, so that it could bear no covering; intermittent compression of epigastrium, changing to pinching, with con-

fusion of sinciput; cramp at midnight better from cructations; thirst unquenchable; desire to drink without thirst, the mouth is watery, drink is relished, but there is a flat taste after every drink.

Case 2.—A—, a Mahomedan female aged 35, tall, thin built, weak, was suffering from fever and pain in the stomach and liver from the night of the 18th April 1894. The pain was like the thrusting of a knife into the stomach and liver, of an agonizing character, worse on pressure even of the cloth that she wore. She was very restless during the whole night and during the acme of the pain used to get fainting fits of slight duration. The pain was also of a remittent character. I saw her at 10½ A.M. on the next day. She was then very restless, and the pulse at both wrists was absent; suffering from fainting fits; hands and feet cold; very thirsty but would vomit after taking water; no relief of the pain by doubling up; had three or four thin stools, though generally of a costive habit; menses very irregular; a feeling of fullness in epigastrium; she was in the habit of taking prepared meat from the shops, which is generally of bad quality.

I gave her at first *Nux v.* 6, to be repeated twice every quarter of an hour, but without effect. Then I administered *Sulph 6*. Within five minutes after taking the last medicine she was much relieved of the pain, the hands and feet grew warm and the pulse at the wrists appeared soon after. This medicine was repeated.

6 P.M. I found her much better than before, there was only a slight pain remaining, she was now complaining of heartburn. Con. *Sulph 6*.

20th April. She felt no more pain in the stomach but the soreness on pressure could still be felt. No medicine.

21st. She was doing well. There were no more pains.

#### Remarks.

The pain in the stomach, in this case, was like the thrusting of a knife, attended with a low condition which was evidently due to great suffering in her weak state of health. The pain was attended with great thirst and vomiting. She was of costive habit and, as usual with her, used to pass hard balls every other day. She used to suffer also from derangement of the menses with pain in the stomach and abdomen. The menses appeared on the 22nd April, two days after the attack of pain in the stomach and the discharge was black and scanty accompanied by pain. So it seemed that the pain had some relation with the menses. *Nux v.* failed to give any relief, but *Sulph* saved her from evident dissolution. *Nux v.* was given, in view of her costive habit, but failing with it I gave *Sulph* because this medicine has pain in the stomach during menses, and pain in the epigastric region on touch, even of bed clothes, after eating; after thin stools; from meat and fat food; thirst with full feeling in stomach; not better after drink which distresses stomach.

Case 3.—A—, a Hindu female, aged 47, was suffering from pain in the stomach, now and then, for the last six months and during all this

time she was under Kaviraji and allopathic treatments. I saw her at 9 A.M. of the 20th April, 1894. She was suffering from excruciating pain in the stomach of a stabbing character and radiating towards the liver. When the pain was very strong she would get fainting fits. She had had hysteric fits for a long time. She was then very thirsty and asked for large quantities of water every now and then, but would vomit just after; was very restless; the pain was slightly relieved by pressure on the stomach but not by doubling up; she could not think of any immediate cause of this attack. I gave her *Nux v.* and *Sulph.* without any effect. *Coloc. 6.* was then administered, and immediately after she felt better. This medicine was continued with total disappearance of the pain.

28th. Report was received that she was doing well. No medicine.

The failure of *Nux V* and *Sulph.* induced me to try *Coloc.* and it succeeded well. The symptoms were not so definite as to lead one to the selection of this medicine, but still it proved to be of great efficacy.

#### A Case of Meningitis.

Reported by BABU BEPIN BEHARI CHATTERJEA, M.B.

On the 1st April, 1885, I was called to see a male child, aged 15 months, at Natudah. The child was healthy looking, and had begun to have fever on this very day. The temp. in the morning was 99.4, and 100 in the evening. As the child was cutting the molars, I ascribed the fever to this cause. During the first three days, there was nothing particular, excepting that there was slight diarrhoea generally in the afternoon, some restlessness, and want of sleep at night. I tried successively *Aco.*, *Cham.*, *Nux v.*, *Ipec.*, with no benefit.

4th April, Morning. Face flushed and bloated, the countenance presenting a full and disturbed appearance, the head hot, the child constantly putting his hand over the head; temp. 100, tongue slightly furred, pulse quick, full, and hard. No medicine given in the morning. At mid-day temp. rose to 104, and *Bell. 3* was given at intervals of 2 hours; temp. came down to 99, and I was triumphing in my mind as to the action of *Belladonna*, when I was informed, at about 9 P.M., that the child was probably going to have another paroxysm of fever as the extremities had become very cold. I called and found the child actually shivering; the cold stage lasted for about half an hour, then the hot stage gradually set in, the thermometer indicated 105 (1 A.M.), and the child became extremely drowsy. Apprehending convulsions I gave a tepid bath, and the temp. gradually came down to 99 in the morning.

5th, morning, temp. 99. Fearing cerebral congestion was going to run on into inflammation, I gave *Veratrum virid.* 1; but from this day commenced the great peculiar feature of the case, i. e., four paroxysms of fever within 24 hours, and that with great regularity, as will be seen from the temperature record given below:

6 A. M.	99	1-30 P. M.	99	7-30 P. M.	100	1 A. M.	99.
8 "	103	3 "	105	9 "	104	3 "	105.6.
9 "	105	6 "	100	10 "	105	4 "	103
12 M.	100	7 "	99	12 "	100	6 "	99.

Each paroxysm was ushered in by a chill, accompanied with shivering, the lips and tips of the fingers became blue, the feet, hands, nose, ears were intensely cold, there was chattering of the teeth; this cold stage lasted for about 3 quarters of an hour, and was then followed by the hot stage, when the child fell into a deep sleep, the abdomen became tympanitic, the pulse rose to 160 per minute, respiration became very hurried, the decline of heat was not marked by any perspiration.

During intermission, which lasted for a very short time, the child could recognise his mother, but was very peevish, irritable and cried much, nothing appeared to soothe him, only at times he showed some disposition to be playful.

6th. Symptoms the same, the paroxysms of fever and the fluctuation of temperature continued to be very marked. The disease assuming this serious type, the father of the child (a rich zamindar of the district of Nuddea) naturally grew anxious and wired for a consulting physician from Calcutta.

7th. Dr. A. C. K—— arrived this morning. Meanwhile I had tried *Bryonia*, and *Calc. carb* to no effect. Dr. K—— after carefully going through the history of the case, diagnosed it to be one of abdominal typhoid. I however differed from him and told him that we had never heard nor read of such fluctuations of temperature in typhoid fever, that from the fluctuations of the temperature, the nervous nature of the fever was quite clear, that the nervous centres were involved, and that the symptoms pointed more to meningitis, than to anything else, and I also thought that the basilar portion of the meninges was not involved, as cerebral vomiting was completely absent, which must be present when pressure is exerted upon the roots of the pneumogastriacs by exudation-matter.

Now it seemed to me that the mischief was due to malarial poison, (the village being a hot-bed of malaria) which not only was the cause of the aguish paroxysms, but it also excited the meninges to inflammation; the double nature of the disease was quite clear.

8th, 9th, and 10th. Symptoms became rather aggravated, drowsiness increased, crying chiefly during intermission much increased, and there was also boring of the head into the pillow, the rise and fall of temp. went on with clock-like regularity.

In the afternoon of the 10th inst. we came to the conclusion that the child should be removed to Calcutta at all risks. In the meantime Dr. K—— had tried *Polyporus*, *Arsenic*, *China*, *Rhus tox*, *Gelsem.*, but with no effect.

In the evening we reached the railway station after twelve miles of journey, partly by boat, partly by palanquin, Dr. K—— accompanying us.

11th. Reached Calcutta by rail this morning. Dr. K—— was still the consulting physician. He tried *nux moschata*.

12th. No better. *Baptisia* was prescribed.

13th. Symptoms much aggravated; child drowsy all along, and at times there was sharp, distressing cry, accompanied with jerking movement, throwing the head backwards, and at times there was also boring of the head into the pillow.

Dr. Mahendra Lal Sircar was called in at about 9 A.M. He advised the stoppage of all medicine for a day, so no medicine was given this day.

14th. Symptoms the same. Dr. Sircar again visited the child and prescribed *Acon.* 30 and *Bell.* 6 in alternation, 2 globules of *Acon* to be followed in two hours by 2 of *Bell.* and so on. No change. Dr. Sircar recommended a dose of Camphor water.

15th. No improvement. Dr. Sircar called and prescribed *Sulphur* 30. 2 globules were administered in the morning. No better. Evening, symptoms the same—no other medicine was administered.

Drowsiness very deep, the child could scarcely be roused, sharp screaming cries at intervals, pulse soft, feeble and very weak, pupils rather dilated, the four paroxysms very well marked. I had nearly given up every hope of recovery, and the anxiety of the parents knew no bounds.

16th. Dr. Sircar called this morning, and was thoroughly convinced of the cerebral nature of the disease. He pointed out to me, that the continuous drowsiness chiefly during heat, with screams at intervals, and absence of sweat, indicated *Apis*.

*Apis* 30, 2 globules were put dry on the tongue at about 7-30 A.M., when the temp. was 100 only. This day the change was marvellous, the rise of temp. was neither so rapid nor so high, and it was only 103 at about 12 M.; the decline was also slow, the temp. came down to 100 at 3 P.M., the decline of heat being accompanied with perspiration, slight in the trunk, but very well marked on the forehead. 5 P.M. Temp. 98.4; 6 P.M. 97.6, drowsiness less. At 3 A.M. in the night it was again 102.6, so that there were only two paroxysms this day.

Dr. Sircar was again called in, and I insisted on repeating another dose of *Apis*, but I was told that *Apis* would probably do no more good, as there was no longer the absence of sweat. The matter however being left to my discretion I gave another dose of *Apis* 30 during intermission, and to my great disappointment I found that the temperature rose to 105 again at mid-day followed by intermission in the afternoon. I gave no medicine in the afternoon, but the child had another paroxysm at night, and I became thoroughly convinced that *Apis* would no longer do any good.

18th. Dr. Sircar visited this morning and advised me not to give any medicine, but to watch the case closely.

19th. The child had only two paroxysms yesterday, and the following symptoms were noted:—Fever without chill, noon and midnight, sleep during heat, perspiration of forehead and face, the rest of the body dry and hot. These symptoms,\* Dr. Sircar remarked, presented a picture of the stramonium fever. He accordingly proscribed *Stram* 30. 2 globules were administered early in the morning during intermission, the result was most satisfactory; no

more paroxysms occurred, and the medicine had not to be repeated; the child gradually improved merely by regulation of diet, and was sent back to his native village completely cured.

[*Remarks.*

This case very well illustrates the importance of the maxim, so strongly urged by me, "that even in very grave cases it is far better to wait and watch, than to prescribe at random for a few symptoms only." In this case about 10 or 12 remedies were tried not only without any good, but I should think with the effect of aggravating the disease, while only two doses of properly selected remedies, produced a marvellous effect and, indeed, it seemed that the child was snatched from the very jaws of death. The case illustrates also the injurious consequences of unnecessary repetition, and the difficulty of determining whether a medicine, which has done good, should be repeated or not. This is, in fact, one of the greatest difficulties in homœopathic treatment. Cases do happen which require frequent repetition, but there are others, and these form by far the majority, in which repetition proves injurious as it did in this case. The best rule here again is, not to be in a hurry, but to wait and watch, and to repeat a medicine only when its action having been exhausted, the symptoms demand its exhibition.—M. L. S.]

THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.

104. GNAPHALIUM.

**Constipation :**

1. C. succeeded D.
2. Tried hard and long to effect a st., but without success.

**Diarrhœa :**

1. Some looseness of bowels, with passage of pale-colored fœces.
2. Three loose and watery discharges, with great pain and nausea, before morning (1st night) ; profuse D. attended with great pain in abdomen all day (2nd day).
3. D., discharges in the morning, several during the day following, attended with irascibility of temper, and pain in bowels.
4. D., st. early morning, a 2nd st. before noon with pain and rumbling in abdomen, diminished urine, loss of appetite and taste (5th day) ; D., very copious and watery before morning (7th night), two more before noon (8th day) ; nausea and pain in abdomen all night ; urine scanty. (G. ul.)
5. Dark-colored, liquid, offensive st., pain in bowels. (G. ul.)
6. Copious diarrhœaic discharge, preceded and attended with nausea, pain and rumbling in bowels ; pain and borborygmus continued for 2 days. (G. ul.)
7. Bowels rumbling followed by st., before breakfast ; had a st., neither very easy, very full, nor loose.
8. Unusual rumbling (borborygmus) in bowels, with slight griping pains ; a diarrhœaic st., with uneasiness in bowels, until falling asleep.

**Cholera :**

1. Violent vomiting and purging like cholera morbus, before morning ; purging continued the next day, at intervals.

**Aggravation :**

1. Before morning.

**Before St :**

1. Nausea. 2. Pain in the bowels. 3. Rumbling.

**During St :**

1. Pain in abdomen. 2. Nausea. 3. Rumbling.

**After St :**

1. Pain in the bowels. 2. Borborygmus. 3. Aversion to food.

**General Symptoms :**

1. A fullness about temples, like incipient threatenings of a nervous headache (which is periodic, usually occurring after excessive smoking, or severe mental effort or anxiety) ; removed by a thorough washing of head with cold water.
2. Neuralgic pains of an intermittent form, of superior maxillary of both sides.
3. Tongue covered with long white fur.
4. Mouth parched and tasting badly. Flat, sweetish, sickening taste in mouth.
5. Diminished appetite. Indifference, almost aversion, to food,



- after diarrhœa. 6. Obstinate attacks of hiccough.
7. Flatus of stomach, with windy eructations and slight nausea.
  8. Borborygmus, with frequent emission of flatus.
  9. Colicky pains in various parts of abdomen, sensitive to pressure, particularly in region of cœcum.
  10. Large quantity of pale, inodorous urine passed, remarkably free from sediment. 11. Urine scanty and red.
  12. Numbness of lower part of back, with lumbago.
  13. Pains of rheumatic character, in elbows and shoulders.
  14. Intense pain along sciatic nerve, continued to its larger ramifications. During proving a sciatica, already existing, disappeared.
  15. Rheumatic pains in knees and ankle-joints. Frequent cramps in calves.
  16. Cramps of feet, especially in bed.
  17. Gouty pains in great toes.
  18. Great weakness and prostration from diarrhœa.

**Remarks :** Two species of *GNAPHALIUM* have been proved ; the *G. POLYCEPHALUM* and the *G. ULIGINOSUM*. Both seem to be very closely allied species, as is evidenced by the similarity of the symptoms produced by them ; so that they may be used indifferently, at least for diarrhœa. The stools generally take place in the morning, are profuse and watery, preceded and attended with nausea, loss of appetite and taste, pain and rumbling in abdomen, diminished urine. In mild attacks of cholera *GNAPHALIUM* may be more useful than *VERATRUM* and other deep-acting remedies. It has produced and cured sciatica. In patients suffering from this disease and diarrhœa, it is calculated to be beneficial. It may be useful in rheumatic and gouty patients suffering from diarrhœa.

## 105. GRANATUM.

### Constipation :

1. St., delayed and insufficient (later action).
2. Constipation from 3rd dil and upwards.

### Diarrhœa :

1. D., with nausea and griping in abdomen. 2. Habitual D.
3. In larger doses acts as a drastic, causing D. and vomiting.
4. In moderate doses (10 drops of tincture), expedites st., causing slight D.
5. Profuse D. like sts., with much flatulence.
6. Copious evacuations of very dark color.
7. Soft st., preceded by griping in abdomen. 8. Brown sts.
9. Discharge of tape worm enveloped in mucus, with watery D.

### Dysentery :

1. Mucous D.

### Before St :

1. Griping in abdomen.
2. Nausea, pain and fermentation in abdomen.

### During St :

1. Protrusion of anus like a ring.

2. Tonosmus with protrusion of anus.
3. Discharge of round and tape worms.
4. Heat of face.

**After St :**

1. Heat in rectum.
2. Vertigo.

**Rectum and Anus :**

1. Protrusion of hæmorrhoids.
2. Protrusion of anus like a ring during st.
3. Extremely distressing sensation, as if something alive were moving about in rectum and anus.
4. Heat in rectum after diarrhœa.
5. Great pressure in rectum.
6. Violent stitches in rectum while sitting.
7. Intolerable itching and tickling in rectum.
8. Proctalgia. Violent stitches in anus. Itching and tickling in anus.
9. Burning itching in and about anus, on nates, perinæum, scrotum and hairy portion of genitals, extending almost over whole body, especially over thick portions of thighs.
10. Internal desire for st., in rectum.
11. Urging to st., with movements and fermentation in abdomen.
12. Ineffectual urging to st.

**General Symptoms :**

1. Hallucination of mind. Great sensitiveness. Inclined to criticise and blame. Want of memory. Hypochondriac. Stupefaction.
- \*2. Vertigo, nausea, painful sensation in abdomen, slight vomiting, with feeling of great weakness.
3. Heaviness of head, with dread of work. Pain in forehead with shivering.
4. Pale-blue dirty rings about the eyes. Yellow sclerotics. Pupils dilated, afterwards contracted.
5. Cramp-like pain in ears. Ringing and roaring in ears.
6. Violent itching-crawling and tickling in nose.
7. Redness and heat of face, with sparkling eyes, heaviness in forehead and slight oppression of chest.
8. Yellow color of face. Earthy, sickly color of face. Sunken features, very sick feeling, prostration.
9. Heat of the face during st. Dryness of lips.
10. Grinding of teeth during sleep, also pain in the stomach and sickly look in face.
11. Tongue, coated white.
12. Astringent feeling in mouth and fauces.
13. Mouth is full of saliva, obliging spitting. Accumulation of watery or tenacious saliva, with nausea and pain in abdomen.
14. Flat, sweetish taste; taste acute or blunt.
15. Unusual, ravenous, incessant hunger.
16. Craving for juicy or sour things; fruit; coffee.
17. Loss of appetite. Anorexia, coated tongue, sensitiveness of præcordial region and a stupid feeling.
18. Aversion and disgust for food, with coated tongue.
19. Aversion and pain in abdomen. Aversion soon before eating.

20. Uprisings after liquid food, and especially after potatoes.  
Uprisings of watery substances, especially when fasting.
21. Constant loud eructations, chilliness and salivation.
22. Eructation of air. Offensive eructation after eating fat food.
23. Before diarrhœa, nausea, pain and fermentation in abdomen.
24. Nausea, chilliness, cold hands and hot forehead.
25. Nausea, accumulation of water in mouth, frequent spitting, pain in stomach and abdomen, frequent ineffectual urging to stool, chilliness, sickly look, and ill humour.
26. Vomiting, weakness and perspiration.
27. Heaviness, burning, sticking, crampy pain, and distension of stomach.
28. Navel is distended to a ball, like an umbilical hernia.
29. Gripping about navel. Twisting about navel and in stomach.
30. Abdomen distended and painful, with ravenous hunger.
31. Accumulation of flatulence, and passage of it upward and downward.
32. Movements in abdomen as from diarrhœa.
33. Pain in abdomen most severe in morning, fasting; also after every meal. Gripping, flatulent colic in abdomen. Sensitiveness of abdomen.
34. Drawing in abdomen, like urging to stool.
35. Violent dragging in inguinal regions, as if a hernia would protrude from both sides; also with swelling of the parts.
36. Palpitation on slightest exertion.
37. Paralytic weakness of arms.
38. Bruised pain in shoulders and between them, as after carrying a heavy load, even clothing is oppressive.
39. Cramp-like tearing in right forearm.
40. Rheumatic pain in all finger joints.
41. Trembling. Convulsive movements.
42. Great weariness and prostration, could scarcely keep upright.
43. Night full of dreams.

**Remarks:** So far as proved, *GRANATUM* has produced diarrhœa, feculent, watery, and mucous; but not actual hæmorrhagic dysentery. Guided by this pathogenesis it may be used with benefit in diarrhœa characterized as above, and associated with nausea and vomiting, with gripes and colic in abdomen, with prolapsus ani, with worms of any description, with tendency to or actual inguinal or umbilical hernia. Though it has not yet developed dysentery, it has been used in our country in this disease with great success, to which we can bear our own testimony. All parts of the plant, flower, rind of the fruit, bark of the stem and branches and of the root have been used with marked benefit. The root-bark seems to be most effective. It is a vermifuge of the first order, and may be used with equal benefit in tænia and in round worms. Proving has developed its qualities as an anti-hernial remedy, and may be used both in inguinal and umbilical hernia associated with diarrhœa, dysentery, or constipation.

“  *gleanings from Contemporary Literature.* ”

PHOSPHATURIA.

BY PAUL THORNDIKE, M.D. BOSTON.

During the last three or four years the writer has had the care of a number of cases such as are often described and discussed in medical writings under the name of “phosphaturia.” The perplexity which several of them caused him led to the collection of these notes from the meagre and unsatisfactory knowledge of the subject at our command.

The cases are characterised by well-marked symptoms of digestive and nervous disturbance, perhaps also by neuralgic pains in the abdomen, back and loins, and associated with a more or less persistent phosphatic cloud in the urine. They are common enough to be familiar to us all, and are often severe enough to make serious inroads upon the patient's health. The patient complains of a series of gastric symptoms: distress immediately after eating, heart-burn, eructations of gas, passage of flatus, constipation, and often of pretty severe colicky pain the bowels. With these symptoms more or less marked and pointing directly to fermentative changes going on in the stomach, are often associated extreme nervous irritability, and sometime indefinite but none the less annoying neuralgic pains in the back, loins, and thighs. The urine is either alkaline in reaction and turbid from the cloud of precipitated phosphates, or is neutral or slightly alkaline in reaction, clear in colour, and becomes cloudy when even very slightly heated. If the trouble has persisted for any length of time, there is emaciation to a greater or less degree, due of course to the ingestion and assimilation of an insufficient quantity of food. Let us consider the urine of such a case for a moment, and the causes which may bring about such a state of affairs.

The phosphoric acid excreted in the urine is derived from oxidation of the waste albuminoid tissues of the body, and also directly from the food. It is excreted by the kidneys at the rate of about three grammes daily, in combination with various bases, notably potassium, sodium, calcium and magnesium. Of these phosphates, those of potassium and sodium are very soluble, and so are never deposited as precipitates in the urine: but the earthy phosphates (of calcium and magnesium), being soluble only in acid solutions, are often deposited from alkaline or neutral urines, and appear as a milky cloud in the urine. So it is at once apparent that this appearance of a phosphatic cloud in the urine has not of necessity anything whatever to do with the amount of phosphoric acid which is being excreted in the urine, and which can be estimated only by careful quantitative analyses of the urine of a patient whose diet on successive days is carefully regulated. The cloud is merely an indication of a lack of acidity of the urine.

Now, when urine loses its acidity it does so in one of two ways: (1) from the formation of ammonia due to the decomposition of urea, that is to say, because the urine spoils, after its secretion by the kidneys, either in the

genito-urinary tract or in the air after it has been voided : or (2) from the constant presence in it of too great a quantity of alkaline material not due to any process of decomposition, but excreted in the urine, chiefly in the form of carbonates of sodium and potassium. It is with these latter urines, those which are neutral or alkaline from the more or less constant presence of a fixed alkali, that we are now concerned. These persistently alkaline urines seem to be associated with a series of digestive and nervous symptoms, which are of frequent occurrence and are of clinical importance enough to demand recognition as a distinct malady. It is to this condition that the term phosphaturia is so often applied. It is not the amount of phosphoric acid eliminated by the kidneys, but the diminished acidity of the urine, which is of interest in this class of cases. Many explanations for this lack of acidity have been offered us.

Bence Jones thought that when the contents of the stomach were most acid, for example, in certain disturbances of digestion, the urine was least so, the one acidity counterbalancing the other. This explanation hardly suffices, as it is surely evident that in such conditions of the stomach the excess of acid is not withdrawn from the tissues and so kept out of the urine, but is formed by the changes going on in the stomach.

Dr. Roberts thought the alkalinity was the result of the increased addition to the blood of alkaline bases from the food ; but as the appetite in the phosphaturic condition is much more apt to be bad than good, and as there is no evidence that food containing such alkaline bases is either eaten or absorbed in larger amounts than usual, this supposition does not seem of much value. What is true is that such urines contain a surplus of alkaline carbonates, as shown by analysis, and the alkalinity is most probably due to the constant and excessive elimination of these carbonates of potassium and sodium.

Ralfe says that this excessive elimination of carbonates may well be accounted for by three conditions :

(1) A general debility and its coincident feeble respiratory acts, leading to an accumulation of carbonic acid in the tissues. It is a noteworthy fact that in such conditions, for example in patients convalescing from acute diseases, phosphatic urines are very frequently met with.

(2) A diminished secretion of bile, the frequent result of a duodenal catarrh produced by the irritation of the acid contents of the deranged stomach being poured into the duodenum. The bile being the chief secretion by which alkaline salts are excreted from the body, any diminution of its quantity, gives rise to an accumulation of alkaline carbonates in the blood, and therefore to a greater elimination of them by the kidneys.

(3) The acids formed by the fermentative changes which go on in the deranged stomach being of the fatty acid series, on entering the system are oxidised into carbonic acid, and unite with the alkaline bases to form carbonates, and these increase the alkalinity of the blood and of the urine.

That the excessive elimination of these carbonates and the consequent more or less persistent alkalinity of the urine may be explained entirely by

such digestive troubles, is not probable, for there seem to be cases in which the phosphatic deposit is dependent solely upon nervous causes. In fact, cases of this sort are by no means uncommon. For example: Two or three years ago a middle-aged man, living in Newfoundland, came to the writer complaining that for the last two years he had been suffering from frequent micturition and severe neuralgic pains in the abdomen and loins. He looked somewhat emaciated, and was nervous and depressed about himself and his personal affairs. There were no gastric symptoms, no venereal history, and a most careful examination revealed no lesion of the urethra or bladder. The urine was normal except for its lack of acidity and the almost constant presence of a phosphatic cloud. The man said that whenever he got into this nervous worried condition, the same set of symptoms appeared. He was readily cured for the time being by a few hygienic suggestions, a tonic pill, and some benzoate of sodium. A second attack was brought on a year later by the excitement and worry he went through at the time of the great fire in St. John's. The same treatment gave relief very quickly. This seems to be a purely nervous case, and such cases are common enough. The writer has seen several similar cases lasting often for months, in healthy but nervous men, after operations upon the penis and adjacent parts.

The deposit of phosphates has been found to occur in a great variety of diseases, such as acute brain diseases, acute mania, pleurisy, pneumonia, rheumatic fever towards the end of the attack, at certain periods of a typhoid fever, etc.; but the cases are rarely of much severity or duration, and practically recover of themselves, as the general nervous and physical condition improves under proper care. That is to say, if the local cause be removed—be it digestive or nervous—the so-called phosphaturia as a rule disappears; although sometimes it has existed long enough to leave behind it a mild degree of inflammation of the bladder or urethra, which may prove annoying enough to demand local or systematic treatment.

There are, however, many of these cases in which the condition persists for months or years; the urine gradually increases in amount, and the patient's condition becomes really very serious, the general debility and nervous depression becoming extreme and the anaemia and emaciation marked. The general mental and physical condition of these patients seems sometimes quite beyond any help which the physician can offer and the cases are most trying ones to care for. As the disease advances it often presents a clinical picture so similar to that commonly met with in cases of "diabetes insipidus," that confusion both as to the terms descriptive of these conditions and of the conditions themselves is a most natural result.

"Cases characterised by increased thirst and excessive discharge of a watery urine of low specific gravity, free from sugar and albumen, are grouped together under the general designation of 'diabetes insipidus' " (Roberts); and therefore the cases in question should properly be included under that definition. Other terms often used in describing similar cases are polyuria, diuresis, polydipsia, hydruria. These terms are often carelessly used in medical writings, without much reference to the relationship which exists between the water and the solid constituents of the urines in question.

Some writers, however—notably Willis (who was the pioneer in this direction), Tessier, and Ralfe—are much more careful in their use of terms, and have made many attempts to classify cases characterised or accompanied by excessive excretion of urine, according to the relationship existing between the solid and fluid constituents. For example, Willis calls the cases of excessive amount of a watery urine deficient in solids—hydruria; those of excessive amount with the urea diminished—*anazoturia*; and again those of excessive amount with excess of urea—*azoturia*. Several other similar classifications have been made, and among them one by Dr. Tessier of Lyons, who describes a series of cases resembling diabetes mellitus in the thirst, emaciation, increased amount of urine, neuralgic pains, etc., but in which the urine, instead of containing sugar, had the phosphates so largely increased in amount that the daily excretion was often as high as fifteen or twenty grammes instead of about three grammes, as it should be. To these cases Tessier gave the name “phosphatic diabetes.” Ralfe reports other similar cases. So these writers make a distinct class of the cases which eliminate phosphoric acid in excess.

The excessive elimination of phosphoric acid is undoubtedly a factor in some cases of polyuria. That it is not present in all such cases is, I believe, definitely proven by many analyses. We must, however, know in what cases of polyuria it occurs, and must try to know how to explain its presence. We do not know these things. Our knowledge of the part which phosphorus plays in the body, as well as our knowledge of its elimination in diseased conditions, is very small; although during the last twenty years good work has been done in this direction, both experimentally and clinically in Germany and England. Dr. Golding Bird associated some of his spinal cases, many of which were functional, with phosphaturia. Its presence has been noted in many cases of head-injury, in acute inflammation of the cerebral membranes, in acute attacks of mania, and in *anæmia* (especially in its pernicious forms). It occurs in cases of diabetes mellitus; and sometimes the sugar will disappear from the urine in such cases, and be replaced by phosphoric acid. The explanation of this undoubted fact may perhaps be that the sugar in the tissues changes to lactic acid, which attacks bone tissue and dissolves out the earthy phosphates. This is Benecke's theory, I believe. Others have been suggested for an explanation of phosphaturia when sugar is not present in the urine; for example, an increased metamorphosis of nervous tissue, the irritation of some co-ordinating chemical centre, the influence of a disturbed condition of the nervous system upon the general bodily nutrition, and so on.

That these cases of polyuria accompanied by an excessive elimination of phosphoric acid have been carefully and accurately reported is beyond question, and therefore their existence may be taken as proven. They represent the only class of cases which is entitled to the name phosphaturia. But these cases are extremely rare, and when they do occur, present no well-marked clinical picture which will distinguish them from other similar cases of polyuria unaccompanied by an excess of phosphoric acid elimination. Such a case, then, can only be recognised by careful quantitative

analyses of the urine ; and the term phosphaturia will have little interest for most of us in a clinical sense, as we may never encounter such a case in the practice of a life-time. All that we know of such cases is that they do rarely occur, that they are generally associated with grave physical disorder, and that they usually accompany nervous disturbances in which the blood and general nutrition of the patient are in bad condition.

Of the treatment of these stubborn cases there is but little to say. Annoying symptoms must be treated as they arise, and every effort made to better the general condition of the patient by careful hygienic and dietetic suggestions and suitable tonics. Alcohol always increases the flow of urine, and should be avoided. The administration of phosphorus or its compounds seems of little avail so far as experience has taught us. As Ralfe says, "There appears to be no lack of these constituents in the system ; the difficulty seems rather to lie in the want of power of the tissues to retain them."

To recapitulate the points which these notes attempt to emphasise, we have considered two conditions, both of which are commonly discussed under the name phosphaturia :

The less important class of cases of digestive or nervous origin, in which the phosphatic cloud in the urine is merely an indication of a lack of acidity in the urine, which in its turn is usually traceable to some derangement of the stomach and duodenum or to some temporary nervous cause. These cases have no right to the name phosphaturia, are usually of comparatively short duration, and are cured by the treatment of the local cause and the consequent improvement of the general condition of the patient, which may closely simulate the condition we commonly speak of as diabetes insipidus, and which should probably be classed as cases of this disease. The fact that some such cases are associated with an increased elimination of phosphoric acid in the urine does not at present furnish sufficient evidence to justify our making a definite clinical condition of it and calling it phosphaturia, phosphatic diabetes, or anything else. The term phosphaturia, then although perfectly proper in a chemical sense, as descriptive of a urine which habitually contains too much phosphoric acid, has in the writer's belief no clinical significance in so far as there is no well-marked set of symptoms constantly occurring as an accompaniment of this sort of urine.

(2) The rare cases of severe type and long duration which closely simulate the condition we commonly speak of as diabetes insipidus, and to which Tessier gave the name phosphatic diabetes, probably because the condition occurs occasionally in a case of true sugar diabetes. These cases are so very uncommon, and present such variable groups of symptoms when they do occur, that it seems scarcely worth while to give the name phosphaturia to any definite clinical condition ; although, used as descriptive of these rare cases when the urine habitually contains too much phosphoric acid, the term phosphaturia is a perfectly proper one.—*Practitioner*, March, 1894.



## PNEUMONIA.

EXTRACTS FROM A LECTURE BY DR. MARC JOUSSET, PARIS, FRANCE.

TRANSLATED FROM LA REVUE HOMŒOPATHIQUE BELGE, AND

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## ALLOPATHIC TREATMENT OF PNEUMONIA FIFTY YEARS AGO.

Bouillaud, in the *Dictionnaire de Médecine et de Chirurgie pratique*, 1835, exposes the method of treating pneumonia by repeated bleeding. The following is a resume: At the commencement of the disease a withdrawal of about 1,200 grammes of blood from the arm in the morning, a second one in the evening of 900 to 1,200 grammes. In the interval of these bleedings thirty leeches, or cups, should be applied to the painful side, so as to withdraw about 900 grammes of blood.

Second day: A third bleeding of the same quantity as the two first, and if the pain in the side persists, the application of leeches, or cups, must be repeated.

Third day: If the pneumonia still resists, without hesitation another bleeding of from 900 to 1,200 grammes should be resorted to.

Fourth day: Pleuro-pneumonia, even when it has reached the second stage, rarely resists beyond the fourth day. In case that it does, another bleeding may be made, but ordinarily it is better to avoid it and apply a large blister.

Grisalle estimates that patients undergoing this treatment lost from four to five pounds of blood.

An Italian physician, according to statistics, went further, and instead of the four or five bleedings of Bouillaud, bled as many as nine times, with results which were, however, disastrous.

Rasori was the champion of the *Tartar emetic* treatment, and it is shown: First—That pneumonia can be treated by *Tartar emetic* from beginning to end. Secondly—That this could be the principal, and oft-times the only treatment of this disease. Thirdly—Only by its employment could the number of bleedings be diminished, and even in certain cases, avoided. Fourthly—That *Tartar emetic* could be administered in doses that even the boldest practitioners had not dreamed of since Rasori gave twelve decigrammes—four, eight and twelve grammes in twenty-four hours. Fifthly—That the quantity of *Tartar emetic* employed in the course of the disease often amounted to more than sixty-two grammes.

Rasori reports seventy-six cases, with nine deaths, but oft-times he combined bleeding with the *Tartar emetic* treatment, and it was not rare that he withdrew four, six and seven kilogrammes of blood, while at the same time, he gave more than sixty-two grammes of *Tartar emetic*.

We, to-day, call this barbarous treatment, but it shows how resistant the human organism is—to support such a disease, plus such a treatment.

Four-fifths of the chapter, "Treatment," in a contemporary work, is devoted to bleeding and to *Tartar emetic*, which appear to be the most rational therapeutic methods. A few words are devoted to *Ipecac*, *Veratrine*,

*Digitalis*, *Acetate of lead* and *Hydrocyanic acid*, but those who used these remedies were not in favor. Even blisters were doubted to have the beneficial influence that was generally attributed to them.

#### ALLOPATHIC TREATMENT OF PNEUMONIA AT THE PRESENT TIME.

Now there is a great difference between these methods. Bleeding has disappeared. The *Tartar emetic* treatment is rarely seen. The treatment of to-day cannot better be shown than from a recent article in *La Semaine Medicale*, wherein twenty-six hospital physicians were interviewed. We give only the principal points. Prof. Bouchard, chief of the bacteriological school, begged to be excused because he "had not yet commenced to make the studies that he proposed to make in order to treat pneumonia according to modern methods." Of these twenty-six physicians of the Parisian hospitals eight were in favor of bleeding, with certain restrictions, three were against it and fourteen did not mention it. The well-known Prof. Cornil says: "The statistics produced by Dr. Bouillaud in pneumonia are much better than those of to-day." Prof. Peter says, "Pneumonia in those of a sanguine temperament should be treated by bleeding." Drs. Bucquoy and Fraisans resort to bleeding at the commencement when there is intense pulmonary congestion. Drs. Proust, Rigal, Daulos and Hatinal made use of bleeding only when dyspnoea was excessive and menaced asphyxia. Those opposed to it are Drs. Dumont, Palier, Muselier and Cadet. Dr. Huchard believes that bleeding has had its day. Here are, however, fourteen out of twenty-six physicians who do not mention bleeding in pneumonia, and of the twelve remaining nine speak of it only in exceptional cases and three renounce it. Very harmonious! Five out of twenty-six favourable, five hostile and the rest indifferent. Prof. Peter, who appears to have preserved the ancient treatment, advises *Tartar emetic* at the start then *Kermes* in doses of 0.25 to 0.30 a day; four others also favour this treatment.

Another says: "It is an error that certain physicians should attribute a beneficial action to *Tartar emetic*." Another formally proscribes both *Kermes* and the *White Oxide of Antimony*.

Dr. Huchard believes that treatment by all of these remedies called expectorants is useless, and often injurious in disease where the principal indication is to sustain and elevate the forces of the patient by alcohol and tonics. Three others proscribe *Tartar emetic* because it leads to collapse. The rest do not mention it. Those who do use it prescribe it in an infinitesimal dose as compared with Rasori; five condemn it absolutely. Again very harmonious!

As to blisters five out of twenty-six are favourable, three use them at times, four are opposed, and fourteen are indifferent.

Dr. Dujardin-Beaumetz never applies them in the febrile stage and only employs them when defervescence has taken place and the local signs of pneumonia persist for too long a time.

Landouzy renounces them on account of the pain they cause and their weakening effect. Others consider them useless and dangerous.

Thus the three principal remedies for pneumonia of the ancients—*Venesection*, *Emetics* and *Blisters*—are forgotten or fought against by the moderns ; so it is plainly seen as above stated that there is a great difference between the methods of fifty years ago and those of to-day.

But what are the new remedies ? They are as various as the opinions concerning them. Some believe that the bacteriological element should be attacked and are looking for the proper treatment.

Others, as Dujardin-Beaumetz and Huchard, believe that the heart is most often the cause of death in pneumonia and prescribe remedies calculated to increase cardiac power—injections of *Caffeine*, *Ether*, or *Camphorated injections*, *Digitalis*, *Alcohol*, etc.

Others, having in view the temperature, prescribe *Sulphate of quinine*, *Antipyrine*, cold baths, etc.

The greatest number, however, resort to a true expectorant procedure, contenting themselves to preserve the patient's strength with *Alcohol* and tonics. This is the true picture of the Allopathic treatment of pneumonia of a year ago. It is not what it was fifty years ago, but it is as varied as the different hospital physicians interviewed.

#### HOMŒOPATHIC TREATMENT OF PNEUMONIA AT THE PRESENT TIME.

The Homœopathic treatment of pneumonia is the same that it ever has been and is the same wherever Homœopathy is practised. Over fifty years ago *Aconite* and *Bryonia* were employed in most cases, either alone or alternately. *Phosphorus*, *Sulphur*, *Tartar emetic*, *Arsenic*, *Stannum*, *Pulsatilla*, *Rhus* and *Nux vomica* were occasionally used, but less often. Hartmann, in 1847, in an article on pneumonia recommended *Aconite* and *Bryonia* with *Phosphorus*, *Tartar emetic*, *Pulsatilla*, *Sulphur* and *Belladonna* for special indications, and to-day the remedies are the same, *Aconite*, *Bryonia* and *Phosphorus* forming the principal treatment, with the others less often employed, and they are employed for the same indications and in the same doses. This does not indicate a lack of progress in our system, but because our system is founded, not upon a hypothesis, but upon a truly scientific basis. Given a case of pneumonia presenting certain symptoms and a Homœopathist has but to know his pathology and *Materia Medica* to apply the indicated remedy.

Omitting the special indications for these Homœopathic remedies which are too well known to repeat here we arrive at the

#### DEMONSTRATION OF THE ACTION OF HOMŒOPATHIC REMEDIES IN PNEUMONIA.

This may be arrived at in two ways :

First—In noting the effect of Homœopathic treatment upon the natural course of the disease.

Second—In noting the results of the different treatments as furnished by statistics.

When it was seen that the Homœopaths gave such small doses our opponents argued that pneumonia was a disease that would get well of itself, and the no-treatment method was tried and with quite favourable results. In about ten days the patient would be convalescent and if nothing han-

pened he could be about in about fourteen days, but physical signs of pulmonary engorgement would persist for several weeks.

Out of forty-eight cases collated by Dr. Jousset, treated Homœopathically, forty-five recovered. In thirty-seven of these resolution occurred within the first eight days, ten between the eighth and fourteenth day and one at the twentieth day, and in those cases Homœopathically treated the physical signs decrease gradually, and completely disappear by the second week at the latest.

As to statistics : Broussais lost by repeated venesections, 62 per cent ; Bouillaud, 11 per cent ; Rasori lost by the emetic treatment, 24 per cent ; Brera in cases treated by two or three venesections, 19 per cent ; by three to nine venesections, 22 per cent ; by more than nine venesections, 68 per cent. Rasori himself claimed 10 per cent mortality by the emetic treatment alone, but from 14 per cent to 22 per cent if combined with bleeding. The general average here is 28 per cent mortality as a result of the treatment of the Allopaths of fifty years ago. The Allopathic mortality to-day in the treatment of pneumonia is even greater.

In the hospital at Lyons during the first months of 1879, the mortality was 35.6 per cent. During the first three months of 1880, 31.5 per cent. The *Progres Medical*, No. 24, gives as a mortality for pneumonia in the Parisian hospitals for 1879, 47 per cent, instead of "36 per cent, the average for the preceding eleven years."

*La Gazette des Hopitaux* gives, for 1881, 42 per cent. In 1884, the Bulletin of Municipal Statistics of Paris, gives 41.7 per cent as a mortality from pneumonia during November, and 48.7 for December : ●

About the same time, during the first three months of the year, the mortality in the Paris hospitals was 36 per cent, while the mortality for the three preceding years was 41.8.

The general average, as a result of the Allopathic treatment of to-day, appears to be 39.6 per cent, which proves that the progress of Allopathic therapeutics has done nothing for the treatment of pneumonia. In fact, the Allopaths of fifty years ago lost less cases by 11 per cent. Perhaps, however, the modern microbe is more savage.

The statistics of the Expectant, or no-treatment, are by no means bad. Skoda, in 1847, gives 13.7 per cent mortality ; Dielt, 7.4 per cent, but latterly his results were less favorable. In 1852, he lost 9.2 per cent, and in 1854, 20.7 per cent. Others give various results, so that the average mortality is taken at 16 per cent, which is 12 per cent better than the Allopathic treatment of the same time.

The statistics of the Homœopathic treatment which date back for forty years, are as follows : Tessier lost three in forty, or 7.5 per cent. Timbart also lost three in forty. Grandmollet, one in six, or 12½ per cent : and in averaging statistics] from all sources, we have 9.1 per cent as a mortality for the Homœopathic treatment.

Of sixty-three cases treated in the Hospital St. Jacques since its foundation, thirteen died, or a mortality of 20.6 per cent.

To recapitulate : Fifty years ago the Allopaths lost 28 per cent. Of those treated by the Expectant method, 16 per cent died. Of those treated Homœopathically 9.1 per cent only die ; that is to say, of 1,000 patients, 280 die by Allopathic treatment, 160 by the Expectant treatment, and 91 by the Homœopathic.

To-day the Allopaths lose 39.6 per cent, the Homœopaths 20.6 per cent, that is to say, of 1,000 patients 396 die by Allopathic treatment, and 206 by the Homœopathic treatment.

These statistics would seem to demonstrate completely the superiority of the Homœopathic treatment in pneumonia.—*Medical Century*, April 15, 1894.

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COMMENTARIES ON THE ORGANON  
OF HAHNEMANN.

Translated from the French of DR. LEON SIMON, PÈRE, by the Editor.  
(Continued from p. 253, No. 7, Vol. xiii.)

§ II. VITAL DYNAMISM.

This principle of Hahnemann is the key to the whole of his method. It is upon this that the edifice, which he has raised, reposes. It dominates, as we shall see, the physiology, the pathology, the pharmaco-dynamics, and the therapeutics of Homœopathy. In all the writings which has issued from his pen, he unceasingly returns to it whether he takes it as a principle of deduction, or brings to it all other facts. Is it the question to define life physiologically considered? he says: "The material organism, without the vital force, is capable neither of sensation, nor of function, nor of self-preservation." Is it the question to state precisely the initial point of all disease? he still says: "It is only the vital force put out of tune (disturbed, morbidly affected) that produces diseases." Does he wish to know the mode of action of medicinal substances? He refuses to see in them only dead matter. For him, "their veritable essence is dynamic: It is a pure force which friction, exerted after the manner of homœopathy, can develop to infinity." Has he, finally, to indicate how medicines re-establish the harmony of life, he is not content to formulate, by the precept

*similia similibus curantur*, the relation of the medicament to the disease; he lays down as a fact that *the action is all dynamis*.

There is, therefore, in the method of Hahnemann, no principle more elevated and more general than dynamism. It is from it that everything starts, and it is to it that every thing returns.

How has Hahnemann understood it? In order to comprehend his thoughts; it is necessary to weigh the terms of the statement. Take away the vital force from the material organism, and it can no longer feel, act, nor maintain its own preservation. Hahnemann does not say that man deprived of the vital force can neither think nor will, which is the property of intelligence, the distinctive character of the soul; still less does he say that the material organism would cease to obey physical laws and chemical affinities, only that it would be destitute of sensibility and of action, and that it would be incapable of self-preservation. He thus separates himself from physiological materialism in what it has of the least acceptable, from physiological pantheism towards which Grisselich seems to incline, and from medical animism represented in the history of medicine under diverse forms and at various times. He rather seems to come nearer to Barthez and to the school of Montpellier who, like Hahnemann, wished to establish a profound distinction between the soul, the vital force, and that aggregate of diverse elements called the body. Hahnemann is so scrupulous in his statement that, in order to avoid all ambiguity, he does not refer the vital force to man, but only to that part of man, which is the subject of study, and which he calls the *material organism*. He has thus left, outside the circle which he has traced, whatever is strange to the object he proposes to himself, and never aspires to penetrate the deep (hidden) cause, but what may be known experimentally of phenomena, physiological, pathological, and therapeutical, of which man is the subject. That this cause may not be the last reason of human existence, that it may not be connected with some other and higher cause, Hahnemann does neither deny nor affirm. He only says: "We can only know life in an empirical manner, by its manifestations or phenomena, and it is absolutely impossible to form an *à priori* idea by metaphysical speculations. Mortals shall never perceive nor discover, by conjecture, what life is in itself and in its intimate essence." In fact, the physician can never know physiological life except by

its phenomenal manifestations. I add, that in order to attain the object which the physician proposes to himself, he ought not to search beyond that.

It is not that Hahnemann denies the soul. On the contrary, he admits its existence in the most explicit manner. But he absolutely denies that man can penetrate the intimate essence of life, and above all that he can acquire that knowledge by abandoning himself to metaphysical speculations.

— Thus is undeniably established the rigour of the Hahnemannian method, the absolute fidelity with which Hahnemann has guarded it, and the exceeding fertility of the method.

It would have been easy for the founder of homœopathy to invent, as others before and after him have done, a system in which every thing would have been reduced to unity. But then he would have exceeded facts, and, in place of giving us a method which the times would learn to respect, he would have only added a novel hypothesis to the millions with which medicine abounds.

If there is a fact which is indisputable and undisputed, it is that man expresses or manifests three orders of special phenomena, of such different nature that it is impossible to reduce one to the others, and bring them back without violence to unity. Every one of us knows and feels that he is endowed with intelligence and will, and all the intellectual and voluntary phenomena of which our soul is the theatre, have for their common characteristic to be the facts of consciousness. Interior observation gives this fact or the first truth to the least attentive observer.

It is incontestible that the intellectual acts are not the entire man; that in him are observed a multitude of phenomena appertaining to the order of physics and chemistry, and capable of being referred to the laws of gravity and affinity.

It is equally certain that outside of these two orders of facts, there is a third which cannot be experimentally confounded either with the one or the other: these are facts of the physiological order. They have their proper characteristics, and Hahnemann has indicated them in his own way. Physiological sensibility which some have called irritability with Glisson and Haller, others have called excitability with Brown, others again have called irritation with Broussais who had committed the mistake of giving a pathological notion at the very outset to his physio-



logical system, is a property of living beings which cannot be reconciled either with the properties of dead matter, or with faculties of the purely spiritual order. In order to attempt an enterprise so rash as that of materialism in physiology it is necessary to be trained in the quibbles of sophistry; for between chemical affinity, physical gravitation, and physiological sensibility there is an abyss which no effort of reason, of observation, or of experiment can fill up. On the other hand, if there are in us phenomena which are brought about without the man in health, being conscious of them and upon which intelligence and the will have no hold, these are properly physiological phenomena.

Without doubt, intelligence can allow or refuse to the body the aliments necessary for its sustenance and conservation; it can increase the activity of the circulation up to a certain point by movements, assist or counteract the secretions and the excretions, resist or excite the instinctive impulse which leads man to the act of procreation. But here its empire ends. Nutrition, circulation, secretion, excretion, procreation are accomplished without any influence of the intellect or of the will. It is by reason of this distinction, well understood by Hahnemann, that, in recognizing thoroughly the *autocracy* of the vital force, he declared it on the other hand to be blind by itself, and most often incapable of re-establishing the harmony of the organism, when once it has been destroyed by disease. Facts of consciousness, material facts, facts of the physiological order,—these constitute the whole man under conditions of terrestrial existence. These facts are revealed by experiment in a manner that no negation can touch them, no theory, no system can reduce them to a factitious unity. This experimental datum is so written by the hand of God upon this world that it can be recognized in man only after having been observed in nature on a vast scale, in beings belonging to the inorganic kingdom on the one hand, and in beings belonging to the vegetable and animal kingdoms on the other. From this has followed that the materialist, who with Griesselich, attributes life to all created things, and sees in the differences presented by different beings only different degrees of life, has brought confusion where distinction (discrimination) was necessary. He falls into the false systems to which have been given the names of pantheism and syncretism; vain systems like the school of Alexandria,

which Christianity has judged and overthrown, and which re-appears in the present day under a new form and in a new garb, without ceasing to be what they are, and without losing their errors. When Burdach, wishing to examine the origin and essence of life, says that it has for its origin the *universe*, and for its essence *love*, it may be asked if such solutions are worth attending to, and if they merit the honour of refutation. To derive man from the universe without even defining what this last is, ~~to~~ give him for his essence the attraction which impels the ~~sexes~~ to approach each other, without thinking that this attraction is only the occasion of the development of life, is verily to abuse words and ideas. How is it possible that the universe, created for man and destined to serve him as his habitation, was the origin and consequently the cause of the being who ought to reign over it? This is as much as to say that the house, which we dwell in, is the origin of those who dwell in it. If physiological materialism is reduced to such miserable explications, it judges itself, and does not merit any consideration: it is romance and not science.

What shall we say now of the opposite opinion, of that which has pretended to refer facts of the physiological order to the intelligent and thinking soul? After much fruitless attempts, which it is useless to recount at this moment, Ernest-George Stahl endeavoured to remove all uncertainty by referring to the soul all physiological and pathological acts. He did more, and in this he was consistent. He says: "The general principle of life or the soul itself constructs in person its body." Thus, Stahl cut the knot which he could not untie, and believed that he has dissipated all mystery when he has placed science in the face of a solution the most mysterious. Without stopping at the insurmountable difficulties which have been raised by such a system, without recalling the discussion which took place between Stahl and Leibnitz, and which had led the author of medical animism to endow the soul with extension and materiality, that is to say, with characteristics the most irreconcilable with the nature of spirit, we shall confine ourselves to notice the vices of method with which the system is stamped.

To consider these from the scientific point of view it is not possible to go beyond phenomenal manifestations and the laws by

which they are governed. The passage of phenomena to the essential nature of beings or of forces is work for the metaphysician, not for the man of science. For the latter the rigour of the method imposes upon him the obligation to lay down one or more principles as abbreviated expressions of data furnished to him by experiment, and this principle once established, to proceed by the path of deduction. It is this march and this process which have elevated the physical, the chemical, and the natural sciences to the height which they occupy. Attraction, affinity, and vital force are expressions of a grand precision in that they are applied to causes the effects of which can be easily studied. They have a precise signification always practical, and which lead science from discovery to discovery, and never mislead. Attraction is a tendency of heavy bodies to fall towards a centre; affinity is the power which two bodies possess of combining with each other; vital force is the tendency of living beings to maintain in just equilibrium the various forces of which the energy is manifested in the human organism. Where actions so different, as intellectual and voluntary actions, and physical and chemical actions, meet in the same individual, each with tendencies having for the result, either to bring the living being to conditions of inorganic matter, or to separate it from spiritual nature, there is necessity that there should exist a third force, which by its reactions upon the others, maintain them in harmony and equilibrium without which terrestrial life would be impossible. This is the rôle of the vital force. Hahnemann has understood it thus, and in this manner again he has attached himself to the spirit which governs modern science. As Newton said that bodies are attracted to each other directly as their masses and inversely as the squares of their distances; as chemists speak of affinity in the same fashion as Newton spoke of attraction; so Hahnemann speaks in the same sense, in the same language. Like Newton he did not define the essential nature of the force which he named. After his example he has laid down a fact and confined himself to point out how it comports itself in the state of health and in the state of disease, and how it returns from the state of disease to the state of health with the aid of therapeutic agents. If the character of science is summed up in the simplicity of principles united by the rigour of method and the force of results, no physician,

no physiologist has been more scientific than Hahnemann. Unity of the vital force, here is the simplicity of the principle; separation of this force from every thing which is foreign, study of life in its phenomena without prejudging its nature,—here is the rigour of the method; application of the recognized principle to the study of pathology and therapeutics,—here are the results. Whoever goes beyond this circle goes astray, and leads homœopathy into error; because that will deviate from science in order to fall into system; and all system is narrower than a method.

By the fidelity with which Hahnemann has guarded the principles which he established, he has indicated to his disciples the route which they ought to follow in order to perfect his work and to enrich medicine with the most efficacious means of curing and of relieving human infirmities. In order to judge well of the spirit which guides it, it is necessary to follow Hahnemann in the deduction of his principles.

The vital force once admitted, how does it comport itself in the three different states in which man may be found: the state of health, the state of disease, and the passage from the one to the other?

#### I. THE VITAL FORCE IN THE STATE OF HEALTH.

Hahnemann has not stopped to consider this first point. He has briefly traced some characteristics, leaving to professional physiologists the care of constructing the edifice of their science. What he has attempted and executed is a work of the physician and not of the physiologist. The science, which he has cultivated and to which he has given an unshakable foundation, is medicine considered as an art and a science.

The characteristics of the vital force are necessarily of two orders: negative and positive. Negatively, this force is neither instinctive, nor intelligent; it is *automatic*; it is *blind*. Hahnemann has said this in the most explicit manner, and reverted to this idea under several forms, not only in the *Organon*, but in all his writings. Entirely automatic and blind as this force is, it is *autocratic*; that is to say, it solely governs and regulates all physiological phenomena; that is to say again, that it has in its own energy the power which it displays without borrowing this last from the actions of the physical and chemical forces in the midst of which we live. Such are the negative characteristics

of the vital force. Positively it is dynamic; that is to say, it is in continual activity, and that this activity manifests itself under two forms, *sensibility* and *action*, which, in the state of health, have for result the conservation of the individual and of the species.

Hahnemann stops at this enunciation. Without doubt, this is very incomplete. I have given the motives. We, physicians, ought we to complain? If we will reflect upon the disastrous consequences of medical doctrines which have the pretension of being founded, not upon a physiological notion always indispensable, but upon a physiological system pre-conceived and pre-established; if we will bring to our recollection Broussais and his doctrine, Stahl and his medical theory, deduced so to say from metaphysico-theological physiology, Van Helmont, tutor of Widek, who had taught Stahl,—Van Helmont with his *archei*, his *blases* and his *ferments*,\* and the system of theological chemistry which had resulted from them, Hoffman with his monads, the idea of which he had borrowed from Leibnitz; if we will reflect upon the consequences of all these speculations, we will understand how the man who founds a medical doctrine, ought to touch in passing the physiological problem, and not to loiter at it.

The question put and solved by Hahnemann was to know if

\* The following citation from Dr. Renouard's *History of Medicine* (English translation by Dr. Cornelius G. Comegys), shows what Van Helmont meant by his *archeus*, his *blas*, and his *ferments*.—*Translator*.

“Van Helmont admits two material principles for all things; one is water, which furnishes matter, the other is the *ferment* or seminal breath which gives it form. At other times he says, that the two principles of all created beings are air and water, because they cannot be transmuted into each other. In regard to the earth, he believed that it proceeded from water, by a secondary formation. The *archeus* is a spiritual gas, which gives impulsion to the fecundated seed, by means of a ferment. It regulates, like a skilful architect, all the movements with which the natural body is endowed; and it remains in them until their dissolution. Without it no organized being could acquire the form that is proper to it—everything would be confounded, and the universe would re-enter into chaos. Besides the *archeus* and the ferments Van Helmont sometimes endows the animal economy with a third motor, which he names *blas*. The nature of this is double; one part produces the natural, the other the voluntary movements. The stars, also, have a double *blas*; the first moves them in space; the second excites the special revolutions to which their substance is subject. The *blas* of the stars and of man agree with each other; so that we may predict certain atmospheric vicissitudes by the aspect of the infirmities which afflict the human body, and better still by those which are seen in brutes, because the animals were created before man.”

medicine was a science or an art, and his answer was that it was one and the other; if it had an object of its own, independent of other natural sciences, and his response still was, that it had; if it had a field of observation appertaining to itself, and he proved that such a field does exist, that physicians ought to cultivate it in itself and for itself, that they ought to constitute the science and art of medicine independent of other sciences and other arts, that consequently these last may mislead towards false methods and incomplete systems without the destiny of medicine being otherwise affected by them. What greater service could be rendered to the science of medicine than the removal from its object of foreign influences, influences which have at all times dominated the healing art under the pretext of clearing it and rendering it fundamental service? By this manner, again, Hahnemann allied himself to the great observers, who, disdainful of all system, have received the name of empirical physicians, glorious title though always despised by the systematics, physicians who take for reality the reveries of their imagination.

*(To be continued.)*

### CROTALUS AS A REMEDY.

*(Continued from p. 259, No. 7, Vol. xiii.)*

Sleep is a necessity of all living beings, vegetable and animal. In the higher animals, sleep depends upon that marvellous peculiarity of the cerebro-spiral nervous system, by virtue of which it prepares itself and the rest of the body for recoument and renewed activity after exhaustion from work, by a temporary and generally periodical suspension of its own functions. How this is brought about has yet to be determined. Hence the phenomena of sleep and especially those of dreaming are still the most obscure points in physiology and psychology.

The obscurity is being removed with the advance of experimental physiology, of which pharmaco-dynamics, first systematically developed by Hahnemann, should be looked upon as a most important branch. The fact of the influence of drugs or material agents in inducing sleep of all shades, from the lightest slumber to the deepest coma, accompanied or disturbed by dreams of varieties innumerable, has removed this subject from the region of mystery and superstition to the domain of research, which

may be and has been made profitable. Greater care is necessary to carry on such research than has hitherto been bestowed upon it. And in future provings and reprovings, particular attention should be paid to the interpretation of the symptoms developed, in order to determine whether the influence of the drug under trial upon sleep and its various manifestations is due to its action upon the cerebrum as a whole or upon special centres, or upon the blood, or upon distant organs and structures. As regards dreaming it is now established that it has a three-fold origin, — in the brain, in distant (chiefly digestive) organs, and in the external world.

Crotalus, in provings, has produced both sleepiness and sleeplessness. Singularly enough it has produced sleepiness in one prover at the very unusual time of mid-day. The prover felt “uncommonly sleepy at noon of first day, almost irresistibly so at same time on second day.” It would have been interesting to know how long after the taking of the drug, and whether before or after dinner, this uncommon, irresistible sleepiness at mid-day came on. In another prover (Dr. Hayward) the sleep was heavy, but it was at night, probably not immediately but sometime after taking the drug.

Crotalus has produced in a solitary prover sleeplessness, with starting during sleep. A female prover, though she felt drowsy and heavy in the evening, turned about much in bed, no doubt from restless sleep. In a case of bite (Dr. Shipman) there was no sleep on account of pain in the wound till the fourth night when sleep came on, but only after putting on a bread-and-milk poultice, and the sleep continued so long as the poultice kept moist, but as soon as it became dry, the pain increased and prevented the sleep. In this case the want of sleep cannot be said to have been the direct result of Crotalus. In another case of bite, a state of lethargy was produced, from which the patient could be roused only when spoken to in a loud tone, and then he would answer questions distinctly. Generally, in cases of bites, the treatment employed so much modifies the whole course of the symptoms, that it is not easy to differentiate those which arise from the direct action of poison.

Crotalus not only produces deep, almost comatose sleep, even at uncommon times, and absolute sleeplessness, but it produces

intermediate states between these, which are states of disturbed sleep, in which those under its influence pass through various forms of dreaming. These dreams, as a general rule, are the very reverse of pleasant. "Horrible dreams every night, sometimes it was herself that was in difficulties and dangers, at other times it was members of her family, and once it was her baby being murdered before her eyes." In a case of bite, "the most surprising and tormenting were his dreams; for in all sicknesses before if he could sleep and dream he was happy, being ever in some pleasant scenes of heaven and earth and air. But now, on the contrary, if he slept he was sure to dream of horrid places, and on earth only, and very often of rolling amongst rocks; sometimes he was a white hawk cut to pieces, and his feet would grow into two hickories." One prover dreamed that he was travelling about all over the world; but he used also to have many dreams of quarrelling and fighting, and that he had quite broken with his father who would no longer recognize him as his son because he had adopted homœopathy.

Lachesis, like *Crotalus*, produces both sleepiness and sleeplessness. The sleepiness is produced, not at any fixed hour, but at all hours of the day, forenoon, noon, afternoon, evening. The sleepiness is of an irresistible, over-powering character, so that the prover can scarcely keep himself awake even during interesting conversation with friends, and even in spite of pressing business, especially after eating, breakfast, dinner and supper. Generally, the sleep is followed by injurious and unpleasant consequences;—after breakfast in the morning, with prostration and stretching, and much spitting of saliva; after dinner, with aggravation of troubles in the stomach and abdomen; after supper in the evening, with much weariness. One prover could sleep even while walking and standing. It is not always that the Lachesis sleep is followed by such or other bad consequences. One prover (Dr. Stapf) had sound and refreshing sleep, even if he woke with bad feelings; his irresistible sleep before dinner did him good. Another prover had also good sleep, with vivid dreams.

The sleeplessness of Lachesis is generally before midnight. The prover goes to bed sleepy, but is unable to fall asleep, remaining wide awake; either on account of internal uneasiness, with sensation as if the chest and abdomen were swollen, and violent



pains in the chest which did not allow the parts to be touched ; or because he cannot find any position to suit him, and every thing seems to press on neck and throat. Sometimes there is sleeplessness *after* midnight, following a light sleep till 1 or 2 o'clock, during which he hears everything. Instead of absolute sleeplessness, there is very often restless sleep, with weakness over whole body, especially in the arms and feet, on rising in the morning. The restless sleep may be accompanied by tossing about, groaning and moaning, especially in children.

The Lachesis sleep is often full of dreams. Dreaming may be very frequent, alternating with waking and dozing and dreaming. Occasionally the dreams may be joyous and humorous, and even poetic, full of inventions, indicative of great mental activity. The dreams are often of the business and events of the day. Very often they are amorous, becoming disgustingly lascivious, and accompanied by emissions with unpleasant consequences. Some provers have said that they had emissions *without* dreams. The probability is they could not recollect their dreams. For, as a general rule, dreams are but partially recollected ; sometimes, especially if followed by sound sleep, they may not be recollected at all. Very rarely dreams are fully recollected, as has been related of Condorcet, Condillae and Coleridge, each of whom did important intellectual work in dream which he could fully transcribe after waking. One prover's recollection of dreams actually improved on the seventh and following days of proving. One prover has reported that in his dream he acted as an intriguer, contrary to his real nature.

Like *Crotalus* and *Lachesis*, *Cobra* also produces both sleepiness and sleeplessness. This, indeed, must be the characteristic of all drugs which exert an influence on sleep. Under *Cobra* one prover (Dr. Stokes) felt very tired and sleepy in the evening, had to retire after 9 o'clock and slept directly after going to bed. Another prover (Dr. Pope) felt very drowsy, unusually so after tea, slept for an hour, without this interfering with his night's rest. In cases of bite (observed by us invariably in animals), there is a strong disposition to doze. In one such case the man was ignorant of his condition. In another case this almost invincible inclination to sleep could only be conquered by three hour's hard walking.

Under *Cobra* the sleeplessness may be in the first part of the

night only, or throughout the night; the sleep being broken and disturbed, accompanied by irritability of the brain, headache, dryness of the mouth. Notwithstanding this, one prover did not feel fatigued as after an ordinary bad night. Restlessness may or may not accompany sleeplessness.

The dreams of Cobra are not all disagreeable. They may be long and vivid, with little recollection of their subjects. In dreams the affairs of the day are vividly recalled, with additions and new plans for the morrow. And lastly there are unpleasant dreams of murders, suicides, fires, &c.

Guided by the symptoms detailed above, all the three serpent poisons may be used with advantage in abnormal manifestations of sleep proper, or in diseased conditions where their presence furnishes differentiating characteristics.

There is irresistible sleepiness under all these poisons, perhaps most so under Cobra. Under Lachesis, with this sleepiness there is inability to sleep at night, especially at the first part. The Lachesis patient can sleep while walking and standing, and therefore Lachesis may be useful in somnambulism.

Unpleasant dreams occur under all three, but most under Crotalus, and least under Lachesis. Joyous, amorous dreams prevail with Lachesis.

There is aggravation of most complaints under both Crotalus and Lachesis, but most so under the latter.

There has not been much clinical experience with any of these poisons as to their efficacy in morbid states of sleep proper, though all these have disappeared when administered for other affections, in which they were present. Dr. Hayward has cited the following case from his practice, illustrative of the efficacy of *Crotalus* in chronic insomnia:

“Mr. G.— He had lived freely in youth, and suffered from syphilis, mercurialization, polypus, &c., and had taken alcohol freely all his life. After he was fifty-five years of age, and up to his death at sixty-two, he suffered much from chronic sleeplessness. During these years many remedies were prescribed with varying benefit. *Crotalus* was frequently used, and always with marked relief, sometimes causing him great surprise, and that notwithstanding his taking large doses of hydrate of chloral.”

*(To be continued.)*

## ASSISTANT SURGEONS AND THEIR GRIEVANCES.

We have great pleasure in giving publicity to the following memorial which the *Medical Association of India* have submitted to His Excellency the Viceroy, regarding the grievances of that most useful but most neglected class of public servants, the Assistant Surgeons in Her Majesty's Indian Medical Service. We wish that the memorial had been more fully and more carefully drawn up. The meaning, in one place at least, has not appeared to us quite clear. The object of the memorial is to plead for a Commission of inquiry into the grievances of the Assistant Surgeons, and the memorialists "urge that there should be appointed, as members of the Commission, prominent retired Assistant Surgeon," as having "had personal experience of the disabilities under which they laboured during their official careers, they would be best fitted to draw up a scheme for the re-organisation of their service." If the memorialists mean that the Commission should be constituted entirely by prominent retired Assistant Surgeons, as their language plainly interpreted means, then we cannot but think that the prayer is one which the Government is not likely to grant. But if they mean that among the members of the Commission there should be a good number of prominent retired Assistant Surgeons, then the prayer is one which Government ought not to refuse to grant; but then the language used does not convey this meaning, and we would not wonder if Government, taking advantage of this want of clearness, would say that they cannot entertain the prayer. But we hope that the Government of Lord Elgin would look to the substance and not to the language of the memorial, and appoint the Commission prayed for, composed of distinguished members both of the higher and of the lower services; and that the latter be selected not only from the retired list but also from men in actual service.

If our word would be of any weight, we would assure Government that the grievances of the Assistant Surgeons are real and sorely felt, and unless remedied the deterioration of the service would follow as a necessary consequence. Neglected, ill-paid, with no prospects (except the wretched and miserable Rai Bahadurship, which has ceased to carry honour or distinction) this class of public servants are maintaining up to the present day the high standard of knowledge and skill, of devotedness in their official

career, of deep sympathy with suffering humanity, and of loyalty to Government, which have distinguished them ever since their creation by the establishment of Medical Colleges in India on the models of the west. But the times are terribly hard, and it would be too much to expect that with bare necessaries and half starved families these men would continue to maintain their position as they have been hitherto doing.

As we go to press we learn from the *Indian Medical Record* that the grievances of Assistant Surgeons are now actually under the consideration of the Government of India. In view of this fact our contemporary asks "our brethren of these services to withhold all action for the submission of any memorial." We do not think the memorial already submitted would do them any harm.

THE HUMBLE PETITION OF THE MEDICAL ASSOCIATION OF INDIA,  
ESTABLISHED IN CALCUTTA,

SHEWETH—

That we, the President and Honorary Joint Secretaries, on behalf of the Committee and Members of the Medical Association of India, beg to approach your Excellency with a representation in regard to the grievances of that very deserving class of public servants in this country known as Assistant-Surgeons.

The many reforms which local Governments have initiated and carried to a successful issue, in recent years, encourage us in the hope that we shall not have to appeal to your Excellency in vain, for the institution of an independent enquiry into the position, pay, and emoluments and retiring pensions of those on whose behalf we take the liberty of addressing you.

While other departments of the public service, under every local administration, have undergone considerable reformation in regard to status and emoluments, the claims of those in the Medical Service of the Government have been ignored, except till His Honor the Lieutenant-Governor of Bengal appointed a Commission to enquire into the long-standing grievances of Hospital-Assistants. These subordinates form the lowest grade of the Medical servants of Government, and we can only hope that a commencement having been made by a local Government at the lowest rung, the Government of India will be disposed to insist upon similar efforts in regard to the higher official grades, and other members of the medical profession. We beg to assure your Excellency that, if an unprejudiced enquiry is instituted into the claims which the Assistant-Surgeons urge for consideration by Government, the results will be a convincing advocacy for reform.

We plead with your Excellency for the appointment of such an enquiry, on lines similar to the Commission which was entrusted with the consideration of the question of the grievances of Hospital-Assistants, and, if it is possible for your Excellency to see your way to concede to our request, we would urge that that there should be appointed, as members of the Commission, prominent retired Assistant Surgeons. Not that we for a moment doubt that independent medical officials would further the cause we have at heart, but those who have themselves been Assistant-Surgeons, and have had personal experience of the disabilities under which they laboured during their official careers, would be best fitted to draw up a scheme for the reorganisation of their service.

It would be impossible within the limited space of this petition to urge all that the Association desires to place before your Excellency in reference to the subject-matter of their appeal to you. Even briefly stated, the many grounds upon which it would have to base its plea for reform would weary your Excellency.

The Association, therefore, desires in this representation to do no more than to plead for a commission, to enquire into the disabilities under which the Assistant-Surgeons in the service of the Government labour. The members assure your Excellency that those disabilities are not imaginary, or of recent occurrence. They are only too real, and press with undue severity upon perhaps the best educated, the hardest worked, and the most loyal servants of the State. We say nothing of the humane and healing spirit of their profession. Then again the prospects and emoluments of the service remain to-day as they were, when the service was first called into existence, half a century ago, and while the servants of Government in every other department have had their status and prospects advanced, the claims of those, who heal the sick and afflicted, and carry light, and hope, and blessing into the homes of the millions of the people, have, up to now, not been considered worthy of advancement.

In educational qualifications the Assistant-Surgeons are in no way inferior to the great majority of those who fill the grades of the Deputy Magistracy and Deputy Collectorship in the country. The former are compelled to undergo a longer and more crucial collegiate course, to bear a severe strain of hospital walking, and to pass not once, but again and again, public examinations, their success in which does stamp them as men possessed of intellect of no mean order. And after they have successfully passed through every stage of the educational tests to which they have to submit, they start as Assistant-Surgeons on Rs. 50, and no matter how useful and energetic, and distinguished their subsequent careers, they can never rise beyond a salary of Rs. 200 to 300 per mensem. On the other hand, the Deputy Magistrate and the Deputy Collector, who is in no way his superior in ability, starts on Rs. 200, and may rise solely by right of seniority to Rs. 800 or even Rs. 1,000 per mensem.

This is only one instance of the grievances which the Association desires to place before your Excellency. We could multiply the disadvantages of Assistant-Surgeons by scores and yet not exhaust the list. But we will not weary your Excellency with their statement in this appeal to you. We are prepared, however, if your Excellency desires it, to draw up a detailed statement and submit it for your consideration. Meanwhile, we beg again to assure your Excellency that the grievances of the servants of the State to whom we refer are real, and press for reform, and we repeat the hope that our appeal to you will meet with your Excellency's kind consideration.

We know whom we have the privilege of addressing. We have knowledge of the earnest spirit in which, ever since your Excellency undertook to govern this country, you have set yourself steadily to introduce reform and repress abuse. The case we have ventured to lay before your Excellency for reform admits of no doubt, as to the urgent necessity there is for change, and if we have impressed your Excellency that that necessity exists, we may safely leave the issue to your decision. For we are satisfied, as we have said before, that if we have made out a case—and we have endeavoured to do so with all the earnestness we can command—your Excellency will not allow our appeal to you to have been made to no purpose.

We have the honour to remain,  
Your Excellency's Most Obedient Servants.

## EDITOR'S NOTES.

### SUDDEN DEATH FROM DROPSY OF THE BRAIN.

We learn from the *Indian Daily News*, of the 11th inst., that a boy, named Jotendro Lall Chatterjee, who was suddenly taken ill on the night of the 4th inst., after taking a quantity of sweets, and was removed to hospital on the following morning, died shortly afterwards. It was at first suspected that he was suffering from the effects of some narcotic poison, but post mortem examination disclosed the fact that death was due to dropsy of the brain.

### ARSENIC AS A CAUSE OF GLYCOSURIA.

Dr. Edward Blake has reported, in the July No. of the *Monthly Homœopathic Review*, a very striking case of glycosuria as the result of Arsenic toxication. A lady, aged 24, was advised by her medical attendant, a perfectly orthodox physician, to take Arsenic in doses of a fiftieth of a grain, three times a day, for the loss of smell and taste which had resulted from an attack of influenza. With praiseworthy diligence and patience the medicine was taken regularly, as ordered, for more than two years, and the consequence was that the patient "became extremely ill." It is not reported whether she recovered her senses of taste and smell; the probability is, she did not, as, if she had, there would have been no necessity for continuing the medicine so long. Her extreme illness consisted in considerable loss of flesh; marked lassitude; incessant thirst, dyspepsia, with perpetual craving for food; constipation; muscular pains most marked in the calves; frequent and copious micturition, the quantity reaching at times to 18 pints a day. The analysis of the urine showed a specific gravity of 1030 to 1042; sugar to the extent of 3 to 14 grs. per ounce; no albumen.

This was an unmistakable case of glycosuria, and Dr. Pavy who saw the case pronounced it to be such.

Then followed the remarkable fact: "The Arsenic was suspended, and in one week the sugar completely disappeared!" and with it the other symptoms.

### PERMANGANATE OF POTASH IN OPIUM POISONING.

Dr. R. H. Edmondson, of Gallup, New Mexico, has recorded the following case of recovery from opium poisoning in the July No. of the *Hahnemannian Monthly*. It will be seen that Permanganate of Potash was not the only remedy used, but by applying the *Method of Residues*, that is by making due allowance for the action of *Atropine* and of *Apomorphine* that were used in addition, there would remain no doubt in the mind that the Permanganate had a considerable share in bringing about the recovery of the patient.

Mrs. M., age 34. Three months pregnant, has had fermentive dyspepsia for ten years which at times caused her great depression of spirits. On May 12th she was so melancholy that she concluded life was not worthy living, so she took 4 grains of morphine, four powders

and 4 disks of  $\frac{1}{2}$  grain each. I was called within an hour and found patient in a prostrated condition; pulse was slow and hard to find. Pupils contracted and would not react to light; having read of the new antidote to opium poisoning, permanganate of potassium, I immediately made a 1-50th solution and endeavoured to administer by the mouth, but patient refused to swallow, so I doubt if more than a drachm was taken. I immediately gave her a hypodermic syringe full of the agent in the arm, and soon followed it by an injection of 1-50th of a grain of atrophine, and followed this by 1-10th grain of apomorphine in the arm. Within five minutes she vomited, and continued doing so after each draught of black coffee given at intervals of ten minutes.

Reaction set in within an hour, the pupils dilated, the numbness by degrees passed away, and she only complained of being "so tired." Before leaving I washed out the stomach with a mild warm solution of permanganate of potash and left the patient in the "hands of her friends."

Calling the following day, found the patient was comfortable save a sore arm, which was inflamed and swollen; cold cloths were applied and no abscess followed. I leave it to others to judge which medicament was most conducive to saving her life.

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#### MEDICINES FOR DILATATION OF THE STOMACH.

Dr. Sentin has, he says in the *Journal Belge d'Homœopathie* for April, derived benefit in the treatment of dilatation of the stomach from the following medicines when used with the indications given under each. He further says that by supplementing internal treatment with external applications,—cold compresses over the region of the stomach in the case of the acute, and the cauterity at several points of the same region, in the case of the chronic affection,—he has been able to effect more rapid ameliorations and cures, than by internal treatment alone.

*Arnica.* Sensation of fullness and pressure in the stomach after food, bitter or putrid eructation, nausea or vomiting of food or blood, crampy pains, &c.

*Antimonium crud.* Tongue covered with a whitish yellow coating, eructation having the taste of food, salivation, anorexia, thirst more at night, sensation of emptiness in the stomach, hiccup after food.

*Arsenicum alb.* Sensation of heat, of burning of the stomach, pain in epigastrium especially at night, melancholia, thirst, bulimia, nausea and vomiting after food, gastralgia, sensitiveness to pressure.

*Bryonia alb.* Tension and pain on movement, vertigo, headache, doughy (pasty) taste of food, sensation of pressure in the stomach, nausea after drinking.

*Chamomilla.* Frequent eructation and pain, bitter vomiting, excessive pain after having eaten, palpitation, colic, sensation of emptiness in the stomach, tendency to syncope after food.

*Cocculus.* Semilateral pain in the stomach, either on the right or on the left, sensitiveness to touch, dryness of the tongue without thirst,

acid taste of food, eructations with nausea and sometimes vomiting, pinching in the pit of the stomach.

*Colobrynth.* Pain in stomach after food with vertigo, semi-lateral headache, yellow tongue, little appetite with desire for drink, bitter taste of all food, cramp, great sensitiveness of the epigastric region.

*Cuprum.* Metallic taste with great dryness of the mouth, nausea and vomiting, diarrhoea, nervousness, salivation before and after food ; is especially indicated in dilatation of nervous origin.

*Graphites.* It is especially indicated in the herpetic and arthritic diatheses, excoriations, aphthæ of the tongue, bitter taste of food, repugnance to wine, nausea after food, pain in the stomach ameliorated by heat.

*Nux Vomica.* Watery vomiting in the morning, frequent hiccup, ineffectual eructations, swelling of the stomach, crampy pain after food, great sensitiveness to least pressure, constipation.

#### SOME IMPORTANT DRUGS IN DIPHThERIA.

Dr. A. R. McMichael of New York, Editor of the *Materia Medica* Section of the *North American Journal of Homœopathy*, has contributed, in the June number of that journal, the following very useful study of ten drugs which, according to him are "the most important remedies in the treatment of one of the most dangerous and fatal diseases which the physician is called upon to combat." The list could be easily and usefully enlarged, and our readers would no doubt see in the absence of *Ammon. caust.*, *Arsenicum*, *Bromium*, *Kal bichl.*, *Naja tripulians* (which we call *Cobra* in India), a rather serious omission. Of course we can well see that Dr. McMichael, having his eye upon the busy practitioner, has not made the list exhaustive. We give, in addition, the indications of the five remedies we have mentioned.

**APIS.** *Throat.*—(Edema of throat and uvula. Intense inflammation, worse right side. Membrane dirty grey color. Stinging pain from throat to ear when swallowing.

*Concomitants.*—Little fever, no thirst, slight pain, great prostration, general stupor, cannot arouse patient, rapid pulse. Scanty urine, heart weak. Tongue swollen, not heavily coated. Sometimes used as a preventive.

**ARUM TRI.** *Throat.*—Swelling of left submaxillary gland, throat raw with burning. Putrid odor from mouth and nares.

*Concomitants.*—Nose ulcerated with an offensive excoriating discharge, patient constantly working at nose. Mouth and lips sore and burning. Nose obstructed, must breathe through mouth, continual discharge from left nostril. Swallowing difficult. Urine scanty. Pulse intermittent.

**BAPTISIA.** *Throat.*—Tonsils and soft palate swollen with very little pain, throat feels sore and contracted. Can only swallow liquids, but constant inclination to swallow. Discharge from mouth and nose horribly offensive, livid color of membrane.

*Concomitants.*—Great prostration. Chilliness of back and limbs. Stools dark, tongue feels as if burned or scalded. Besotted look from great prostration.



**IGNATIA. Throat.**—Sticking pain in throat, worse between acts of deglutition, extending to ears, glands swollen. Disease commences on right side extends to left, greenish patches. Offensive odor from throat.

*Concomitants.*—Green stools and green vomit. Very nervous. Craving for water. Better from swallowing, especially solid food.

**LACHESIS. Throat.**—Throat purple. Sharp pain extends to ear. Constant effort to clear throat. Begins on left side, extends to right. External sensitiveness to least touch. Swallowing liquids more difficult than solids. Liquids regurgitate. Swelling of glands of neck and cellular tissue.

*Concomitants.*—Worse after sleep. Constitutional symptoms greater than local manifestations. Worse from hot drinks, better from cold. Asthenia from start, cardiac debility. Cold clammy sweat.

**LYCOPodium. Throat.**—Fauces dark, red tonsils covered with milky white membrane, beginning on right side extending to left.

*Concomitants.*—Discharge from nose yellow, thick and acrid, nose stopped at night. Tongue dry. Grinding of teeth. Stupor gradual. Cerebral paralysis. Children cross when awaking. Warm drinks grateful. Difficult urination. Protrusion of tongue between teeth.

**MERC. CYAN. Throat.**—Membrane dark-gray or blackish, green, thick, leathery, fauces red, swallowing difficult. Necrotic destruction of soft parts of palate and fauces.

*Concomitants.*—Adynamic fever from the start. Extreme prostration. Excoriating discharge from nostrils. Epistaxis. Fetid odor from mouth, blue face, cold extremities, small rapid or intermittent pulse, heart weak, aversion to all food. Stupor, but easily aroused. Rapid course of the disease.

**MERC. IOD. FLA. Throat.**—Membrane yellow, worse on right side, neck and throat swollen. Pharynx, uvula and tonsils congested red and inflamed. Fetid discharge from fauces and nares.

*Concomitants.*—Tongue dirty, yellow at back, with tip and edges clear and red. Urine scanty and high colored, great thirst.

**NITRIC ACID. Throat.**—White patches on tonsils and posterior wall of pharynx. Fauces and glands swollen, swallowing difficult. Putrid odor. Sticking pains in throat on touch.

*Concomitants.*—Prostration, excessive excoriating discharge from nose or corners of mouth, white deposits in nares. Tongue yellow as a rule. Rejects all food. Intermittent pulse. Epistaxis.

**PHYTOLACCA. Throat.**—Tonsils swollen, fauces congested and dark purple, worse right side, pain shoots into ear on attempting to swallow. Livid exudation on tonsils and fauces, rawness and roughness in throat.

*Concomitants.*—High fever as a rule. Pain in head, back and limbs. Vertigo with stiffness of muscles of neck especially in beginning. Scanty dark red urine. Worse from hot drinks. Albuminuria. Offensive breath.

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**AMMON. CAUST. Throat.**—Deep redness of velum, pillars, tonsils,

posterior wall of pharynx, epiglottis; *white* exudation on lower part of pharynx; intense pain in throat, and dysphagia.

*Concomitants.*—Burning, excoriating discharge from nostrils; hoarseness, almost to aphonia; croupous cough with threatened suffocation; prostration out of proportion to extent and duration of disease; patient in greatest agony, frequently jumping out of bed and gasping for breath.

**ARSENICUM.** *Throat.*—Ulcers extending from throat to roof of mouth; membrane covering entire fauces, *dry looking and wrinkled*; oozing of blood from under the membrane.

*Concomitants.*—Thin excoriating discharge from nose; great foetor from the mouth (from the putrid membrane); great restlessness and prostration; exhausting watery and offensive diarrhoea; worse after midnight; better from warmth and warm drinks.

**BROMIUM.** *Throat.*—Redness of fauces and uvula; tonsils swollen, covered with mucus; disease extending down to larynx; burning from pharynx into stomach.

*Concomitants.*—Croupy cough with rattling of mucus in larynx; great weakness and lassitude; spasms of muscles of deglutition and respiration.

**KALI BICH.** *Throat.*—Deep ulcers in throat; throat purple with numerous isolated patches of greenish yellow exudation, which is tough and firmly adherent; disease spreads upwards into nose and downwards into larynx and trachea.

*Concomitants.*—Shrill, croupy cough, or whistling and wheezing, with difficulty of breathing as though the lungs were stuffed with cotton; hoarseness; expectoration of tough, viscid mucus, sometimes streaked with blood, and may be drawn out in long strings; foetor from mouth; throat symptoms worse after putting out of tongue; all symptoms worse after sleep (Lach.).

**NAJA.** *Throat.*—Fauces dark red; patient has a feeling of choking and grasps at his throat. Left side chiefly affected; left tonsil inflamed; power of swallowing gone.

*Concomitants.*—Suffocative spells on lying down; must be made to sit up or held erect to procure easy respiration, suffocative spells of cough after every sleep, however short; cough deep, hoarse; respiration wheezing, rasping, very tight and difficult; better from daylight till noon; impending paralysis of heart, patient blue or pale, awakens from sleep gasping.

## CLINICAL RECORD.

### *Cases of Dysentery.*

By BABU HEM CHANDRA RAY CHAUDHURI, L.M.S.

*Case 1.* H —, a Hindu, aged six years, was passing mucus mixed with blood for about a month, in his native village, a few miles from Calcutta, where he was treated by a homœopathic practitioner but without much effect. At last he was brought to Calcutta for treatment.

I visited him on the morning of the 4th September 1893. He was in a very prostrated condition but without fever. The stools were four or five in 24 hours and consisted of mucus mixed with blood, without any faecal matter in them. As he had had several medicines given to him before, I gave him only a few drops of unmedicated alcohol.

5th. I saw him in the morning and found no change in the number or in the character of the stools. They were only in the day time and not during night. *Petrol.* 6, two doses, morning and evening.

6th. The quantity of blood distinctly lessened, but there was no other improvement. *Petrol.* 6, only one dose in the morning.

7th. The effect was satisfactory. The stools had no blood and consisted of little slime mixed with faeces. He had two stools during the day only. A few drops of unmedicated alcohol were administered.

8th. The child was doing well. The stools were of a yellow color but they were yet loose. Continued unmedicated alcohol.

9th. Progressing favorably, the stools had regained almost their natural consistency. The subsequent report was that he was doing well.

#### *Remarks.*

In this case of dysentery *Petrol.* proved to be of great efficacy. He was being given homœopathic medicines for a month and none of them could take away the blood and slime. *Petrol.* was selected for the symptom that the stools were only during the day, and the selection was justified by the result.

*Case 2.* G —, a Hindu boy, aged eighteen, was suffering from dysentery for the last six days. The stools were nearly twenty in number during day and night mixed with large quantities of blood. He had no fever.

I saw him on the 19th April 1890, and was told by his father that he had given him *Ipec.* 6 but to no effect. I gave him *Merc. cor.* 6.

21st April. It was reported that he was no better and was suffering from colic in the umbilicus before and during stool. *Coloc.* 6

23rd. He was doing as before. *Tinct. of Nux vomica Bark* 6th dil.

25th. I was told by his father that the discharge of blood had considerably lessened. The stools were not more than eight or ten in number during day and night. The medicine was continued.

27th. It was reported that he was doing much better than before. The same medicine was given.

29th. The patient himself came to me for medicine, and said that he was doing well.

Remarks.

The treatment of dysentery in many cases is a matter of great anxiety and concern. Generally speaking, if *Ipec.* and *Merc. cor.* fail, the selection becomes difficult for want of particular symptoms. In this case *Nux vomica Bark* proved efficacious. In a case of Dr. Sircar when every system of medicine had failed, not excepting homœopathy, *Kurchicine* proved to be of wonderful efficacy notwithstanding the failure of Decoctum Kurchi. A case of mucous dysentery from worms, in which several medicines had failed, was cured by *Kurchicine*. It is reported in the eleventh volume of the *Calcutta Journal of Medicine*.

Recently I have tried *Rhododendron flower* in dysentery, and it has proved successful in many cases with or without blood. One flower beaten into a paste is given for a dose. It is known in the Simla Hills by the name of *Baras* (बरस). Both these drugs should be proved in order that they may be brought within the domain of rational therapeutics.

A Case of Intestinal Obstruction.

BY DR. BRAJENDRA NATH BANERJEE, M.D.

A boy, aged 18 years, came under my treatment on the night of the 7th June 1894 for intestinal obstruction.

The boy is a native of Chinsura. On the 26th May he complained of some undefined pain in his abdomen. He thought it was due to constipation. On the 27th the pain increased and the bowels did not move since yesterday. Dr. B—— C—— C——, the oldest living graduate of the Calcutta Medical College, was called in, and he prescribed castor oil. Instead of moving the bowels the oil produced vomiting and nausea and increased the abdominal pain. Another practitioner was called in, who administered hot water enema the next day without the slightest benefit to the patient. The suffering became very intense, and he was brought down to Calcutta for treatment and was placed under Dr. M. N. B——. Enema with long tube was resorted to, but it neither relieved the pain nor moved the bowels. Dr. M. N. Banerjee then consulted Dr. M., a leading European physician of Calcutta, who pronounced the case a very serious one and advised abdominal section.

The parents naturally got frightened, and I was asked to see the patient on the night of the 7th June. I found the patient in great agony, with constant nausea and hiccough. Hands and feet cold; abdomen tympanitic; countenance pinched; pulse almost imperceptible. Patient restless, alternately sitting, lying and standing, supporting the abdomen with both hands. There was constant desire for stool, and he was continually but unsuccessfully straining hard for stool. Had not passed any flatus or stool since the 26th May.

I prescribed *Nux vomica* 30, every 4 hours.

On the 8th, he passed some flatus but no st. Suffering same as yesterday. Nausea greatly relieved. Hiccough not so constant, but the abdominal pain was as severe as it was yesterday. On the 9th he

passed flatus several times and felt a little relieved. But the abdomen continued tympanitic, and there was a padlike protrusion. *Bell* 30, every 4 hours, was prescribed. He was almost fasting these twelve days, and therefore was so emaciated and exhausted that he could not speak properly. At 4 P. M., however, he passed a healthy yellow formed stool. In the night he passed three large formed stools. On the 10th he had four loose stools. On the 11th and 12th had several loose stools, and then gradually improved.

[*Remarks.*

This is one out of a number of cases in which homœopathy has saved the patient not only from the disease but from the doctor. Surgery, we find, is daily becoming more and more audacious and reckless; and in the absence of therapeutic resources, the old school physician, but too often inconsiderately and unwisely, recommends surgical procedures in the vain hope of giving the patient what they call the last chance. We have not as yet met with a single instance in which these procedures have been attended with success. On the contrary, they have invariably led to a fatal result—M.L.S.]

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**THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.**

**106. GRAPHITES.**

**Constipation :**

1. Hard st., with much urging and sticking in anus.
2. St. absent (contrary to custom), a hard blackish st.
3. St. frequently omitted. 4. Hard lumpy st.
5. Much inclination to st., though not hard, still it is evacuated with much exertion, on account of total inactivity of rectum.
6. In course of time st. becomes solid, while previously there had been D.
7. St. knotty, the lumps being united by mucous threads ; even after st. there is still mucus coming from anus.
8. St. knotty and large.
9. C. dryness of mucous membrane of rectum and fissure of anus.

**Diarrhœa :**

1. D. almost without colic, followed by great prostration
2. D. with burning in anus.
3. Several liquid sts., with discharged mucus.
4. Frequent sts., first very hard and thick, formed, others soft.
5. Sts. at night with colic.
6. Usual sts. after C.
7. Increase of st., with passage of feces mixed with mucus.
8. St. very thin like a round worm.
9. A rather pasty st., still colored somewhat black, but less dark than previous st.
10. St. dark-colored (brown, fluid), half or undigested, of an intolerable odour.
11. Lumpy st. 12. St. sour, offensive, soft.
13. Sour-smelling st., with burning in rectum.
14. Constrictive griping and cutting about umbilicus, soon followed by a natural stool.
15. Colic followed by D. and then a consistent st.
16. Cutting colic in morning, with several diarrhœaic sts.
17. Immediately after menstruation, chilliness, cutting pain in abdomen followed by D.

**Dysentery :**

1. Sudden slimy diarrhœaic st., with feeling as though flatulence would pass, preceded by faint sinking feeling and sensation of coldness in abdomen.
2. Passage of reddish or much white mucus with st.
3. St. lumpy conjoined with threads of mucus, and even after st. there is still mucus in anus.
4. Blood with soft st.
5. Blood with st., after cessation of menstruation with smarting pain in rectum. 6. Tenesmus with each st.

**Before St. :**

1. Faint sinking feeling and sensation of coldness in abdomen.
2. Much inclination. 3. Colic. 4. Cutting about umbilicus.

**During St :**

1. Urging and sticking in anus. 2. Burning in anus. 3. Colic.
4. Passage of round worms ; or thread worms with much itching in rectum.
5. Smarting or sticking in rectum. 6. Tenesmus.
7. Evacuated with much exertion though st. not hard.
8. Cutting pain in anus.

**After St :**

1. Great but transient prostration. 2. Tympanites, uneasiness and griping in abdomen.
3. Prolapsus of rectum as if anus had lost its power.
4. Smarting soreness in anus.
5. Constriction and aching in anus.

**Aggravation :**

1. Morning. 2. Night. 3. After menses.

**Rectum and anus :**

1. Swelling about whole circumference of anus.
2. Veins of anus are much swollen.
3. A thin cord, like a swollen vein, painless when touched, extends from anus towards nates.
4. Hæmorrhoids in anus, which cause burning.
5. Prolapsus of rectum (with hæmorrhoids), even without urging to st., as if anus had lost its contractility and become paralyzed.
6. Discharge of blood from rectum, with great sticking in it.
7. Dragging and burning in rectum and anus.
8. Violent dragging in rectum as with hæmorrhoids.
9. Pressing in rectum without st.
10. Sticking pain in rectum as if everything there were indurated.
11. Stitches in rectum and anus.
12. Swollen feeling in anus though without pain.
13. Cutting in anus in morning in bed.
14. Dull tearing stitches in anus extending up into rectum.
15. Smarting sore pain in anus on wiping it.
16. Itching and feeling of soreness in anus.
17. Sore pain on right side of perinaum where there are small pale red, irregular pimples, which do not have hairs on tips but occur here and there between hairs ; touch causes acute pain.
18. Provocation to st., without need therefor.
19. No desire for st., nor the slightest necessity therefor.
20. Passage of round, thread and tape worms.
21. Fissura ani ; severe, sharp, cutting pain during st., followed by constriction and aching worse at night. Hg.

**General Symptoms :**

1. Very easily excited ; hot hands even from speaking.
2. Fanciful raving at night.
3. Sadness, with thoughts of nothing but death. Sad, despondent, was obliged to weep. Grief about slightest occurrences, even to despair.

4. Anxiety, with headache, vertigo, and ill-humour. Anxiety, so that she cannot sit, with nausea and sweat. Great anxiety as if some misfortune had happened, with heat of face and coldness of hands and feet.
5. Hypochondriac uneasiness, discouragement, anxious sweat, loss of sleep.
6. Apprehensiveness, with inclination to weep in frequent attacks.
7. It frequently seemed to him as though his end were near, or greatest misfortunes were impending.
8. Irritable and violent (morning), hypochondriac (afternoon).
9. Extreme hesitation; cannot make up mind about anything.
10. Beclouded mind. Absent minded. Extreme forgetfulness. Makes constant mistakes in talking and writing.
11. Confusion of head, immediately in morning, with nausea and sour vomiting.
12. Vertigo, with stupefaction; while looking up; during and after stooping; with inclination to fall forwards; with loss of sense, shivering and chilliness.
13. Pain as if head were numb and pithy.
14. Headache, in morning; during and after eating.
15. Violent headache, with eructations and nausea, during menstruation. 16. Falling off of hair of scalp.
17. Scurfy spots on vertex, with violent, sore pain when touched. Much scalliness on head, which causes a distressing itching and becomes a scurf, which disappears on washing and then is humid.
18. Short sightedness. Eyes only affected by day light, not by candle light.
19. Cracking in ears when moving jaws. Roaring, humming, rushing, screaming, thundering, rolling in ears. Hardness of hearing, better when riding in a waggon.
20. Offensive mucus in nose. Violent stopped catarrh, with great nausea and headache without vomiting; he was obliged to lie down.
21. Blowing of bloody mucus or blood from nose. Bleeding of nose.
22. Smell abnormally acute, she cannot tolerate flowers.
23. Paleness of face. Yellowness of face with weak eyes, as if exhausted.
24. Constant sensation of a cobweb on face.
25. Soreness and cracking of lips and nostrils as from cold.
26. Swelling of glands beneath chin. 27. Swelling of gums.
28. Nightly toothache, warm food increased pain.
29. Burning blisters on lower side and tip of tongue.
30. Offensive smell from mouth. 31. Much spitting of saliva.
32. Taste, acid after breakfast; bitter; salty; unpleasant; of bad eggs. Bitter taste in mouth with sour eructation.
33. Pain in throat as from swelling of glands. Feeling as of a plug in throat, at times much difficulty of swallowing.
34. Cramp in throat with nausea, obliging him to retch.
35. Glands in side of neck down to shoulder are swollen and pain-



- ful when bending neck on one side or lying upon it as if tense and stiff.
36. Ravenous hunger ; and after eating, nausea and vertigo.
  37. Great appetite for meat when he had no desire for animal food.
  38. Aversion, to salt food ; to animal food when thinking of it, though it tastes tolerable while eating, but bread tastes better ; to meat and fish. Sweet things are disgusting and nauseous.
  39. Much thirst after eating. Unusual thirst in morning.
  40. Great desire for beer-drinking, without remarkable thirst, only desire for internal cooling.
  41. Eructation tasting of food. Constant eructation with nausea and loss of appetite. Ineffectual eructation, he desires to eructate constantly but cannot. Sour eructation with bitter taste in mouth.
  42. Sour uprising of food. Regurgitation of mucus in morning with otherwise natural appetite and stool. Water brash..
  43. Acidity in stomach with ravenous hunger.
  44. Hiccough, in morning after rising and after dinner ; after every meal whether warm or cold ; after every meal with a dull heavy head or sleepiness. 45. Rancid heartburn.
  46. Nausea, with weakness and trembling during day, during menstruation. Nausea, with inclination to vomit, in morning after rising, with dizziness as from obscuration of eyes, he thinks he will fall while walking, with paleness of face. Food nauseates him. Excessive nausea, with inclination to vomit, with tolerably good appetite, fasting, before, during and after eating, afterwards vomiting of water (not of food), with much secretion of saliva. Faint-like nausea as if from left hypochondrium.
  47. Qualmishness as from abdomen with contractive pain below umbilicus and much mucus in throat, especially in morning and for several hours after meal. Qualmishness and nausea, before supper, without inclination to vomit.
  48. Vomiting of all food taken, with nausea. Vomiting from slight nausea, with running of much water from mouth. Vomiting with nausea and griping in abdomen without diarrhœa. With pressure in stomach was obliged to vomit.
  49. Fermentation of stomach followed by emission of flatulence, ~~then~~ a dull pressure, drawing and sticking alternating in body, followed by weakness of eyes.
  50. Insipid and "spoiled" sensation in stomach, though a good appetite.
  51. Pain in stomach after eating, relieved by drinking. Pain in right side relieved after frequent eructation.
  52. Burning in stomach, fasting before eating, which obliges him to eat. Burning soon after eating with heaviness of body and ill-humour. Burning followed by heat of whole body and then by perspiration.
  53. Feeling of coldness and sensation of great emptiness in stomach.
  54. Constrictive pain in stomach. Griping disappearing

- during and after eating. Gripping with nausea, she was constantly obliged to spit, as in waterbrash.
55. Pressure in stomach, after eating, like a cramp from œsophagus to umbilicus; only relieved by lying and by warmth of bed, immediately returning on rising from bed; in pit relieved by eructation.
  56. Frequent stitches in stomach and bowels. Gnawing before dinner and after eating. 55. Hot things disagree with her.
  57. Burning in left hypochondrium while sitting, disappearing on motion.
  58. Distension of abdomen, with rush of blood to head, heaviness of head, vertigo and confusion. Distension of abdomen on eating anything.
  59. Croaking in abdomen like frogs. Gurgling in right side extending down the limbs as from softly falling drops. Rumbling after drinking. Rumbling as if diarrhœa would come on.
  60. Flatulence suddenly appears and presses painfully towards abdominal ring. Full abdomen as from accumulation and incarceration of flatulence, she can not draw anything tight about hypochondria.
  61. Gripping in abdomen before passage of flatus. Drawing pain with desire for stool though without diarrhœa. Pain in upper abdomen as if everything would be torn to pieces during menstruation.
  62. Colic, immediately after eating. During menstruation, colic, dragging and pressure, like labor-pains, pain in back, anxious pain in small of back commencing with tickling, together with eructations and jerking-sticking toothache. Colic disappearing on pressure; cramp-like pain in all intestines, intolerable during rest and motion without flatulence, with absence of urinary secretion; flatulent colic when walking.
  63. Swelling and sensitiveness of inguinal glands. Violent pain in right inguinal region, a burning and pressure, as if intestine would protrude which seems to move itself, worse when stretching out the body relieved by stooping.
  64. Urging to urinate, with dribbling after the usual discharge.
  65. Urine, frequent; nocturnal; involuntary; thin stream as if urethra was contracted; dark colored, deposits a reddish sediment; dark brown; acrid sourish odour; clear but afterwards covered with an iridescent film; turbid, deposits a white or reddish sediment.
  66. Prepuce swell to a large water blister without pain. Voluptuous irritability of the genitals. Swelling of scrotum. Pain in spermatic cord. Revival of sexual desire and fantasies. No ejaculation follows coition in spite of every exertion.
  67. Leucorrhœa of white mucus. Itching of pudenda before menstruation. Menstruation delayed.
  68. During menstruation, violent headache with eructations and

- nausea ; hoarseness, violent catarrh and fever. Dry cough and profuse perspiration, cough before and during menses.
69. Cough, dry hacking ; with much expectoration of blood, with great sensitiveness of palate and tongue,
  70. Dyspnœa in evening on lying in bed, deep inspiration produces cough. Violent dyspnœa of chest. Sticking in middle of chest, with oppression of breathing when ascending steps. Raw pain in chest like raw flesh. Nipples are painful.
  71. Violent palpitation, sudden, like an electric shock from head to throat ; which moves arm and hand and makes him anxious.
  72. Stiffness of nape of neck. Tearing in left shoulder joint on moving arm. Right upper arm sore, tender, and swollen. Tearing in hands like rheumatism. Rheumatic tearing in feet and toes. Gout like tearing in toes.
  73. Weakness of all limbs. Arms and legs fall asleep. Paralyzed sensation of limbs.
  74. Finger nails became thick. Pain in nail of great toe.
  75. Legs and feet unusually heavy, swell much ; thought feet must burst.
  76. Soreness between thighs near pudenda, during menstruation. Soreness high up between thighs, between nates.
  77. Jerking in muscles of left calf. Cramp in calves.
  78. Emaciation. Sudden sinking of strength. Weak ; exhaustion of whole body as from catarrh. Attacks of faintness. Drawing pain in whole body as in intermittent fever, in morning after rising. Violent pulsation of blood in whole body especially at heart, aggravated by every motion. Tremulous sensation through whole body.
  79. Shock at times through whole body as from fright or electric shock, during rest and motion.
  80. Skin of hands hard and cracked. Itching becomes general and very violent even on face and genitals. Proud flesh ulcers.
  81. Great sleepiness during day. Dreams, anxious, frightful, of fire, of dead people.
  82. Offensive exhalation from body. Sweat of feet, they began to smell.

**Remarks :** The stool symptoms of GRAPHITES are characteristic, and will serve as good guides in its selection for constipation, diarrhœa, and dysentery. H. S. Niemann has very sagaciously recommended it chiefly in chronic constipation, especially when it is associated with hardness in the region of the liver. According to him, "GRAPHITES is frequently indispensable in cases of chronic constipation when it begins to be troublesome, and when the menses have delayed several days beyond their proper period." The lumpy character of the stools, especially when the lumps are united by mucous threads, and when after stool, mucus still continues to exude from the anus, is a peculiarity of GRAPHITES which will seldom fail to be remedial in similar conditions. The constipation stool of GRAPHITES may be of large size, or, when there is much constriction with or without fissure of the anus, may be much longer than thick, being of the size of a lumbricus. Habne-

mann evidently had no experience with the drug in diarrhœa, as he does not speak of its use in this disease. He recommends it in chronic discharge of mucus from the rectum. Though chiefly used for constipation it has been found useful both in diarrhœa and dysentery when the peculiar stools are present, as when the stools are frequent, at first hard, then soft; dark-coloured, undigested or half-digested, of a sour, or intolerably offensive smell; when the thin stools are associated with much mucus, or when the discharges consist only of mucus, reddish or white; when there is blood with stool. Though not justified by actual pathogenesis, GRAPHITES has been found useful in thin, watery, scalding stools (Morgan); in pasty stool like mud adhering to vessel.

Besides the characteristic stool symptoms, the other symptoms, especially those connected with the digestive organs, of which we have given a full list, will help in the selection of the drug. And it will often be found that though the stool symptoms may not exactly correspond, they will disappear to the great relief of the patient, when his constitutional or general symptoms have corresponded with the other than stool symptoms of the drug. For, it must not be forgotten that bowel complaints, like all other apparently local complaints, are generally dependent, especially when chronic, upon some constitutional fault; and even if they have had their origin in local causes, they could not have become chronic without affecting the constitution. This is the great beauty of the homœopathic system, indeed, it is this which stamps it with the character of science, namely, that it treats the whole patient, and not a particular part of him.

**Excerpts from Contemporary Literature.****ON THE RELATION OF HOMŒOPATHY TO PATHOLOGY.\***

By J. GALLEY BLACKLEY, M.B.

LADIES AND GENTLEMEN,—In returning thanks at the last Congress for the honour conferred upon me in selecting me for what is practically the blue-ribbon of our homœopathic year, I did it with a much lighter heart than would have been the case had I realised the full magnitude of the problem I had to solve in choosing an appropriate subject. With an unbroken series of Congresses extending backwards a quarter of a century, and whose presidents have usually been men who combined high scientific acquirements with an encyclopædic knowledge of all that concerns homœopathy, this is hardly to be wondered at, and it might well be thought that everything of general interest in connection with homœopathy, with its struggles, its progress, or its position, had been said, and well-said, over and over again. This was the conclusion to which I was forced very speedily to come.

There is one subject, however, which has made its appearance periodically at these Congresses in one shape or another, and of late, with increasing frequency in our periodical literature, which manifestly grows in interest and importance as the years roll on, and which is destined, as it appears to me, to play a more important part still in determining the ultimate position of homœopathy as a scientific and practical system of therapeutics. It is the *relation of homœopathy to pathology*. Physiology and pathology, the study of structure and function in health and disease, may be said for all practical purposes to be the growth of the last half century, and during the whole of that time with each successive development of the twin sciences we, as homœopaths, have been confronted with the very natural questions—How best can our system be expanded so as to be abreast of all that is new in the teachings of physiology and pathology? How can it be made more available for our own practical uses and at the same time more genuinely scientific in its character, so as to be worthy of being commended to the study of the senior student or newly-fledged practitioner fresh from lecture room and laboratory?

It is not my intention to attempt anything like an exhaustive answer to these two questions, for this would require much more time than is at my disposal to-day. I have thought rather that something in the nature of a historical summary of their origin, growth, and present position amongst us might well fill up most of our time.

Before Hahnemann's day, and down to a late period of his life, not much was known of the true nature of those disturbances of structure and function, a knowledge of which is now held to be the very A B C of our craft. What did duty as pathology in Hahnemann's time consisted almost entirely of hypotheses and conjectures made to suit the occasion or the mode of treatment, and usually so far removed from any real utilisation of facts in the task of curing the sick as to appear to most thinking men rather as a hindrance than a help therein.

A science which had nothing better to offer at the hands of its leading exponents than Cullen's theory on the mechanism of ague, and of its cure by the *Peruvian bark*,† or Hufeland's reasons for retaining blood-letting as

\*Presidential Address at the British Homœopathic Congress held in London, June 28th, 1894.

† "Cullen begins by assuming that there may be what he calls muscular tone; "again, that this tone may depend upon the state of the nervous fluid in the muscles; again, that there may be substances which act on this tone so as to increase it and hence deserve the name of tonics. This being granted he assumes

a routine treatment in nearly all acute diseases,\* could hardly satisfy such a mind as Hahnemann's, and we are not surprised that in the one case (whilst translating Cullen's *Materia Medica* into German) he should have felt the imperative necessity of a more logical explanation of an undoubted fact, that of the cure of ague by *cinchona*, and in the other that the time had arrived when the minds of the profession must at all costs, by every means at his disposal, be rid of what had for so long been a popular and dangerous fallacy. Little wonder that Hahnemann, in preparing a foundation upon which to rear the superstructure of his system preferred to confine himself to what he regarded as the realities of symptoms rather than to ingenious hypotheses as to their cause.

With the general spirit of Hahnemann's attitude towards symptomatology and pathology, we are all sufficiently familiar, but a couple of very short passages from the *Organon*, which I will read with your permission, may serve to stamp it more clearly upon our minds :—

§ 70.†—"That every thing of a really morbid character and which ought to be cured, that the physicians can discover in diseases, consists solely of the sufferings of the patient and the sensible alterations in his health, in a word, solely of the totality of the symptoms by means of which the disease demands the medicine requisite for its relief, whilst on the other hand every internal cause attributed to it, every occult quality or imaginary material morbid principle, is nothing but an idle dream.

§ 100.‡—In investigating the totality of the symptoms of epidemic and sporadic diseases it is quite immaterial whether or no something similar has ever appeared in the world before under the same or any other name. The novelty or peculiarity of a disease of that kind makes no difference either in the mode of examining or of treating it, as the physician must any way regard the pure picture of every prevailing disease as if it were something new and unknown, and investigate it thoroughly for itself, if he desire to practise medicine in a real and radical manner, never substituting conjecture for actual observation, never taking for granted that the case of disease before him is already wholly or partially known, but always careful-

that fever may depend upon the contraction or expansion of the extreme vessels of the surface, followed by relaxation, &c. He assumes next that there is such a sympathy between these extreme vessels of the surface and those of the stomach that when the one set is affected with spasm so is the other, and that the same medicine which affects the one affects the other. All these postulates being granted, he explains the action of the *bark* thus: It excites a tonic state of the muscles of the stomach. This he *supposes*, because it is good in certain forms of indigestion, which he *supposes* to be produced by insufficient contraction of the muscles of the stomach. This tonic condition of the stomach is then transferred to the extreme vessels of the surface, where by forcing an earlier contraction than would otherwise take place it shortens the stage of relaxation and so cures the fever."—Russell, *History and Heroes of the Art of Medicine*, p. 331.

\* "How I wish my feeble voice could be heard like thunder! What, in the case of chronic, not dangerous, cases may be permitted, temporising, indifferent, easily-remedied treatment, in" . . . "diseases of rapid course and threatening a fatal issue" . . . "becomes a *crime*. He who out of fanatical regard for his mode of treatment, when life is at stake, neglects to use the remedies which a thousand years' experience has proved to be the best; he who, for example, omits blood-letting when the patient is *in danger of being choked by his own blood*, in cases of pneumonia, apoplexy, encephalitis, and generally in inflammations of important organs, and death or some chronic incurable disease ensues—such a one has a heavy sin of blood upon his conscience," &c.—*Homœopathy*.  
By C. W. Hufeland, translated in *Brit. Journ. of Homœopathy*, xvi., 195.

† *Organon of Medicine*, by Samuel Hahnemann, translated from the Fifth Edition, with an Appendix, by R. E. Dudgeon, M.D., p. 91.

‡ *Ibid*, p. 109.

ly examining it in all its phases, and this mode of procedure is all the more requisite in such cases, as a careful examination will show that every prevailing disease is in many respects a phenomenon of a unique character, differing vastly from all previous epidemics to which certain names have been falsely applied, with the exception of those epidemics resulting from a contagious principle that always remains the same, such as small-pox, measles, &c."

These passages may suffice to illustrate what was, next to the law of "similars" itself, the leading characteristic of Hahnemann's system as it left the hand of the master. Symptomatology was all in all; the gross lesions seen in cases of poisoning were interesting and nothing more; of the material changes seen in the body of the patient, living or dead, only such as were apparent on the surface were held to concern the therapist.

Medical education, during the latter half of Hahnemann's lifetime, had been by no means at a stand-still. One beneficent effect of the materialistic spirit which overran Europe at the close of the last and the commencement of the present century, was that the student of nature was thrown back more and more upon the search after fact—after truth, and in no department of human knowledge was this more the case than in that of medicine. The work of the Vienna school, founded essentially upon facts, in the early decades of this century, gave it an impetus which has never since deserted it, and raised it at once almost to the level of an exact science. After facts came deduction, and a pure pathology was the result.

As the study and pursuit of homœopathy have always demanded as amongst their first requisites a high degree of intelligence and the fearless pursuit of truth, nothing was more natural than the conviction which took possession of the minds of many of the leading men of our school, that sooner or later the revelations of the bedside pathologist and of the morbid anatomist would have to be digested and assimilated by us; were they not after all, facts, and were not many of their very prototypes, descriptions of the grosser effects of poisonings, still lying carefully docketed and pigeon-holed in our studies?

Just forty years ago, at the Congress held in Leamington, my distinguished predecessor in this chair (the late Professor Henderson) devoted the greater part [of his address to a consideration of the "relation subsisting between pathology or the knowledge of disease on the one hand, and on the other the practice of physic or employment of remedies." His reason for selecting this as the groundwork of his address was, he says, "because it is one in connection with which great misconception exist among many of our opponents, and much misrepresentation, especially of the relation of homœopathy to pathology, has been made. You are no doubt aware that among our allopathic brethren the opinion prevails that pathology is a science which is intimately connected with the practice of medicine which they profess and cultivate, but has no corresponding place in the practice of homœopathy, and is, therefore, a branch of medical science which, as professional men, we neglect and ignore." He succeeded in showing that both assumptions were very far removed from actual fact.

Theoretical pathology as it existed before his own day Henderson considered as being quite unreliable in practice, and showed that not only had there always been a respectable minority of so-called practical men who denied its utility, but that writers of eminence from Sydenham downwards had constantly condemned the hypothetical and conjectural pathology of their day when made the basis of practice as "pompous subtilities, of no more service to the physician in the cure of diseases than music to the architect in constructing an edifice."

Of the pathology of his own day, he pointed out that in place of confin-

ing its attention to morbid conditions within its sphere of observation, it endeavoured, before treatment was thought of, to relegate the disease to one or other of several so-called pathological states,\* such as inflammatory, congestive, tubercular, &c., although, as he points out very forcibly, it was frequently impossible to ascertain either the nature or seat of the supposed pathological condition during the life time of the patient. "When, therefore," he says, "such cases are treated on what are termed pathological grounds, they are necessarily treated by guess, and we need no other reason than this for declining to adopt such a method in preference to our own, which, while it leaves us at liberty to form what opinions we choose regarding the nature and seat of a disease, supplies us with a rule for selecting a remedy for that disease—if it be remedial by art—whatever may be its seat and nature, and even though its seat and nature be unknown."

The pathology which Henderson commends, and which concerns us as therapeutists, is that which embraces the more discriminating study of all the phenomena, subjective and objective, presented by disease, which avails itself of all the help afforded by daily use of stethoscope, microscope and test-tube, whose constant aim is to make use of every additional facility for discriminating one disease or variety of disease from another, and whose ultimate object is to pave the way for a more exact and direct method of treatment. Pathology is, in short, the key which is to unlock for us the treasure house of the *Materia Medica*; our therapeutist must remain a pathologist whilst fulfilling his highest function, the selection of the remedy for the cure of the sick, for he says, "We hold that the proper method is to ascertain what are the effects which medicines are capable of producing upon the anatomical, chemical and physiological conditions and phenomena, of the body, with the view of learning to what morbid phenomena and pathological states they each stand in homœopathic relation."

These aspirations after an *ars medendi* founded upon fact, which should embrace all facts and nothing but facts, have furnished the keynote of much that has been most enduring in the homœopathic literature of the last half century. Monographs upon individual drugs and treatises upon special diseases exhibit alike the same prominent feature, the endeavour to break loose from the merely mechanical method of handling symptoms, and to regard pathogenetic records in the light of diseases set up by drugs, and so facilitate the obvious practical application of such drugs to the removal of similar pathological conditions. Amongst the earliest efforts in this direction may be counted the brilliant series of monographs since re-published in collected form by the Hahnemann Publishing Society,\* and so well known to all of us. The great fault to be found with these is that they do not go far enough. The regional summaries appended to the various drugs are admirable in themselves, but leave one with the feeling that their usefulness would have been enormously increased had we had in preference a pathological commentary upon the behaviour of the drug in individual provers or groups of provers; a commentary which would tell us clearly that in such a prover, for instance, the drug effects reminded one of such and such a disease or pathological state.

The completion of the ponderous *Encyclopædia* of Allen was an event which, it was fondly hoped, would clear away many of the obstacles which had hitherto beset the path of the scientific prescriber; but the result, alas, was far otherwise, for its immediate effect was to throw into still higher relief the very serious nature of several of them, to wit, (a) the multiplicity of medicines in use, (b) the artificial arrangement of the symptoms, and (c) the undoubted presence amongst these of an immense number whose

\* *Materia Medica, Pathological and Applied.* Vol. i. Trübner & Co., London, 1884.



antecedents would by no means bear investigation, symptoms which were in no sense the effects of the drugs, and were therefore not only absolutely unreliable, but positively misleading.\*

The last volume of "Allen" had hardly made its appearance, just a quarter of a century after Prof. Henderson's historic address, when the whole work began to be subjected to much severe criticism; indeed the shortcomings of this and all previous efforts of the same kind were only too apparent. By none were the functions of critic fulfilled more fearlessly and to better purpose than by the veteran practitioner chosen to fill this chair at our Leeds Congress in 1886, and whom we rejoice to see still amongst us. It was surely more than a happy coincidence that our deliberations should on that occasion, have been presided over by one who combined in himself the rare qualifications of great natural acumen and an unrivalled practical experience. The keynote of the address† given by Dr. Yeldham on that occasion is struck when he asks himself the following questions: (1) Whether our *Materia Medica* in its existing state is calculated to develop the elements of certainty in our system to the fullest extent of which it is capable? (2) If not, can we suggest a mode by which this desirable end may be obtained?

In what direction this element of certainty might be reasonably expected to lie is sufficiently evident from a short and pithy sentence uttered very early in the address:—

"Side by side with drug proving, pathology should find its proper place and true value in homœopathy." Without the light of pathology diagnosis becomes a farce, prognosis an impossibility, and therapeutics little better than a craft."

With practical common-sense and praiseworthy self-denial Dr. Yeldham addressed himself to the task of clearing the ground of those obstacles which effectually barred the way to further progress, and in this respect the address was in the slang of the present day, distinctly "epoch-making."

The answer to his first question was, of necessity, No! and this he showed was largely due to a number of causes, each in a sense the necessary outcome of another. The first of them he looks upon as an inherent defect in our system as it left the hand of the master, viz., the multiplicity of drugs required; each new combination of symptoms being necessarily regarded as a new disease required a new remedy. Apart, however, from the unwieldy number of drugs in use, there were in the pathogenesis of most of them

(a) Vast accumulations of symptoms, many of them utterly untrustworthy;

(b) Endless repetitions of symptoms (doubtless identical symptoms in the different phraseology of the various provers); and

(c) The number of trifling, incredible, or meaningless symptoms.

In answering his second question in the affirmative, he shows that much may be done by largely curtailing the number of remedies in regular use but still more in the direction of reducing the number of symptoms we are called upon to treat. It is the latter which he regards as of most pressing importance, and proceeds straightway to disclose the remedy he would suggest, in the form of a scheme which was destined, when carried out, to have an immediate and striking influence upon the future of homœopathy. His proposal was to institute a "*Materia Medica* Committee," "composed of men who, from their practical experience, literary attainments, and wide acquaintance with homœopathic matters generally would inspire confidence that whatever they did would be thoroughly well done." He suggests the desirability of inviting the co-operation of our American colleagues and so

\* Vide Hughs' three lectures, *On the Sources of the Homœopathic Materia Medica*. London. 1877.

† *On the Pursuit of Certainty in Medicine.* *Monthly Homœopathic Review*, Vol. xxiv., 581.

making the revision an international concern. The duties of this committee would fall into one or other of three departments—revision, reproof or ejection, and to one or other of these every article at present in our *Materia Medica* should be rigorously subjected, the result being that we should in time have an authorised *Materia Medica Pura*, a work to which homœopaths could appeal with confidence, a work on which they could lay their hands and say—“This at least is genuine, every one of these medicines has been thoroughly proved, every symptom here recorded is a reality. By this I am prepared to stand.”

How thoroughly Dr. Yeldham gauged the needs of his own and future generations of homœopathic practitioners, and sketched out a workable plan for their speedy and complete relief, is now a matter of history and need not detain us. We all know by this time how the recommendations of Dr. Yeldham were ultimately carried out, even to their minutest particular, how the International Committee, consisting of men whose names are household words amongst us, was speedily appointed, how willing workers *quorum pars minima fuit* were found on all sides, and how the presence on our bookshelves of the four not too ponderous volumes of the *Cyclopædia of Drug Pathogenesis* is the result.

What we shall probably never know, however, is the extent of our obligation to two men whose names appear with others on the title page of the *Cyclopædia*, men whom we can never too much honour, men whose names I need not even mention, for are they not graven on our hearts? I say without hesitation that the *Cyclopædia*, deprived of the help of Dudgeon and Hughes, would never have come into existence.

The completed work has now been in our hands more than two years, and whilst we are awaiting at the hands of our untiring friends the index which shall unlock its treasures, and those of Hahnemann's *Materia Medica Pura*, and render them easy of access even to the busiest of us, we are becoming every day more alive to the fact that we have in the *Cyclopædia* an inexhaustible mine of wealth, whether in its accounts of drug provings, of poisonings, or of morbid anatomical changes. The narrative form adopted in both cases, with the symptoms given in their natural order of sequence commends itself to the reader more and more every time he opens a volume, and we see what a mighty bound forward has been made towards the goal we have so long had in view—a pathological basis for our system of therapeutics.

Whilst possessing our souls in patience the time may well be spent in considering the best plans for making use of the knowledge we now possess, for making use of it in the obviously scientific as opposed to the old-fashioned or mechanical method.

Dr. Hayward's paper on *Books of Reference*, read two years ago at the Southport Congress, dwelt upon the merits and advantages of the *Materia Medica, Physiological and Applied*, of the *British Repertory*, and the *British Manual of Therapeutics* (when it exists), but in proportion as schema and repertory were brought into prominence failed somewhat in its object, and cannot be said to have been on the whole favourable to the pathological method of using the *Cyclopædia* and its *Index*. The discussion which followed sufficed to show more plainly the drift of latter-day homœopathy, and to emphasise the want of a reliable manual of therapeutics, wherein pathology and diagnosis, in addition to mere symptomatology, should be given a leading place, and so furnish in the plainest possible language the grounds for the choice of remedies.

The use of the *Cyclopædia* was not long in making itself felt in the matter of clinical work, and one or two very excellent cases (to be referred to presently) treated from what may be called for convenience the pathological stand-point had already appeared, when we find the ever-ready Dr.

Hughes again stepping forward with the object of directing our energies into the most remunerative channels (remunerative, that is, from the scientist's point of view). In a short paper on *The Further Improvement of our Materia Medica*, read before World's Homœopathic Congress in May, 1893,\* after reminding us once more of the advantages offered by the *Cyclopædia* in two important particulars, viz., the absence of so-called "clinical symptoms," and of the schema which so seriously lessens the value of Hahnemann's provings, Dr. Hughes appeals to teacher of *Materia Medica* in our school to publish their systematic lectures from time to time, embodying (as they must do) all the side-lights which from toxicology, from the physiological laboratory, and from therapeutic experience they can bring to bear upon its study.

Much more important, because more practical, is the suggestion which follows, a suggestion which shows at once the master mind, and which without apology I give in its original form:—

"I would call," he says, "for commentaries elucidative and exegetical, and would suggest that those most competent for such a task are the specialists of our school, the neurologists, the oculists, the aurists, the gynæcologists. To the study by such men of the symptomatology of disease, aided by *post-mortem* examination and experiments on animals, we owe the great advances in pathology which have marked the last sixty years. May not similar investigations, when directed to pharmacology, achieve like results. The phenomena of drug disease have also their meaning, and lend themselves to patient interpretation. Such interpretation illumines them, makes them coherent, intelligible, memorable; they become part of our mental furniture, and are not mere strings of symptoms to be learned by heart." Then follows a list of suggestions that the neurotic phenomena of certain drugs, the eye symptoms of others, and the pelvic disorders of others, should be made the subjects of special study by the experts of each department. "A series of such studies," he says, "would enrich the very life-blood of our practice, and make us all better fitted to deal with the morbid states that come daily before us."

Such an appeal, and from such a quarter, was not likely to remain long without a response, nor did it in fact so remain. Work has been, I am glad to say, already begun on both sides of the Atlantic, and in a spirit of genuine enthusiasm which bodes well, if not for its speedy completion, at least for its steady progress, work still absolutely necessary to make our *Cyclopædia* do the utmost of which it is capable, whether in the matter of teaching the student or of curing the sick.

One of the American homœopathic societies, that of Boston, happy in having a special *Materia Medica* section, has through its chairman, Dr. Sutherland, expressed its determination of taking up the work sketched out above.

In order to help on his work Dr. Hughes gives in the *New England Medical Gazette* for December, 1893,† at Dr. Sutherland's request, as an instance of some of the numerous points awaiting solution, the "eye symptoms" given in the provings of *aurum*, some of which, as given in Hahnemann's pathogenesis of the drug, are so striking as to force one to the conclusion that, if genuine, they could hardly occur without the coexistence of definite pathological lesions, which would not fail to be recognised and named by experts in the physiology and pathology of the eye.

In the same number of the *New England Medical Gazette* ‡ are no less than three articles evidently inspired by the same spirit, and which,

\* *Monthly Homœopathic Review*, vol. xxxvii., p. 612.

† P. 545.

‡ Pp. 550, 554 and 564.

although bearing evident marks of haste in their preparation, and wanting in the judicial tone so desirable in all critical work, may be welcomed as being pioneers in the right road. They are *Some of the Nervous Symptoms of Arsenic*, by Dr. Edward P. Colley, of Boston; *Analysis of Symptoms of Arsenic pertaining to the Skin*, from *Cyclopædia of Drug Pathogenesis*, by John L. Coffin, M.D., Boston; and *The Aural Symptoms of Mezereum*, by Howard P. Bellows, M.D., of Boston.

We have good reason to believe that a considerable amount of such work possibly fragmentary, has already been begun and partially thought out by some of our younger and more advanced students, those in fact who have had all the advantages which the modern system of laboratory training confers; and that this work only needs carefully committing to paper to be welcomed by us all.

As an admirable specimen of the kind of work I refer to, I would mention a paper by Dr. Ellis, of Liverpool, *On the Value of Some of the Lesser Known Drugs in the Treatment of Diseases of the Nervous System*.\* The spirit inspiring this admirable paper may be guessed from one of his opening sentences. He says: "I would not for a moment desire to controvert the dictum of Hahnemann that we must study the totality of the symptoms—both objective and subjective—of the patient; but in my selection of a medicine for the treatment of a case of disease, if I know that any drug in addition to producing the symptoms present in my patient has also given rise as a result of poisoning or experiment to the anatomical changes or pathological condition from which I know my patient to be suffering, I feel much more certain of attaining my desired end."

The drugs treated of in this, Dr. Ellis's, paper are *bisulphide of carbon*, *lead*, *lathyrus*, *salts of barium*, *salts of zinc*, *oxalic* and *picric acids*, and *ergot*, and the parallel which he has drawn between certain of the nervous symptoms produced by these drugs and well-known pathological states are so striking as to impress the reader at once, and in a way which no mere lists of symptoms in schema form could possibly do. To illustrate this I have selected the first of these, the *bisulphide of carbon*. Here is the parallel which Dr. Ellis draws between the symptoms produced by this drug and those present in a recognised pathological condition, multiple or peripheral neuritis. On the one hand we have the fact that the most striking feature of the attack on the nervous system consists, after a period of excitation, "in a gradual failure of muscular power, showing itself at first and chiefly in the extensor muscles, of the extremities, preceded or accompanied by some disturbance of the sensory nervous system, such as formication, pricking, lancinating or so-called 'rheumatic' pains, numbness, anæsthesia or icy-coldness of the extremities." "Eradic contractility is sometimes impaired, and slow wasting of the affected muscles has been observed." "The loss of muscular power is usually attended by cramps and fibrillary twitchings."

On the other hand we have "tingling," "pins and needles," or numbness in the toes or, less frequently, in the fingers, followed by a slowly progressive (but sometimes rapid) loss of power in the muscles which flex the ankle upon the leg, and which extend the toes, wrists or fingers—in fact, the muscles supplied by homologous nerves; the radial branch of the musculo-spiral in the upper, the peroneal branch of the anterior tibial in the lower extremity. There is usually (and sometimes rapid) wasting of the affected muscles, which quickly lose their power of contracting to the interrupted current. "There may be tremor of the affected muscles and some loss of co-ordination is usually noticed. There is almost invariably complete abolition of the patellar reflex, though this may be exaggerated very early

\* *Journal of the British Homœopathic Society*, vol. 2, p. 7.

in the disease. In most cases the neuritis, and therefore the paralysis, is symmetrical in its distribution, indeed the trio of symptoms most characteristic of the condition are paralysis of the extensor muscles, the symmetrical distribution of the paralysis and sensory symptoms and loss of the patellar reflex."

The resemblance here between the drug disease and that met with in actual practice, is so close that if there be indeed anything in the rule *similia similibus curentur*, we ought in *carboncum sulphuratum* to have a most powerful auxiliary in the treatment of peripheral neuritis, whether arising from alcohol, from diphtheria, from exposure to wet and cold, or, as Dr. Ellis suggests, as met with endemically in Japan, under the name of "Beri-Beri."

The effect of *lead*, as Dr. Ellis points out, in a certain group of cases remind us of acute infantile paralysis, and the sub-acute form occasionally met with in adults. "More than all do we find a resemblance between the symptoms produced by lead and those of the disease known as progressive muscular atrophy." Here the resemblance between drug disease and idiopathic affection are so striking as to leave us no doubt that in lead we have the simillimum.

Lest I should weary you, however, I must content myself with referring you to the original paper; here you will find how striking are the resemblances between the effects of *lathyrus* and "primary spastic paraplegia;" between intoxication with the salts of *barium* and the condition known as "spinal exhaustion" or "spinal neurasthenia" (a typical example of which we frequently see after apparently mild attacks of influenza); between those of *ergot* and *tabes dorsalis*, &c., &c.

Dr. Ellis's paper, in short, constitutes a real service to homœopathy.

Two years ago Dr. Stonham, of Ventnor,\* published a careful and minute account of the symptoms observed by him in a case of poisoning by the Water Hemlock (*cicuta virosa*), an account which I would commend as a model of its kind, and equal in every way to some of our best recorded clinical descriptions, the most striking symptoms being well-marked epileptiform convulsions, twelve in number, each lasting three minutes. The description of these with their attendant symptoms afford a most vivid picture of a genuine drug-disease, and call to mind at once cases of epilepsy and of uræmic eclampsia. How invaluable such experiences as Dr. Stonham's may prove, and how naturally they may be made use of, we learn from a short article published by him in the same journal for the following year.† Within a very few months Dr. Stonham was called upon to treat a case of convulsions in a child, and the close similarity of the symptoms, for which he gives us chapter and verse, to those seen in the case of poisoning by *cicuta* at once pointed out the appropriate remedy. Moreover, the tincture used was prepared from some of the roots of the identical *cicuta* plant which he had poisoned the first patient. The cure was speedy and complete.

As the necessary complement to such records as Dr. Ellis's and Dr. Stonham's, we naturally turn to accounts of cures (preferably by single remedies) and when the drug has been selected not so much on account of the close similarity of the mere symptoms, as from the fact that the disease exhibits and the drug causes more material changes presenting features of the closest similarity. A single example of this class of case, published since the completion of the *Cyclopædia*, must suffice. *Phosphorus in Purpura Hamorrhagica*‡ is the title of a short paper by Dr. A. S. Alexander, in which you will find a most satisfactory instance of a case of disease

\* *Poisoning by Cicuta Virosa*, by T. G. Stonham M.D. *M.H.R.* xxxvi., 545.

† Case of Convulsions treated by *Cicuta Virosa*. *M.H.R.* xxxvii., 225.

‡ *M. H. R.* xxxvii., 267.

treated by a single remedy, where the well ascertained pathological condition and the more striking of the objective symptoms sufficed to point to *phosphorus* as the appropriate remedy. Mere subjective symptoms were very wisely left out of consideration. Here too a cure took place *citò, tuld et jucunde*.

The character which it is desirable that much of our future pharmacological and clinical work should possess is, I hope, sufficiently obvious from the few examples I have given. The two departments should keep shoulder to shoulder, each the necessary complement of the other. Let our pathogenesies remind us of the bedside; let our clinical cases call up recollections of drug-provings. If in the former case the material at our disposal does not fulfil this requirement, if the records of certain drug-provings consist largely or entirely of subjective symptoms, let us address ourselves with all despatch to the task of re-proving these. Modern investigation leads us to expect structural changes as underlying all disordered sensation and functions, and our specialists could not well devote their leisure and superfluous energies to a better task than that of re-proving a number of our older remedies: by the regular use of stethoscope, microscope, or thermometer, of ophthalmoscope, laryngoscope, or speculum, they would soon be in a position to give us the true meaning of symptoms at present isolated and without definite sense.

Of equal importance, nay, by reason of its magnitude of still greater importance, is another task which looms large in the near future; a task which should be faced without delay. It is that of collating all the clinical material at present existing in our literature with the object of distinguishing the true from the false, retaining the wheat and rejecting the chaff, in precisely the same manner as was done in the matter of drug provings by the international committee. The herculean nature of this work you will say is such as to make the stoutest-hearted amongst us take pause, but of its necessity there can be no shadow of doubt. Before we can hope to have anything like an exhaustive and authoritative *Manual of Therapeutics*, this will have to be in great part carried out. As we had our *Materia Medica* Committee, so in like manner let us have a *Clinical Committee* consisting of the representative men of various departments. These would conveniently be divided into sub-committees, with an adequate representation of specialists where necessary. One such sub-committee would go through all the cases of chest-diseases, another of eye-diseases, another of nervous disorders, and so forth. The sifting process would have to be first applied, for that there is a considerable per centage of records of cures where the event could not be reasonably said to be due to the action of the drug or drugs used one cannot doubt. The diseases themselves, likewise, may, on critical examination, turn out to be something very different from what their authors imagined. Those, too, in which no clear reasons for giving the various remedies were furnished, would, for work of this kind, be valueless, and have to be rejected. All this done we should at length (pace Dr. Clifton) have furnished by each sub-committee a very large mass of clinical material of a similar character, from which reasonable deductions as to modes of treatment might fairly be drawn. Such a work as is here contemplated is altogether beyond the powers of the few, but it should be easily met by the combined effort of the many. A very few years of such steady work as was expended upon the *Cyclopædia* ought to furnish us with a similar inclusive work on therapeutics, and worthy in every way of taking its place side by side with the *Cyclopædia* on our book-shelves and on our study table.

So much then for what has been done, for what must still be done. Yet a few words more as to what should not be done. It will be noticed that throughout my address only the barest reference is made to work included

under the description of "repertories" or "symptomatology." My reasons for this are two-fold. Firstly, because I have always regarded such works in the light of a necessary evil, used *faute de mieux*, by ourselves, but repellent in the highest degree to the mind of the enquiring outsider; secondly, for the reason that even admitting, in the present state of development of our system, the necessity for their occasional use, we have already of such work a veritable *embarras de richesses*. Their name is legion, and the cry is "still they come," and unless some decided attempt be made to stem the tide of such works their rate of increase will simply be multiplied indefinitely. The capacity for reproduction of what has been very aptly termed the "kaleidoscopic" arrangement of symptoms is simply endless. Another turn of the toy and lo! we have an entirely new and probably ingenious arrangement of the same old symptoms. The old mathematical puzzle of "how many changes can be rung on seven bells" sinks into insignificance, and we shrink appalled from the bare thought of what may be done with the symptoms of even a very ordinary medicine.

What is most of all to be deplored in all this matter is the fact that so much invaluable energy should be turned into unproductive channels; energy which, if devoted towards helping on the work I have attempted to sketch out above would soon render it a reality. In this country at least we are a small body, and can ill afford to have stragglers, at least for the present; the works I have suggested will for some years to come tax our energies to the utmost. Only when all these are complete, and when there are "no more world left to conquer," would I encourage the erratic genius to take his relaxation in devising a new repertory or symptomatology.

Now, ladies and gentlemen, let me thank you for your great patience in hearing me out. To my colleagues I would venture to express the hope that the present Congress may be as profitable as its predecessors, and to you all that the evening reunion may be as pleasant to look back upon as so many which have gone before.—*The Monthly Homœopathic Review*, July 2, 1894.

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COMMENTARIES ON THE ORGANON  
OF HAHNEMANN.

Translated from the French of DR. LEON SIMON, Père, by the Editor.

(Continued from p. 295, No. 8, Vol. xiii.)

The vital force—once defined as to what it is and what it is not, Hahnemann had to follow it in the modifications which it undergoes when disease declares itself. Here he becomes more explicit. As I have said, all disease which does not belong to the province of surgery, consists in a disturbance of the vital force.\* This immaterial force, active by itself and present everywhere in the body, is the first to feel the dynamic influence of the agent which is hostile to life. The morbid phenomena, accessible to our senses, express at the same time all the internal changes, that is to say,

\* *Organon*, § 12-14.

We do not think a distinction need be made between *Surgical* and *Medical* diseases. *Surgical diseases* can only arise from a disturbance of the vital force, the disturbance being caused by some external mechanical violence, but there is and must be disturbance all the same, in order that there may be disease.

Hahnemann has very wisely added the following footnote to § 12: "How the vital force causes the organism to display morbid phenomena, that is, how it produces diseases, it would be of no practical utility to know; and therefore it will for ever remain concealed from him; only what it is necessary for him to know of the disease and what is fully sufficient for enabling him to cure it, has the Lord of life revealed to his senses."—*Translator*.



the totality of the disturbance of the internal force. They reveal the whole disease.

These statements contain the essential principles of the general Hahnemannian pathology. It is reducible to three points : 1. Dynamic or vital character of all disease which is not surgical, 2. Dynamic action of all morbid causes ; 3. Exact correlation between the observable symptoms and the disease, so that these having disappeared the disease does not exist,\* and that as long as there exists a single symptom, however feeble it may be, one would be justified in saying that the disease has not been cured.

Whoever recognises the existence of the vital force will be led to admit the dynamic character of disease, and will see in this last, at least at its origin, only a disturbance of this force. In what consists this disturbance ? Here commences the mystery, because experimental facts do not lead very far. Here it is convenient to stop. But would it not be, in this manner of procedure, a sort of artifice of method, an artifice which would consist in inferring the existence of the vital force by a preconceived notion of disease, or deducing the dynamic character of disease,

\* Hahnemann, in § 8 of the *Organon*, says : "It is not conceivable, nor can it be proved by any experience in the world, that, after removal of all the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain any thing else besides health, or that the morbid alteration in the interior could remain uneradicated."

In the second part of § 12, he further says : "The disappearance under treatment of all the morbid phenomena and of all the morbid alteration that differ from the healthy vital operations, certainly effects and necessarily implies the restoration of the integrity of the vital force and, therefore, the 'recovered health of the whole organism.'"

He further emphasises this point in § 15, where he says : "The affection of the morbidly deranged, spirit-like dynamis (vital force) that animates our body in the invisible interior, and the totality of the outwardly cognizable symptoms produced by it in the organism and representing the existing malady, constitute a whole ; they are one and the same." And in what immediately follows the relation between the living organism and the vital force is pointed out : "The organism is indeed the material instrument of the life, but it is not conceivable without the animation imparted to it by the instinctively perceiving and regulating vital force (just as the vital force is not conceivable without the organism), consequently the two together constitute a unity, although in thought our mind separates this unity into two distinct conceptions for the sake of facilitating the comprehension of it."—*Translator*.

by the existence of the vital force hypothetically admitted? If it had been so, Hahnemann would have committed the mistake of solving a question by a question, of deducing a hypothesis from a previous hypothesis; he would have been unfaithful to his principles, and, at the outset, would have abandoned experiment of which he has declared himself a humble slave.

Happily, such is not the case. Experience proves that in the development of all disease the affection precedes the *lesion*, that is to say, the dynamic symptoms are anterior to the anatomical characters. Now, when Hahnemann said that disease was only a disturbance of the vital force, he had not pretended to give a definition, but only to indicate the fundamental character of all disease, such as experience reveals.

In fact, if there is a general fact in pathology, and which does not appear to have a single exception, it is that anteriorly to all well characterized morbid disorder, each patient, whatever may be the disease with which he is about to be affected, presents certain ill-defined disorders which have received the name of *precursors*. These precursors, generally neglected in ordinary medicine, because they indicate nothing for treatment, are precious to the homœopathic physician, in that he can combat them and thus often abort a morbid state more or less grave, the symptoms they express finding their analogues in the *materia medica*.\* There is no disease which does not offer some

\* For him who is familiar with the study of the *materia medica pura*, it is easy to understand how the homœopathic physician is never condemned to inaction. In order to combat a disease, there is no necessity to wait, as is done daily by the allopath, till the disease has arrived at its mature state. I have seen an infant arrived at the forty-fifth day of a typhoid state, and the physicians under whose care he was did not diagnose the disease till the fortieth day, because the petechiæ did not appear till that day. During forty days they restricted themselves to simply prescribing diet and diluent drinks, for the singular reason that not having the evident symptoms of enteric lesions, they did not think they had a right to diagnose the case as one of typhoid fever and act accordingly.—*Author*.

So far as we see, the modern practice of the old school, at least here in India, is the very reverse of waiting. Excessive drugging, drugging without reason or rhyme, or generally for single symptoms such as high temperature, constipation or diarrhœa, and dieting beyond the powers of the stomach to digest and beyond the necessities of the patient, are what we find to be the rule with our old school brethren.—*Translator*.

of these premonitory symptoms. Every one knows what are the precursors of acute diseases and what of chronic diseases; how, in particular, clearly expressed are those of the eruptive fevers and of the different species of typhoid fevers; how numerous are the general and constitutional characters by which hereditary diseases manifest themselves, diseases of which one can predict the first attack and the fatal result some fifteen and twenty years in advance. In declaring that all disease is of dynamic origin, Hahnemann has only summed up the facts furnished by experience.

In order the better to judge of the value of the principle put forth, it is necessary to judge by comparison. He, who refuses to admit the dynamic character of disease, would be forced to one of the following hypotheses on the origin of all morbid state: Either he should be an *organicist*, or he should declare himself a believer in the *essentiality of disease*, such as was understood by the ancients.

We know, in the present day, what is the worth of the system of organicism. It would be wasting precious time to attempt a formal refutation. Nothing could be more gross and less scientific than the pathology which has proceeded from this system. Leaving aside the discussions which it has raised and replacing ourselves in face of observation and experiment, the serious objections which may be addressed against it may be summed up in the following facts:—

1. If one judges of diseases by their symptoms, it will be evident that they will present only general characters before local symptoms make their appearance. All lesion, and, *à fortiori*, all alteration of organ, is posterior, in the order of development, to the general alteration of sensibility.

2. The general symptoms which characterize the disease at the outset, persist during its course; and when they happen to cease, the disease is doomed, even when one or more groups of organic symptoms still persist, although already very feeble.

3. What essentially characterise all morbid state are precisely the alterations of sensibility or the general symptoms of which I speak; and they are also those which give characteristic signs for the selection of the medicaments to oppose them. They are those, in short, which it is necessary to depend upon in order to trace by homœopathy the therapeutic indications.

The preceding principles will find their justification in the following commentaries. But if one will admit them, at least provisionally, one will be forced to recognize that all pathology, which is founded upon organicism, is erroneous in that it gives a result for a cause, and takes in all diseases the point of advent for the point of departure. In fact, after the external influence which is the cause of the disease, and the individual predisposition which favours or resists its action, it is the alteration of the vital force which stamps upon the organs and apparatuses the lesions and the alterations which they present. The therapeutical indications are deduced by allopathy from pathological data, and the pathology born of organicism being false, the therapeutics which proceeds from it is necessarily contaminated by the same vices.

The essentiality of disease is equally rejected by Hahnemann in the terms in which it has been laid down by the ancients. He has substituted for it specificity. The difference between essentiality and specificity consists in this that the *ontologists*, against whom Broussais has so long declaimed without understanding them, saw or appeared to see in diseases something distinct from the organism.

Hahnemann rejected this system which is found under all imaginable forms at the different epochs of science. He has rejected it as being contaminated with what he has called *metaphysical speculations*, neither resting nor capable of resting upon experience.

No body, in our day, would persist in upholding a pathological principle which has long since fallen into discredit, and which, moreover, appears to rest upon nothing but a misunderstanding. The partisans of essentiality being obliged, like the vitalists, to lean upon observation and upon experiment, they should be forced to take the symptoms or characters of the disease into serious consideration, not such and such particular group of symptoms, but the totality of them; exactly as Hahnemann did. If from the totality of symptoms they pretended to infer what they have called *morbid entity*, they are bound to say by what process of method and of observation they believe they are able to pass legitimately from the attribute to the being, which should be a question of philosophy before it is a medical problem. In this state the question would offer without doubt a

very high interest ; it would give animation to a controversy ; but its real utility would be very doubtful.

Besides, until this proof may be given, the doctrine of the essentiality of diseases, so strongly represented in the past and generally abandoned in the present day, does not interest us. Hahnemann, in substituting the principle of specificity for it, has escaped from the errors into which the partizans of the two opposite systems were carried.

In the eyes of Hahnemann *Specificity* rests upon two experimental bases : *Specificity of the cause ; individuality of the characters or symptoms which are the expression of the morbid state.* When in the following commentary I show the harmony of the Hahnemannian pathology, we will see how he has understood these two facts. Let us only remember that if the Hahnemannian doctrine justifies itself under these two relations, the etiological relation and the relation of symptomatological forms, we would find that specificity is something different from organicism, and also from essentiality ; that this principle is absolutely medical, and that it is impossible to address to homœopathy the reproach which Kurt Sprengel cast so justly upon all the doctrines of the past when he said : "At all times medical theories had borrowed their foundations from the dominant philosophy."

The dynamic action of morbid causes is the second element of the general pathology recognized by Hahnemann. It springs evidently from principles previously laid down. Does experience justify it ? How should it be understood ? The morbid causes are derived, according to Hahnemann, from five different sources. They are teleological, according to the old expression, or what the moderns have rendered by the action of external modifying agencies, or they spring from the action of an *acute miasm*, or from that of a *chronic miasm*, or from disturbances of the mind which give rise to *psychic causes* ; or they proceed from the prolonged abuse of medicinal substances.

Of these diverse sources which furnish the diseases that, more or less, afflict every one of us, there may be some dispute about one of them. I wish to speak of the existence of chronic miasms, that is to say, of psora, of syphilis, and of sycosis, very positively recognised by Hahnemann as the causes from which a long series of chronic diseases spring. Long and serious objections have

been urged against the doctrine professed upon this point by the founder of Homœopathy. I propose to examine them in the following commentary. I confine myself at the present moment to two short observations :

1. In supposing that Hahnemann was mistaken in attributing to psora, to syphilis and to sycosis the numerous morbid states which he has ascribed to them, those, who have opposed this point of pathology, have only succeeded in presenting difficulties, in raising doubts, and in producing negative assertions without ever having demonstrated the error into which they suppose Hahnemann has fallen. In order that a similar demonstration might be accepted, it would be necessary to oppose to the Hahnemannian doctrine another doctrine more rigorous in its enunciation, better justified by observation and by a more fertile practical application. Such a doctrine has still to be produced. No person has up to the present attempted to prove that the theory of psora is repugnant to reason or to experience. Now, however numerous may be the objections raised against the etiology of chronic diseases as taught by Hahnemann, there is nothing to fear from the adversaries so long as they shall not have raised an edifice more solid and more exact in place of the edifice which they wish to destroy.

2. If the demonstration I speak of be ever achieved, Hahnemann should still be considered as having made an application, however erroneous, of a method which is in itself excellent and which is of incontestible rigour. In fact, to refer chronic diseases to psora, to syphilis and to sycosis, is always to remain faithful to the experimental method, mal interpreted, if one would say so; it is also to maintain the rupture (separation) between homœopathy and hypotheses, metaphysical, physiological, and physico-chemical, by which it is pretended to discover the cause of chronic diseases. In this sense the Hahnemannian solution may be rejected without the Hahnemannian method being shaken in the least. We will see later on that it will be necessary to reflect on the objections proposed against the doctrine of which we are speaking.

When the founder of homœopathy speaks of the dynamic action of morbid causes, he means to indicate the general modification impressed upon the organism by these causes : he does not mean to attribute to them a vital force of their own, that is to say, to

accord to them a property other than those recognized in matter. This demands an explanation.

Independent of the general properties of matter, all agents, capable of modifying the vital force to the extent of developing disease, do not act by their physical or their chemical properties, but more frequently by a sort of infection by their pathogenetic qualities. Though not of the same character as gravity, impenetrability, &c., these properties are not the less of the material order. They do not possess any peculiar properties of their own; they are neither susceptible of sensibility nor of (voluntary) action, though they have the power of producing alteration of sensibility and of (voluntary) action, such that disease follows. In speaking of the dynamic action of morbid causes, it is necessary then to understand the modification impressed upon the vital force by these agents without ascribing to them any peculiar force which may be of the same order as human dynamism.

It is necessary to guard against the opinion I have been combating, the more so as it tends to introduce itself into science, and above all into physiology. Of the small number of physiologists who have treated in detail of the question of dynamism, all are inclined in different ways to endow matter with activity and not to see in life anything but the highest development of the forces peculiar to inorganic matter. This is the doctrine explicitly taught by Bérard in France and by Burdach in Germany. Mueller inclines to adopt it and Griesselich declares it with a certain crudity. This opinion, admitted without being scientifically established or justified, is a proof among many other proofs, of what Kurt Sprengel has said that at all times physicians have allowed themselves to be guided by the dominant philosophy. Guided by the philosophical spirit of the eighteenth century and consequently very backward in this relation, M. Bérard professes materialism after the fashion of Helvetius, and with this absolute character of which are stamped the productions of Cabanis and of Lamarck. Burdach and Mueller, imbued with the transcendental scepticism of Kant and with the sophistry of Hegel, brings more of circumspection, and arrives at a result more vague and consequently more dangerous, in as much as it easily leads to illusion. But the former as well as the latter came to the same conclusion. All, in fact, establish a confusion

where distinction is absolutely necessary ; all ignore the impassable gulf which separates the properties of matter from the properties of life, that is to say, faculties intellectual and moral. All, consequently, go out of the experimental path where the difference of characters is so positive and so clearly drawn, in order to throw themselves into the vortex of hypotheses. Hence it is that the researches of physiologists are of such little utility in practical medicine.

Hahnemann, and this is for him a glorious title, has had the incontestible merit of escaping from the immoderation which I have pointed out. He did not believe that the morbid causes act upon man otherwise than by their pathogenetic qualities, which, though material in their nature, are distinguished from the other qualities of this order. And this distinction is so radical that it led him to attribute to diseases the character of specificity which he has recognised and so wisely established.

*(To be continued.)*

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### THE RESULTS OF PROF. HAFFKINE'S ANTI-CHOLERAIC INOCULATIONS.

When the question of a grant from the Calcutta Municipality to Dr. Haffkine to carry on his inoculations against cholera, was under discussion in May last, it was expected that we should express our opinion on the subject. The subject, however, at the time was at a stage when no opinion could be expressed. It is true that up to that time since Dr. Haffkine's arrival in India in March 1893, he had inoculated no less than 25,000 persons throughout the country. But beyond the fact of this large number of inoculations which indicated the zeal and the enthusiasm of the worthy doctor, there was nothing to show the actual protective influence of the inoculations, except the Note and Memorandum which Dr. Simpson, the very able and energetic Health Officer of Calcutta, addressed to the Chairman of the Municipality. From this Note it appears that up to the 14th May about 1,200 people were inoculated in Calcutta, of whom 116 persons were inoculated in a single bustee, called the Kantal Bagan Bustee, containing about 200 people, and situated in Ward 19, on the occurrence there of two fatal



cases of cholera and two cases of choleraic-diarrhœa about the end of March. "Since then," writes Dr. Simpson on the 14th May, "nine cases of cholera, of which seven were fatal and one case of choleraic diarrhœa, have appeared in the bustec, and it is a very extraordinary fact," he continues, "that *all* these ten cases occurred exclusively among the *uninoculated* portion of the inhabitants, which, as stated, forms the minority in the bustec, while *none* of the *inoculated* have been affected."

To show that the fact was a really remarkable one, Dr. Simpson analyses the details as follows :—

In Ramdhun Dutt's house six members out of eight in the family, were inoculated between the 31st March and the 7th of April. Cholera existed in the neighbourhood, and on the 9th of April affected one of the members of the family, who subsequently died. *This death occurred in one of the two not-inoculated*, the six inoculated remaining unaffected.

In Shaik Subratee's house, there resided 14 persons. Two cases of choleraic diarrhœa occurred among them. After this 7, out of the 14, were inoculated. Since then one case of choleraic diarrhœa has occurred in an adult not inoculated.

In Karam Ali's house, the family consisting of eight members, three were inoculated on the 31st March. On the 7th of May, one of the five who were not inoculated, was affected with and died of cholera.

In Mangloo Jamadar's house a fatal case of cholera occurred on the 29th of March. On the 31st, 11 members of the family, out of a total of 19, were inoculated. The effect of the inoculation in this house produced a great impression on the inhabitants of the bustec. Four other cases, three of which proved fatal, have since occurred in the house, *all four have been among the seven not inoculated*; the 11 inoculated remained perfectly free.

The remaining cases of cholera in the bustec occurred in adjoining huts among persons who had not been inoculated.

This result was considered by Dr. Simpson as "most encouraging," and on the strength of it he asked the Commissioners to give the system an extended trial, concluding his note to the Chairman as follows :—

To give finality to the observations, it is necessary to repeat similar tests over and over again; a hundred observations with similar results would set at rest for ever the exact value of this prophylactic. There is no place in the world where these investigations can be carried out with such accuracy and ease as in Calcutta. It is the most civilised centre in Asia where cholera is always present, and it possesses the means of setting in motion all the machinery necessary for the carrying out of the inoculation on a thoroughly reliable basis, for keeping the important records, and for comparing the results. One or two years' inoculations in Calcutta, with

the results carefully recorded, will possess a value impossible to obtain by long years of inoculations in other parts of India. By giving such a trial to the system, the Municipality of Calcutta will be settling one of the most important problems of the day, thereby not only conferring an incalculable benefit on the inhabitants of the capital of India, and on the inhabitants of India, but also on the inhabitants of the world.

It will thus be seen that Dr. Simpson, in making his recommendation for a trial of the anti-choleraic inoculations, did it with the full recognition of the necessity of "repeating similar tests over and over again; a hundred observations with similar results," before the exact value of the prophylactic could be set at rest for ever. So far it is satisfactory. But both the discoverer of the method and Dr. Simpson seem unaccountably to have left out of consideration one most important element which alone can confer real value upon a prophylactic, and that is what we may call the time-element, that is, the length of time during which the prophylactic virtue lasts. It is not enough to know that inoculation with various strengths of a particular microbe arms the organism with powers of resistance against toxication by similar microbes of the strongest virulence. It is necessary also to ascertain how long is this immunity enjoyed by the inoculated animal? For if the immunity is only for a short time, then the value of the inoculations becomes practically nil.

Dr. Haffkine has said next to nothing about this time-element in the various communications he has made to the press on the subject. In his lecture delivered in the Calcutta Medical College in March 1893, he said—"In proportion as we advance (in transferring the microbe from animal to animal), the infectious properties of the microbe becomes more and more exalted. The dose of the microbes necessary to kill the animal will diminish, death will occur more speedily, and the leucocyte reaction will be gradually suppressed. The microbe will acquire the property of killing the most resisting kinds of animals, while those which have attained immunity by the special process of inoculation against this microbe, will preserve their immunity during *long periods*."

Now the animals experimented upon are very short-lived animals compared to man, and any inference drawn from the length of time the immunity was enjoyed by these animals with reference to man would scarcely be legitimate. But we have not even

the necessary data for such inference. The period of immunity is not definitely, nor even approximately given, though it would have been not only very interesting but absolutely necessary to know it. "Long periods" is too indefinite for purposes of accurate scientific deduction, and what these long periods were in the case of the experimented animals, whether days or weeks or months, we have not been given to understand. The animals should have been kept under observation as long as they would live, and should have been inoculated with strong doses of the poison from time to time. And it would have been more satisfactory if the periods of immunity had been determined not only for guinea-pigs and rabbits and pigeons, the only animals experimented on by Dr. Haffkine, but also for other animals and animals of larger size, before venturing upon experiments on man.

Our readers will see why it was not possible for us to express any definite opinion as to the value of the protective influence of Dr. Haffkine's anti-choleraic inoculations, at the time Dr. Simpson was urging our Municipality to give them an extended trial. Not only were the numbers of the human inoculations "still too small for any definite conclusions," as Dr. Simpson himself admitted, but, as will be evident from what we have said above, the experiments on animals on which the theory of the protective influence of these inoculations were based, though so far as they went were conducted with all the rigour and care which scientific precision demands, were not sufficiently varied as regards the species of animals and sufficiently extended as regards length of time which the importance of their intended applications equally demands.

It may be asked, if the theory of the protective influence of the Haffkine inoculations was in such an unsatisfactory state, having at best but a very narrow experimental basis, at least a basis not broad enough to raise it to the status of a law of nature fraught with proved utility, how is it that we kept silent when an actual grant of money was asked for by its Health Officer from the Municipality, in order that the inoculations may be carried on in human beings? The answer is simple enough. Dr. Simpson wanted the money for purposes of *experiment*. He stated in the clearest and plainest language that the inoculations, having been found to have afforded protection against the strongest

cultured microbe, and having, in the few cases tried in human beings, afforded presumptive evidence of its protective influence against cholera, deserved a trial for "settling one of the most important problems of the day." Hence, though we had our misgivings as to the expected protective influence against cholera as it manifests itself in man, we did not feel justified on the strength of *à priori* considerations to oppose the trial, which was all that Dr. Simpson wished to see made. And though we did not agree with Dr. Simpson in thinking that "one or two years' inoculations in Calcutta, with the results carefully recorded," would be enough for settling the question, we agreed with him in believing that they "will possess a value impossible to obtain by long years of inoculations in other parts of India." We, therefore, thought that as the inoculations already performed in man had not been attended, so far as known, with any injurious consequences, there would be no harm in conducting them in Calcutta in such a way as to secure reliable and accurate results, especially as the money wanted was trifling considered with reference to the income of the Municipality and the importance of the question intended to be solved.

The Calcutta Municipality in July last made a grant of Rs. 7,500 for one year for the purpose. Inoculations accordingly are being zealously carried on in the city, and bulletins are issuing every month from the Calcutta Municipal Laboratory, giving the numbers and the results of the inoculations, the latter up to date being invariably favorable. Now, while this has been going on in Calcutta, and all are anxiously awaiting the final result, an outbreak of cholera recently occurred in Lucknow which seems to have defied the protective influence of the Haffkine method. In order to enable our readers to judge for themselves we subjoin the article of the *Pioneer* of the 11th instant in full, which gives a fair and impartial account of the facts bearing upon the subject:—

A full inquiry into the recent cholera epidemic at Lucknow is to be carried out by Surgeon-Colonel Martin, Principal Medical Officer of the Oudh and Rohilkhand Districts. The immunity enjoyed by the 19th Lancers, the Artillery and the Royal Irish Regiment, in contrast with the terrible severity of the visitation amongst the East Lancashire, was one of the strange features of the outbreak; but cholera is notoriously capricious, and almost

every epidemic has some singularities of its own. It is worth while to notice that the area over which the disease extended in July and August was well-defined. It was a circular patch in the Gangetic Plain, its circumference being represented by the stations of Dinapore, Benares, Allahabad, Lucknow, Cawnpore and Fatehgarh. The deaths among the native population in this area are known to have been terribly numerous, Cawnpore suffering the worst of all. The epidemic stopped short to the northwards in the Meerut Division, Meerut itself escaping, while the Punjab has been singularly free from cholera this season.

Facts like these we can see and note: Though it is rarely in the present state of our knowledge that we can do anything towards explaining them. But the Lucknow epidemic furnishes us with some data for arriving at conclusions upon the most practically important question of the day in regard to cholera, the efficacy namely of the Haffkine system of inoculation. When earlier in the year the Health Officer of Calcutta, Dr. Simpson, published the returns of the results obtained in certain bustees in Calcutta where inoculation had been introduced in consequence of an outbreak of cholera in March, the figures as far as they went seemed to point directly to a most hopeful conclusion. It is true that the experiment was not on a very large scale, either in regard to the numbers of those attacked or of those "protected;" but the immunity enjoyed by the latter seemed too remarkable to admit of being considered a mere coincidence. We regret to find that the trials which the East Lancashire Regiment have recently undergone throw a very different complexion upon the matter. It appears that in this regiment 130 men, or about an eighth of the full strength, had been previously inoculated by the Haffkine process. The total number of seizures during the outbreak was about 140: the total number of deaths was 95. Out of these, 17 men who had been inoculated were attacked, and of those 17 cases 12 were fatal. To make a proper calculation of the probabilities one would require, of course, to know what was the strength of the battalion at Lucknow when the outbreak happened, and secondly how many of the 130 men originally inoculated were present with it at that time. These points we have not yet been able to ascertain: but the following propositions can be laid down from the figures before us:—(1) About an eighth of the total strength of the battalion was inoculated. (2) About an eighth of the 130 men inoculated were attacked. (3) About an eighth of the 85 that died had been inoculated. As far as these go it will be seen that the inferences they lead to are emphatically opposed to the existence of any virtue in the Haffkine protection. In the absence of further information we cannot put propositions 1 and 2 together for getting at any definite conclusion, but from 2 and 3 we find that the mortality among the inoculated was precisely the same as among the non-protected cases. In other words, though we are unable to judge from the figures so far available to what extent the Haffkine process may or may not render a person less liable to take the disease, it certainly does not, as far as Lucknow experience goes, help his chances of recovery if he does

take it. Quite possibly, some explanation may be forth-coming : something may be suggested that will help to reconcile these results with the very different ones recorded by Dr. Simpson in Calcutta. There is ample room for all the thought and all the discussion that can be brought to bear upon the subject. Let us hope that it will be pursued, and in a manner worthy of those whose only aim is to find the truth. Those contemptible controversialists, who are far more anxious that M. Pasteur should be discredited than that mankind should be benefited, will of course be jubilant over this failure of the inoculation process, and will proceed to make the most of it in their usual style. Let those who prefer reason to prejudice remember that Professor Haffkine did not come out here in the character of a man announcing a specific, but that he proclaimed himself from the first an experimentalist. It was to give his experiment as broad a basis as possible that he laboured unweariedly through an Indian summer, vaccinating for months hundreds of persons a day, and asking nothing for it. This surely is enough of itself to entitle him to gratitude rather than vituperation, even if he is found to be on the wrong road after all. Let us hope, however, that the error is less than that, and that this failure will be itself the means of giving him the clue to a more perfect system.

We have no means of ascertaining from the above as to how long after the inoculations the men of the East Lancashire Regiment were attacked with cholera. The period could not have been much longer than a year, probably not as long. This proves that the "protection," if there was any at all, did not last sufficiently long to be of any practical value. And if this is so, nobody would think it worth his while to have recourse to these inoculations if they have to be repeated every year, far less if they have to be repeated oftener. The chances of taking the disease can be so easily reduced almost to zero, even in the midst of an epidemic, by the observance of some simple rules as regards diet and drink, that people would prefer to trust to hygiene rather than submit to a measure which is doubtful in efficacy, but which is certain to cause some inconvenience and suffering from an artificial disease. And who knows what may be the ulterior consequences to the organism of the oft-repeated inoculations of a virulent microbe ?

Dr. Haffkine, we learn, has sent competent men to make inquiries into the cause of this failure of his method ; and other inquiries are also being made. We cannot divine what the forthcoming explanation will be. But we have no doubt that these inquiries will be conducted in a truly scientific spirit, with-

out partiality or prejudice. From personal knowledge we are happy to state that Dr. Haffkine is not less an ardent philanthropist than he is an enthusiastic scientist, and we are confident that, if facts demand it, he will be the first to acknowledge the shortcomings of his method as regards the period of immunity it confers.

Even if it should so turn out that inoculations with the microbes, while affording some protection against some sort of toxication, by similar microbes, do not afford any protection against cholera itself, of which they are supposed to be the causal agents,—even then we should say that the researches, which Dr. Haffkine has made, will not be altogether without their value. Bacteriological research has a value of its own, apart from any immediate prophylactic or therapeutic bearings it may have, and Dr. Haffkine's researches with the so-called cholera microbes have opened up new fields of thought and speculation in medicine, which may be profitably pursued and cultivated in elucidating pathology and etiology.

In the matter of the Comma bacillus, a great deal has yet to be made out. As Dr. Haffkine himself has observed, it "passes a great part of its life outside the organism of man; in the soil, in the water, in the air. With the vicissitudes and varying conditions of its saprophytic life, this microbe changes in its properties, both in those which act on the cultured medium and in those which cause the disease in man. In Nature as well as in the laboratory the microbe modifies or loses its power of secreting the ferment which liquefies gelatine, and also its power of secreting the toxine." Here is a field of research which ought to be diligently cultivated. Experiments should be instituted with the microbes from the soil, the water, and the air, with a view to determine whether they all equally possess the power of generating the ferment and the toxine; if not, which variety, whether that from the soil, the water, or the air, possesses the greatest power; and also to determine the varying conditions which cause this modification in the power in question. On the determination of these important points will depend the adoption of proper precautionary sanitary measures to prevent the microbes from exerting their destructive power. And no one is more competent to carry on these investigations than Dr. Haffkine himself.

## A GLIMPSE INTO THE MODERN PRACTICE OF THE OLD SCHOOL.

Under our Gleanings will be found an article on the Antipyretic Treatment of Acute Disease, from the pen of an old school practitioner, affording a glimpse into what the practice of that school has drifted in the present day. According to the writer "there seems to be a school (he should have said a section of the dominant school), consisting chiefly of very young men, who look upon a rise of temperature as a bad thing *per se*—as a symptom that must, as far as possible, be put a stop to, at once and regardless of any useful purpose that it may serve in the process of a febrile attack—who, in the presence of pyrexia, resort to antipyretic drugs, to ice, or to cold packs or spongings as naturally as a duck takes to cold water."

Whatever may be the case in England, here in India, so far as we have been able to gather from a pretty large experience, the use of antipyretics not only prevails amongst the inexperienced practitioners fresh from college, but prevails with a vengeance amongst the veterans, the leaders of the profession. Not only for fevers properly so called but for all diseases characterized by high temperatures, for any sort of inflammation existing anywhere in the system, antipyretics must be prescribed so long as the temperature would rise. Antiperiodics or other drugs may be prescribed during the intervals of normal and subnormal temperatures, but antipyretics must be resumed as soon as the temperature would show a tendency to rise. It would not be orthodox practice if an antipyretic is not prescribed during the rise of temperature whatever may be the disease, and specially if it is an inflammatory one. And the fun of the matter often is, that in such vaunted rational and scientific treatment there is an alternate play of antipyretics and stimulants. From dread of rise of temperature antipyretics are freely used, and from dread of the threatened collapse which results inevitably from the action of the antipyretics, stimulants are more freely and lavishly used. And it is only when the constitution is strongly resistant that the patient survives this dual attack from opposite sides.

This sort of therapeutic procedure betrays poverty of therapeutic resources, and proves that the boast, so often made of such procedure being "rational and scientific," is but a vain and idle one.



We have only to look to its history to be convinced how change-ful has been a system of medicine which has claimed all reason and science on its side, but which has hitherto failed to discover the true relationship that there is between diseases and drugs, and hence to discover the guide-law for the right administration of the latter in the treatment of the former ; and which for want of such a guide-law is eternally groping in the dark, and is most irrationally availing itself of every new substance that is being manufactured in the chemical and roughly tested in the physiological laboratory, as a therapeutic agent of marvellous virtue, to be displaced by the next new substance that may be discovered.

The writer has also raised his voice against another not less irrational practice, namely, "the application of ice-bags to the chest-wall over the site of the inflamed lung or portion of lung,"—a practice which during the last three or four years is being followed in England in imitation of Germany. He reasonably asks, "what proof is there that the condition of the lung-substance can be altered by such a procedure? Is it not just as likely that, so far from the blood being diverted from the lung, it is driven into it by the influence of the ice on the surface?" And he very properly questions the reliability and the value of the statistics which is brought forward in support of such practice.

It is a matter of regret that a man so acute in discriminating between the useful and the pernicious in practice, of which he has some knowledge and experience, should be so unreasonable in matters of which he has no accurate knowledge, and absolutely no experience. The fling at homœopathy in the last paragraph of an otherwise well-reasoned article shows the writer's profound, and we should go the length of saying, culpable ignorance of a system of therapeutics which has revolutionised medicine, which has, in fact, brought light and order where there was darkness and chaos. Homœopathy, which has ever since its birth, been preaching the necessity of treating the whole patient, which is not satisfied except with the *totality of the symptoms* of a case, is ridiculed as practising the unspeakable method of treating a single symptom! the very thing which is the characteristic folly of the school to which the writer belongs, and which he is himself animadverting upon in such strong language.

## EDITOR'S NOTES.

### • THE INGESTION AND PASSAGE OF A POCKET KNIFE.

Dr. G. B. Goodall, M.B., C.M., Edinburgh, reports in the *Lancet* of Aug. 18 the following interesting case, showing the toleration of the intestinal tract, even in the young. At half past eight on the evening of June 21st. A.B—, a child two years and 11 months old, swallowed a pocket knife three inches long of the familiar shape—two blades, mother of pearl sides, and brass tips. On the evening of Monday, June 25th, the knife was passed by the rectum, and at no time did the child experience any pain or even inconvenience.

How could a child, scarcely three years old, swallow a pocket knife of three inches length, is more than we can understand or believe. And yet it has been reported in a respectable Medical Journal.

### THE DETECTION OF BILE COLORING MATTERS IN THE URINE.

Dr. A. Jones recommends the following method for the detection of Bile coloring matters in the urine: 100 or 50 cc. of the urine is acidulated with a few drops of hydrochloric acid mixed with barium chloride in excess, and is then well shaken with 5cc. of pure chloroform. The subsiding chloroform, with the sediment, is drawn off by means of a pipette and placed in a test tube. The chloroform is evaporated in a water bath at 80° C., and, after cooling, the remaining liquid poured off from the sediment. About three drops of concentrated nitric acid (containing about one-third of fuming nitric acid) is allowed to flow upon the sediment and the formation of the colorings observed. By the use of 100 cc. of urine the author could plainly determine 0.1 per cent. bile content. The test is twenty times as sensitive as Huppert's test.—*American Medico-Surgical Bulletin*, July 15.

### CHOLERA INFANTUM OR THE SUMMER COMPLAINT OF CHILDREN.\*

No less than eighteen eminent homœopathic physicians have, at the invitation of the Editor, contributed their observations on the above complaint to the number of the *Medical Century* for Aug. 15, which has hence been called the SUMMER COMPLAINT NUMBER. The sum and substance of these observations, as regards the treatment of this by no means easy disease to treat, may be said to be contained in the following: "Pay attention to hygiene and study the *Materia Medica*;" just the thing, we believe, which Hahnemann would have enjoined all of us to do when asked to advise on the treatment of a particular disease. With reference to these observations, the Editor has made the following pertinent remarks: "We have had presented lots of good thoughts on the subject of hygiene—bathing, ventilation, primary diet—but are a little short in the matter of specific hints in the line of treatment and in careful differentiation in the matter of selection of infantile foods. A little more specificity in these fields is desired. \* \* \* Don't tell us, then, to study the *Materia Medica*, but, rather tell us what you have learned in studying it and in applying the knowledge in practice."

## GONORRHOEA OF THE RECTUM.

Gonorrhœal inflammation of a mucus membrane can only originate in direct contact with it of the specific poison of gonorrhœa. Hence for obvious reasons gonorrhœal inflammation of the Rectum is a much rarer disease than gonorrhœa proper or gonorrhœa of the urethra, and even than gonorrhœal inflammation of the eyes. But though rare it now and again does occur, and in every instance it is traceable to direct contact of the gonorrhœal matter. In fact, it is found in those only who are the victims of or who voluntarily submit to the practisers of the unnatural vice. Hence it is generally found in boys, and in one instance it was observed by Matterstock in a young girl who was discovered to be addicted to the vice. Dr. Henry Jacobson of St. Louis has reported a case of gonorrhœa of the Rectum in a young married woman of 25, in the *American Medico-Surgical Bulletin* of August 15, in which the disease was traced to the infection of the anus from the trickling down of the gonorrhœal discharge from the vagina, due of course to the carelessness and uncleanly habits of the patient. This case should serve as a warning to female patients suffering from gonorrhœa as to how far it is necessary to be careful in the matter of cleanliness.

## A LEECH IN THE TRACHEA.

Dr Domenico Ridola was consulted by a peasant who had been coughing and expectorating blood from time to time. The man thought that there must have been leech in his throat as he was a victim of the same some time past. When he was visited by the doctor he related that he had drunk from the same fountain from which the first leech had entered his throat. Last time he had not the occasion to consult a doctor as the leech came out during the act of coughing and hopping. This time too he thought that the same result will take place and consequently he waited for a week without going to seek the aid of a medical man. The throat was examined but no leech could be found there. As the voice of the man was perfect so no one could suspect that the leech had crept into the trachea. Laryngoscopic examination showed that there was a blackish body attached to the first rings of trachea below the left vocal cord. Attempts were made to remove, but the leech could not be dislodged, and the patient was sent home with an emetic. Next day, without any local anæsthesia, the leech was held by a pair of forceps and was removed. The presence of the leech during so many days, and the manœuvres required to dislodge it, did not produce any local disturbance.—*American Medico-Surgical Bulletin*, July 15.

## MEDICAL BULLETINS.

We take the following from the *Lancet* of the 8th instant :—

The letter of Mr. George Hanby De'Ath, declining to give details to a press representative of the illness of the Comte de Paris, is worthy of all praise. We get many good contributions to medical

practice and medical science from our provincial brethren. In this letter we get an excellent lesson in reference to the delicacies of the position of medical men in attendance on patients of rank—a lesson needed often by the lay press, and sometimes even by consultants of high standing. The details of the illness of a distinguished man or woman should rest safely in the confidence of his medical attendant. They are entirely unsuited to the pages of newspapers. No good purpose or good taste can be served by their publication. To supply such to the press is a breach of duty, cruel to the patient and bad for the public. Compliance with the request for such details generally arises from no worthy motive. We read Mr. De'Ath's letter with great satisfaction, which we feel sure will be shared by all the best organs of the press both in France and England. "They can surely afford," as he says, "to avoid sensation and act with sympathy, especially at a time when we doctors feel that little can be done, though we can all continue to admire and to respect the heroic courage of the Comte de Paris." It is easy, and in a certain way pleasant, to stop the importunity of the sensational reporter by giving him what he wants; but the medical man who attends public men should have higher conceptions of his duty and should have the courage of such conceptions. It is, of course, natural that the public should know, and should wish to know, the nature and probable issue of serious disease in public men. But these are not details; and if details are to be published they should be published in medical journals and with the severity of scientific accuracy.

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#### POTASSIUM PERMANGANATE IN OPIUM POISONING.

Dr. H. B. Bryson, M.D., of Pittsburg, Pa, reports a case of opium poisoning, in the *Medical Century*, for May 1, successfully treated by potassium permanganate. The patient was a lady of 25 years and took about an ounce of *Laudanum*. Her condition was bad when the doctor called in. She was almost completely comatose, unable to comprehend any thing addressed to her, had an anæmic appearance and there was superficial coldness; the respiration, irregular and jerky, was about 12 per minute, the pulse was thready and rapid, sometimes imperceptible. About half a syringeful of the saturated solution of potassium permanaganas was injected subcutaneously on the left arm. In about 15 minutes the pulse was 120 per minute, but the respiration still 12. On efforts being made to arouse her, she opened her eyes better, and also made faint efforts to protrude her tongue on being told to do so. After the interval of another fifteen minutes efforts being again made to arouse her, she widely opened her eyes and asked for her husband; from that moment on she talked clearly and rationally. She was seen also by Dr. King who was first sent for.

As to the case and its outcome, it is the joint opinion of Dr. Bryson and of Dr. King that the case was not one of the worst, not necessarily fatal in its issue, had the old method of treatment been resorted to, but better results were obtained by the new method in thirty minutes than would have been by the old method in so many hours.

However, there was some unpleasant after effects; the arm swelled and was indurated the next morning from the shoulder to the elbow, there was redness and tenderness localised around the seat of injection, the temperature was 100° F. with a corresponding pulse rate. The symptoms abated after the third day by the use of *Hep. Sulph.*

#### THROMBOSIS AFTER INFLUENZA.

Dr. Julius Althaus, in a note on Thrombosis after Influenza (*Lancet* of June 9, 1894), states that thrombosis is a fairly frequent result of influenza. Many cases of thrombosis of arteries consequent upon influenza and followed by gangrene, have been reported by various observers. Prof. Litten has collected 25 cases of venous thrombosis, chiefly of the femoral vein, and 8 cases of arterial thrombosis, in 5 of which the popliteals were affected and one each of the femoral, brachial, and cerebral arteries. Leyden reports a case of a young woman of twenty who had a feverish attack in January, 1892; was sick for one week and then three weeks later had a tonsillar abscess—a result not uncommon. Shortly after her left hand became livid, cold, and powerless. The temperature was more than 6°C. lower than that of the right hand. Anæsthesia in parts and wasting of the forearm and hand muscles with slight reaction of degeneration. Left radial pulse absent. Just above the elbow a thrombus an inch and a half long could be felt in the brachial artery. Above this thrombus there was forcible pulsation, below it none. Patient had no cardiac or arterial disease. Gradually the use of the hand was regained, together with the normal appearance and temperature, but the left brachial remained blocked. Litten considers spontaneous arterial thrombosis after influenza to be identical with Virchow's "marantic thrombosis." It is probably due, according to Leyden, to the breaking up of leucocytes, which develop in the blood during the fever. They break up the so-called "blood plates." Blood-plates, by adhering to the arterial wall, cause coagulation and thus form an arterial thrombus. Heintz has shown that in arsenical poisoning, arterial and venous thromboses originate from the breaking up of white blood cells and their transformation into blood plates. Phosphorus and chlorate of potash poisoning give rise to similar cases. Hence mineral poisons as well as toxins can give rise to arterial thrombosis without the intervention of marasmus.

## CLINICAL RECORD.

*A Case illustrative of the Typhoid State.*

By W. YOUNAN, Esq., M.B., C.M. (Edinburgh)

In the evening of September 1st I was called in haste to see an old lady seventy-two years of age, who was in fever since the morning. On arrival I found the patient in a stupor, and it was impossible to get anything like a history from her. She was apparently in good health the day before and was spending the day at a neighbouring friend's, but on the morning in question she took fever and kept to her bed, and by the afternoon her symptoms were so urgent as to require medical attendance.

In conducting my examination of the case I noticed that, though the patient was in stupor, there was a good deal of restlessness and uneasiness. The temp. stood at 102.6, pulse 132, breathing 48 in the minute. The tongue was very foul with a thick clayey fur, and I learnt that the patient had shewn signs of nausea. On examining the chest the stethoscope revealed extensive congestive râles over the left lung, back and front. The urine was passing involuntarily, but some amount of incontinence was usual with her age and debility. I made up my mind to put the patient upon *Bryonia* and to watch its effect carefully. Accordingly at 6 p. m. a dose of six pellets of the 30th centesimal potency was administered, and a placebo every 3 or 4 hours.

There was no change for the better the next morning, and the right lung was also invaded, congestive râles being heard extensively. There was, however, little or no cough. I did not disturb the action of the *Bryonia* till the evening when I found the patient much worse: There was more stupor, the toothless mouth was hanging all to one side, there was difficulty in swallowing, the pulse and heart were intermitting badly and threatening to fail, the breathing was rapid and short, the surface of the body bathed in cold sweat and yet, with all this typhoid prostration, there was much restlessness and anxiety, the patient could hardly be kept in one position for any length of time.

I explained the gravity of the case to the patient's friends, pointing out how in the diseases of old age, the typhoid state was likely to supervene early and even very early as in this case, and how the prognosis was necessarily most unfavourable. In fact, I let them distinctly understand that unless the patient rallied and rallied soon, there was no hope at all. My thoughts were running at the time on my favourite drug and well tried friend in typhoid states, viz., *Rhus Toxicodendron*, though I am free to confess that an inspiration in favour of *Arsenicum* was strong within me. However, my choice was made in favour of the former, and I accordingly administered a single dose of 6 pellets of *Rhus* 200 dry on the tongue, with a placebo for the night. It was a bold venture to trust so severe a battle for life to apparently so small a weapon, and felt the responsibility of being a disciple of Hahnemann rest heavily upon me. But the night passed, and my patient did not pass away as every one expected her to do.

Wonderful to relate, she rallied about mid-night, and when I saw her at 8 a. m. on September 3rd she was conscious enough to receive the sacraments of the church and to express herself as feeling better. The temp. had fallen to 101., the pulse was still intermitting but not so badly, the breathing was better correspondingly with an improvement in the congestion of the lungs, the tongue was more moist and less thickly furred, she had passed water and stool a number of times involuntarily, the latter being in small soft pieces, but there was the same anxious restlessness, the same irritable weakness, the same erethism so characteristic of the typhoid state of *Rhus* and *Arsenicum*. The patient was fed through the night with small quantities of essence of meat, a preparation very suitable in these cases where food requires to be administered little and often and in concentrated strength. A second dose of 4 pellets of *Rhus* 200 was administered.

Sept. 4 : Had a good night's rest, but suffered in the morning with much dyspnoea, and the pulse intermitted badly again, no further change in the lungs, restlessness still marked. Being satisfied that the action of *Rhus* would go no further I gave the patient a dose of 4 pellets of *Arsenicum* 200. The next morning report was as follows : Had a good night's rest, temp. 100, pulse 120 and not intermitting, left lung fairly clear, right still much congested, tongue cleaner, desires food ; a second dose of *Arsenicum* 200, 4 pellets, was administered the following morning, September 6, as the pulse was intermitting again and the tongue did not look so clean.

Sept. 7 : A good night's rest, temp. 99.2 but had fallen to normal at 3 o'clock the afternoon previous, pulse 96 and regular, breathing very easy and patient was lying *quietly* on right side, had taken more nourishment.

Sept. 9 : Temp. and pulse normal, and patient practically convalescent. She received one dose of 3 pellets of *Phosphorus* 200, as râles were still abundant and when I saw her two days after the lungs had all but cleared and the patient expressed herself as quite well again. Thus was a triumph secured to Homœopathy by the recovery of an aged patient from the jaws of death, and the case proves the absolute truth of Hahnemann's teaching that the greatest diseases are cured with the smallest drugs—maxima minimis curantur.

#### CASES BY BABU TINKARI MUKERJEA, L.M.S.

##### 1. A Case of Quinism.

I was called to attend on a female patient, aged about 35 years, at No. 21, Bheem Ghose's Lane, on the 10th July 1894. She had been suffering from fever since the 18th June last, and was under allopathic treatment. The fever was, at first, of the continued type, but after 4 days, it became intermittent. The fever used to come on every day between 10 A.M. to 2 P.M. without chill or shivering, temperature used to rise to 103 or 104 F. After the 12th day of her fever she had the following symptoms : Severe burning pain in the stomach, burning sensation over the vertex and forehead, continual dull pain in the

head, ringing in the ears, slight perspiration in the morning, vomiting often, costiveness.

Present symptoms :—No fever in the morning, temperature being normal, skip perspiring. Pulse frequent, weak and soft. Tongue clean and dry, great thirst. Retching and vomiting frequent, could not retain any food. The vomits are of bitter taste, loss of appetite, loathing of food. Bowels very costive, severe burning pain in the stomach, which feels sore and painful on light pressure, abdomen slightly tympanitic. Palpitation, heartburn, pain and oppression in the chest, cough dry and spasmodic, very troublesome at night, nothing abnormal was found on auscultation, burning of the vertex and forehead, dull pain in the head, worse on movement, giddiness and vertigo. Ringing and buzzing in the ears, with slight deafness, face pale and yellowish. Pains over all the limbs, great debility and sleeplessness. The fever comes at noon with chilliness and leaves at night with perspiration. The highest temperature being 101° F; all the symptoms become worse on alternate days. On enquiring I found that the patient had, on an average, 20 grains of Sulphate of Quinine daily for about 18 days continually. I tried *Nux vomica*, *Arsenicum* and *Ipecacuanha* for 4 days, but without the slightest relief or change. Then I kept her without medicine for 2 days.

17th. I visited her in the morning and found her in the same state. There was not the slightest change in any of the symptoms. I was greatly perplexed and at last, in utter desperation, I ordered her to take a cold shower bath, after thoroughly anointing the body with pure mustard oil, and to have rice and fish broth. Gave her no medicine, but for her satisfaction only a couple of drops of unmedicated alcohol. This had a salutary effect, for, after the bath she felt refreshed and was able to eat a few mouthfuls of rice with relish, and she slept for 4 hours without any disturbance.

In the evening she had a slight attack of fever, all the other symptoms were also decidedly less. Her bowels were not moved for the last 4 days. Her piles to which she was subject became inflamed and she complained of burning pain in the anus. I gave her a dose of *Sulphur 30*.

18th. Had slept well at night; vomited twice only, other symptoms were less, bowels not moved, but the burning in the piles was less. Ordered to have a bath again, and gave her 2 doses of *Sulphur 30*; next day she had a scanty stool. After the persistent use of the cold bath for another 4 days the patient became convalescent, and has since been all right.

[Remarks.

This is an excellent case illustrative of the injurious effects of excessive and injudicious drugging, and of the utility of hygienic observances as a means of removing diseased conditions when drugs fail, and especially when drugs have conspired with the original disease to undermine the constitution of the patient more and more. Physicians cannot too often bear in mind that *drugging is not the be-all and end-all of treatment.*—M. L. S.]



## 2. A Case of Erysipelas.

An infant (male), aged 2 months, had an attack of Erysipelas on 17th May 1894. I was called to attend on him on the 20th instant. The inflammation commenced on the right cheek and has now extended up to the right ear and down to the chin. The child was very restless and crying incessantly. Pulse full and hard, breathing short and hurried, mouth dry and hot, head hot, hands and feet cold, eyes slightly congested. Bowels regular, abdomen tympanitic, temperature 103° F. Gave *Belladonna* 30, one globule three times during the day.

On the next day I found the redness and the swelling had increased and extended on to the right eyelids and right side of the scalp. Had very little sleep at night, other symptoms were just the same as on the previous day; temp. 103. F. *Bell.* 30 was given again.

22nd. The child was much improved. Slept little at a time, not so restless; crying less; temperature 100° F. The inflammation has also been greatly reduced, but the child has vomited 3 or 4 times. No medicine was given this day.

23rd. The temp. rose to 102° F, but child had slept well at night. Had no more vomiting, but the erysipelas has extended to the left side of the face and scalp, that of the right side being less. *Bell.* 30, thrice, to-day.

Next day the temperature was 99° F., slept well at night, the redness and swelling of the face and scalp were decidedly less. *Bell.* 30 continued.

In the evening I found the child was again very restless and crying. Abdomen swollen, tympanitic, and painful to touch. Bowels moved thrice during the day. Stools loose and bilious, with greenish mucus. *Cham.* 12, one dose, greatly mitigated the sufferings, and the child slept well during the rest of the night.

25th. The child was doing well; repeated *Bell.* 30, 2 doses.

26th. There was no fever, other symptoms also were decidedly less. Gave no medicine.

27th. The child had fever again, the temperature rose to 104° F. with constant nausea and vomiting, but the erysipelatous inflammation had almost subsided. *Ipecac.* 30 was given three times during the day.

28th. Temperature 102° F., vomiting less. Continued *Ipecac.*

From next day the child was quite well.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.

107. GRATIOLA.

**Constipation :**

1. Hard evacuation after long urging.
2. Hard evacuation, with pressing, preceded by urging and rumbling, as though D. would occur.
3. St. hard, followed by twinging sensation in anus.
4. Scanty hard evacuation with great exertion.
5. St. scanty with griping in abdomen.

**Diarrhœa :**

1. D. without griping.
2. D. of thin fœces, without other symptoms.
3. D. of *yellow-greenish water*, followed by burning in anus.
4. *Bilious sts., of a yellowish-green color.*
5. D. consisting of *green frothy water*, forcibly evacuated without any pain.
6. D., with burning in anus, without relief; pain in abdomen only disappear after emission of flatulence.
7. Sts. thin, fluid, *bright yellow*, followed by chilliness.
8. Hypercatharsis.
9. Discharge of *yellow watery fœces*, with soreness in anus.
10. Frequent sts. with burning and pressure, and protrusion of large excrescences, which—on their return within anus and even *per se*—cause darting pain; followed by passage of *offensive, brown, corrosive mucus*, without fœces; irritation in anus continues, and after several efforts there pushes out a mass of *pasty, dark-brown, very offensive fœces, mixed with mucus*; last exertion evacuates only *white mucus*, like white of egg, and only after this evacuation does irritation in anus cease, and pains in hypochondria and abdomen disappear.
11. Evacuations of *yellow water*, followed by ineffectual urging, without pains in abdomen.
12. Thin *watery sts.*, always preceded by cutting about umbilicus and followed by smarting in rectum.
13. Sts., first always semi-fluid, and last solid, and passed with pressing after dinner.
14. First st. is usually followed by griping in abdomen, and immediately afterwards D. like sts. in succession.
15. Thin *pasty sts.*, next day C; thin *pasty yellow* evacuation; *pasty st.* with pain in abdomen or of *offensive odor.*
16. Urging, followed by a *pasty st.* with some pressing.
17. St. at first usual, then violent copious thin evacuation, with pains in abdomen, followed by tenesmus; soon after st. pains in belly again, followed by liquid st.
18. Copious st, with transient griping in abdomen.
19. After every dose, a very copious st. perfectly normal, after the first his accustomed hypochondriac anxiety speedily

- disappeared, but after the others it became worse.
20. Passage of *semi-fluid ochre-colored feces*, with emission of flatulence, without other disturbances.
  21. St. at first semi-liquid, then solid, with burning during the passage, in morning after rising.
  22. Semi-fluid st., the last part more solid, but scanty, with pressing.
  23. Copious soft, *dark st.*, without pain in abdomen, with flatulence.
  24. Thin *dark st.*, with or without urging.
  25. St. hard and tardy first weeks, then softer.
  26. Small portion of st. passed *unnoticed* (involuntarily).
  27. Heat in stomach, soon followed by coldness and pressing, with nausea; after a few hours pasty sts., in quick succession, after which all symptoms disappeared.
  28. Violent sticking in both hypochondria, with fulness and feeling of distension; relieved by passage of flatulence and st.
  29. Violent stitches about umbilicus followed by usual st.
  30. Rumbling in abdomen and soft st. without colic.
  31. Pains in abdomen causing paleness of face and nausea, disappearing after st., which was pasty and copious, and accompanied sometimes by very offensive flatulence.
  32. Pressure in abdomen, then st., first soft, last hard, with pressing.
  33. Twingings and movings in whole abdomen followed by st., at first hard then soft.

**Dysentery :**

1. Mucus, with tenesmus, preceded by fulness in abdomen, waking from sleep after midnight.

**Aggravation :**

1. All hours, especially afternoon and after dinner.
2. After drinking too freely of water not very cold.—*Bell.*

**Before St :**

1. Urging. 2. Rumbling.
3. Cutting about umbilicus. 4. Stitches about umbilicus.
5. Pain in abdomen. 6. Pressure in abdomen.
7. Twingings and movings in abdomen.
8. Itching in anus with desire.
9. Fulness in abdomen waking from sleep.

**During St :**

1. Pressing. 2. Great exertion and urging.
3. St. forcibly evacuated without pain.
4. Burning, and protrusion of excrescences.
5. Pain in abdomen. Gripping in abdomen.
6. Emission of flatus, offensive or not. 7. Tenesmus.
8. Burning in rectum. Soreness in anus. Burning in anus.

**After St :**

1. Twinging sensation in anus. Burning in anus. Pricklings in anus. Smarting in anus as from pepper. Sore pain in anus.
2. Relief of pain in abdomen after emission of flatus.
3. Chilliness. 4. Relief of pains in hypochondria and abdomen after passing mucus like white of an egg.
5. Ineffectual urging. Burning in rectum. Smarting in rectum.

6. Tenesmus, painful contraction in rectum.
7. Disappearance after first st., but reappearance after others, of hypochondriac anxiety.
8. Heat in stomach, followed by coldness and pressure with nausea, disappears.
9. Relief of sticking in both hypochondria with fulness and distension.
10. Relief of pains in abdomen causing paleness of face and nausea.
11. Qualmishness in stomach with *sleepiness after dinner* disappear.
12. Stitch near left side of pit of stomach.
13. Sticking about umbilicus. Gripping and pressure in abdomen.
14. Pressure in abdomen while walking, disappears while sitting.
15. Discharge of blood.

### **Rectum and Anus :**

1. Hæmorrhoids, which had existed ten years previous, reappeared with a sticking biting sensation.
2. Spasmodic contraction in sphincter ani.
3. Feeling of soreness deep in rectum.
4. Painful stitch in anus. 5. Throbbing pain in anus.
6. Itching in anus, disappears from scratching, but immediately returns after further scratching, with burning.
7. Itching and crawling in anus ; hæmorrhoidal pimple which was very painful disappeared after two drops, but returned after twelve drops, with violent burning sticking pain, only disappeared of itself after three days.
8. Constant desire for st.
9. Urging to st., with *discharge of blood after st.*
10. Frequent urging to st. without passage.
11. Expelled a large quantity of ascarides.
12. Inflammation of rectum (animals), even when the drug had not been introduced into the alimentary canal (*Orfila*).

### **General Symptoms :**

1. Talkative, joyous and lively, so that she jumps and dances.
2. Anxiety and heat in whole body, with weakness ; which disappear in open air.
3. Fretful, irritated by every contradiction, angry outbreaks, misanthropic, with solicitude about his own health.
4. Averse to everything, no desire to talk or move.
5. Vertigo, as if she would turn in a circle ; as if head moved back and forth on reading, disappearing after reading ; like reeling immediately after rising.
6. Violent rush of blood to head, with throbbing in forehead, amounting to vertigo, with obscuration of vision, which movement—especially that of a carriage—increased to loss of consciousness, only disappearing after long sleep.
7. Great sensitiveness of head to cold. Frequent sensation of coldness on vertex, which after covering with the cap, changed to one of heat.
8. Head seems heavy, with nausea and sleepiness. Violent headache with nausea and qualmishness.

9. Feeling of fulness in head as if brain would be pushed forward.
10. Feeling as if brain was contracted and head would become smaller, with general discomfort, disappearing in open air.
11. Throbbing headache, relieved, aggravated or disappeared in open air.
12. Coryza in evening before lying down, disappearing in bed.
13. Face burns like fire and externally warm and red, after dinner. Swelling of face and upper lip.
14. Painfulness of all teeth especially on touch, and on taking cold things. Inflammation of gum of a hollow tooth.
15. Tongue, slimy coated though with a natural taste of food and great appetite; raw.
16. Unpleasant sticking and cutting pain in palate near left side of uvula, with a kind of stiffness, so that swallowing was difficult and painful.
17. Great accumulation of saliva in mouth, he spits out clear water by spoonfuls.
18. Taste, pasty after breakfast; bitter in mouth and throat, with constant qualms which continues even after vomiting.
19. Mucus collects in throat which can neither be swallowed nor raised, because it constantly remains after swallowing or raising; it provokes cough.
20. Nauseous fluid rises into throat. Bitter uprising.
21. Sticking in throat when swallowing and when not. Rawness in throat.
22. Scraping and acidity in œsophagus during and after dinner.
23. Hunger, with dread of eating especially solid food. Appetite and hunger have entirely disappeared.
24. Aversion to all food, with a natural taste; A. and shuddering with nausea in stomach; A. to accustomed tobacco; to fat; eats pork with appetite; disgust and dread of all nourishment.
25. Increased thirst. After drinking qualmsness relieved.
26. Eructation while eating, and regurgitation of food; empty after breakfast; sweet; bitter, tasting like bitter almonds; tasting of food; of meat eaten; tasting of juniper.
27. Hiccough, with eructation tasting of the drug and heat in head during dinner; worse after dinner.
28. Nausea, and rising of water; and aversion; and qualmsness; and shuddering not before eating; disappears after walking; aggravated in open air; not relieved by vomiting; somewhat relieved after eructation, but soon returns.
29. Qualmsness, without being able to vomit; relieved or not by eructations; with spitting of saliva, obliging him to lie down, better in open air than in a room; and bitter uprising.
30. Obligated to make haste to vomit, but empty retchings result.
31. Vomiting, of bilious matter; of yellow, bitter, sour water, without exertion.
32. Constant movings and gripings in stomach and abdomen, with feelings as if D. would occur, after dinner.

33. In stomach, feeling of emptiness with loss of appetite ; feeling of coldness ; burning ; discomfort and feeling of fulness ; with nausea, contractive pain on pressing ; cramp after late supper ; pressure in pit as from a stone rolling from side to side, with cramp-like drawing to the chest, increased after eating ; pressure with nausea, eructation of rancid taste relieves nausea ; heaviness after dinner ; twisting and burrowing after eating, distension, clothing causes pressure and must be opened, eructations and retching, bitter mucus or food is thrown up with violent exertion ; cutting.
34. About umbilicus, griping, cutting, tearing, increased after food ; crawling as from worms.
35. In abdomen, feeling of coldness ; distension ; rumbling and empty eructations ; rumbling increased after eating ; rumbling and nausea, eructation ; emission of odorless or very offensive flatulence, sometimes followed by relief, sometimes not ; griping increased after eating.
36. Uncasiness and rumbling with desire for st. and passage of flatulence.
37. Pains in abdomen as in D. after taking cold, with twisting and burrowing relieved by bending forward and rest.
38. Urine, frequent ; diminished ; scanty and reddish and becomes turbid on standing ; turbid like muddy water on standing ; mucus in, with cloudy sediment on standing. Burning in urethra during and after micturition.
39. Nymphomania, with pruritus.
40. Cataleptic condition, with perfect consciousness, while lying down, followed by deep sleep, with emission ; after waking bruised feeling of whole body especially of back and left arm.
41. Weak and powerless in whole body.
42. Yawning and overpowering sleepiness as if had not slept.
43. Dreams, lively, joyous ; of serpents ; of death of relatives.

**Remarks :** The order to which GRATIOLA belongs is characterized by acidity and bitterness. "GRATIOLA officinalis," says Lindley, "was formerly called Gratia Dei, on account its efficacy as a medicine." Singularly enough, after enjoying considerable reputation in the old school for its efficacy in mania, hypochondriasis, delirium tremens, visceral obstructions, &c., it has fallen quite into disuse, so that it has been removed altogether from the pharmacopœia, and physicians of that school have scarcely any knowledge of its existence.

The symptoms given above show that it irritates the whole length of the alimentary canal. The rectum was found by Orfila inflamed in animals poisoned otherwise than by administration of the drug by the mouth, showing that its action is not simply dependent upon local irritation but upon its elective affinity. But notwithstanding its pretty full pathogenesis, GRATIOLA has not been much used in our school either. Jahr has simply given the recommendations of Noack and Trinks. According to Teste, GRATIOLA will

be found particularly useful in cases bordering upon such as would, by their symptoms, unequivocally point to CHAMOMILLA. GRATIOLA would seem to be to chronic affections what CHAMOMILLA is to acute." This is a generalisation which requires clinical confirmation.

Guided by the symptoms GRATIOLA may be used in Constipation, in Diarrhœa, even in some forms of Cholera, and in Dysentery. In Constipation, when the stool is invariably hard, sometimes scanty, always evacuated with long urging, with or without griping in abdomen, and followed (or not) by a peculiar twinging sensation in anus. Sometimes the hard stool is preceded by urging and rumbling in abdomen as if diarrhœa would come on. Dr. J.-P. Tessier has used it in chronic dyspepsias with cephalalgia and constipation, and believes it may take its place immediately after NUX VOM. in these affections. In Diarrhœa, when the stools are generally bilious, being all shades of yellow and green, or when they are dark and brown. The consistency may vary from pasty to watery. The stools are sometimes frothy. The smell may be offensive, though not necessarily so. The stools may sometimes be passed involuntarily.\*

Dr. Bell has "reason to believe that GRATIOLA will prove particularly serviceable in cases of cholera morbus resulting from drinking excessive quantities of water of moderate coolness; the quantity, and not the coldness being the cause." The reason, however, has not been revealed.

Dr. Hering, in his *Guiding Symptoms*, mentions the following groups of symptoms as having been verified by cures: "Vomiting particularly severe, and often accompanied by pains in the head; cramps beginning in solar plexus and spreading thence over whole body; the evacuations from above and below were always green, and gradually changed into a colorless fluid." He also mentions "fully developed, rapid, Asiatic cholera," as having been frequently cured! We have not been able to find any authority for these statements, though we do not doubt that the symptoms agreeing, cases of Cholera may be cured by GRATIOLA.

How far Dysentery may be benefited or cured by the drug, has yet to be seen. Dysentery proper has not been observed in its provings though fœcal stools mixed with mucus, and pure mucous stools, have been frequent, and these stools have been accompanied and followed by tenesmus, a characteristic of dysenteric stools. Bloody stools have not been reported, but there was in some cases discharge of blood after stool. From the inflammatory condition of the lower intestine in animals, and from the irritation throughout the digestive tract in man, that it produces, there can be no doubt that it is eminently calculated to develop dysentery if the provings could be pushed sufficiently long. And hence we believe it would be useful in this disease, if used with its homœopathic indications.

## • Clippings from Contemporary Literature.

### • THE ANTIPYRETIC TREATMENT OF ACUTE DISEASE.

BY THOMAS F. RAVEN, M.R.C.S., L.R.C.P.

#### *Broadstairs.*

INVENTION is the mother of necessity. Were it not for the analysis of coal-tar and its separation into innumerable derivatives with all sorts of dysphonious names—some classical, some scientific, and some popular—we should not be so accustomed to the phenomenon of the *materfamilias*, with clinical thermometer in one hand, and antipyrin in the other, engaged in the scientific and beneficent work of “reducing temperatures” in her nursery. Antipyrin, antifebrin, thallin, &c., have been discovered: therefore they are wanted. Supply has created demand.

But it is not among such well-meaning amateurs only that this mania for indiscriminate antipyresis prevails. There seems to be a school, consisting chiefly of very young men, who look upon a rise of temperature as a bad thing *per se*—as a symptom that must, as far as possible, be put a stop to, at once and regardless of any useful purpose that it may serve in the process of a febrile attack—who, in the presence of pyrexia, resort to antipyretic drugs, to ice, or to cold packs or spongings as naturally as a duck takes to cold water. They would appear to ignore the possibility that a high temperature may be the index of the resistance of the organism to an invading poison, or they would scarcely wish to stop such a beneficent agency. From such practitioners a remark like the following may commonly be heard: “I found the patient with a temperature of 102°, so I gave him a dose of antipyrin.” With an antipyretic at hand, even diagnosis becomes superfluous.

To exemplify the possible consequences of this kind of practice, take the following case. A child is presented who has a headache, aching limbs, and a high temperature. Nothing sufficiently definite is seen upon which to found a diagnosis, but the presence of the temperature justifies, in the doctor's opinion, the administration of antipyrin or antifebrin, or one of the numerous drugs of the kind that we have at our disposal. In twelve hours' time a white patch has appeared on the child's pharynx, and the case resolves itself into one of membranous tonsillitis. Supposing that a depression of temperature has been effected, has it served any useful purpose? Is it not much more probable that it has been harmful? For, tracing the course of such cases, is it not found that a high initial temperature is generally followed by an early crisis and rapid recovery, whereas a much more serious and prolonged or, perhaps, fatal illness is likely to ensue when there is a subfebrile or even a subnormal temperature? It may be inferred that, so far from any beneficial result having been obtained by the dose of antipyrin, the effect has been merely an imitation—fortunately a weak imitation—of the unfavourable type of the disease, and possibly an interference with the forces of the system to resist the attack. Again, take measles. Suppose that antipyretic drugs should be given during the period of pyrexia, could any doubt be entertained that the effect might be most prejudicial to the patient? Is not measles, with a sharp temperature accompanying a well-established rash, much more favourable in its immediate and remoter results than measles when the fever is slight and the symptoms but imperfectly developed? Cold bathing was once practised on a large scale during an epidemic of measles. It happened in Fiji. The natives, being attacked, flew into a state of panic and rushed into the sea. The mortality was enormous.

If, then, it be objectionable to treat tonsillitis and measles with anti-



pyretics, the same may hold good with regard to many other acute diseases. These may appear fanciful instances to bring forward, but they are really not so. The young men who, in my personal experience, have been addicted to this process of reducing, or attempting to reduce, high temperatures whenever they have been met with, can hardly have excogitated the routine from their own inner consciousness. They must have been trained somewhere. I have seen one of these antipyretical enthusiasts apply an ice-bag to a threatened abscess; and another I have restrained, not without difficulty, from the use of the same implement in a case of imaginary meningitis which turned out to be erysipelas of the scalp.

However strongly inclined we may be to theory, I suppose that we are at bottom, all of us, empirics—willing to adopt any line of treatment that has been conclusively shown to be useful, though it should be unsupported by, or even opposed to, theory. No one, I take it, will question the extreme value of salicylic acid in reducing the pyrexia, relieving the symptoms, and cutting short the progress of acute rheumatism. We do not know whether the salicylates have a direct action on the *materies morbi*, or whether the control of temperature is primarily their beneficial action; but we are content to employ the drug, thankful to have it at our command, and willing to wait until its action can be explained by some philosopher in the future. Again, experience teaches us that the action of quinine in ague is specific—whether in virtue of its antipyretic powers or of some other inherent properties, we do not know. Also in enteric fever, when the pyrexia is dangerously acute, or when it is unduly prolonged, the facts are sufficient to tell us that in antipyresis lies the safety of the patient.

But when an empirical procedure is less satisfactorily supported by facts, theoretical considerations should be allowed their due weight. I have already mentioned tonsillitis and measles as examples of febrile diseases in which I, for one, should decline, and, as I think, reasonably decline, to adopt any antipyretic measures. But of all the febrile diseases in which an antipyretic routine has theoretically no place, and, practically, a very uncertain and unproven one, pneumonia, in my opinion stands prominently forward. Acute pneumonia is defined as a specific fever, running a sharp and short course, characterised earlier or later in its progress by inflammation of more or less lung-tissue and by the presence of a bacterium, Fraenkel's *diplococcus*, supposed by many to be the *fons et origo mali*. It is believed that the presence of this microbe is the source of the fever, and that the febrile action is in itself beneficial—an agency by which the intruding germs are destroyed by the healthy cells of the body. The lung-substance appears to be the field upon which this battle between the invaders and the defenders is fought out. Pyrexia, then, is the natural result, the degree of which, within due limits, measures the resistance of the organism to the danger by which it is menaced. To attempt the reduction of temperature under such conditions, unless exceptional symptoms declare themselves, appears to be equivalent to ranging one's self on the side of the enemy, instead of joining in the defence. No doubt circumstances may arise under which antipyretic measures may be urgently demanded—as in hyperpyrexia, when the threatened ruin of the cardiac fibre presents an imminent danger and in those cases when the pyrexia persists beyond the natural term of the disease the employment of antipyresis may be reasonably considered. But I submit that at present no case has been made out for the use of antipyretic measures in ordinary cases of acute pneumonia. Some years ago I made a trial of aconite, and for a long time I treated every case of acute pneumonia that I met with in this way: one drop of the tincture was given every ten minutes for an hour, and then the same dose was given every hour for four-and-twenty hours. By this means I succeeded,

certainly, in controlling temperature ; but I failed to observe any control of the disease. All that I could claim was that I had introduced irregularities into the temperature charts—an exploit that I have no ambition to repeat.

Much as I may deprecate the principle of general antipyresis in acute pneumonia, I still more strongly demur to the practice which has for some time been advocated in Germany, and during the last three or four years in England, namely the application of ice-bags to the chest-wall over the site of the inflamed lung or portion of lung. It is to be assumed that this practice has for its object the direct arrest of the inflammatory process going on in the lung. Now before considering whether this design is a reasonable or a scientific one, I should like, first, to ask what proof exists that a bag of ice, placed in such a position that skin, subcutaneous tissue, bones, muscle, and two surfaces of pleura intervene between it and the lung—what proof, I say, is there that the condition of the lung-substance can be altered by such a procedure ? Is it not just as likely that, so far from the blood being diverted from the lung, it is driven into it by the influence of the ice on the surface ? And if any advantage should be gained from such applications of ice, would it be certain that this resulted from artificial anæmia of the lung, and not from a more copious blood supply ?

But, assuming for the sake of argument that the substance of the lung in acute pneumonia can by this means be subjected to a cooling and depletory process, what would be the beneficial influence over the course of the disease ? Would such an effect upon the lung control the pyrexia ? The answer to this question would appear to be in the negative. For the pyrexia of acute pneumonia, as has been clearly demonstrated, is not primarily nor mainly dependent upon the local inflammation. The conclusive arguments on this head can be briefly enumerated : 1. The pyrexia is as well marked, and often at its highest before, and often long before, any inflammation of the lung exists. 2. Upon the disappearance of the fever, which is often quite sudden, no change is to be traced in the physical condition of the lung. 3. The intensity of the temperature is in no way commensurate with the amount of lung-tissue involved in inflammatory changes ; on the contrary, a small area of inflamed lung is attended, as a rule, by a higher temperature than when a whole lobe is consolidated. The reasonable deduction, then, would appear to be that, far from the inflammation of the lung in acute pneumonia being the cause of the illness, it is, in a manner, analogous to the rashes of the exanthemata, the channel through which the virus is eliminated—or the scene where the invading germs are killed by the defending cells of the organism. In this salutary process there must be inflammation, and woe betide the victims of acute pneumonia who from old age, intemperance, starvation, or any other source of debility are unable to offer a good inflammatory resistance to the attack of the malady. I do not believe that I am putting this too strongly. Mr. Frederick Treves, in his admirable Lettsomian Lectures on *Peritonitis*, puts the following proposition, startling enough to any one, but doubly, trebly, startling to the antipyretist—“It may be assumed,” says Mr. Treves, “that within a month or so from the disappearance of inflammation from the business of the body the human race would become extinct.” The beneficial effect, then, of subduing inflammation of the lung in acute pneumonia by means of ice-bags, even supposing it possible, appears to be problematical. One thing, however, is not problematical but certain, and that is that if ice applied in this way is useful, then the employment of hot poultices must be injurious. You cannot blow hot and cold in this matter. But for my part I am not prepared to admit that the employment of hot applications for the relief of pain in these cases has any bad effect, and so far, upon the evidence, I am not inclined to relinquish their use. Yet one should be always ready to

accept the logic of facts before the logic of theory, and if a consensus of opinion among the leaders of the profession should be arrived at, favourable to the ice-bag treatment of acute pneumonia, I should be ready, with due precautions, to adopt it. Hitherto I observe that the preponderance of opinion is that the effect that ice-bags so employed may produce must be attributed to the general lowering of temperature rather than to any impression exercised on the lung itself: and as the general antipyretic treatment of acute pneumonia finds but few supporters, there appears to be no inducement to adopt this ice-method on any grounds. Of course there are excellent statistics to support it. All new methods of treatment, however quickly they are exploded, present most encouraging figures. In this matter, however, I observe that the statistics are vitiated by the avowal that this line of treatment is not adapted for weakly constitutions. Give any man a series of cases of acute pneumonia occurring in otherwise healthy and strong subjects, and he will show most favourable figures from treatment with peppermint-water.

I am distinctly aware that this article is "nothing if not critical"; that much has been said against antipyretic treatment, and that little or nothing has been brought forward in its favour. I would not, however, pose as a hard and fast opponent of antipyretic medicines and methods. For my part, I prefer to follow the teaching of those who are guided in the use of antipyretics by observation of the natural course of febrile diseases; who maintain that it is right to make remedies wait until diagnosis is formed; and who, after all, may not be completely satisfied that, even when the pyrexia of an acute disease is controlled, the disease is necessarily controlled also. They would, perhaps, be inclined to promote antipyresis in so long-continued a pyrexia as that of enteric fever, especially if the chart showed an unusually high reading, and if the normal decline of the temperature were long delayed; but they might hesitate to employ antipyretics in diseases of a much shorter course unless there should exist some uncommon degree or persistence of fever. Such practitioners may be called opportunists, and, if any opprobrium attaches to the term, I, for one, am content to bear it.

Could I have hoped to introduce anything in the least novel or original, I might have adduced many instances of the effects of antipyretic drugs and antipyretic measures. What I have endeavoured to convey is not so much objection to antipyresis as to indiscriminate antipyresis: that process of reducing high temperatures, often prior to diagnosis, regardless of their import and their possible utility; of treating a single symptom instead of regarding its source, a practice which appears to savour rather of the unspeakable methods of the homœopath than of the science of the physician.—*The Practitioner*, July 1894.

THE VARIOUS TUBERCULAR VIRUSES AND THEIR PLACE IN  
HOMŒOPATHIC THERAPEUTICS (BACILLINUM, KOCH'S  
LYMPH AND AVIAN TUBERCULOSIS).

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SINCE the progress of bacteriology we find after the discovery of the microbe itself, poisonous products coming from the excretions of the bacilli, and which constitute the really dangerous agent in the disease. This fact is pretty clearly proved by tetanus, where conclusive experiments show that the spasms of tetanus are due to the poisons secreted by the microbe and not by the microbe itself. Now, the study of tuberculosis, since the discovery of Koch's bacillus, has brought us to know different poisonous products taken from tuberculous centres and which are of an extreme virulence.

Allopathy has taken hold of it with a great noise; bacteriologists have isolated them and have tried to use them in therapeutics to combat the same diseases produced by the poisons. This is what constitutes *isopathy* an entirely new science, and which I certainly do not wish to confound with homœopathy, although certain homœopaths, have at present a tendency to practice isopathy.

One word to distinguish three kindred systems: vaccination, isopathy and homœopathy. The vaccine is the inoculation of the modified virus *before* the disease has broken out. Vaccination is used in cases of variola; a person is vaccinated with vaccine and rabia to preserve him from variola and rabia. Isopathy inoculates the modified virus *during* the illness. The tuberculine of Koch is injected into tuberculous patients, cancerine into cancerous patients, etc.

True homœopathy administers virus or poison not in the identical diseases but in *similar states* of these diseases, and as the tuberculosis possesses very strong poisons, it is quite natural that homœopathy tried to study them against the similar states of different diseases caused by the poisons of tuberculosis.

To my knowledge, three tubercular viruses administered in high dilutions have been tried by homœopaths. The first, the oldest and the simplest is the unmodified product of human tuberculosis, either taken from the expectoration or taken from human tuberculous lungs. This is what Hering, Swan, Ozanam, in France, and, recently, Compton Burnett, in England, have prepared at different times and which is called tuberculinum or bacillinum. The authors have almost all tried it only for tuberculosis proper.

The second product, which has caused a great sensation in the allopathic world, is Koch's remedy.

The third product, very much considered at the present time above all in France, is called the avian tuberculosis or tuberculosis of fowls. At the present time it is, I think, all we possess in the way of tuberculous virus.

Bacillinum has been and is still employed by a great many practitioners of our school in tuberculosis proper, and, although Dr. Burnett claims to use this remedy homœopathically, I call his procedure purely and simply isopathy. Some have gone further; for I know a physician in Paris who insists on having the expectorations of the consumptive patient himself triturated to administer it to him as a medicament at a high dilution. I will not speak of the value of this isopathic method of which the certain advantages are yet to be shown, and the dangers of which in strong doses are no longer to be discussed.

What Dr. Burnett says in his book, *Cure for Consumption*, about scrofula and bacillinum merits the greatest attention, for we find ourselves in

presence of a similar state, probably derived from tuberculosis, but not identical with tuberculosis. The action of bacillinum on the defective dentition of backward children, on the scrofulous glands, on rachitis, in certain cases of syphilis similar in form to tuberculosis, in the ringworms, etc., brings us back to the eternal application of *similia similibus curantur*.

But that which has been little spoken of, I think, is the action of bacillinum in certain broncho-pneumonial or pulmonary congestions, which resembles by auscultation and the symptoms pulmonary congestion caused by the tuberculous bacillus, but which are not tuberculous.

On this subject allow me to inform you of the following case: When I was chief physician of St. Jacques' Hospital, in Paris, in September, October and November, 1893, I received, September 9, 1893, an old man of 80, who, by the wear caused by his great age, suffered for three months of an oppression which progressively became worse. First, it was a simple sensation of stoppage at the level of the hollow of the stomach; very soon it became a dyspnoea, without any rattling in the throat and without expectoration, which obliged him sometimes to pass the entire night upright in bed. About one month before his entry in the hospital his bronchiæ became obstructed, the oppression augmented, and the malady really took the aspect of a suffocating catarrh. September 9th, the old man was suffering with severe dyspnoea, his extremities icy cold, cold sweat covered his forehead, his legs were swollen, respiration labored, and heavy gurgling rattling encumbered his trachea. These rattlings could not get loose, notwithstanding all the efforts of the coughing. Auscultation revealed clear signs of bronchitis at all points; from both sides of the chest loud rattling, heavy gurgling rattles, mixed with fine capillary rattles, showing that mucus had invaded the entire bronchia and touched the pulmonary parenchyma. Senega, antimonium tartaricum, veratum brought no relief.

September 15th.—A rather abundant expectoration of blood occurred; on auscultation, a large focus of blowing at the base of the left lung was found; a vascular rupture was probably formed by the effort of respiration, and a pulmonary apoplexy had resulted.

September 21st.—The situation was worse; the attacks of dyspnoea were terrible; the patient begged for death to terminate his sufferings.

September 22d.—Seeing that the old man was absolutely lost, and his state resembling a tuberculous patient dying of suffocation by broncho-pneumonia, I tried bacillinum as a matter of curiosity. I ordered six globules of bacillinum, 30th centesimal, to be taken during the day. That evening the old man said to the sister of mercy in the hall, "It seems to me that those globules do me good," and, sure enough, his night's rest was a little calmer.

September 23d.—Patient a little better; face less violet, the extremities warmer.

September 24th.—Five globules of bacillinum. The rattles in the throat less frequent and loosen easier, the expectoration less rusty; the seat of pulmonary apoplexy is still panting, but the patient feels better.

September 26th.—Four globules of bacillinum. The nights are decidedly better: the expectoration diminishes, the fine rattling of bronchitis disappearing; the sibilant and loud rattlings still remain. The blowing at the base of the left lung is less extended.

September 30th.—Four globules of bacillinum. The old man of 80 smiled at seeing us around his bed. He talked without fear and without being obliged to stop in the middle of his speech to breathe. He asked for food, as he was hungry.

During the month of October bacillinum was given five times only, when his night's rest was poor and the oppression had a tendency to return. It

was observed that every time he took the medicine his sleep was better, the oppression less, the quantity of expectoration smaller and smaller. At the end of October there was hardly any expectoration at all.

In November he received one single dose of bacillinum.

December 6th.—On physical examination, there was no trace of a seat of pulmonary apoplexy; the respiration was free, with the exception of a few sibilant rattles.

Here, therefore, is a definite observation of the value of bacillinum as a homœopathic remedy. I regret not being able to make known any other cases of this kind; I do not know of any. Certainly one clinical observation is not enough to make us certain of the action of a medicine; time will allow us, I hope, to judge the question with certainty. However, I am inclined to believe that in virtue of the law of similitudes, which to us is a certain fact, we can find in the tuberculous poisons a remedy for diseases resembling tuberculosis by their symptoms, and that certain capillary bronchitis and broncho-pneumonias—I repeat, not tuberculosis—that is said infantile broncho-pneumonias, those said *a frigore*, those caused by diphtheria, measles, etc., could be happily modified by the homœopathic, and not isopathic action of bacillinum.

\* \* \* \* \*

Koch's remedy, like bacillinum, has often been used isopathically against tuberculosis itself. With strong doses, the effects have been dangerous; death has sometimes ensued, and special lesions of Koch's lymph have been discovered at autopsies and under the microscope. Some of the lesions are very far from the true type of tuberculosis, and manifest themselves, above all, in the circulatory system.

The experiments on animals and clinical facts have demonstrated that Koch's lymph, in subcutaneous injections, had an elective action on the heart and kidney. The symptoms of endocarditis and albuminuria, with or without hæmaturia, have been noted during life. The inflammation of endocardium and the lesions of acute parenchymatous nephritis have been observed after death. In experiments on Guinea pigs the *large white kidney*, and sometimes the *small granular kidney* have been found. Incontestably, Koch's lymph has produced on consumptive men and on the healthy animal endocarditis and nephritis. We are also justified in giving Koch's lymph in the treatment of nephritis, according to the law of similars. The clinical experiments need to be repeated to demonstrate the curative action of the remedy; but for the present we have a certain number of cases where Koch's lymph produced the disappearance of albumin in urine.

Dr. P. Jousset, of Paris, gives in *L'Art Médical* (August, 1892), several clinical cases, which I reproduced in the *North American Journal of Homœopathy* (February, 1893).

CASE I.—*Acute Parenchymatous Nephritis*: General dropsy; rare; sanguinolent, very albuminous urine (4 grammes per litre). Apium virus 6 and cantharis 6 diminish general dropsy and bloody urine disappears, but albumin, after diminution, is stationary at  $\frac{1}{2}$  gramme. The Koch's lymph in the sixth attenuation is prescribed. After eight days of the use of this remedy, albumin disappeared entirely; but the patient, a few days after, ate and drank wine, and albumin reappeared.

CASE II.—*Chronic Interstitial Nephritis*: case of long duration; uræmic vomitings and convulsions; general arterio-sclerosis. *Glonoin, fuchsina, nux vomica, iodium* were taken before the Koch's remedy, and stopped vomitings and convulsions. Urine= $1\frac{1}{2}$  litres per day; albumin=0.40 gramme, and uræa=only 6 grammes per litre. Koch's lymph 6 is given with the milk diet. A few days after, urine increases (3 litres per day) and albumin diminishes (0.25 gramme). Later, Koch's lymph 3 is pre-

scribed, with a mixed diet—milk, eggs, potatoes and ham—and albumin disappears entirely. Two months after, no trace of albumin with the usual tests, but a very sensitive one reveals some faint traces of albumen, and pale and copious urine indicates still the existence of sclerosis of the kidney; in fact, there is a great amelioration, but we must wait the result of the case to pronounce the word “cured.”

CASE III.—A woman, with a cardiac lesion and a persistent albuminuria, took Koch's lymph 6, and during the use of the remedy, albuminuria disappeared entirely.

CASE IV.—A young lady, after gripplal broncho-pneumonia, had a persistent albuminuria. Koch's lymph 6 cured the albuminuria in a few days.

CASE V.—Count of V.—. Arterio-sclerosis and vascular cardiopathy; albumin from 0.25 gramme to 1 gramme per litre. The Koch's remedy 6 suppressed the albumin in four days. A little later the patient took some meat, and albumin reappeared to the amount of 0.50 gramme per litre, and finally disappeared a few days after.

We can remember that at the time of the great discovery of Koch's lymph there was a very warm discussion on the subject of the identity of the tuberculous bacillus in the different species of animals. Koch claimed that there was only one kind of bacillus which could be inoculated in all animals subject to tuberculosis. On the contrary, the French school, from the very beginning of the discussion, maintained that tuberculosis was not identical in all animals. In 1891, at the second Congress for Tuberculosis, at Paris, Straus and Gamalea declared that the tuberculous in the gallinaceæ was different from human tuberculosis. Inoculated upon rabbits and guinea-pigs, the bacillus of human tuberculosis produced the well-known lesions of the lungs, kidneys, etc., while that found in birds caused the death of the animal without these changes.

Vignal finds that pheasants inoculated with pure cultures of the bacillus tuberculosis Kochii, whose virulence has been proven by inoculation upon guinea-pigs, did not become tuberculous after repeated inoculations. From this he concludes that the bacillus of Roux and Noard, from the Pasteur Institute found in birds, is not a modified form of Koch's bacillus, but another species.

Cadiot, Gilbert, and Roger contend, as the result of their experiments that the two bacilli are not identical, but are of the same origin.

Since these different researches, published at the Congress for Tuberculosis, at Paris, in 1891, by the French school, the work has multiplied in different countries, and it is now incontrovertible that the avian tuberculosis is not identical with human tuberculosis.

The infection of the tuberculosis of birds acts on the different mammalia as follows: According to Rivolta, the bacillus of avian tuberculosis is not in a favorable condition for development in guinea-pigs; yet they are very sensible to human tuberculosis. Rabbits offer less resistance to avian infection than guinea-pigs, but Darenberg, Brucher, and Ledoux-Lebard have ascertained that rabbits live several months after avian inoculation, and showed disseminated tubercles in the organs. We know that a rabbit inoculated with human tuberculosis dies in a few days of general tuberculosis. Straus and Gamalea have not found visible tubercles after two weeks' inoculation of avian tuberculosis. Later on they found a few disseminated tubercles, and, lastly, some of the rabbits would survive. Freudenreich has seen rabbits become thin; then die without showing any tuberculous lesion. He inoculated avian tuberculosis, cultivated in cheese, and he thinks the rabbits died simply from the poisons contained in the cheese. Maffuia claims that a special form of tuberculosis is deve-

loped. Metchinkoff has observed microscopic tubercles; and according to Kostenitsh and Wolkow, the avian tuberculosis differs from human tuberculosis in rabbits by the following signs: with avian tuberculosis the initial reaction manifests itself in a more intense manner, but the tubercles are formed later; lastly, there is a very marked difference in the type of caseous degeneration. Dogs are absolutely refractory to avian tuberculosis; they simply become thin and then get well again.

For a long time it was thought that dogs were incapable of contracting human tuberculosis; it is a slight mistake. They seem to be nearly refractory to spontaneous human tuberculosis, but they are not at all refractory to experimental human tuberculosis. But, a thing worth noting, a small number of experiments not yet terminated allow us to hope that the inoculation of virulent avian tuberculosis may preserve dogs against experimental human tuberculosis.

As for monkeys, Hericourt and Richet have proved by conclusive experiments that they were, like dogs, refractory to avian tuberculosis. Would it be the same for man?

Two monkeys receive subcutaneous injections of virulent avian tuberculosis; a third absorbs an intravenous injection. These three monkeys are all in good health, whereas one very feeble dose of human tuberculosis rapidly kills monkeys.

But the most interesting point is, that these monkeys, inoculated with avian tuberculosis, rapidly mortal for rabbits, even at much smaller doses, seem in this way to have acquired, not immunity, but a greater resistance to the action of human tuberculosis. In effect, two monkeys, previously inoculated with avian tuberculosis, were inoculated with human tuberculosis at the same time another monkey, a fresh subject, was inoculated. The last monkey died of decided tuberculosis at the end of thirty-five days. The two other monkeys, inoculated with avian tuberculosis, died at the end of fifty-six and fifty-seven days; but they were crammed with tubercles; there was therefore a survival of more than twenty days.

What must we think of all these experiments in regard to man? There is reason to conclude that man, being a mammalia, he ought also to be refractory to avian tuberculosis. Would avian tuberculosis, inoculated in tuberculous men, be equally capable to bring a survival in them? Richet and Hericourt are trying to vaccinate man with avian tuberculosis to preserve him against his own tuberculosis, but nothing up to the present has been officially published. It is evident that there is in the avian virus analogical properties, but not identical ones, with human virus, and that we find ourselves in face of an absolutely homeopathic means in seeking to treat tuberculous men by avian tuberculosis.

Dr. P. Jousset, since last December, has tried at Saint Jacques' Hospital avian tuberculosis in tuberculous men. He has procured an extract of avian tuberculosis, put in the digester (*puissé à l'autoclave*), and in consequence deprived of living bacillus; he has made a 6th and 12th centesimal dilution of it. The dose is one cent in hypodermic injection, or a few drops in a pill. It is impossible as yet to know the results of these new experiments, but I hope Dr. Jousset will publish them in his journal, the *Art Médicale*. From the first experiments, these injections at the 6th often produce a febrile reaction, and therefore do not seem to be without some danger. Some patients seem to be slightly benefited, while others, on the contrary, feel no effects from it up to the present.

Finally the value of homeopathic medicaments drawn from tuberculous organisms has been too little experimented on to be able to draw any conclusion; they are simply experiments, and at the present time it is simply necessary to make them known.



Bacillum merits studying in affections of the respiratory organs not tuberculous, Koch's lymph in nephritis, avian tuberculosis in human tuberculosis.

I have spoken here of the first attempt. You will pardon me, gentlemen, if I have chosen such an incomplete subject; but I have preferred to tell you about new things, interesting and at the order of the day.—*The Hahnemannian Monthly*, July, 1894.

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COMMENTARIES ON THE ORGANON  
OF HAHNEMANN.

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THE VITAL FORCE IN THE STATE OF DISEASE (*continued*).

The Etiological doctrine of Hahnemann is comprised and expressed in §§ 11 and 16 of the *Organon*. It is necessary to weigh his words. "The injurious influence," says he, "upon the healthy organism, of agents, which disturb the harmonious play of life, cannot affect it otherwise than in a purely dynamical manner." (§16) This is his first principle. "When a person falls ill, this immaterial force, active by itself (self-acting, automatic) and present everywhere in the body, from the very first, alone feels the dynamic influence of the morbid agent inimical to life." (§11) This is the second principle of the Hahnemannian etiology. This very much resembles the first, and differs from it only in one point, that is, not only does the cause act dynamically, but its influence is primarily felt by the vital force. "It alone," says he further, "after having been put out of tune by this feeling, furnishes the organism with the disagreeable sensations which it experiences, and inclines it to the abnormal actions which we call disease." (§11) In this phrase is found expressed the whole pathological geneses according to

the Hahnemannian doctrine. The morbid cause impresses the vital force. It is in this sentence and in this idea that there is a reminiscence of the doctrine of Cullen. This impression untunes life. What is the result? It is disagreeable sensations and abnormal actions. Thus perception of the morbid cause by the vital force, resulting in modification of sensibility and consequent functional troubles, and these bringing on in their train organic alterations; such is the hierarchic order of the development of disease.

This is not all. In pursuing the dynamic action of the morbid cause upon the organism, Hahnemann lays down in principle that there exists an exact and perfect correlation between the cause and its effects. "Of all the invisible morbid changes which take place in the interior of the body and which one hopes to cure, there is not one which does not make itself known to the attentive observer by signs and symptoms." Signs and symptoms then are the rigorous expression of the disease. They constitute, in the words of the master, "the whole of the disease, the disease itself." It is not that he confounds the disease with the signs and symptoms which express it. But as he has previously recognised the impossibility of penetrating the morbid essentiality, bearing upon this point, evidently the whole of the disease, the disease itself, has no real and practical existence other than in the collection of signs and symptoms which characterise it. To remove these, is to cause the morbid disturbance to cease, to re-establish health.

A principle so simple in its enunciation, of such incontestible truth and of such grand practical utility, has brought to Hahnemann the most bitter criticism. It has been said on the one hand that by the ensemble of signs and symptoms he meant to speak only of the alterations of sensibility and of functional troubles, and that he does not take any account of the organic changes. On the other hand it was believed that he rejected the means of exploration so much extolled in these latter times, means of such incontestible value, which he did not make use of out of ignorance.

It will be impossible, however, to find in any of the writings of Hahnemann a single line, a single word, which justifies this opinion. Later on we will prove in what respects these criticisms, which have been directed against him, are false.

Physiological dynamism and pathological dynamism being established, it remains to see how Hahnemann understood medicinal dynamism.

“Our vital force,” says Hahnemann, “being a dynamic force, the injurious influence, upon the healthy organism, of agents inimical to life which disturb the harmony of life, cannot affect it in any other than a purely dynamic manner. The physician cannot remedy the morbid disturbances in any other way than by causing to act upon it substances endowed with alterative forces equally dynamic or potential, of which the impression is perceived by it (vital force) with the aid of the nervous sensibility which pervades the organism. Thus medicines cannot re-establish and does not actually re-establish the health and harmony of life except by acting dynamically upon it.”

The dynamic action of medicaments is one of the fundamental principles of homeopathy. It is from this point that Gross said that of all the discoveries of this doctrine, what he calls the law of potentiality is the imprescriptible property of Hahnemann. This last, in fact, declares in the most explicit manner that the development and exaltation of the dynamic virtues of medicaments, as the result of the processes of trituration and succussion employed in their preparation, deserves to be counted among the greatest discoveries of our age.

What then is meant by the potency of medicines, the dynamic action of therapeutic agents? One and the same fact: it is that independently of the physical and chemical properties which medicaments possess in common with other substances, there are still other properties, *toxic* when medicaments are administered to healthy men, *curative* when they are administered to diseased men,—properties which reveal themselves with the greater energy and power as by trituration and succussion they are put into more free expansion.

Hahnemann has such an idea of the power of these properties that he says: The medicinal substances are not dead substances in the vulgar sense attached to this word; on the contrary their true essence is dynamic. It is a pure force which homœopathic trituration can exalt to infinity.

And elsewhere still, in comparing the morbid causes with the action of medicines, he adds: “Every true medicine acts at all

time, under all circumstances, upon all living and animated bodies, and it excites in these last symptoms which are peculiar to it (even susceptible of striking the senses when the dose is sufficiently strong), so that evidently every living human organism ought to be, at all time and in an absolute manner, attacked and in some sort infected with the medicinal disease which, as is known, is not the case with natural diseases."

Hence, therapeutic agents possess pathological and curative properties, which belong to them as their characteristics; these properties are distinct from other qualities of matter; they depend upon a force which trituration develops to infinity; their action upon the organism healthy or diseased is absolute, and this action is developed after the manner of action of morbid causes, because it produces a sort of infection of the organism by the medicinal disease.

There is no necessity to insist upon this primary fact: Every body recognises, in fact, in medicines, properties which constitute them medicines; and no one confounds these virtues with the general properties of matter. But there is not the same general agreement as regards the cause from which proceeds their curative virtues. It seems, at the very first view, there was some boldness, some audacity, in referring them to a *pure force*, in seeing in them a *dynamic essence*. Nevertheless, if one would weigh the value of the expressions employed by Hahnemann in one of the preceding citations, it will be easy to penetrate his meaning. The expressions *pure force*, *dynamic or virtual forces*, *dynamic essence*, express under different forms but one fact, namely, that the action of medicinal substances is of a particular kind, and that most frequently latent in bodies which have not undergone the mode of homœopathic preparation, it acquires all its potency after this preparation. Such was, at the foundation, the idea of Hahnemann.

Indeed, if force may be defined in mathematics as any cause of movement, it is necessary that we should leave aside these abstract terms, and investigate how force behaves itself in the different forms of existence of bodies. This any cause of movement to which mathematicians have given the name of force acts at a distance in physics and has for result either *movements of translation of bodies*, or *molecular movements* to which have been given

the names of *atomic* or *constitutive forces of bodies*. . The force which presides over all chemical phenomena has for its character to develop itself, no more at a distance but by immediate contact; and, for its result the phenomena of composition and decomposition. It is otherwise with the vital force. It cannot be said of it that it acts at a distance, or by immediate contact: This will be to give of it an incomplete idea. It penetrates and animates the whole organism, and develops in it the phenomena of *sensibility*, of *mobility*, and of *organisation*, which Hahnemann has so well expressed by saying that "deprived of the vital force, the human body can neither feel, nor act, nor preserve itself." Thus, this any cause of movement called *force*, which develops itself at a distance by the path of attraction, whether molecular or molar in physics, by immediate contact in chemistry and by the path of affinity from which result the compositions and decompositions which this science studies, develops itself by the path of *penetration*, of *animation* in living beings, and produces in them the phenomena which I come to recall.

How do medicaments act? Under whatever form they are administered, from olfaction to the most massive doses, the therapeutic forces which they contain develop themselves by the path of impression, that is to say by immediate contact, and have for their result the modifications, variable according to the substance employed, in the *sensibility*, in the *motility*, and in the *organisation* of the subject to whom they are administered. It is not then by virtue of their physical or chemical forces that medicaments are medicaments; because these characters cannot modify the sensibility, the motility and the organisation of living beings in such a way that a healthy man would fall ill, or a sick man would recover from illness; but by virtue of special forces or properties so different from the other forces or properties, that their pathogenetic and curative action will be the more powerful by the mode of preparation, the more completely the physical and chemical properties of the substances employed will be destroyed by it. Indeed if in the medicaments employed these forces predominate they will at once make their effects felt, and there will be compositions and decompositions, which will not permit the therapeutic agents to unfold its action with energy and in the desired direction for the purpose of re-establish-

ing health. These facts are already an argument in favor of the employment of infinitesimal doses.

What Hahnemann meant to say when he employed the expressions which we have related, as those of *pure force*, *dynamic force*, *potential force*, was to indicate that the cause of therapeutic effects cannot, nor ought to be confounded, with the cause or causes of the physical or chemical phenomena which these same substances can produce. This idea was so deeply rooted in his mind that by the mode of preparation he advised, he proposed only to annihilate as much as possible the purely material properties of medicinal substances and that with the double object of avoiding the perturbative effects and of bringing into more free irradiation the therapeutic properties, the only ones which are *directly* curative.

This was the object he proposed to attain, and which he successfully attained by counselling to subject to prolonged trituration all homœopathic medicaments. The friction of one active substance mixed with inert substances has for its direct effect to enfeeble and even to destroy in this substance, if the operation is pushed sufficiently far, the physical and chemical properties of the substance. Experience proves that in proportion as these properties are enfeebled, the therapeutic properties are augmented and developed. It is remarkable that this pure force, dynamic or potential, as Hahnemann calls it, acts in the inverse proportion to the other material properties. In proportion as these decrease, the other increases; and the curative effects are so much the more powerful as the physical and chemical effects more and more tend to zero. There is then in therapeutic agents something special, something peculiar, which make them behave in regard to the organism healthy or diseased after a fashion which removes this behaviour from the ordinary laws which regulate bodies. It is in this sense, but in this sense only, that Hahnemann refused to see in medicaments *dead substances in the vulgar acceptance of the term*, and that he declared them to be endowed with a pure force, dynamic or potential.

Medicaments enjoy, according to Hahnemann, another privilege. Contrary to the morbid causes which can produce their effects in individuals only so far as they are disposed to feel them, medicaments, suitably administered, develop their action upon

all, independently of the conditions of age, of sex, of temperament ; in a word they act at all times, under all circumstances, and upon all men.\*

\* This idea has been developed by Hahnemann in §§ 30-33 of the *Organon*, which we quote entire from Dudgeon's Translation :

§ 30. The human body appears to admit of being much more powerfully affected in its health by medicines (partly because we have the regulation of the dose in our own power) than by natural morbid stimuli—for natural disease are cured and overcome by suitable medicines.

§ 31. The inimical forces, partly psychical, partly physical, to which our terrestrial existence is exposed, which are termed morbid noxious agents, do not possess the power of morbidly deranging the health of man unconditionally ; but we are made ill by them only when our organism is sufficiently disposed and susceptible to the attack of the morbid cause that may be present, and to be altered in its health, deranged and made to undergo abnormal sensations and functions—hence they do not produce disease in every one nor at all times.

§ 32. But it is quite otherwise with the artificial morbid agents which we term medicines. Every real medicine, namely, acts at all times, under all circumstances, on every living human being, and produces in him its peculiar symptoms (distinctly perceptible, if the dose be large enough), so that evidently every living human organism is liable to be affected, and, as it were, inoculated with the medical disease at all times, and absolutely (*unconditionally*), which, as before said, is by no means the case, with the natural diseases.

§ 33. In accordance with this fact, it is undeniably shown by all experience that the living human organism is much more disposed and has a greater liability to be acted on, and to have its health deranged by medicinal powers, than by morbid noxious agents and infectious miasms, or, in other words, *that the morbid noxious agents possess a power of morbidly deranging man's health that is subordinate and conditional ; whilst medicinal agents have an absolute unconditional power, greatly superior to the former.*

Medicines or the so-called artificial morbid causes are as much natural agents as the so-called natural morbid causes. The former are artificial only in the sense that they are applied deliberately by the will of man to produce disease ; they do not in the ordinary course of nature happen to enter the human organism to create abnormal disturbances in it. The natural morbid causes are as a general rule wide spread agents, such as heat, cold, moisture, germs of infectious and endemic and epidemic diseases, to which we are exposed in the ordinary course of our terrestrial existence, and which either affect our body directly as a whole, or entering it through the skin and the various mucous membranes affect it partially at first, and then wholly in time. The effects of these natural morbid causes are no less absolute than are those of the artificial morbid causes. The action of the former upon the human system are governed by the same determinate laws as is that of the latter. Individual predisposition and susceptibility play the same part in conspiring with or resisting the morbid influence of the former as well as of the latter. The subordinate conditional character of the former, and the absolute unconditional character of the latter are only apparent.

In drawing this contrast between medicaments and the natural morbid



This absolute action, recognised in medicinal substances in the most explicit manner, has excited numerous contradictions, because it has not been understood. I will not, just now, enlarge upon this principle, which will be usefully developed in the *Commentary on infinitesimal doses*; I limit myself to say that by the absolute action of which he speaks, Hahnemann has understood two things: 1. that each medicament always and in all manifests the dynamic action which is peculiar to it; 2. that this dynamic action develops itself in all healthy men in whatever condition they may be found, and in all diseased men, provided that it was appropriate to their condition. But he has not said, and did not mean to say, that this action, considered in its intensity, will be the same in all, and that, therefore, it would be developed in all, when employed in the same doses, nor in the same attenuations. Thus the absolute effect is the specific action of each substance; and this action displays itself with greater intensity and rapidity, in doses more or less strong, or more or less repeated, according to the individuals and the condition of health or disease in which they are found.

### III. THE VITAL FORCE IN THE WORK OF CURE.

The dynamic action of medicinal substances thus established, causes, Hahnemann was guided more by his eagerness to support his hypothetical explanation of the law of similars than by his usual acuteness and penetration. But even in this matter his acuteness and penetration did not abandon him altogether. The parenthetical sentence in § 30, "partly because we have the regulation of the dose in our own power," explanatory of the fact of our organisms being much more powerfully affected by medicines, shows that he was aware of the non-essentiality of the distinction he was laboring to establish. Indeed it is accidental variation in the dose of the natural morbid causes in different individuals, which is one of the chief reasons of their not equally affecting them all.

Another error into which Hahnemann fell in contrasting medicinal with natural morbid agents was the assumption of the short duration of the action of the former compared to that of the latter. The periodical recurrence for years of certain pathological conditions produced by the first doses of certain drugs, and the evanescent character of the morbid conditions produced by certain natural morbid causes, show the correctness of our assertion.

Homœopathy has not only established therapeutics on the basis of a natural law, but it has, in our opinion, shed a flood of light on the Etiology of disease. Proving shows that the causes of disease are much more numerous than the few natural agents which were supposed to be the causes of all diseases. Guided by their light our investigation of etiology is likely to be more intelligent and more fruitful.

it remains to see how this action brings about the cure. If the question is to determine the mode of action, Hahnemann has fixed it by proclaiming the *law of similars*. But the law of similars expresses only the relation between the characters of the disease and the therapeutic properties of the medicament. It is not sufficient to indicate the mode of cure. It is, therefore, still necessary to precionise the action produced. One finds here the eternal dualism between the organ or organs and the vital force. According as one stops at one or other of the terms, one changes immediately doctrine and practice. For Hahnemann, and after what has preceded, the choice cannot be doubtful, and whoever would follow the ways of homœopathy ought to be arrested at this precept of the master: "A dynamic affection of the organism is extinguished in a permanent manner by another stronger one, when the latter, without being of the same kind, resembles the former very closely in its manifestations (*Organon*, §26).

What we have then to investigate and to produce in the work of cure, are *the dynamic modifications in the state of the human organism*. The second precept of Hahnemann follows strictly from his doctrine of vital dynamism. It leads to rigorous practical results, which experience justifies.

For those who make the organ a source and life a result, if ever they would apply homœopathic therapeutics, they would borrow from organic modifications the characteristic of medicaments subordinating to these last the dynamic modifications. They thus carry to the second plane the characters which appertain to the first, and *vice versa*. They thus reverse the data of the problem, and unsuccess attends their efforts. This is the rock upon which all organicians, who would limit the study and practice of homœopathy, wreck themselves.

For those, on the contrary, who sees in life an active cause like all other causes, and in organs a result, they establish their diagnoses upon a consideration of the dynamic modifications which diseases present, and determines according to them their therapeutic indications.

The distinction between the points of view of organicism and of dynamism is so sharp under practical relations, that there does not exist any possibility of reconciliation. Necessarily one of

the two terms is subordinated to the other ; and as a consequence the organic modifications will be, for the vitalists, subordinated to the dynamic modifications and engendered by them. The indications will be necessarily borrowed from the dynamic characters before all, and secondarily from the organic symptoms ; because we must not lose sight, in the Hahnemannian method, of any character not excluded. As much for the selection of the medicament as for the diagnosis of diseases, it is the totality of the symptoms that the homœopathic physician ought to utilise. Without neglecting any, there is, nevertheless, a sort of hierarchy (gradation) among them ; and this hierarchy of symptoms is established after the law of their development ; it is this which gives the degree of their importance.

Here is one of the greatest difficulties of homœopathy, one of the chief obstacles that stand in the way of its penetrating into the ranks of allopathy. When one comes to the study of homœopathy after having been long fashioned in allopathic habits, it is difficult to emancipate oneself from the principles which govern old medicine, to see, for instance, in what are called pleurisy and pneumonia anything but an inflammation of the lung and of the pleura, and in typhoid fevers anything but a follicular eruption of the intestine. It is more difficult still not to pay regard to the organic alterations which have served to discover these states as the point of departure of all other symptoms, of all existing functional troubles. More difficult still will it become to proceed to seek the indications to fulfil elsewhere than in the organic alterations. When one approaches the study of the homœopathic materia medica from this point of view, one is necessarily condemned to miss the exact similitude between the medicament and the disease, the very first condition of success. Because pure experimentation, always giving the dynamic modifications produced by each substance in great detail and with a precision which leaves nothing to desire, rarely give with the same precision the organic modifications which are their consequences. Then they attempt to make use of clinical facts often confounded in repertories with the facts of pure experimentation ; and those facts, often ill defined and more often ill appreciated, far from simplifying, add to the difficulties in the choice of the medicament.

To resume: man is a living being. As such, nothing, that may be related to the state of health or of disease, can ever happen in him, which has not life for its origin and for its point of departure. Human dynamism becomes then the supreme law of all physiological actions which happen in man. When man falls ill, it is human life which is put out of its normal rhythm. When man returns to health, it is still life which returns to its normal conditions. The influence under which this return to health is brought about is, in its turn, neither a physical action, nor a chemical operation, but a dynamic action produced by the pathogenetic force which resides in the therapeutical agents, a force distinct from other forces, and which constitutes the virtue of each medicament. Here we have the Hahnemannian dynamism.

(*To be continued.*)

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### CROTALUS AS A REMEDY.

(*Continued from p. 299, No. 8, Vol. xiii.*)

Among human ailments fever holds a most important position. Indeed, it is impossible to exaggerate its importance either as a disease by itself, or as an accompaniment, often forming a serious complication, of other diseases.

When it forms a disease by itself, the symptoms of the typical form are chill, heat, and sweat, occurring in the order in which they have been mentioned. Of these the most constant symptom is heat, that is, elevation of temperature above the normal which in man, is 98.4 Fahrenheit. In a great many cases chill or sweat or both may be absent. Very rarely heat may be entirely absent, the fever being marked by chill alone or sweat alone. These cases, however, require to be minutely examined with reference to variations of temperature, and though there may not be at any time elevation of temperature above the normal, yet if the range of variations is greater than physiological, for the particular case, these variations should be looked upon as corresponding to fall and rise of the chilly and the hot stage. Fluctuation of the body-temperature, therefore, beyond physiological limits, constitutes the essential symptom of fever or the febrile condition. The discovery of a heat-centre for regulating the temperature of the body lends strong support to the view we have taken.

The four stages of chill, heat, sweat, and apyrexia may be variously modified, not only as regards their degree and intensity, but even as regards the order of their succession; and accordingly we are presented with numerous varieties of fever from this circumstance alone. But there are other circumstances which multiply varieties of fever. Indeed, there is scarcely a case of the disease which does not differ from others in some particular or other, which, in fact, has not an individuality of its own.

In correspondence with the importance of the febrile condition must be the importance of the drugs which are capable of producing this condition in healthy man. The importance of these is enhanced by the fact that each produces a febrile condition with symptoms peculiar to itself, corresponding with some form or other presented by the natural disease.

Of the drugs which produce the febrile condition, the serpent poisons, especially those under consideration, form a most important class, but for which it would have been impossible to treat some of the most virulent forms of the disease.

The following observations which Dr. Hayward has made with reference to *Crotalus* as regards the class of fevers for which it is remedial are, as he himself has remarked, equally applicable to *Lachesis* and *Cobra*: "High sthenic fever, or primary inflammatory fever, is not well represented in the symptoms of *Crotalus*; but low asthenic fever and secondary inflammatory fevers are, and very distinctly, especially those arising from septic or zymotic influences. Low asthenic septic fever is indeed the characteristic constitutional condition in *Crotalus* poisoning, just as gangrene and hæmorrhage are the topical effects. This will be seen to be so by reference to the 'modes of death,' the 'causes of death,' the 'constitutional effects,' and 'also some pictures of *Crotalus* poisoning.' By reference to these it may be seen that in the pathogenetic effects of *Crotalus* are very complete representations of not only the onset but of the course and termination of most low fevers, whether septic or zymotic; and that although the fever of *Crotalus* bears a remarkable resemblance to that of the zymotic diseases—variola, scarlatina, typhus—it is more exactly analogous to that of septic poisoning and secondary infection, such as puerperal and hectic, and the fever attending dissection wounds, secondary absorption

from the throat and diphtheria, and from the skin in the maturation stage of variola; and that attending local infective diseases, such as malignant pustule, carbuncle, phagædena, &c., and that resulting from the stings of venomous insects, such as wasps, bees, spiders, &c." Dr. Hayward very justly concludes with the remark: "In all these cases, the serpent-venoms, and especially *Crotalus*, are pre-eminently homœopathic and rapidly curative."

The fever picture of *Crotalus* may be drawn from the following symptoms which were noted after bite or during provings:

Skin cold, pulse 100, answers incoherent, and nausea. Feeling of great depression, with cold skin and weak pulse. Arm quite cold; skin generally unnaturally cold; no pulse. Hand cold and numb; sensation of coldness in hand. Skin of extremities cold. Cold rigors running over her; deadly sick; pulse 120, small, quick and thread-like. Complained of feeling cold, and vomited. Surface cold and bathed in perspiration (passed off under whisky and ammonia). Patient was covered with cold perspiration, and shivering like one in the cold stage of an intermittent; the countenance was anxious, the breathing hurried, pulse frequent and feeble; and an involuntary evacuation of urine every few minutes (relieved by hot brandy). ~~Felt~~ cold and covered himself.

Heat and itching of palms with flushing of heat throughout the body, worse next morning, accompanied by much palpitation and trembling of heart, and a feeling as if heart tumbled about. Febrile heat, not dependent on increase of pulse. Great heat over whole surface of body, quick pulse; salivation, saliva dark color, viscid, and thrown out with difficulty. Skin hot and dry; eyes red and fiery; pulse very weak, ranging from 115 to 130; respiration difficult and hurried, partially delirious. Dry consuming fever tortures him; with dry tongue and incessant thirst. Feverish and spitting blood. Violent fever, by turns delirious. Annually at the same time pains, swelling and fever, with blue and yellow spots on body. Extreme dryness and some feeling of heat of palms. Skin of bitten hand so extremely dry, that he had to apply poultices for several days.

Perspiration cold, with shivering as in the cold stage of intermittent fever. Perspiration profuse, with redness of whole body.

Dr. Nicholas B. L. Manzini, in giving an account of the

inoculations with *Crotalus* venom practised by Dr. W. L. Humboldt in the military and naval hospitals of Havana, in 1854, as a prophylactic of Yellow Fever, has remarked that "nothing was of higher interest than the fevers from which the inoculated suffered. They resembled Yellow Fever in its initiary stage. Nothing was wanting—expression of the countenance, pain in loins, headache, the symptoms of the gums, and those fevers which made their appearance in such an alarming manner did not last longer, in five out of seven cases, than from twelve to forty-eight hours."

The following symptoms give the fever picture of *Lachesis*: Chilly, indolent, and prostrated; obliged to lie down flat on ground near fire-place, which made him feel better. Violent general chill, with tearing and distension of abdomen. Once in the evening, violent chill, with chattering of teeth, and feeling as in trismus. General sensation of coldness, with coldness and longing for fire. She was obliged to lie down whole day on account of fever; coldness, without thirst, heat, or sweat; maturation of old pustules on the elbow, in the evening. Single paroxysms of shivering. Shivering during heat. Chilliness in back, beginning in small of back. One-sided (chiefly left) coldness of head. Sensation of coldness in left side of head and left ear, though they are warm, relieved by external warmth. Immediately, a feeling of coldness in stomach, as if an intermittent fever, which he formerly had, would suddenly return. Coldness of pit of stomach, alternating with heat. Cold calves and knees at times only, on left side; cold feeling of right ankle. Cold feet followed by heat and pain of toes; or with roaring in ears; or with unconsciousness which disappear when they become warm. Coldness of the feet, with oppression of the chest. Icy coldness of the feet. Crawling in left calf, with cold feet and icy cold ankle. Creeping from left shoulder to head. Creeping from anus up back to head, during fever.

Disagreeable warmth over the whole body without perspiration, in the evening. Sensation of heat at night, with restless sleep. Heat as from orgasm of blood, with sensitiveness of throat. Febrile heat, fulness of head, drawing in some teeth and in bones of face; eyes glistening, indicating exhaustion; with pain in knees as if sprained; next day, febrile heat with

the same symptoms, and in addition, irritability; extremely restless, and uncomfortable symptoms as in influenza; the day following, some catarrh with fever. Fever; at first much thirst, then, after some shivering, lingering heat without thirst, during which he desires to be covered; and so several attacks in the morning and during day, especially evening; at times transient perspiration. (This was relieved by China). A kind of fever commencing at 3 A. M.; drawing from the toes upward and urging to stool, with frequent soft stools during the whole time; then drawing in right side and in anus, extending up to chest and above region of kidneys, with sensation of warmth, together with pressure in chest and sighing (and a pressure about heart lasting few days), followed by chilliness and stretching with some thirst; shaking chill in the open air, afterwards a creeping from anus to head, with dulness, dizziness, roaring in ears, dazzling before eyes, weakness of arms, crawling about and twitching in flesh, even in the limbs, together with yellow color of face, frequently recurring, always after taking vinegar. Constant fever with dry skin, dry mouth, and constant thirst. Violent fever every evening, with loss of appetite and headache; internal chill with external heat; in the evening great febrile heat, which lasted all night. Every evening feverish, hot palms and hot nape, during which the rubbing of other people is extremely beneficial. A feverish condition, always after taking vinegar and salt things. Orgasm of blood, restlessness, anxiety, pressure upon chest; violent, quarrelsome, morose for several days; he involuntarily speaks louder and more distinctly than usual; thinks clearly and expresses himself well, but has no memory; does not hear or understand what others say to him. Disagreeable news causes the most violent orgasm of blood, still he is at last master of it. Palms, soles, abdomen very hot whole evening, with sleepiness without being able to sleep, fanciful imaginings, sensitiveness of the throat, inability to endure bed-covers or shirt. Very hot hands and feet, with violent tearing in latter, especially in evening; she does not know where she shall put her feet in order to find a cool place. Burning of palms and soles.

Sweats easily and profusely. Perspiration at night, with catarrh and cough. Perspiration, with vomiting of bile, in



nightly paroxysms. Profuse sweat at times at night; also frequent emissions. Profuse perspiration with increased, full, hard pulse, after moderate exertion, in evening. Transient perspiration between paroxysms of fever. Perspiration on back stains shirt sulphur-yellow. Perspiration in axilla strong-smelling, also smelling like garlic. Immoderate sweat of feet; the toes are quite wet, in the morning in bed.

The following symptoms furnish the materials for the fever picture of Cobra: Very chilly from 6 to 8 p. m., could not stay away from the fire, felt better after that. Chills and partial heats at 8 p. m.; considerable fever with partial chills at 11 p. m. Feels very cold and uncomfortable. Feels starved, cold, and miserable; glad to huddle into bed; offended with the least draft of air. Chilly creeping over left foot and leg. Feet and legs cold, hands hot. Great coldness of the extremities, particularly the hands. Feet very cold whole day, unusually so. Feet, which are usually very warm, became very cold and easily chilled; frequent inclination to move the legs, to stamp, &c., to keep up circulation. Very cold feet on going to bed, though he had been sitting in a warm room. Ley coldness of the left arm and back of hand, cannot keep it warm; the coldness affects all the left side, despite all the care to keep it protected; it is rather peculiar, for though the skin feels icy cold to the touch, there is no numbness or stiffness in the joints affected; towards night the coldness shifted to the right side, retained the same character, was so bad at night as to hinder sleep.

Hot skin and pain in a small encysted tumor over upper part of left acromion process. Burning heat in face, especially on left side, with slight flushing. Great heat of palm of hands, and body generally warm. Hands hot, and much perspiration on palms. Feels uncomfortable and feverish, lips dry, mouth tender and hot. Very feverish and prostrate; appears to frequently lose all power of using limbs; unable often to make the least effort from sheer sense of exhaustion. Towards evening, complains of feeling generally very unwell, as though about to have a fever. Heat and uneasy aching about the heart, towards evening.

A careful review of the foregoing symptoms shows that while there are some points of resemblance between them, there are

points of difference which mark off each poison as distinct from the others. Hence they cannot be used indifferently in all cases of fever characterized by a low typhoid state. To be remedial they must be used strictly homœopathically, that is only in cases which present symptoms which correspond with their distinctive symptoms.

Dr. Hayward is enthusiastic in extolling the remedial virtues of *Crotalus* in fevers of a hæmorrhagic and putrescent character. The action of the remedy in the two cases of *Scarlatina Maligna* (hæmorrhagic), which occurred in his own family, was so marked and prompt as to induce him to take the interest in it he has done, and which has resulted in the production of a most exhaustive monograph that has been published. The cases are so remarkable that we transfer them to our pages for the benefit of our readers:

CASE I.—Miss H—, æt. 9, was apparently quite well on the 5th of October, 1870, but in the evening she complained of sore throat, with headache and dizziness. On examination the fauces and tonsils, especially the left one, were found dark red and swollen—œdematous. *Bel.* was ordered every two hours.

During the night the patient was very restless and feverish, and retched a good deal, getting up some dirty-looking slimy mucus. At eight o'clock next morning she was found to be extremely weak and very tremulous; her pulse was 160; the skin was dry and burning hot, and there was some brownish miliary rash on the chest; the tongue was furred, the mouth dry; great thirst, but drinking only little at a time, apparently because swallowing was painful; the fauces and tonsils were mottled with rather bright redness, and considerably swollen, as if with serous effusion into their structures, and there was a dark, dirty, sloughy appearance on the left one. *Bel.* and *Rhus* were now ordered every hour alternately, and a wet compress applied outside over the tonsils.

In consultation, at 11 a. m., Dr. Drysdale diagnosed scarlatina maligna, and suggested *Aco.* instead of *Rhus*, to be alternated with *Bel.*; these were given alternately every hour until evening. During the day she steadily grew worse; the pulse increased in frequency and feebleness. There were extreme prostration and torpor, so that she lay apparently unconscious, except when roused by the retching of the brown, slimy mucus. The tonsils enlarged rapidly, making considerable fulness at the angles of the jaw, and causing the head to be thrown up and backwards. Swallowing was very painful and difficult. In the evening of Oct. 6th, that is, twenty-four hours after the beginning of the illness, as she was rapidly growing worse, *Rhus.* and *Merc. Binjod.* were substituted for the *Aco.* and *Bel.*, and alternated every hour. During the night she continued to grow worse in

every way ; was extremely restless and uneasy, moaning constantly and attempting to turn about, but was apparently too prostrate to do so, and dirty mucus trickled from her mouth.

In the morning of Oct. 7th, all the symptoms were worse ; the throat was nearly closed, and she breathed with difficulty, with an occasional interruption as though from the swollen condition of the fauces ; the fauces and tonsils appeared softened, jelly-like, and as if gangrenous, and the head was thrown upwards and backwards as far as possible. There was retching when anything was given by the mouth, even a tea-spoonful of cold water would provoke it, and the matter brought up consisted of mucus reddened with the blood apparently oozing from the mucous membrane or resulting from the gangrenous state of the fauces, with some blood in streaks as if forced out by the retching. After retching she always fell back on the pillow moaning, in a very weak and low voice, as though dying ; she also sank down in the bed in a state of stupid lethargy like a dying typhus patient. The breathing was sighing, jerky, and intermittent, and there was loose, tickling, almost incessant cough, as though from trickling of the mucus into the larynx ; the pulse could scarcely be felt ; the rash was only faintly visible, and was brown and rough. Appreciating now the hæmorrhagic character of the attack, *Crotalus* was (in the morning of Oct. 7th) given internally, in the 4th attenuation, a drop in a tea-spoonful of water dropped slowly into the mouth every half hour. *Canth.* (mother tinct.) was also poured on the compress which was applied over the tonsils, in order to raise the cuticle, with the object of applying *Crotalus* to the denuded cutis. In the afternoon she appeared to be dying. The *Canth.* having raised the cuticle round the throat, this was removed, and the wet compress was sprinkled over with *Crotalus*, 3rd trituration ; this was renewed after an hour, and then every three hours.

There was no retching after the first application of the *Crotalus* to the denuded cutis ; not even when beef juice was administered, but the respiration and the pulse remained much the same. In the evening as I sat by her bedside (for she was my daughter), expecting every moment to be her last, I noticed she gradually became less distressed ; and during the night she dozed at intervals. Towards morning she really slept, and the breathing gradually became less hurried and irregular ; and on being roused for a dose of medicine she opened her eyes, and seeing me she exclaimed : "Oh! Pa," as though surprised at my presence.

By 8 a. m., Oct. 8th, the pulse had fallen to 120, and could be distinctly felt ; the respiration was becoming easy ; the head was less thrown up ; and the struggle appeared to be turning in her favour. The rash was now freely out on the body and legs, it was, however, of a purple colour. At his visit about 11.30 a. m., Dr. Drysdale was surprised at the alteration, and he gave a favourable prognosis. The same medicine was continued, now every two hours, and a simple water compress was kept to the throat. During the day the rash gradually brightened in colour, and all the distressing symptoms receded rapidly, so that by evening she was able to

drink with but little difficulty or pain ; the respiration was almost normal and the pulse was 100, and had gained some force and fulness. She slept during the night and the next day, that is, Oct. 9th, her appetite began to return, and she looked wonderfully better ; the change was really marvellous. From this date her recovery went on rapidly and steadily, the cuticle exfoliated rapidly, so that by the aid of vinegar baths and lard inunctions the skin was about natural on Oct. 14th.

CASE II.—J. D. H.—, æt. 13, brother of the above, began to complain on the 5th day after his sister, that is, Oct. 10th. His attack began in the morning, and was marked by much the same symptoms as in his sister's case. He had *Rhus* every hour and a wet compress outside over the tonsils. There was at once great weakness, much trembling, and staggering to falling before evening, and there were headache and nausea. The fauces and tonsils were dark red, and during the day they became tumid, and swallowing became painful and difficult. Pulse 130, small and soft. He had a restless, feverish night, with increase of all the symptoms, especially those of the throat ; the prostration was extreme, and on blowing the nose it bled freely. The next morning, Oct. 11th, there was some brown miliary rash on the chest, and all the other symptoms were worse. *Crotalus* was now exhibited internally every hour, and *Canth.* (mother) was poured on the wet compress round the throat. There was much hæmorrhage from the nose during the day, and reddish mucus hawked up from the fauces. In the evening he appeared much the same. The cuticle raised by the *Canth.* was removed, and *Crotalus* 3rd trit. sprinkled on the compresses as in the former case, and *Crotalus* 4th was continued internally. The epistaxis returned twice during the night. Next morning it was evident he was to recover. He made a like rapid progress with his sister, and was soon in fair health again. In this case, as in the former, *Crotalus* arrested the blood-poisoning almost immediately, and turned the scales in favour of the patient in a few hours.

(To be continued.)

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## REVIEW.

*Homœopathy: All about it; or, the Principle of Cure.* BY JOHN H. CLARKE, M.D., Physician to the London Homœopathic Hospital, Lecturer on Materia Medica to the L. H. H. Medical School, Fellow of the British Homœopathic Society; Extraordinary Member of the Royal Medical Society of Edinburgh; Author of the "Prescriber," "A Dictionary of Domestic Medicine," &c., &c., Editor of the *Homœopathic World*.

It is now nearly a century that the law which expresses the relationship between diseases and their true remedial agents has been discovered, raising therapeutics from a state of chaos into that of a positive science capable of progressive and indefinite development. This development is only possible if the professors of the healing art would work under the guidance of the law. Wonderful, though sad to relate, that though the law is capable of the most complete demonstration, the medical profession as a body have never deigned to examine the proofs which establish the law, but have rejected it on purely theoretical and à priori considerations. Had the profession contented itself with an attitude of simple neutrality towards the discoverer of the law and his followers, there would not have been much cause for regret. But interest being concerned simple neutrality was out of the question. And accordingly we find that from the time of the first announcement of the law the members of the profession, vaunted as the noblest and the most sacred, concerned only with "the relief of man's estate," has showed an attitude of hostility and displayed an amount of bigotry and perversity, unparalleled in any other human affair, religion only excepted.

It is needless to say how much the development of therapeutics has been hampered by this attitude of the profession, for much of the energy which should have been employed in raising the superstructure has been diverted in defending the workmen in peacefully going on with their work. It is, therefore, a matter of not only theoretical importance, but of the deepest concern for suffering humanity, that homœopathy should not have yet passed the stage of controversy, and that not its practitioners alone but that even its lay adherents should still be subjected to the most unwarrantable persecution.

Under such circumstances books like the one under review are a necessity from time to time.

The author is an elegant and accomplished writer who has, by his already published numerous works, and by an ably edited journal, has done and is doing excellent service in the cause of homœopathy. The present work had its origin, we gather from the preface, in the request of friends and patients "for some handy work on homœopathy which shall give them the means of answering their friends (medical and other) when the latter affect to put down homœopathy and its adherents with a few contemptuous expressions." Although innumerable works have been published with a similar object, since the birth of homœopathy, we believe Dr. Clarke has succeeded in producing "one which gives in handy form a sufficiently complete and compact survey of the question for everyday use."

The book consists of eleven chapters, in each of which some point touching homœopathy is clearly and (occasion requiring) forcibly expressed. The chapter on the infinitesimal dose is particularly interesting and instructive, inasmuch as the latest revelations in other departments of science have been taken into requisition to throw light on the apparent paradox of the law of similars, the much laughed at and apparent absurdity of the action of infinitesimals, and the greatest stumbling block of homœopathy—the solubility of the insolubles. The book must have been published before the remarkable address delivered by Prof. Schäfer on Physiology at the last meeting of the British Association at Oxford, otherwise we are sure he would have adduced the most recent discovery of Physiology regarding the central or attraction particle of the living cell, as illustrating in the most evident and indisputable manner, the importance and the influence and the power of the despised infinitesimal. "It is almost as minute an object," says Prof. Schäfer, "as it is possible to conceive. In a cell which is magnified a thousand diameters the central particle appears merely the size of a pin-point. Yet this almost infinitely small object exerts an extraordinary influence over the whole, however large (and the cell may be thousand times its size); for it initiates and directs those processes which result in the multiplication of the cell, and, indirectly, therefore, it is concerned in directing the general growth of the individual, and ultimately the propagation of the

species." Have we not here, in the last utterances of the scientific physiologist, the most unexceptionable testimony to the profound foresight which as it were compelled Hahnemann to cling to vital dynamism?

The concluding chapter gives, in a few clearly-stated aphorisms, an excellent idea of the LAW and the DOSE of Homœopathy. This little work is a lucid and admirable exposition of Homœopathy, which will interest, we are confident, "not friends and foes of homœopathy alone, but also that large section of the community who have never found an opportunity of learning anything about the New System, either for or against." The price is very moderate, being only a shilling, and this should place it in the hands of every one who has concern for health and, therefore, ought to be interested in the greatest medical reform of the century.

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*The Bee Line Repertory*, BY STACY JONES, M.D. Philadelphia; Bœricke & Tafel. 1894.

In homœopathic practice repertories have become, as we have often said in these pages, an indispensable necessity. An ideal repertory, as Jahr calculated, would be so voluminous as to seriously detract from its practical utility. The British Cypher Repertory, when completed, would prove a marvel of condensation of volume with the presentation of the minutest detail of symptom. But for the ordinary busy humble practitioner, even such a repertory will not be the thing he will hourly want. What he wants is not so much an elaborate repertory, as a concise refresher of the memory, which will recall to mind not so much the symptoms of drugs, as the drugs themselves which have been useful in the prominent symptoms of the diseases commonly met with in practice. Such a refresher is presented by Dr. Jones's book which, we must say, however, requires much more elaboration than has been bestowed upon it in this first edition, and in which there are some serious omissions which have strangely escaped the author's notice. Thus the author in the preface suggests that the practitioner should specially consult the CONDITION OF AGGRAVATION AND AMELIORATION, and yet nowhere in the body of the work is such a thing to be found. The plan of the work is good, but requires to be carried out in yet greater detail than has been done, in order that it may justify its title of being not only the shortest but a really useful repertory.

## EDITOR'S NOTES.

## A NEW DEPARTMENT OF THE PASTEUR INSTITUTE IN PARIS.

We learn from *Nature* (Sept. 13) that this new department recently established, has been placed under the superintendence of M. Metchnikoff, with M. J. Danysz as assistant; and will be concerned with (1) the collection and cultivation of all the pathogenic microbes of insects and animals destructive to crops; (2) the study of the conditions of development of these microbes in animals and on various media; (3) the direction of field experiments; and (4) the superintendence and control of practical application of the results of laboratory work. The best means of applying these results will be discussed by a *Comité d'études* consisting of naturalists, agriculturists, and some specialists in mycology, bacteriology, and agriculture. A *Bulletin* will be published containing notes and communications to the department and the committee, and the proceedings of meetings. The new department, which has received the name of Station expérimentale de l'institute Pasteur, is calculated, in association with the Laboratoire de Parasitologie of the Bourse de Commerce and the entomological station of Paris, to render useful service directly to agriculture in France and indirectly to agriculture in general.

## THE PROBLEM OF IMMUNITY FROM INFECTIOUS DISEASES.

The theory of phagocytosis, first introduced a few years ago by M. Metchnikoff, the chief of the Pasteur Institute of Paris, has received a rude shock at the recent meetings of the international Congress of Hygiene and Demography. According to Prof. Metchnikoff the immunity from infectious diseases is due to the action of certain cells (leucocytes) which eat up the germs, and have hence been called phagocytes. Prof. Buchner, of Munich, read a paper on the subject at the meeting of the department of the Congress which deals with infectious diseases and bacteriology. In this paper the theory is maintained that the germs of these diseases are mainly destroyed by certain chemical substances contained in the watery part of the blood. The following is the summary of Prof. Buchner's paper: "The natural capacity for resistance to infection (the so-called natural immunity) rests on essentially different conditions and causes from the artificial or acquired immunity. The former rests on the one side upon the bactericidal activity of a substance called Alexine, which is secreted by the organism, on the other by a natural insusceptibility of the cells and tissues of the body to particular bacterial poisons. The leucocytes play an important part in the natural protection of the organism, not, however, as phagocytes, but through the action of substances secreted by them. Acquired immunity, upon the other hand, rests on the presence of modified bacterial products, the so-called Antitoxine, either in the blood or in the tissues of the body."



## THE USE AND ABUSE OF ACONITE.

Dr. Walter M. James, Editor of the *Homœopathic Physician*, has a good short article on the above subject in the Sept. number of that Journal. He has very properly said that "whenever the doctor does not know the indicated remedy he gives Aconite, and justifies himself by reflecting that Aconite is always indicated in fever." Similarly most books on practice, especially those of domestic practice, advise its early exhibition whenever there is fever. Accordingly the household matron, whenever any child is taken ill with fever of whatever character, at once has recourse to Aconite and administers frequent doses until the doctor comes. But says Dr. James, "Aconite is NOT the most frequently indicated remedy. Many other remedies have fever as strongly marked as has Aconite." He then points out the following characteristics of Aconite which are not invariably found in all cases of fever: "One of these symptoms is *fear of death*. *The patient predicts the day he is to die*. Another symptom is the *restlessness, thirst, and anxiety*. If the patient be a child it will hardly show the first mentioned symptom—fear of death. But the anxiety, thirst, and the restlessness appear as soon as night fall. *Aggravation at night* is then another characteristic of Aconite." On the restlessness of Aconite he remarks: "As described by the late Dr. Lippe, it is a rolling and tumbling about the bed 'just like a kitten.' The restlessness of Apis is of the same character. The Arsenic patient, on the other hand, is possessed with a restlessness which drives him out of bed, from one bed to another, or from one chair to another, or from one room to another. The Aconite patient remains in bed, but tumbles about the bed and rolls over and over." The last characteristic pointed out, is the bright red face of Aconite contrasted with the purple red face of Belladonna which has a similar restlessness. All these characteristics remembered, there can be no mistake about the exhibition of this precious drug.

## A NEW GAS IN THE ATMOSPHERE.

We learn from *Nature* (Aug. 23), that at the meeting of section B of the British Association at their last annual gathering at Oxford, the announcement was made by Lord Rayleigh and Prof. Ramsay of the existence of a new gas in the atmosphere. "It appears that certain experiments of Cavendish pointed to the presence, in air, of some substance other than the gases with which we are familiar. Attention was recalled to this substance by the fact that the density of nitrogen obtained from atmospheric air differs by about  $\frac{1}{2}$  per cent from the density of nitrogen obtained from other sources. It was found that if air with excess of oxygen be subjected to electric sparks the resulting nitrous fumes absorbed by potash, and the excess of oxygen by alkaline pyrogallate, there remains a residue which is neither oxygen nor nitrogen, as can be seen from its spectrum. The same gas can be isolated by exposing nitrogen obtained from air to the action of magnesium. As the magnesium gradually absorbs the nitrogen, the density of the residual gas gradually rises to nearly

20. The newly discovered substance constitutes nearly 1 per cent. of the atmosphere, and gives a spectrum with a single blue line much more intense than the corresponding blue line in the nitrogen spectrum."

This discovery, as was observed by Sir Henry Roscoe in proposing a vote of congratulation, was the outcome of a purely physical observation. The simple difference in density and in the intensity of the blue line in the spectrum is not enough to establish an absolute chemical difference between the two gases. Perhaps we may be startled, ere long, with the discovery, arrived at by chemical investigation, that the new gas is after all but an allotropic modification of "old" Nitrogen.

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THE LATE PROF. HELMHOLTZ.

Hermann Ludwig Ferdinand Helmholtz was born at Potsdam, August 31, 1821. His father was a Professor in the local Gymnasium, and his mother belonged to an English family. While yet a school boy he manifested a great liking for science, and is said to have studied all the books on physics in his father's library; but as there was little chance at that time of making a living out of physics, he betook himself, on the advice of his father, to the study of medicine, and entered the Army Medical School,—the Friedrich Wilhelms Institut. After quitting the school, he became a military surgeon. In 1848 he was appointed Assistant of the Anatomical Museum of Berlin and Teacher of Anatomy at the Academy of Arts. In 1849 he became Professor of General Pathology and Physiology at Königsberg, from whence he went seven years later to the Bonn University in a similar position. In 1859, he held the chair of Anatomy and Physiology at Heidelberg, and in 1871 he was appointed Professor of Natural Philosophy in the University of Berlin, and held this post until the 9th of September last, the day of his death. During his career as army surgeon, when he had little knowledge of Joule's researches and none of those of Mayer, he developed the principle of the conservation of energy in his essay, entitled "Ueber die Erhaltung der Kraft," published in 1847. While at Königsberg, he designed the Ophthalmoscope for the diagnosis of diseases of the inner parts of the eye. His two greatest works are "Physiological Optics" and "Sensations of Tone as a Physiological Basis for the Theory of Music," in which he elucidated the processes, mechanical, physical, physiological and psychological, which are concerned in the very complex functions of seeing and hearing. Helmholtz's contributions to knowledge were not confined to what we have enumerated above. His was a many-sided genius, and there were few branches of knowledge, not excepting even metaphysics, which were not enriched and illuminated by the thorough and penetrating character of his researches. His remarkable career shows how the physician of all men by virtue of his calling has all science for his monopoly and all nature as the field of his operations. In him science has lost a true votary and the world a great benefactor.

## THE BACTERIOLOGY OF CHOLERA.

*Nature*, of Sept. 20, has given the following summary (based on the *Times*' report) of a debate on cholera at the afore-mentioned meeting of the Congress of Hygiene:—"Prof. Max Gruber said, at the commencement of his address, that the bacteriology of the disease is by no means so simple as was once supposed; 'the deeper investigation goes the greater the difficulties that rise up before us.' The result of his own investigations had brought him to doubt the specific character of the cholera bacillus. 'The question,' he said, 'is in this strange position that, while we know with certainty that the vibrios which appear in cholera are the cause of the symptoms of the disease, we do not know for certain that these vibrios are of a distinct species. We cannot say for certain whether in all cases of true cholera they belong to a single species or to several, whether they are distinct from our own native vibrios or not.' He was inclined to think they were not distinct, and propounded a quite new theory to the effect that these native and harmless vibrios take an injurious character and give rise to cholera when some other at present undiscovered germ is introduced, for it is certain that cholera is introduced, and yet apparently the germs are here all the time. M. Metchnikoff, on the other hand, defended the specific character of the cholera vibrio, but admitted that it was not everything. It is frequently present, and yet does no harm. To explain this he has invented yet another new theory, very curious and rich in appalling possibilities. The cholera germ, he thinks, is only powerful for evil when the native bacilli of the human interior, the *flora* of the stomach and intestines, as he quaintly calls them, are favorable to its growth. It is pointed by our contemporary (the *Times*) that the utterances are interesting as marking a distinct change of front and a distinct advance in knowledge. Bacteriologists, as the result of their own investigations, are beginning to come into line with the position long maintained by other observers, who reached their conclusions by the old method of studying the facts of epidemic disease. The germ is, no doubt, the cause of the disease, but it alone will not suffice. Its effects depend upon the conditions in which it is placed, upon its environment; it must have a favorable soil in which to grow, or it changes into a harmless variety. And this bacteriological doctrine has an important bearing on the encouragement of hygiene, for it helps us to understand more precisely how hygienic measures work in rendering the soil unfavorable to the growth of the injurious micro-organisms."

## A FATAL CASE OF POISONING BY SEWER AIR.

Dr. H. W. Webber has reported the following case in the *Lancet* (Sep. 22). The patient was a female child of about four years of age, and had been suffering from sore throat and difficulty in breathing when the doctor had been called in. Before this the child had "mumps" as the parents described, for which no medical help was necessary. The parents complained of bad smell from the adjoining

premises and also from the bath room of the same house. On examination it was found that the sewer air had been polluting the atmosphere of the house, on account of the bad cover of the pits. Several inmates of the house had been suffering from sore throat and anæmia for some time past. The child looked very pale and anæmic. The examination of his throat did not reveal anything, on account of the mucous membrane being covered with mucus rendered frothy by the admixture with air. There was no formation of membrane as far as could be seen. The tongue was thickly coated, and purulent white discharge oozed out from the nose. The temperature ran up to 102° F. The child was so weak and profoundly anæmic that syncope threatened every moment when she stood or sat up for any length of time. The heart sounds were feeble. The cardiac impulse was diffuse and was felt at the sixth interspace, one inch internal to the nipple. The liver was uniformly enlarged, reaching downwards to a level of two inches above the umbilicus. The child's urine lessened in quantity and a small amount of fibrates and albumen were found to be present. After a certain time the liver reached the level of the umbilicus. The bowels of the child became first constipated and then gradually loose. On the day before her death she had six semi-solid motions. There were inspiratory râles and dull percussion note at the bases of the lungs. The liver was tender and the child expired after a short time.

Such cases of poisoning by sewer air are not uncommon in Calcutta, several of them passing quite unnoticed. The so-called biliary cirrhosis of children in these days, though attributed to malaria, has no doubt for one of its causes the poisonous action of sewer gas. The poor of the town are much more exposed to sewer air than the upper classes—having for their home lowly huts with a pit trap in the yard whence sewer gases pollute the whole atmosphere of the hut. What wonder that infants living in such places should suffer from anæmia and enlargement of the liver?

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## CLINICAL RECORD.

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*A Case of Renal Colic, relieved by Berberis Vulgaris 2 x.*

By Dr. MAHENDRA LAL SIRCAR, M.D.

A young lady of 16, in the eighth month of pregnancy, was attacked with severe pain in the left kidney on the morning of the 1st Aug. last, and was free from it in an hour and half, without anything being done for it. It however made its appearance every day, but not at any stated time, and used to last from an hour and half to two hours. A homœopathic friend, in view of her delicate condition, could not venture to give her any medicine internally, but simply had given her *Puls.* 30 to inhale. This, however, was without effect.

I saw her at about 6 p. m. of the 7th inst., the 7th day of her illness. About a couple of hours before my visit she had begun to

have the pain which, instead of leaving her as usual, was getting more and more excruciating. On inquiry I learned that the pain is ushered in by frequent urging to urinate with very scanty discharge, the scantier the discharge, the greater the severity of the pain. The pain runs down along the left ureter to the bladder. During the pain there used to be both vomiting and stool, and the pain would cease only when the discharge of urine was copious. At first the pain used to disappear all at once; but for the last two days its cessation was gradual.

On inquiring into the history of the case, I learned that she had the pain once about 2 years ago, that it had then lasted about 4 days, and that she was ordered by her physician to take lithia water which she did for 12 days, that is, for eight days after the pain had left her. So the present was her second attack.

I gave her *Berb.* 2 x, one drop for a dose, to be repeated every 2 hours for three or four doses if necessary. I learned on the following day that she had to repeat the medicine only once, after which she fell asleep, and has not had the pain since.

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*A Case of Acute Rheumatism* after taking decomposed Shrimps.

UNDER THE CARE OF DR. M. L. SIRCAR.

Reported by Amrita Lal Sircar, L.M.S.

Sheik Golam Ibrahim, Mahomedan, aged 40, of Calcutta, our press-man, suffered from acute inflammation of both the ankle-joints. The patient states that on Thursday the 6th of September he took some cooked shrimps with his evening meal, which were not quite fresh but slightly decomposed. At night when he was in bed, he noticed that the ankle-joints began to itch and also several petechial patches were found near and about them. The left ankle-joint became painful and swollen. This of course he did not mind much at this time. The next day he came to his work as usual, after having bathed and taken rice with the same shrimps which had been cooked the night before.

When he came to work, he showed us his legs which we found to be in the condition described above. We advised him to stop work and await the result. Within two hours the swelling perceptibly increased and became so painful, that the patient felt difficulty to stand. As his business required him to be long in the standing posture he was obliged to take leave for rest. Assuming that the disease was due to taking decomposed animal food, Dr. Sircar prescribed *Ars.* 12. This, however, did him no good. The swelling began to increase, the pain increased in proportion, and moreover fever and heaviness of the head supervened. *Lach.* 6 was then prescribed, and at 4 p. m. the first dose was exhibited. Very soon the patient felt a little relief. The pain was slightly better but the swelling remained almost the same, and at about 6 p. m. he went home with great difficulty. At his lodging he took another dose at 8 p. m. This dose gave him much relief, the pain and swelling were much reduced, but the fever remained almost

the whole night. The next morning, that is, on Saturday morning, Dr. Sircar called at his place, and seeing that the progress of the case was satisfactory, ordered him to continue the same medicine. The medicine acted like a charm, and on Sunday morning the patient was so well as to be able to walk, without help of any body, to our house which is a mile from his place. The petechial patches subsided on the morning of Saturday. The swelling went down on Sunday and he was perfectly recovered so as to attend his office on Monday.

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CASES BY DR. BRAJENDRA NATH BANERJEE, M.D.

1. *A Case of Colic.*

Ranee——, of Maldah district, had long been suffering from intense colic pain almost daily. I was called to see her on the 9th July last. She said that since the last three years the pain was giving her trouble every day from 1 to 4 p.m. She could not describe the nature of the pain but said that it was intense; that it was impossible for her to suffer any longer. She requested me to administer to her some poison to end her existence. She was all along under the treatment either of an allopathic physician or kaviraj. Injection of Morphia did relieve her pain for a few days only.

I first saw her when she was in suffering from the colic pain. The suffering was so intense and the patient so irritable and peevish that I could not get any information from her. The pain was of a non-descript kind. I at once decided to administer to her Chamomila 30. The effect was magical. Two doses every half hour took away the pain altogether, and it has not since returned.

2. *A Case of Remittent Fever.*

A young lady, aged about 22 years, wife of a native doctor, was brought down to Calcutta in an unconscious state, suffering from high fever and delirium on the 1st week of June 1894. She was treated by her husband and then by a kaviraj. I saw her on the 12th day of her fever (6th June).

I noted the following symptoms:—Comatose with muttering delirium, eyes not congested, pupils normal, thirst moderate, restlessness, liquid yellow stools three or four times a day. Fever aggravates from 2 to 11 p.m., urine full of sediment—mostly white, but there were also some brick dust sediment; cries loudly when passing urine, abdomen distended, flatulence changing position often badly smelling, sweat only during remission of the fever, will not keep any covering over the body.

*Lycopodium* 30, thrice daily, brought round the patient in three days. The fever, delirium, foul perspiration and crying during micturition all disappeared. The sediment in the urine, however, continued for some days. A few infrequent doses of *Lyc.* 30, cured the patient completely.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.

108. HAMAMELIS.

**Constipation:**

1. C., feces dark and slimy.
2. Urging, with easy passage of large st.

**Diarrhœa:**

1. Soft st., *covered with slimy mucus*, with distress in bowels.
2. St. natural, *consistent, but covered with mucus*.

**Dysentery:**

1. Actual hæmorrhage, generally of dark blood; clots or patches of blood scattered through mucus; soreness of abdomen.

**Aggravation:**

1. Morning. 2. Evening. 3. Night. 4. After smoking.

**Before St:**

1. Urging.

**During St:**

1. Distress in bowels.

**Rectum and anus:**

1. Pulsations in rectum as if piles would protrude.
2. Pulsations in rectum in a half recumbent position.
3. Pulsations in rectum and penis, synchronous with radial pulse.
4. Spasmodic contraction of sphincter ani.
5. Itching in anus. 6. Urging to st. with flatulence.
7. Desire for st., but cannot accomplish it with greatest effort.
8. Constant desire to evacuate, with peculiar sensations around anus as in piles.
9. Piles, bleeding profusely with burning soreness, fulness, and weight; back as if it would break; urging to stool.
10. Hæmorrhage from portal congestion.

**General Symptoms:**

1. Lowness of spirit, gloomy.
2. No desire to work, likes to sit and think, or muse while awake. No desire to study or read. 3. General stupor.
4. Headache, on rising; from straining at st., with sense of fulness in head continuing till bed time; with severe distress in pyloric portion of stomach and umbilical region.
5. Fulness in head. 6. Catarrh, coryza.
7. Bleeding of nose, which clears head and affords great relief.
8. Epistaxis, with feeling of tightness of bridge of nose and considerable crowding pressure in forehead between eyes, with benumbed sensation over whole os frontis; had never nose-bleed in him before or in his family; checked by smelling camphor. 9. Over sensitiveness to smell.
10. Dryness of lips and fauces. Lips dry, cracked. Lips and gums sore. 11. Pain in right molar teeth, upper jaw.
12. Gums bleed, sore and swollen.
13. Tongue, coated and "brassy" taste; coated white; papillæ enlarged; clean and pale.

14. Canker spots near end of tongue.
15. Taste, flat, rough ; bad ; putrid ; of food rising up to pharynx, three or four hours after eating.
16. Dryness of throat, with thirst causing him to drink large quantities of water at short intervals. Thirsty feeling, not relieved by water.
17. Throat dry and burning, uvula fallen, difficulty in talking, hoarse after sleep at night in morning, dry feeling remaining, burning almost gone.
18. Throat dry with feeling as if something has lodged there, compelled to swallow every few minutes, producing dull pain in tonsils, very painful when swallowing food, fauces much congested and tonsils swollen.
19. Considerable thirst, but relieved by drinking small quantities of water.
20. Aversion to water, makes him sick to think of it.
21. Frequent eructations. Spasmodic eructations and hiccoughs. Eructations tasting of what had been eaten.
22. Nausea after eating, has to keep quiet to prevent vomiting.
23. Burning distress in lower part of epigastrium and umbilicus.
24. Cramps in stomach, transverse colon, and umbilical region.
25. Sensation of heavy weight in back of stomach.
26. Gripping in umbilical region.
27. Flatulence with tenderness of abdomen, not increased by pressure. 28. Discharge of flatulence.
29. Pains running down spermatic cords into testes.
30. Active uterine hæmorrhage, bright and fresh, not coagulable.
31. Spasmodic movements of diaphragm.
32. Alarming hæmorrhage from lungs.
33. Weakness of limbs.
34. Rheumatic symptoms in arms and legs.
35. Apparent diminution of varicose veins above knee.
36. General lassitude and feeling of weariness.
37. Smoking greatly aggravates all symptoms, though desire for smoking is increased.

**Remarks :** Dr. Hale has, we think, in the following observations, given a correct view of the chief specific action of *HAMAMELIS*. "Its action seems to be confined almost altogether to the *venous system of blood vessels*. It may be called the *Aconite of the Veins*, acting upon those vessels as *Aconite* acts upon the arteries. Its *primary* action appears to cause a spasm of the vasomotor nerves which supply the veins (if a drug is capable of causing a spasm of those nerves, and not, at the same time, those of the arteries). It also acts as an irritant to those vessels to such an extent as to cause a condition favorable to, if not actually causing in, inflammation of their coats. The *secondary* action leads to the other extreme, and we have paresis of those nerves, and thence paralysis of the coats of the veins, leading to varicosis, venous congestion, hæmorrhages, and even structural lesions." It will, therefore, be useful, whenever we have



occasion to employ it, to remember this action of the drug on the venous system, inasmuch as we believe in it will be found the key to the whole of its pathogenetic action.

HAMAMELIS has scarcely been used in any of the complaints of the bowels, though it is said to have been useful in diarrhœa; but, as Dr. Hale has well observed, its indications have not been ascertained and it requires more extended provings and clinical experience to establish its applicability. He has suggested its use in mucous and serous discharges arising from derangement of the portal system, which leads to venous stasis and varicosis of the lower bowels chiefly of the rectum.

The blood of HAMAMELIS hæmorrhage is dark and either wholly incoagulable or mixed up with dark, loose clots. This suggests its use in hæmorrhagic dysentery having that character.

It may be useful in constipation when accompanied with piles, with pulsations in them or in the whole rectum, especially when synchronous with the pulse at the wrist.

Some of the general symptoms are characteristic, as aversion to water, making the patient sick to think of it, though there is great thirst; aggravation of all symptoms from smoking, though the desire for smoking is increased; &c., and these may lead to its selection.

## Cleanings from Contemporary Literature.

### SUNSHINE AND WATER-MICROBES.

By G. C. FRANKLAND.

The bactericidal action of light is perhaps of most general hygienic significance in connection with the fate of micro-organisms in water, and there is ample field open for investigation in this direction, which so far has been but little explored. It is, therefore, with especial interest that we note Prof. Buchner's important contribution to this subject in the *Archiv für Hygiene*. The title of the paper ("Ueber den Einfluss des Lichtes auf Bacterien und über die Selbstreinigung der Flüsse") already indicates that the practical aspect of the question has been considered, and indeed several experiments have been planned and carried out with the object of ascertaining what is the part played by sunshine in the alleged bacterial purification which takes place in river water during its flow.

In the first series of experiments samples of boiled tap-water were inoculated with three drops of broth-cultures of the typhoid bacillus, *B. coli communis* and *B. pyocyaneus* respectively. The typhoid bacilli, even in diffused day-light, were reduced in numbers from 7400 per c.c. to start with, to 5000 at the end of one day, whilst on the second day none whatever were found. The *B. coli communis* sample had only 220 left on the third day, out of 22,600 at the commencement of the experiment, and was sterile on the fourth day; the *B. pyocyaneus* was, however, hardly affected at all during four days' exposure to diffused light.

The direct rays of the sun, however, were far more destructive. Thus about 30 c.c. of a sample of typhoid-infected water, placed in glass dishes and exposed to sun-shine, contained no typhoid organisms at the end of six hours, and similar results were obtained with the *B. pyocyaneus*.

In all these experiments the perfectly admissible objection could be urged that the diminution in the numbers present might, at any rate in part, be attributed to a process of starvation in consequence of the absence of food-material, inasmuch as a marked decrease was also observed in those samples kept in the dark. To meet this objection, in the next series unsterile water was used, and to a litre and a half as much as 1 c.c. of the broth-culture of the particular organism was added, thus affording ample provision, both in light and darkness, for the support of the bacteria under observation. Instead of a decrease taking place in the samples kept in the dark, the numbers rose; on the other hand, in the samples placed in the sunshine, three hours' exposure in the case of the typhoid, colon, and pyocyanus bacilli brought about their entire destruction, thus placing beyond doubt the direct bactericidal action which had taken place during insolation.

The amount of water used being small, no indication was given, in these experiments, of the depth to which the bactericidal action of the sun's rays could extend. Fol and Saraceu ("Sur la pénétration de la lumière du jour dans les eaux du lac de Genève," *Comptes Rendus*, 1884) have shown by the exposure of gelatine-bromide plates that daylight penetrates to a depth of 170 metres in the water of the Lake of Geneva, the degree of light at this depth being about equal to that which we find during a bright but moonless night, whilst at a depth of 120 metres the strength of light is still considerable. These investigators also made the curious observation that in the experiments they conducted, the light penetrated far deeper into the water in September, during cloudy weather, than in the month of August with a perfectly clear sky. Thus not only does the power of light vary at different depths and, doubtless, in different waters, but it is also influenced by the time of year; and what, therefore, may be correct of a given water

under certain circumstances, may not necessarily apply to it on another occasion, and hence a good deal of uncertainty attaches to the exact degree of light capable of transmission in any particular mass of water.

Prof. Buchner has endeavoured to ascertain at what depth in the water of the Starnberger Lake, near Munich, light ceases to have any *bactericidal* action. For this purpose he used his well-known process (described in the *Centralblatt für Bakteriologie*, vol. xii. August 1892) of exposing partially protected agar-agar dish cultures. This ingenious method consists in covering over parts of a glass dish containing agar-agar, in which certain varieties of bacteria have been evenly distributed, with variously-shaped strips of black paper or lead, so that the light is screened from these particular portions of the surface. In this manner the bacteria immediately beneath the covered part of the culture-medium are protected from the antiseptic action of light, whilst the rest of the agar-agar and its contents is freely exposed; the result of which is that, in the shaded part of the dish the colonies make their appearance, but in the remainder, having been subjected to the action of light, no bacterial growths or only very feeble ones, are visible. This is beautifully exhibited in a few days' time by the shape of the black letters or other figures being sharply delineated by the abundant growths which have taken place beneath them from the blank remainder of the dish where nothing is visible, no colonies having developed.

Recently infected agar-agar dishes, partially screened with a leaden cross, were lowered to particular depths in the Starnberger Lake. The day selected was very fine and sunny, and exposure was continued for 4½ hours, the temperature of the water being 15° R. The site was the starting-place of the steamers, and the water was not quite clear, this being doubtless due to the disturbance caused by the plying to and fro of the vessels.

It would have been more striking, perhaps, if Prof. Buchner had used only one variety of organism throughout, as then all chance of characteristic individual differences disturbing the progressive results would have been obliterated.

The following table shows the results obtained :—

Depth of the dish in the water.	Particular organism employed.	Development of the colonies.	
		In the shaded portion of the dish.	In the exposed part of the dish.
0·1 m.	Cholera	Very strong	None
1·1 m.	<i>B. pyocyaneus</i>	”	”
1·6 m.	Typhoid	”	”
2·6 m.	<i>B. pyocyaneus</i>	} Decidedly stronger than in exposed portion	} Fairly strong
3·1 m.	Typhoid		

At a depth of 1·6 m. the bactericidal action of the sun's rays, as shown by this method, is equal to that produced outside the water; but at 2·6 m., however, the action is much less apparent, and in fact is only just perceptible. Thus, as has been suggested elsewhere, the antiseptic potency of the sun's rays ceases a long time before the light becomes affected by the depth of water it has to traverse.

These experiments are of particular interest and importance, because

they show very clearly that the agency of light in purifying water cannot be regarded as of much importance. So much stress has recently in Germany been laid upon the self-purification of river-water, that the advisability of permitting the sewage of cities of the magnitude of Cologne to pass untreated into the Rhine, has been publicly discussed on the assumption that if its subsequent flow all objectionable matters will disappear, one of the agencies cited as materially assisting in this magic destruction being sunlight. It is, however, sufficiently apparent that the action of light can only affect a very small fraction of the whole mass of water, for we know that bacteria exist in large numbers at depths very considerably below those which insolation can embrace, whilst there are only a few months in the year, at any rate in our northern climes, when the sun's action is sufficiently strong or prolonged to produce any appreciable effect even in the upper layers of the water.

Prof. Buchner concludes his paper with some investigations carried out by his assistants on the River Isar, 10 km. above Munich. These experiments were made to ascertain if any increase from the number of organisms present during the daytime takes place in the night, as in the absence of light might reasonably be anticipated. Dr. Mincik and Dr. Neumayer, therefore, undertook on a September night to abstract samples from the river at  $\frac{1}{4}$  m. below the surface at intervals of from 1-2 hours from 6 o'clock in the evening until 6 o'clock the next morning. The temperature of the water during this time only varied between 9°-10° R., and the samples were examined immediately after collection. The results are recorded in the following table:—

Time of taking sample,	Number of microbes in about 20 drops of water.
6 $\frac{1}{4}$ evening	160
8 $\frac{1}{4}$ "	5
11 "	8
12 "	407
1 $\frac{3}{4}$ morning	380
3 "	460
4 "	520
5 "	510
6 $\frac{1}{4}$ "	250

It would be interesting to have further confirmation of the results here given, other factors having doubtless assisted besides the absence or presence of light; but the arduous nature of the experiments will doubtless greatly militate against such a series being sufficiently often made to permit of any definite conclusions being arrived at. In this connection, it may also be noted that in the year 1886 the Thames water at Hampton contained twenty times as many microbes in the winter as were found in the summer months. Here again the consideration of other agencies also tending to influence the bacterial condition of the river water cannot be excluded, but sunshine undoubtedly assisted in the banishment of the microbes.—*Nature*, September 6, 1894.

## APPENDICITIS\*.

Appendicitis, today, is engrossing the attention of the whole medical and lay world, owing to its prevalence and grave character. Indeed, it has been so prevalent of late years, that we might be justified in saying that it has reached the proportions of an epidemic; but more careful consideration modifies this impression. If the truth were known, many cases are called Appendicitis which more experience or less haste, in the work of diagnosis, would be classified under a different head. As regards the past, we are satisfied that typhlitis and perityphlitis were often diagnosed as peritonitis, and also, that no distinction was made between the two former affections and appendicitis. It is nowadays, generally admitted that whether the trouble starts in the appendix vermiformis or adjoining connective tissue, the inflammation soon spreads from one to all three parts constituting at once typhlitis, perityphlitis and appendicitis. As a matter of fact it is almost impossible to tell whether one or all three parts are affected. *Post mortem* results, however, favor the belief that the trouble oftener originates in the caecal appendage, thence extending to the other parts. Whether it does or not matters little to the homœopath, from the therapeutic point of view; nor need we worry over the problem—is the disease due to simple inflammation or ulceration of the mucous or serous membranes of the intestines, to impaction of feces, intussusception, puerperal complications, etc., since the choice of the remedy depends upon the local symptoms, their conditions and concomitants. In this, as in all other cases, the faithful Hahnemannian must prescribe according to the totality of the symptoms, regardless of the name of the malady, or its supposed pathological causes.

In our list of remedies given below, we have included only those which the provers found to manifest decided action or effect upon the caecal region and immediate neighborhood, with the exception of Opium, which may be needed in the event of ileus complicating appendicitis and should, therefore, find place among the enumerated remedies. It will be seen that while there are a goodly number of remedies which affect the right iliac region, few are known, except clinically, to act upon the appendix but that is, in reality, as you are well aware, of no particular moment to us, for if a medicine affects a certain locality and has the other symptoms corresponding with those of the disease, a cure must necessarily follow, where a cure is possible. Limited as the material herewith presented is, with good judgment and fair skill the Hahnemannian will be enabled to save lives that would inevitably be doomed under the old school present methods. In fact, as most of us have often witnessed, even when the patient is apparently in *articulo mortis*, life may yet be saved, or prolonged, under comparative comfort, with the aid of our beneficent system of treatment.

Of course there are cases where surgical interference may be absolutely necessary. Such cases, however, are fewer among patients treated homœopathically, and their chances of recovery, after an operation, are far better, since our medicines do not obscure the symptoms and simultaneously aggravate the disease, nor lower the vital forces. As to the question, whether operative procedures are indispensable or not, and if required, at what stage of the disease, we have left to our esteemed and gifted *confreres*, Drs. Thurston and Kimball. We will, however, say this, in passing, that, of late, the operation for appendicitis has become a fad, among surgeons, as it was with them, a short time ago, to unsex every woman who had anything the matter with her ovaries. It is well known that many patients have been subjected to this serious operation, without any positive

\* A Paper contributed by Drs. Prosper Binder and Olin M. Drake to the Boston Benninghausen Club.

necessity: indeed we have reason to suspect that it is more the need of certain youthful and ambitious surgeons, their hunger for fame and its advantages, than the needs of the patients that explains the frequency of the many surgical experiments recorded in the medical and lay press.

We will now treat of the *Materia Medica* aspect of appendicitis, in the hope that our notes, which represent no little research, may be found of use to some of our brethren, in combating and overcoming this formidable enemy to the life of many of our citizens.

**ARIS**: Pressing pain in ilio-cæcal region, which is swollen and hard and sensitive to touch, even to weight of bed-clothes; stinging, burning in abdomen, worse sneezing, with sensitiveness to pressure. Gurgling in right iliac fossa; on pressure sensation as if fluid were present; right side of abdomen numb; exudation. Oedema of feet and diminished secretion of kidneys, urine scanty and dark with swollen and tender abdomen; bitter vomiting; bilious diarrhoea; thirstlessness; dry tongue with brown streak in centre, sides moist. Tympanitic condition of abdomen. Traumatism.

**ARNICA**: Tympanitic and swollen state of right side of abdomen, with sharp pains, worse from pressure or touch, also from walking, coughing, blowing nose, placing foot on the floor, better passing flatus. Frequent inclination to stool; free discharge of flatus. Eructations putrid, like sulphuretted hydrogen. Traumatic origin.

**ARSEN**: Pain right side of abdomen, reaching to right groin and down to scrotum on the same side. Abdomen greatly distended; burning stitches with great restlessness, which however does not worse the pains; violent tearing and cutting pains, causing patient to writhe about in agony; cold hands and feet, and cold sweat on face. Tympanitis; nausea, fruitless retching, vomiting immediately after eating or drinking; stercoracious or very offensive vomiting. Burning thirst for small quantities. Cold sweat with collapse.

**ARUM MAC**: A pressive pain between navel and groin, worse standing, lying on side or back, as well as when inflating lungs, or putting abdominal muscles on the stretch; external pressure, painful. Intense colic with anxiety.

**BAPT**: Tenderness of right iliac fossa; abdominal muscles sore to pressure with sharp intermittent pains; stitches in right groin, paroxysmal, with distinct intervals between each pain. Distention and rumbling in abdomen with a feeling as if vomiting might better (Nux), feeling as if he would vomit, without nausea; retching and vomiting.

**BELL**: Sharp, severe pain in ilio-cæcal region; cannot bear the least touch, even pressure of the bed-clothes intolerable, worse from the slightest jar or movement of the body; must lie motionless on the back; pains of the crescendo and diminuendo character. Sharp, cutting pains, rapidly coming and going. Nausea and vomiting; hyperæsthesia, skin perspiring, while it burns to the touch (Op). Outward pressure at right inguinal region. Great thirst, restless and sleepless, or very sleepy but cannot sleep.

**BRONIA**: Sensitiveness in right iliac region with constant pains in abdomen; dull, coarse stitches, worse during movement, better while quiet. Crampy, cutting pains, with heat in the right hypogastric region, worse from breathing or motion. Dull throbbing in abdomen or stinging, burning pains, very sore to pressure. In rheumatic and constipated subjects. Stitches from abdomen into chest. Enteritis from the presence of foreign bodies. Traumatism.

**CAMPHOR**: Drawing, stinging pain in right side of abdomen worse from deep pressure; pain more internal. Burning heat in lower abdomen worse breathing; severe pressive pain in cæliac ganglia, with anxiety,

- and sweat. Pain in right side of abdomen, stretching towards liver and into chest. Hippocratic-like face, great weakness, even unto prostration: pulse very rapid, weak and thready. Frequent fainting spells: throwing off bed clothes, although body is cold to touch (Sec-c.)
- CARBO-SULF**: Twitching, cramping pains in cecal region, which spread sometimes over the whole right side of abdomen: pains occasionally have an itching character. Colic from incarceration of gases amassing in different spots, worse from inspiration. Distention of abdomen with soreness of muscles and sensitiveness to pressure: increased peristaltic action with audible rumbling in cæcum; escape of much foetid or sour flatus. Many loud eructations, bitter, acid, burning and even acrid. Cutting pains in lower part of abdomen: stooping causes nausea: pressure worse pains, or causes them to recur if they have already disappeared. Fainting spells with nausea: vomiting with bitter water.
- CARD-MAR**: On awaking, pain in abdomen, close to right ant. sup. spi. process of ilium: pressing, lancinating pains. Very severe pains in right side of abdomen, with distention, worse from touch or while driving: pains spread to right inguinal region. Pulsations in abdomen. Wandering, cutting pains in bowels. Typhlitis stercorealis.
- COCC**: Steady, unremitting pains, sometimes spasmodic, in right iliac region, close to cæcum, worse from slightest pressure or cough: if pain remits it returns intensified: during the exacerbation, tensive, contractive pains through the whole abdomen, with restless, constant motion of limbs; no position affords relief. Hernia-like pain, right side of abdomen, with a feeling of fullness and great outward pressure, contractive pain in hypogastrium from R. to L.: coldness of stomach and abdomen, as if ice were lain against both regions.
- COLCH**: Intense pain, swelling and tenderness of right ileo-cæcal and inguinal regions. Abdomen greatly distended with gases: tearing stitching pains: hyperæsthesia of the parietes of the abdomen. Nausea with much qualmsiness, disposed to vomit when sitting upright: the sight and smell of food causes aversion and nausea. Surface of abdomen hotter than rest of body.
- COLOC**: In the right ilio-cæcal region a circumscribed tumor, the size of a large turnip; yielding, yet hard to touch (Ovarian ?); sharp, lancinating pains, compelling doubling up and extorting cries, with agonizing rolling about. Bilious vomiting.
- COXOCLAD**: Severe paroxysmal pain in ilio-cæcal region; lancinating and wandering pain in right side of abdomen; pains extending and following the downward direction of rectus muscle.
- CROTALUS**: Very severe pain over cæcum, with a feeling of hardness to palpation; pain paroxysmal, recurring frequently; acute tenderness over the appendix vermiformis, and often over the whole abdomen, worse from even the contact of the bed-clothes. When attempting to extend the right leg, pains are much worse, must lie with it drawn up and dropped with a pillow. Great prostration, pulse very quick and weak; temperature sub-normal; tongue foul, red at tip; much thirst, loss of appetite. In septic or zymotic states.
- DROS**: Sudden pain arising in a small area in right iliac fossa; this pain often lasts 48 hours and, as a rule, suddenly ceases in an attack of vomiting or headache. Paroxysmal, crampy pains beginning close to crest of right ilium, stretching to lumbar and hypogastric regions. Pains worse by exercise or intellectual efforts, not generally affected by pressure, but pressure occasions rumbling. The pains have often a crescendo character. Abdomen tympanitic and very sensitive to pressure; great prostration, pale, cold, clammy skin.

**DORYPHORA**: Very severe pain on right side of abdomen, extending downwards towards rectum, worse from eating and drinking, and also from deep inspiration. Abdomen very tender, swollen, with loud rumbling and burning pains.

**GINSENG**: Sharp pain distension and gurgling noise in right iliac fossa, worse from pressure; pain extends to groin, with a distressing, crawling feeling reaching to the toes, the latter pain lasts during several minutes. Heat and delirium when going to sleep, very dry tongue with large, shining papillæ.

**HEPAR**: Internal, well defined swelling in ilio-cæcal region; patient lies on back with the right knee flexed. Mesenteric tuberculous deposits.

• **Nausea** frequent, with cold pale face; vomiting of green bile, preceded by painful attacks of retching; urging to stool and urination too frequent. Ill effects of mercury.

**HURA**: During motion or while walking, sharp stitches in ilio-cæcal region. Cold sweats; cold and damp feet, with hot face, chilliness and nausea.

**INULA**: Sharp, stitching pains between umbilicus and right groin; tense pains in right side of abdomen, occasionally intermitting. Drawing pains in abdomen, particularly in right groin and over external pubic region, worse walking. Gripping, cutting pains with much rumbling fermentation noises and intellectual desire to stool. Cutting in a small spot, between umbilicus and right groin: stitching pain in right groin, ascending to umbilicus with each step. Painful feeling of motion below right hypochondrium, as from something alive, on left side (Phos.) Starting and crying out during sleep, which is also restless.

**LACH**: Swelling, pain and tenderness over cæcum; tense feeling from right loin into sacrum and also to groin and anterior part of thigh, probably due to exudation under fascia of psoas muscles: pain in rotating right limb; cannot lie otherwise than on back with knee flexed toward abdomen; urine scanty, dark colored, with red sediment, after much urging, evacuation of curdy masses or pus. Fever at 3. p. m., and after sleep. When turning over on the left side, a sensation as if a ball were rolling in abdomen, more especially felt after pus has gathered.

• **MEDORRHINUM**: Tensive pain in a swelling, resembling tumor (ovarian?), in right side of abdomen: gnawing, aching pain between spine of ileum and rectus muscle. Sharp pain in right lower abdomen, extending towards right spermatic vessels: tenderness of right testicle.

**MERC-SOL**: Swelling, hardness and painfulness of ilio-cæcal region, also redness and heat with pains; tendency to or actual purulent exudation; compelled to occupy dorsal position, with right thigh drawn up. Pressive and cutting stitches from right to left, worse walking. Face flushed or pale; tongue red and dry; constipation, or slimy, difficult evacuation.

**MERC-COR**: A sore, bruised feeling in cæcal region, sensitive to slight pressure; this aching is often felt along the transverse colon. Almost incessant desire to stool, with scanty stools of blood and mucus.

**NATR-SULF**: Incarcerated flatulency in right side; great distention, rolling and rumbling, with outward pressure in right groin; squeezing pains in different parts of abdomen, coming in paroxysms, both while quiet and during motion. Pains of inflammation, with severe vomiting, sensitiveness of abdomen; pains beginning in right groin and spreading over the abdomen. Nausea, anxiety and restlessness. Right lumbar region painful, with tense feeling.

**NITRIC-AC**: Severe pain in lower abdomen, as if it would burst, settling after a while in ilio-cæcal region; decidedly tender to touch. Abdo-



men distended and very tender; borborygmus, as if a boiler were working within bowels; mucus or watery stool, great prostration.

**OPIMUM:** Cutting, griping pains in abdomen; hard and tympanitic abdomen, compelling patient to draw up the limbs. Many eructations which, however do not relieve; loud rumbling in abdomen, with pressure upon rectum and bladder. Feeling of a hard substance in right hypochondrium (Ileus). After severe abdominal pains (Peritonitis), pale and hippocratic face, confusion of the head; eyes half open; obscuration of sight; much thirst; skin hot and perspiring; pulse slow and sometimes tense and hard. Vomiting of faecal matter, constipation or involuntary, foetid stools; hicough, umbilicus retracted; cold extremities; sleepiness and stupidity.

**PIROS:** Peritonitis with tympanitis, more especially over caecum; sharp, shooting, burning pains; paralysis of intestines. Pressive, griping pains right side of abdomen, from obstruction of flatus. Flatulent and painful distention of stomach and abdomen, with pressure upward, causing difficulty of breathing. Sensation in left hypochondrium as of something living were moving about (right side *Ivula*), when sitting or standing, preceded by violent pinching pains in same locality, escape of much odorless flatus, occasionally offensive. Much-rumbling and gurgling, cold feeling in abdomen. Diarrhoea, alternating with constipation, copious, gushing, exhausting stools: pitiful hicough, vomiting as soon as water has become warm in stomach. Vomiting yellow, green, bitter mucus; tongue dry and black or red, cracked and glossy.

**PLUMBUM:** A hard tumor-like swelling in right iliac fossa, worse from least motion, sneezing or coughing and also to the touch; borborygmus. The whole abdomen sensitive and painful; the navel drawn in. Nausea, sour eructation, retching and constipation. Cold, clammy sweat of forehead and limbs; troubled look in face; dry tongue with red edges; brown coating in centre; great thirst, headache and aching of limbs.

**RHAMNUS CATI:** Cutting, griping pains in ilio-caecal region and transverse colon, accompanied with loud rumbling. Abdomen hard and tympanitic, with colicky pains.

**RHUS TOX:** Drawing, burning feeling in almost the whole right side of the abdomen, with a painful, hard swelling occupying the region from crest of ilium to middle abdominal line, upward as far as liver and downward towards groin, better from gently pressing upwards this flattened tumor. Pain worse while sitting, extending or moving right leg: better lying on back with right leg flexed or elevated. Pressive pain in neighborhood of quadratus lumbus muscle, worse when rising from lying posture. Rumbling and gurgling in abdomen. Cutting pains in right side of abdomen, while walking. Pale and anxious face, burning palms of hands, profuse night sweat, small frequent pulse: red and dry tongue: vomiting grass green substance: whitish stools, containing pus. From getting feet wet.

**THUJA:** Cutting, tensive pains in iliac region worse from deep inspiration. Numerous stitches in right side, worse while lying on painful side: pressure in right side of abdomen and groin, as if from foreign body: feeling in abdomen like quickening of pregnancy; uncovered parts perspire while covered ones are dry and hot.

The above comprises all that we could find in our provings, of the symptoms and conditions relating to appendicitis. Of course these only form a part of the picture necessary for the selection of the *simillimum*. The accessory symptoms—mental condition, hours of aggravation, influences of heat and cold, etc., must also be considered, and for these a repertory or the *Materia Medica* should be consulted. Above all things, the prescriber

must remember that each medicine has one or more peculiar or characteristic symptoms by which the skillful homœopath is enabled to distinguish it from all others. These characteristics constitute what is recognized as the genius of the remedy. The ability or lack of ability on the part of the physician to seize and appreciate these points of differences between remedies, is what makes the successful or unsuccessful practitioner. Strange as it may seem to the uninitiated, these characteristics have seldom any connection with the diagnostic indications of the case, under treatment, and yet they are generally the unerring guides to the appropriate remedy. If most of our provers had had in mind the importance of comparing or contrasting the symptoms each drug brought out, with those already recorded of other drugs, our provings would be more intelligible, and our task of prescribing correspondingly facilitated.

It is possible that in the opinion of hypercritics the above comments are unnecessary, if not a gratuitous impertinence on our part as implying ignorance where it should not exist; but we believe we cannot too often or too strenuously dwell upon these fundamental rules, so ably exposed by our master, and yet so often overlooked by many homœopaths.

The very great importance of the value of the unusual or characteristic symptoms in the treatment of disease was well illustrated in the case of Benninghausen's serious illness in 1833. His trouble was what we now call appendicitis, but was then diagnosed as typhlitis. After the medical men in attendance had prescribed for him twice, without the slightest improvement, he refused to be guided any longer by their counsels, and then, although almost frantic with pain, and greatly exhausted, he studied his own case. He finally selected Thuja because of an odd symptom, "Sweat of the uncovered parts, while the covered remained dry and hot." In a few minutes he felt relieved and was soon afterwards up and about, as usual. Later he experienced some difficulty with the proper action of his bowels, for which he had to take two other remedies. Shortly after his recovery, Benninghausen sent a minute account of his attack to Hahnemann; but as the latter was confined to his bed, at the time, he did not write for several weeks. Benninghausen was greatly astonished later to find that Hahnemann had anticipated the troubles, which had arisen in this case, and the very medicines he had taken were those, Hahnemann had foreseen he would require. There are several other instances on record of Hahnemann's wonderful intuitive knowledge of disease and his equally amazing medical prescience, by which he was enabled to foretell the course of a malady and the remedies necessary for the case.

In stercoral typhlitis enemas may be necessary. One of the collaborators of this article had a case some 18 years ago with symptoms of approaching collapse; but the patient was promptly relieved by a very large enema of hot water containing two ounces of oxgall. Without exaggeration, a whole bucketful of discolored water with innumerable scybala floating therein came from this patient, about one half hour after the administration of the enema. He had been already 48 hours ill, and in spite of purgatives and opiates given by the previous medical attendant death seemed imminent. Probably warm water enemas would have answered as well, but the oxgall is credited with particular solvent properties over scybala, and was used for that reason. We believe the late Dr. P. P. Wells approved of the use of this secretion as a solvent in similar cases. In the event of fecal vomiting arising, we might be obliged to have recourse to Aconite, Asaf. and Nux, besides Bell., Bry., Merc., Opium and Plumbum given in our list; in deep-seated abscesses, Graph., Iodum., Kali., Lyc., and Sulphur, in addition to Apis., Arsen., Hepar., Merc., Sil.; in fistulous conditions, in osseous disintegration, Graph., Phos., Sil., and Sulphur; in pyæmia Pyrogen, etc. In the first stage of the disease Acon. Bell. and Merc. are most likely to be useful;

in the typhoid, Apis, Bapt., Bell., Bryonia, Hepar, Lach., Merc., Merc-cor., Plumbum, Verat.; in the suppurative, Hepar., Merc.; and when speedy dissolution is threatened, Arsen., Camp., Crot-hor., Lach., Verat.

Dr. Baehr in his work on Therapeutics says that Bryonia in his hands, has proven most valuable in bringing about the absorption of exudated fluids in the course of typhlitis, and often materially abridged the duration of the continued fever, which generally accompanies this grave disease. It has also often relieved, he adds, the obstinate constipation, which is a frequent concomitant. He has found Sulphur as useful as Bryonia, but at a later stage, when absorption of the exudation seems delayed, or where the indicated remedy does not give the expected satisfactory results. To control suppurative processes, or when he apprehends for the breaking down of retro-peritoneal tissues he administers Merc. Dr. Baehr urges the use of Veratrum when paralysis of the intestines seems impending or if it has actually taken place, with its alarming train of symptoms—rapid and thready pulse, surface of limbs and face cold or covered with a cold sweat with great anguish of mind and weakness of body. The Doctor's clinical experience satisfies him that in the stercoral form of typhlitis, Nux Vom., Lyc., Sep. and Bryonia are invaluable remedies. He warns his readers that relapses in "stercoral typhlitis" are always to be expected and are, unfortunately, frequent, and reminds them that the treatment is likely to be long, and to be sure to repeat the medicines often. In the tuberculous subjects, with ulcerations of the mucous membrane, he considers the prognosis a very grave one, but his successes warrant him in suggesting that Phos., Arsenic, and Iodium be tried, the latter more particularly.—*The Medical Advance*, August 15, 1894.

## Correspondence.

TO

THE EDITOR, CALCUTTA JOURNAL OF MEDICINE.

DEAR SIR,

In your last issue appears an Editorial on "The results of Haffkine's anti-choleraic inoculations", for which your readers desire to express their thanks. While giving the details of certain experiments carried on in Calcutta which appeared most encouraging, you have done well in drawing public attention to the fact that "both the discoverer of the method and Dr. Simpson seem unaccountably to have left out of consideration one most important element which alone can confer real value upon a prophylactic, and that is what we may call the time-element, that is the length of time during which the prophylactic virtue lasts". This is indeed a serious flaw in a matter so important as the prophylaxis of cholera; but, unfortunately, it is not the only one. To my mind there is another flaw, still more serious, in this and other analogous methods of protection against disease, viz., the assumption that these methods are of the nature of *specifics*, in the general and absolute sense of the term. Is there, properly speaking, such a thing as a *specific* in the whole domain of medicine? I think not. What is or may be a *specific* in one case, in one epidemic, in one town or city, will not and cannot be so in another, as the recent Lucknow epidemic has so truly and sadly shewn.

The article in the *Pioneer* of the 11th ultimo quoted by you, expresses the same thing, unconscious perhaps of its full significance: "But cholera is notoriously capricious, and almost every epidemic has some singularities of its own". What disease, may I ask, is not notoriously capricious? Do we not constantly find individual and characteristic differences in diseases we conventionally call by the same name? And have not these individual and characteristic differences in diseases been considered, in the homœopathic school at least, as guides and key-notes in their treatment? And have not they demanded the strictest discrimination in the choice of drugs? Let any one read the remarks of the founder of Homœopathy on the treatment of cholera, which, in his day, *threatened* to invade Europe, and he will be convinced that, without the experience of a single case, Hahnemann was enabled, by his extensive knowledge of drug action on the healthy, not only to name the drugs which would be useful in cholera, but also to give the particular indications for each. The Founder of Homœopathy was the first to recognise the individual characteristics of disease and thanks to his teaching, cholera has been the pioneer of Homœopathy all the world over. It is no wonder then that M. Haffkine has had the mortification of seeing his inoculations entirely fail in the recent Lucknow epidemic. He has our sympathies for all that, and his failures may teach him as many useful lessons as his successes. That his inoculations will succeed and have succeeded I will not venture to doubt, but that they will also fail and miserably fail I quite believe. What has been the experience of the world with regard to vaccination? Is it and has it always been a *specific* against small-pox? Certainly not. That it has been a great boon to many we all admit willingly, but that it has been an absolute boon may well be questioned. "I don't believe in vaccination, Doctor, my child was *successfully* vaccinated, but died six weeks after from confluent small-pox," may be heard in many and many a household. The fact is absolutely true, and yet it is also true that vaccination has saved thousands from small-pox. No ingenuity can explain away these failures, they are facts built upon the natural constitution of man and disease.

But, it may be said there is such a difference between the vaccine virus of Jenner and the cholera virus of Haffkine. Has not the latter received such elaborate laboratory preparation and dilution as to make it safer and surer in its action? Apparently so. The principle of dilution in the use of an Isopathic remedy is certainly as important as the remedy itself, if not more so, and the genius of Pasteur and Haffkine has avoided the danger that Koch's "cure for consumption" incurred, viz., the large dose of a similar-acting remedy. To adopt Isopathy (Homœopathy is a forbidden word here) without the safeguard of the dose would be to kill as Koch's lymph did. But I hear some one ask—Is it *necessary* to pass the virus through the bodies of so many animals before it is fit to be inoculated into the human species? Is there no other way to prepare the virus but through the suffering instrumentality of poor dumb creatures? And can we always argue from the constitutional peculiarities of animals to those of man? These are indeed pertinent questions and their answers are not far to seek. But, unfortunately, they come from a body of men whose views on health and disease are considered heterodox and absurd. The Homœopathic school has long since taught that the elaborate and expensive pharmacy of experimenters like Pasteur and Haffkine is not only unnecessary but uncertain, that more accurate conditions would be ensured if disease viruses were diluted or potentized in phials containing graduated amounts of some non-medicinal substances like alcohol, glycerine, etc.,—that their strengths could be better proportioned than by committing them to the ever varying bodily economy of the lower animals. But this is a mercy to creation which the physiologist, the biologist and the bacteriologist refuse to shew. Simplicity in the medical science of to-day is a thing forgotten, and unless diseases are savagely attacked, bombarded, as a military patient once described it, with all the munitions of laboratory warfare, neither the physician nor the patient feels happy.

Since writing the above I have read Dr. Simpson's memorandum on the subject in which, after recounting the apparent success of the inoculations in different localities, he proceeds to explain their *small effect* in the Lucknow epidemic. Two reasons are assigned for this—1. the vaccine used was too weak for the virus of the epidemic, which was described as most malignant; 2. the possibility of the immunity of the inoculated men having partially disappeared, the inoculations having been performed fourteen or fifteen months previously.

This explanation of Dr. Simpson's only illustrates the two fallacies which underlie this and other analogous methods of disease-prevention—viz., the uncertainty of the time element and the variability of the preventive element in each case. Dr. Simpson and his brother experimenters will find, with increasing experience, that the *quantity* of the preventive agent is of far less consequence than the *quality* of it, and that the duration of its action will vary as much as the character of the disease, the character of the individual, and possibly the character of the locality. Here as elsewhere no *specific* will be found, and disease and drug must have another correlation, the correlation, namely, of the *simillimum*.

CALCUTTA,

Yours, etc.,

10th October 1894.

W. YOUNAN, M.B., C.M. (Ed.)

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BIOLOGY.\*

REV. FATHER † AND GENTLEMEN,

Twenty years ago when I first submitted my plan of this Association, then in project only, at the first meeting of its subscribers, I spoke of Biology as one of the branches of science which we ought to cultivate along with physics and chemistry. And I promised myself to take charge of it, and would have done so, if, as we had promised, we could get some one to take charge of Physics. But this was not to be. The promises of co-operation we had received proved vain, and I had to give preference to physics, as being of greater because of more fundamental importance than biology, and had to divide it with our truest friend and coadjutor, Father Lafont.

Twenty years have elapsed, and I am still tied down to physics. Biology would have had still to wait, had it not been for the co-operation volunteered by an enthusiastic young man, just returned from England with a mastery of the science in all its branches,

\* Being the substance of the Inaugural Lecture on the subject delivered at the *Indian Association for the Cultivation of Science* on the 27th Nov. 1894, by the EDITOR.

† The Rev. Father E. Lafont, S. J., C. I. E., one of the Vice-presidents of the Association.

and well armed with practical knowledge and skill to conduct its experimental investigation.

Twenty years is a long period in a man's life, and considering the advance that has been made in the sciences, twenty years is fully an age for one who is living in these days of progress. And unless he has kept himself abreast with the progress that is being made in any of the sciences, in respect to that science he is literally thrown back an age. This has been the case with me, Gentlemen, and you have every right to consider it impertinent in me to take the position I have done to-day.

My only justification is that the ardor of my old love has continued unabated, and that, though I have not been able to pay undivided attention to the object of that love, I have never lost sight of her, and I have been watching her career, her growth and development, with earnestness and devotion. If, therefore, I have yielded to the request of my friend Mr. Chaudhuri, not only to deliver this introductory lecture but to deliver a regular course on the most abstruse branch of the subject, it is because I have every confidence in the help he has promised, and also because the preliminary training I was in a manner forced to give to myself in physics, is also likely to be of help to me in my new studies.

I hope, Gentlemen, the explanation I have given of my appearance before you this evening will be so far satisfactory that I may look to your indulgence for the short-comings that will be inevitable even in the briefest possible exposition that I shall endeavour to lay before you of the most complicated of the sciences.

Living beings ourselves, and fortunate in enjoying the foremost place amongst them, endowed with intelligence to comprehend our relationship with the external world which comprises animate and inanimate nature, living and non-living beings, our interest in living beings is natural, arising out of organic necessity which binds us to them. Not to speak of the other uses to which we gradually turned

them, we had to depend in the beginning for our very food upon living beings, and we had per force to acquaint ourselves with their external forms, properties and habits, which all are consequences of the life within them.

Thus, though in point of complexity Biology can only be profitably studied after the purely material sciences, physics and chemistry, yet in point of fact it may be said to have been one of the earliest of sciences which has engaged the attention of mankind. And thus, though up to the present moment no satisfactory definition of life has yet been given even by the most eminent cultivators of the science, our conception of life, which is coeval with the dawn of reason in our race, is pretty accurate for practical purposes, and very seldom any serious mistake is made even by the uneducated about living beings and bodies that have never lived or have ceased to live.

Not only is our general conception of life, as derived from ordinary observation, pretty accurate, but our more special conceptions of the attributes or endowments of living beings as distinguished from those of non-living beings, and of the differences between the two grand divisions of the living world, animal and vegetable, are no less accurate. And thus in the case of Biology, as indeed of all the sciences, we find that science is but the systematized development of ordinary knowledge; in which each addition to previous knowledge is not only a step in advance but retrospectively leads to correction of errors or the removal of the deficiencies and weak points of previous knowledge.

But though science is in reality but a systematized development of ordinary knowledge, yet the difference between the two is immense, indeed, is scarcely less than the difference between the seed and the full-grown tree or the egg and the full-grown animal. Just as the seed and the ovum require suitable conditions for their development and growth into the plant and the animal, so ordinary knowledge or simple experience requires proper conditions for its development and



elaboration into science properly so called. These conditions are observation and experiment. The history of the sciences shows that observation alone has never advanced a science beyond a certain point after which it comes almost to a stand-still. It is not till experiment comes in aid of observation to supplement its deficiencies, that the science shows any signs of further progress. Experiment itself is nothing but observation from new points which we create and control at will in order to view a subject in all its aspects.

Without experiment Biology as the science of life, not the science of plants alone or of animals alone, would never have come into existence. Before experiment was brought to dive into the secrets of structure and function we had bodies of knowledge, called botany and zoology, based simply upon external forms and their classification, but we had no true science of plants or of animals, and far less the science which embraces both.

The first experimental process which was brought to bear upon our superficial knowledge of living beings was dissection. At the very earliest stage it must have been felt that observation confined to the exterior was not enough, that it did not as it could not acquaint us with every thing that ought to be known. The curiosity that is inherent in man irresistibly led him to penetrate beneath the surface, and gave him some idea of the parts of which living beings were composed. But this idea was too gross and even vague to satisfy him. The internal parts were found to be complicated, and demanded further analysis or separation into their components. Had man confined himself to the study of anatomy alone, he could never have devised the means by which he could carry on this analysis. But his studies elsewhere gave him an instrument which had the remarkable power of magnifying small objects. And the next experimental process that advanced our knowledge of living beings was the application of the microscope to the demonstration of the elementary structures of which the organs are composed, and of

the ultimate elements of those elementary structures themselves.

The microscope revealed to man a new world, the world of the infinitely small. And step by step within two hundred years of its invention the grand generalization was arrived at that all living beings, vegetable and animal, had their origin in, and are made up of, microscopic bodies which have received the name of cells,—a generalization which Agassiz has very justly described as “the greatest discovery in the natural sciences in modern times.” This discovery has brought unity in the midst of diversity, the endless diversity of plants and animals, and thus the two sciences of botany and zoology were brought closer together than they were before 1839.

But this was not all. It is true the cell-theory was established by the combined labours of Schleiden and Schwann, so far as the fact, that all plants and all animals are built up of cells, is concerned; but the true and full signification of the cell was not yet realized. There were two misconceptions regarding it which had to be corrected. The first was the essentiality of the cell-wall. The second was the origin of the cell itself in a structureless ground substance. As regards the origin of the cell it has now been established beyond doubt by the labours of Prevost and Dumas, Martin Barry, Reichert, Henle, Kölliker, Remak, but especially by those of Goodsir and Virchow, that it only arises from a pre-existing cell.

As regards its structure the cell-wall has lost the importance that was attached to it by the earliest observers. This importance has been transferred, if we may say so, from the bounding wall to the interior, to the contents. Within the cell a smaller cell or nucleus was observed, first by Fontana in 1784 and called by him its kernel, and within the nucleus a smaller structure still, called the nucleolus, has often been observed. In many a cell, while a nucleus and nucleoli are observed, a boundary wall is indistinguishable from the contents, and consequently cannot be said to constitute an

essential element of it. Combining the observations of Rosenhof on his Proteus animalcule or the amœba, of Dujardin on the living jelly or what he called the sarcode of the Foraminifera, of Mohl on what he distinguished as the vegetable protoplasm, of Donders on the contractility of the cell-substance, of Cohn on "the transition from plant-like quiescence to animal-like activity exhibited by the protoplasm of such an alga as *Protococcus* on escaping from its cell-wall," of De Bary on the *Myxomycetes* or those simple organisms which lie on the frontier between the animal and the vegetable kingdoms and share in the frontier disputes between zoologists and botanists, of Kölliker on the segmentation of the ovum,—combining all these observations Max Schultze came to look upon the cell as the unit of life or living matter, displaying all the activities proper of the vegetable or the animal to which it belongs, and defined it in 1861 as a unit mass of nucleated protoplasm. Cell and protoplasm thus became synonymous, the original conception of the cell containing protoplasm giving place to the conception of the protoplasm constituting and giving form to the cell.

Beyond the fact of its containing a nucleus and the nucleus containing nucleoli, the cell or the protoplasm has been observed to be of a finely and intricately reticulated structure or frame-work, pervading probably its whole substance, and containing within its meshes a fluid substance, clear and homogeneous so far as observed, which serves as the pabulum from which the cell draws its nourishment.

Quite recently a discovery has been made which has thrown into the shade the previous discoveries regarding the structure of the cell. It has been noticed that the protoplasm shows a tendency to radiate from or converge towards a certain point within the cell, at which point on close investigation was found a minute particle which exerts a special attraction upon the rest of the cell-substance, and has hence been called the *attraction-particle* or *centro-some*. The most important

phenomena of the division of the cell and of the nucleus depend upon the previous division of this attraction-particle, which indeed is more commonly met with double than single, and it is not till a system of communicating fibres have been formed between these particles that the process of cell-division commences. According to Heidenhain, who has written an elaborate treatise of 300 pages on this particle, "it is morphologically, physiologically and chemically a structure *sui generis*, not merely a separate portion of nucleus or of protoplasm, but an organ of the cell with definite functions, and having a definite existence of its own." What do you think are the dimensions of this particle? "It is," says Prof. Schäfer, "as minute an object as it is possible to conceive. In a cell which is magnified a thousand diameters the central particle appears merely the size of a pin-point. Yet this almost infinitely small object exerts an extraordinary influence over the whole cell, however large (and the cell may be many thousand times its size); for it initiates, and directs those processes which result in the multiplication of the cell, and indirectly, therefore, it is concerned in directing the general growth of the individual, and ultimately the propagation of the species." I beg of you to remember this in its bearings upon the action of infinitesimals in a closely allied department.

Gentlemen, I have thus brought you to the latest discovery which the application of one instrument in biological research has given us. The discovery has been a revelation of the nature and character of the architect of all living beings in our planet. You must have observed how this architect, minute and almost infinitesimal in dimensions, is endowed with wonderful capabilities of drawing material from its environment for the building up, repair and maintenance of structures of all descriptions, from humble individuals minute like itself and scarcely noticeable by the unaided eye except when in aggregates, to the noblest specimens of the vegetable and the animal kingdoms.

But though the microscope is the chief instrument

of biological research, without which no progress beyond superficial morphology could have been made, there are other instruments which alone or with the microscope have been applied to these researches and which have given us insight into vital phenomena which we could not possibly otherwise obtain. The cell or the protoplasm is a body which acts upon material bodies with which it is surrounded, and in turn is acted upon by them. Vital phenomena are the result of this action and interaction. All these phenomena,—with the exception of consciousness and its various manifestations, with the exception, in fact, of what are called psychic phenomena,—are material, such as mechanical motion, the production of heat, light, and electricity, and the formation of chemical compositions and decompositions. All these, therefore, come within the domain of physics and chemistry, and therefore amenable to investigation by physical and chemical appliances and methods. And ever since they have begun to be investigated after this fashion, Biology, especially its physiological department, has advanced with rapid strides and bounds.

It is true that psychical phenomena do not appear to have the remotest resemblance to the phenomena of matter. Nevertheless psychical phenomena have not been observed to occur except within a material organization; not only so, but their manifestations are found to be intimately connected with and dependent upon the integrity of this organization. Our sensations or our first consciousness, if I may so call them, of the external world, are the result of nervous impulses conveyed from the sense-organs to particular parts of the brain, where they are somehow permanently registered; these registered sensations, or rather some sorts of impulses from them, are conveyed to other special parts of the brain where they undergo some sort of change or elaboration giving rise to or followed by ideas and feelings, which again seem to be permanently registered. The connection between the mind and the material organisation in which it has its seat is seen

in the reverse order of the purely material functions of the several organs of the body being more or less affected by mental activities, of which we have abundant illustration in daily life, in health and disease. Such being the case, the necessity of a deep study of the various branches of biology, with a view to find out all the possible relations between body and mind, must be of supreme importance to the student of psychology. And accordingly we find that the true spirit of scientific inquiry has very recently been awakened in this direction, and "the result has been," as has been well expressed by Dr. Burdon Sanderson, "not so much that physiologists have become philosophers, as that philosophers have become experimental psychologists."

It is not possible, nor is it desirable, to give you even a sketch of the researches that have been already made in experimental or physiological psychology, but it is enough to know that they are being conducted with all the earnestness and zeal which the importance of the subject could inspire, and have already borne fruit which is in the highest degree encouraging, and showing that it is destined to exercise considerable influence in directing education, and in advancing biology itself.

According to Dr. Sanderson, experimental psychology has as yet no technical application. He would certainly have given a different opinion if he had remembered, or rather chosen not to forget, that long before either physiologists or psychologists thought of studying psychology from the side of experiment, a most important because a most practical branch of experimental psychology, namely, the action of drugs on the intellectual and emotional faculties and on the will, was inaugurated by the greatest medical philosopher of the century, whom strangely enough the orthodox branch of the profession has not only not yet learnt to appreciate, but whom, with a perversity absolutely unintelligible, it denounces as a charlatan and a quack, for having given to medicine an experimental basis, and thus removed for ever all possible chances of the play of charlatanry and quackery in its domain.

Besides the faculty of self-preservation and maintenance, all living beings have another characteristic which distinguishes them pre-eminently from non-living beings. This is, the faculty or power of reproduction, that is, the power which each living being has of giving birth to one or more beings like itself. The faculty of self-preservation and maintenance is wonderful enough, but that of reproduction is certainly much more wonderful. All that the ingenuity of man has been able to do, is to make some of his machines automatic to a certain extent and for a certain period of time. But as yet we have not the remotest hope of imitating nature in her humblest living machines. If we could construct a steam-engine or a watch, which would not only act automatically, but would be able to draw material and energies from its environments to prevent decay and to go on working without external help, then we might say we have produced something like a living machine. But even this would not be enough. Our steam-engine and our watch should not only be able to preserve and maintain themselves by drawing nourishment from the external world, but should be able to give birth to steam-engines and watches like themselves before we could boast of having indeed produced living beings as are found in nature. But you can easily imagine if ever that boast can be realized. For the more we study living beings the more hopeless we become of achieving such a marvel, because the more insoluble and inscrutable becomes the riddle of life.

The reproductive process is simple in the lowest organisms, being nothing but mere division into two. It has been ascertained that this division occurs when a diminution in the possible rate of assimilation takes place from the volume of the cell becoming too large for absorption, which can only take place from the surface. By means of division, while the volume remains the same, the surface from which absorption takes place is nearly doubled and consequently growth becomes once more possible, till the same conditions occur again. This law, that reproduction is related to,

and in a certain sense caused by, a diminution in the possible rate of assimilation, holds good throughout the ascending series of animals and vegetables, though in them reproduction becomes a more complicated and differentiated process.

Another remarkable fact in connection with reproduction is, that "while reproduction is a blossoming of individual life, it is also in a sense the beginning of death." That the reproductive process is an exhausting one both for the male and the female, is seen in the case of many plants which die after once bearing flower and fruit, and in many insects which die a few hours after reproduction. It is true that in the higher organisms the fatality of the reproductive sacrifice, as it has been very happily called, seems to be considerably lessened, but here the repetition of the reproductive function is attended with serious consequences which shorten the duration of life. As rational beings we feel this in our own person, and when this coincides with the law that holds throughout creation, we ought to profit by the lesson which nature is thus teaching us.

I have told you that the reproductive process is a very complex one in the higher plants and animals. This complexity arises from the differentiation of sex, another wonderful characteristic of at least higher living beings. By this differentiation the continuance of life from generation to generation is secured by the union of two kinds of specially reproductive cells, male and female, the sperm-cells and the germ-cells, which are separated from the bodies of the parents, and which unite to form distinct individuals having all the characters of the parents. In most organisms the germ-cells or ova are formed in one organ, and the sperm-cells or spermatozoa are formed in another organ of the same individual; while in all the higher organisms, animals and plants, the ova are formed by one individual, the female, and the spermatozoa by another, the male, here commencing the true distinction of sex. In the higher animals the sexes differ markedly in external appearance, constitution, and habits. And, with this difference



of sex a remarkable psychical development takes place which causes the two sexes to be attracted towards one another, as if Nature was bent on thus securing the union of the complimentary reproductive cells, which could not have taken place but for this attraction. And this development, I need hardly remind you, culminates in that spiritual love which unites not sex to sex only, but all rational beings to one another.

Though in uni-cellular plants and animals reproduction is reduced to multiplication by division, yet in one genus at least, the *Volvox*, Nature has given, purposely as it were for our instruction, the process of reproduction in its varied forms from the lowest to the highest. Thus, "in this globular colony division of labor is at a minimum, and individuals often occur which are quite a-sexual, forming daughter-colonies without specialised reproductive cells. Others have, among the other units of the colony, special reproductive cells, which are however parthenogenetic, able of themselves to form new colonies. Others have special reproductive cells—ova and spermatozoa—formed within the same colony, but usually maturing at different times. Then there are colonies in which only ova are formed, and others in which spermatozoa are formed, cross fertilization taking place as usual. And besides these sexual conditions other combinations often occur in the same species of *Volvox*, in which we can read almost the whole story of the evolution of sex."

Reproduction may be said to be completed with the union of the sexes when it has secured the union of the ovum with the spermatozoon. As respects the male the end of the function certainly comes here, but as respects the female we may very properly say that the function does not end till the new individual, the offspring, has been developed sufficiently to lead an independent life, independent of direct connection with the maternal organism. This development is not only a complicated but a prolonged process, and a new chapter is introduced in the life-history of living

beings, which has furnished a most attractive marvel to the student of Biology.

It is not within the scope of an introductory lecture to treat of the details of embryology, to describe the successive stages in the development of individuals of each species. This will be done by the lecturer on the subject. All that I have here to do is to draw your attention to the law which a comparative study of embryology has enabled us to discover. This is the law which Von Baer was the first to detect and formulate, and which Haeckel has happily called the law of Recapitulation, inasmuch as in the embryonic development of the individual we have passing repetitions, or a recapitulation, as it were, of the historic evolution of the race, the past continuing or literally living in the present. Thus, taking man as the highest type of animal, we find him passing through stages in his embryonic development, in which successively he is scarcely distinguishable from the protozoa, the metazoa, the fish, the reptile, the bird, and the mammal just inferior to himself.

You thus see, Gentlemen, how embryology has opened up two of the deepest problems of biology, one of which, the origin of life, it leaves unsolved because it is not in its competency to solve it; the other, the origin of the various life-forms, which have succeeded one another in an indefinite past, and which form a most wonderful living theatre in the present, this other problem embryology it may be said to have partly solved, and shown the way in which it may be ultimately completely solved. The fertilising influence which the evolution hypothesis has shed not only upon biology, but upon all the other sciences, shows that its final elevation into a law is only the work of time.

With regard to the first problem, the problem of the origin of life, it is now universally admitted that all attempts at the production of living beings from purely inorganic materials have failed; and that whenever and wherever life has been found to origi-

nate, it has invariably originated from pre-existing life—*Omne vivum e vivo*. Hence the question of the origin of life is looked upon as beyond the sphere of scientific inquiry. And Prof. Preyer considers it as not less transcendental than the question of the origin of matter and energy, the one being as unthinkable as the other. And yet there are biologists who, from the fact of protoplasm or the physical basis of life being material, are led to imagine that living matter must be the result of some as yet un-understood physico-chemical synthesis of matter. And Prof. Lankester has gone so far as to suggest that the first protoplasm fed upon the antecedent steps of its own evolution, "upon the albuminoids and such other compounds that had been brought into existence by those processes, which culminated in the development of the first protoplasm." Though, as I have already said, all experience and all experiment have hitherto been against the hypothesis, its entertainment is forced upon the inquiring spirit of man, and ought not, therefore, to be looked upon as altogether beyond the pale of legitimate inquiry.

From the very brief and imperfect sketch that I have been able to give of our subject, you could not have failed to see of what absorbing interest must its study be to all men as living and rational beings. It is only the comprehensive science of biology, not this or that branch of it, which alone can enable us to understand "how fearfully and wonderfully we are made," which alone can reveal to us the intimate relationship and interdependence of the various parts of that exquisite mechanism which we call ourselves, which alone can throw light on the origin of that mechanism and connect us with a distant past, and which alone, if properly cultivated and rightly understood, can throw some light at least on our future. These are uses which ought certainly to be valued no less than its immediate practical uses as the indispensable hand-maid of the Healing Art. Intimately allied as it is now found to psychology, you can easily see what its educational importance must be.

Gentlemen, you will remember, I have spoken of experiment as the only means by which the science has recently been most advanced, and by which alone it can further be advanced. I ought not to conceal from you that experiment in Biology means experiment not alone with living beings that are dead, but with actual living beings, and therefore involves infliction of some suffering to them, however minimised by anæsthetics, and also some sacrifice of life too. I must confess that such experiments are opposed to our natural feelings. And the serious question arises whether for the sake of the advancement of knowledge we are justified in making such experiments. I think we cannot do better than answer this question by the question—Are we justified in sacrificing the immense number of animals that we are daily doing for food and for sport when it is demonstrable that the whole race of man can be supplied with food from the vegetable kingdom alone and from some of the products of animal life, without any sacrifice of such life. And in this sacrifice of animal life for food and for sport, the amount of suffering inflicted is something awful to contemplate, worse than demoniacal in its cruelty. Now for biological experiments, if every town throughout the whole world were to engage in conducting them, the amount of sacrifice of animal life would be but as a drop in the ocean compared to the sacrifice that we are making for gluttony and something infinitely worse.

Circumstanced as we are in this world, the sacrifice of sentient life by us is inevitable, and if that sacrifice is justifiable on the ground of food for the body and for the healthful exercise of the muscles and the acquisition of manliness which are said to be the outcome of sport, surely a much smaller sacrifice is justifiable on the ground of providing food for the mind and the healthful exercise of its faculties. We of course deprecate reckless sacrifice, and in this connection I cannot do better than quote what I wrote sometime ago in the *Calcutta Journal of Medicine* :

“Such experiments should never be wantonly resorted to. \* \* In their performance we should observe the strictest economy as regards suffering and loss of life. \* \* Such experiments, therefore, should, on no account whatever, be unnecessarily repeated. When conducting them we cannot too attentively watch their progress, we cannot too narrowly and minutely observe every phenomenon as it develops itself. Such a procedure, at the same time that it is humane, makes us more observant than we would otherwise be.”

I trust, Gentlemen, no right-minded man will condemn experiments on lower animals when conducted in this humane spirit. In inaugurating a biological course in this Association, we are but following the general spirit of progress that is animating the cultured nations of the West; and I trust that our students, the descendants of the ancient Rishis who were the first to cultivate Ayurveda or the Science of Life, in prosecuting their biological studies within the walls of this Institution, will be only continuing the work which those Rishis had so nobly and so successfully begun, and which was interrupted owing to a variety of adverse circumstances. Dr. Burdon Sanderson, in his presidential address at the Nottingham meeting of the British Association, spoke of biological work being zealously carried on just now “in England, America, France, Germany, Denmark, Sweden, Italy, and even in that youngest contributor to the advancement of science, Japan,”—Japan, which is just now most practically showing how knowledge is power, against which the brute force of mere numbers, and I may add, of “barbaric pearl and gold” can never avail. Where is India? I sorrowfully ask. What position in the intellectual world is our country now occupying,—our country, once resplendent with the light of knowledge and wisdom, the instructress of the world in religion, philosophy, and science? I leave you, my countrymen, and you, my young friends, in particular, to answer the question. It is in your power, if you but will it, to wipe off the reproach which the answer involves.

COMMENTARIES ON THE ORGANON  
OF HAHNEMANN.

Translated from the French of DR. LEON SIMON, Père, by the Editor.  
(Continued from p. 381, No. 10, Vol. xiii.)

## § III. PATHOLOGY.

I have said before: "The author of the *Organon* has never proposed to himself to expound a system; he has given a method." The difference between these two points of view consists in this, that all system, unless it renounces itself, is under obligation to resolve problems which it lays down or which are under the jurisdiction of the science which it pretends to elucidate. Method, on the contrary, lays down problems, and does not solve them; it indicates the route which leads to the truth, and allows to reach it with certainty without giving the conclusions. System affirms; method gives the means of distinguishing between affirmations which are true and those which are false; between hypotheses and demonstrated and justified truth; between products of the imagination and those of reason. Method is anterior and superior to system. Before inferring, experimenting and observing, every just and right mind ought to interrogate itself as to the path it ought to follow in order that the observations and experiments may be faithful and the conclusions legitimate. All system which is not supported upon a method is an edifice without a foundation, a vessel which has not an anchor upon which it can rest and which will enable it to brave the fury of the waves. Before setting down the *Principles of Philosophy*, Descartes gave the *Discourse upon the Method to better guide Reason and investigate Truth in the Sciences*. After having given a criticism of the state of the sciences of his time, Bacon, as I have said, gave the method which he called the *Novum Organum*; and in order the better to make his ideas understood, he added: *Aphorisms for the Interpretation of Nature and Sovereignty of Man*. Before the *Treatise on the Soul and the Metaphysics*, Aristotle gave the *Categories*, the *Hermeneia*, the *Analytics*, &c., and in these latter times, one of the profoundest thinkers of our age, Balèns, caused the *Art to arrive at the Truth* to precede the *Fundamental Philosophy*.

If the distinction I establish had been well understood, the unmerited criticisms of which they have been the object would

not have been directed towards Hahnemann and homœopathy, especially in the matter of pathology. Relying upon the method followed by Hahnemann in the study of his science and connecting it with his general doctrine, we should see how and why he has not been able to develop his pathology to the same extent that he did therapeutics, and which his disciples ought to do to complete what he has left unachieved. It is found easier to speak of homœopathy as being a doctrine without pathology, to accuse it of ignorance in this respect, than to find if out of the pathological principles given out by Hahnemann, a pathology may or may not be set forth in perfect accord with his materia medica and his therapeutics. It is to ignore the character of the Hahnemannian reform, to give ourselves the pleasure of making two parts of homœopathy; a therapeutics from which it may be useful to borrow something; and ideas and views of pathology which may be rejected altogether. These forced (unnatural) borrowings from homœopathy have had poor results. The substitutive method of M. M. Pidoux and Trousseau is in proof. In Germany as in France, those who have attempted to adapt the current pathology with homœopathic therapeutics, have no more succeeded than to give false indications.

Be that as it may, we see how Hahnemann understood pathology, what he has done for it, and what he has left his successors to do.

Looked at from a certain point of view, pathology is a science which has or ought to have a method and processes of its own; which has also principles and conclusions. Considered in this logical relation, this science reduces itself to a unique problem which may and ought to be stated in the following words: "How ought a physician to go to work in it in order to know of a disease all that it is possible and useful for him to know?" To this question Hahnemann has replied: "That the physician may believe himself to be in possession of the knowledge of any disease whatever when he has been able to penetrate the *occasional*, and the *fundamental* cause of it and when he has collected the totality of the symptoms, the external reflected image of the internal essence of the disease, the expression of the deviations of the previous state of health, which are felt by the patient himself, remarked by those around him, and observed by the physician."

Etiology and symptomatology, such, according to Hahnemann, should be the two factors of the pathological problem. Is this all? Evidently not. Although, in the study of diseases, each may be definitely referred to a cause and to effects which are the symptoms, these are not of equal value. There are some which are fundamental, some which are secondary, some which are indicators of therapeutic agents to be employed; there are some which, taken in themselves, indicate nothing, and appear to have no other importance than that of zeros, which placed after unity adds to its value without determining it.

The consequence of this is that the morbid symptoms may and ought to be studied under two very distinct relations: in themselves at first, and almost independently of all practical application. In this way we come to establish the diagnosis of a morbid state in an absolute manner, as will a naturalist, more preoccupied with what we see than to remedy what is; to follow the progress of the disease in all its phases and periods; to predict its issue and describe its modes of termination, an essential condition of prognosis. The morbid symptoms are further to be studied in their relations to the resources of therapeutics. There are two kinds of diagnosis and of prognosis: One absolute, the other comparative; one physiological, the other practical; one which is particularly the resort of the naturalist, the other which interests chiefly the physician. Independent of etiology and of symptomatology, the medical problem is not then exhausted till the symptoms have been interpreted and grouped in the order of their importance physiological and therapeutical; till, in a word, we have established the diagnosis and prognosis of the disease we are studying, or the treatment of which we are pursuing.

Even this is not all. According to the ideas which one has formed of diseases, as one has made of them an *entity* or a *function* one has judged useful to classify them. Naturalists and chemists have their nomenclature; pathology has wished to have its. Hence, very diverse nosological systems which since Linnæus have succeeded each other in medicine, without great advantage to this science, with very little utility for practice. The pathological problem is not then considered as entirely exhausted till the whole doctrine has produced its etiology, its symptomatology,



its principles in the matter of diagnosis and prognosis, till it has produced its nomenclature; and till the whole method, which, without arriving at the state of a formulated doctrine, wishes to be considered as a complete method, should equally satisfy, from its point of view, all its exigencies.

We see up to what point has Hahnemann responded to the different conditions of the problem.

#### (I) ETIOLOGY.

In discarding without pity, as has been done by all philosophical minds in medicine, the investigation of what he has called the *prime cause of disease*, Hahnemann has reduced etiology to the investigation of the occasional cause and the fundamental or the determining cause. According to him the occasional causes are furnished by the thousands and thousands of influences by which we are surrounded and in the midst of which we live. By fundamental cause he means the condition *sine qua non* of the existence of a given disease. It is necessary, in the investigation of the occasional or predisposing cause, to have regard to the physical constitution of the patient, to the turn of his mind and of his character, to his mode of life, to his habits, to his social relations, to his age, to his sex, in a word, to all that constitutes the individuality of the patient, and by consequence the disease. In the investigation of the fundamental cause, which Hahnemann has designated indifferently by the expressions, the *cause* or the *nature of the disease*, it is necessary that the physician should determine with precision the kind of agent capable of engendering the disease which has to be studied. Is it acute diseases that have to be studied? He says that they are always derived from three sources,—either from teleological influences, or from the presence of what he has called an *acute miasm*, or from some affections of the soul. Is it the generation of chronic diseases? He refers them to three very distinct sources, which he has called *psora*, *syphilis*, and *syccosis*. Thus, in the investigation of the fundamental causes, and this is the first point to observe, Hahnemann has never drawn upon his imagination, has never systematised. The cause of the disease to him is known when he has been able to know the agent external to the patient, the action of which has disturbed health and determined the series of accidents submitted to the observation of

the physician. Up to this he has not advanced nor supported anything which might not have been advanced by any physician. The dispute begins at the moment when he names the causes, that is to say, as soon as, according to his method, he gives the result of his observations.

1. *Causes of Acute Diseases.*—The agreement amongst physicians is so complete as regards the production of diseases from teleological influence, from the presence of an acute miasm, from the action of moral causes, that I have nothing to say about it.

2. *Causes of Chronic Diseases.*—The dispute is about the etiology of chronic diseases, and more particularly about those causes to which Hahnemann has referred seven-eighths of these diseases; that is, about what he has called the theory of psora.

Here three things have to be considered :

1. The idea which Hahnemann had formed of chronic diseases ;
2. The facts upon which he has based his opinion in regard to them ;
3. The historical evidence upon which he has pretended to support that opinion.

In his eyes, a disease is not chronic simply because it has lasted a long time, or having begun as an acute state it daily becomes feebler, so that the patient presents nothing more than some slight indisposition which is neither health nor disease, but an intermediate state between the two. We every day meet with in practice patients who, having been attacked with typhoid fever more or less grave, continues subject to obstinate constipation alternating with irregular diarrhoea and extreme debility of the digestive functions ; others, who after the healing of the injuries produced by some traumatic cause, still continue to have some of the dynamic symptoms, called *symptoms of reaction* ; others again, who after an acute attack of articular rheumatism, still have lameness and stiffness and pains of the limbs and the articulations, or some slight symptoms of endocarditis. Whatever the number and kinds of indispositions experienced by the patient, how long soever might be their duration, Hahnemann considers such patients as suffering from an *acute*, and not a *chronic* disease.

(To be continued.)

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 EDITOR'S NOTES.
 

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 VON BÜLOW'S BRAIN.
 

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Hans von Bülow, the eminent pianist and conductor, who died in Cairo in February last, had for years been a martyr to maddening headaches. In accordance with his often-expressed wish, after his death Professor Kaufmann, of Cairo, who performed the *post-mortem* examination, extracted the brain, and sent it to a German physician for examination. It now appears that the surface origin of two nerves leading to the scalp was imbedded in a scar, left by an attack of meningitis in early youth. Whether this scar can be held responsible for the great artist's many eccentricities must remain an open question.—*British Medical Journal*, Oct. 27.

 EAU-DE-COLOGNE TIPPLERS.
 

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In the *British Medical Journal* for Sept. 29, under the above heading, the editor deploras the bad habit contracted by the higher class of women in England. The editor says, "A lady can keep a goodly sized bottle of the liquid on her toilet table without the suspicion at once roused by a wine or spirit flask." Faintness is sometimes relieved by taking essential spirits but it creates a habit which becomes sometimes hard to overcome. The editor says that there are female cocaine and morphine inebriates who try in vain to extricate themselves from their habits by taking eau-de-cologne. The use of eau-de-cologne is injurious to health chiefly on account of its being mixed with essential oils.

Here in India, where the use of spirituous liquor even in innocent doses is held as a crime in every good family, this bad habit has been contracted by our young men, especially of East Bengal, who sometimes quaff off the whole bottle of eau-de-cologne even in the presence of their parents who seldom suspect what they are doing.

 ACTION OF PIPERAZINE ON THE URINARY TRACT.
 

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In a paper recently read before the British Homœopathic Society and reported in its Journal for October, the author of the paper, Dr. Morriison, thus speaks of Piperazine on three of his patients: "An old patient of mine, who has many years suffered from a vesical calculus, was recently seized with severe renal and lumbar pains. She has had similar attacks previously, but on this occasion she was put upon piperazine, five grains to two drachms of diluted alcohol, five drops to be taken every three hours. On the fourth day

she passed two renal calculi, and on the following day a third. The attack passed over more quickly than on previous occasions. Another patient, who took similar doses, stopped the medicine because of its so greatly lessening the flow of urine; and yet another, to whom two and a half grains had been prescribed, but only once a day, stopped it on the same grounds." The drug, if well proved, is likely to be useful in renal and vesical calculi, and other diseases of the urinary apparatus.

#### HOMŒOPATHY IN HUNGARY.

"The strained relations which exist in this country between orthodox and heterodox practitioners are happily not universal. Our correspondent at Buda-Pesth availed himself the other day of the opportunity of visiting the municipal *Krankenhaus*, which provides accommodation for close upon one thousand patients. Of this number about two hundred are allotted to the homœopaths, and the heretic members of the staff seem to get along all right with the others, in fact, the mention of the pious horror with which this heresy is regarded at home excited astonishment. Our correspondent adds that this hospital will bear comparison with the largest and best-constructed hospital in London or Paris. It is constructed on the separate block system in conformity with the suggestions of a special committee of experts who were despatched to the principal European cities for the express purpose of studying the latest innovations and improvements in hospital construction, organisation, and management. It is situated on the outskirts of Buda-Pesth on the healthiest site available."—*Med. Press* quoted in *Hom. World* for Nov.

#### A PROVING OF NUX VOMICA BY EXTERNAL APPLICATION.

We take the following from a contribution by Dr. G. Herring to the *Monthly Hom. Review* for November :

I poured a few drops of *nux vom.* Q into one hand and rubbed into the palms of both; about an hour afterwards experienced a slight relaxation of the bowels, painless in character. No other symptom sufficiently pronounced to be worth recording.

On the following morning I repeated the same. This had no effect until evening, and then it acted as an aperient, almost without pain. Shortly after had an uncomfortable sense of *nausea*, which threatened to terminate in *vomiting*, but after taking a light supper this passed off.

On the following day felt drowsy and disinclined to read. On the succeeding night woke up about two or three o'clock with an excited

condition of the brain, and after having had unpleasant dreams—dreadful battles had been going on in the clouds amongst the inhabitants of the world above, Lucifer and his army being in the field. After this the excitement gradually abated, and no other symptom supervened.

Such were the pathogenetic effects of a few drops of *nux vomica* rubbed on the hands. But these effects were not the only ones, for I happily experienced a remediable one, a chronic pain in the back (lumbago) disappearing.

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#### THE LATE DR. JAMES KITCHEN.

On the 19th of August last, death removed from this world, a remarkable man of the medical profession, "whose life," according to the *Hahnemannian Monthly*, "ran parallel with the century and whose great intelligence and wonderful memory made him familiar with every important event, and with every advance in discovery and science made during this most eventful century in the world's history."

James Kitchen was born in Philadelphia on the 8th of March 1800. He was of Welsh descent. His father migrated to the United States in 1790, and settled as a merchant in Philadelphia. Having commenced his early education in a private school kept by Mr. Robinson, he entered the University of Pennsylvania in 1817, and received the degree of A. B. and M. D. in 1819 and 1822 respectively. He then spent two years in travel and the further pursuit of his professional studies in England, Scotland, Holland and France. In Paris, he learnt from Laennec the use of the stethoscope just invented by him, and attended the lectures of Napoleon's great army surgeon, Larrey, Broussais and other medical men of the time. Returning to Philadelphia in 1824, he established himself as a physician in that town; but not meeting with much success, he thought of removing to new Orleans in the summer of 1828, when his father was suddenly taken sick, and died after a brief illness, and after having "wrung" from his son a promise that he would remain in Philadelphia, and take care of his mother and sisters. From this time he began to prosper in his profession at Philadelphia. In 1831, he was placed in charge of the Lazaretto or quarantine station, and from 1832 to 1836 he served as a port physician.

About this time, he suffered from some chronic liver complaint, for which he scarcely derived any benefit from the old-school treatment. He was induced, however, by his old boyhood's friend, the late Dr. Wm. S. Helmath, to try homœopathic remedies, which had

been introduced into America a few years before, and began to attract much attention about this time.

The benefit which he derived from this mode of treatment, led him to make further inquiries. Repeated trials with his patients gave him such confidence in the new system, as to induce him, in 1839, to renounce allopathy after fifteen years' practice of it, and to become a convert to Homœopathy. In 1821 he translated from the French Bouillard's *Treatise on Rheumatism*, and, in 1841 Jahr's *Homœopathic Pharmacy*. He also contributed to the *Medical Journals* a great number of articles.

Dr. Kitchen took an active part in the organization of the Homœopathic Medical College of Pennsylvania, and in 1862 was appointed corresponding Secretary of the Board of Managers. In 1852, he was appointed with Dr. W. S. Helmuth, Joint Editors of the *Philadelphia Journal of Homœopathy*. Dr. Kitchen is said to have possessed an iron constitution: he suffered however from many severe attacks of illness, but within a few weeks of his death, his mind and memory retained their full vigor and clearness. He plied his profession for seventy years and for at least fifty years of that very long period had a large and lucrative practice. He is said to have always enjoyed "the fullest confidence of his patients, and in some cases of his early families he continued to treat the children, grand-children and even great grand-children, thus carrying his professional services into four generations." He died at the advanced age of ninety-five, mourned by a very large circle of friends, relations and patients, after having been on the most friendly terms with his brethren in the profession.

Dr. Kitchen had such a horror of married life that he remained single all his life; but from the time of his father's death, he always had a large family under his care, and "no family even received kinder attention, or more unselfish devotion from a natural parent than was bestowed upon the sisters, nephews, nieces, and grand nephews and nieces of Dr. Kitchen for the long period of sixty-six years."

The life of Dr. Kitchen is full of most wholesome lessons to the young practitioner and the man of the world, and is one of the fittest subjects for their study and imitation. "He was remarkably prompt in his consultation and other engagements, considerate of the claims of others, and totally devoid of that jealousy with which some are disposed to look upon all associates as rivals." He was "one of nature's true noblemen. A man without guile, modest, open-hearted, truly honest, faithful to every trust, and with a sympathy that reached to every case of suffering and distress."

## CLINICAL RECORD.

### CASES OF GYNGIVITIS WITH INFLAMMATION OF BONE. \*

UNDER THE CARE OF DR. M. L. SIRCAR, \*

Reported by Dr. AMRITA LAL SIRCAR, L.M.S.

*Case 1.* Prof. N——, Hindu, Brahmin, aged 54, was suffering from severe pain and swelling of the left upper gums involving the jaw-bone. The patient could not sleep at all on account of pain. He came to Dr. Sircar early in the morning of Nov. 23, and he mentioned that he had indulged in pomegranate and apple and pulp of palm-nut for some four or five days. Dr. Sircar prescribed *Ars. 30*; the patient reported next day that no sooner he took a dose of the medicine than he felt relief, and at night when he went to bed he was almost all right, the pain and the swelling having gone down as if by magic. Next morning there was not the slightest pain or swelling of the part.

*Case 2.* S——, a medical man, aged 60, had severe inflammation of gums of the lower jaw on the left side, in the middle of October last. The inflammation involved bone and culminated in suppuration, and the pain of the whole of the left side of the jaw was so great that though averse to operation, he decided upon having the part lanced. But in the hope of averting the operation, he took a dose of *Silecea 30*, with which drug he himself had caused dispersion of gum boils in innumerable cases. The medicine was taken in the evening, and the pain and swelling increased to such a fearful extent that he had not a wink of sleep in the first part of the night. He had some sleep in the latter part of the night, and he awoke in the morning, with considerable subsidence of the pain and swelling; and he was well in a few days, though as the result of the action of *Silecea*, he had itching eruptions all over the body, from which he is still suffering. About fifteen days after, he had similar and perhaps severer inflammation of the gums of the upper jaw of the same side. For fear of aggravating his itching eruptions he could not think of *Silecea*, and he kept himself without medicine, though suffering severely for some days. One day the suffering was so great that he was driven to take a grain of opium. This did not improve matters in the least. On the contrary his bowels became somewhat distended, and the pain increased so much that he writhed in agony till two o'clock after midnight, when he thought of counteracting the effects of opium by *Nux vomica*, but before taking it he referred

to the *Materia Medica* and found the following symptom exactly corresponding with his: "Swelling of the gums of the size of a finger, with throbbing pain as in an abscess." He took one dose of the 6th and fell asleep in half an hour. He awoke nearly well in the morning. One more dose had nearly completed the cure, when he had the folly of taking a dose of the 3rd which brought back the symptoms for a short time, but he was well again in a day or two.

A Case of Choleraic Diarrhœa.

By Dr. AMRITA LAL SIRCAR, L.M.S.

L—, Mahomedan, aged 37, coachman by profession, began to have loose motions from early morning of the 25th Oct. I was informed of the case and went to see him at about 8 A. M. I prescribed *Camphor*; but three doses were taken without effect. I enquired if the patient had taken any food which contained oily substances, but was informed in the negative. There was great thirst and burning sensation and pain in the abdomen. From mid-day the patient began to vomit. The pain in the abdomen was very severe, and I gave him a dose of *Ars. 30*. It did not relieve him the least. I gave him *Nux v. 6* in the evening but also without effect. Plain sago water only was allowed for food and ice was given him to suck to allay the great thirst. All efforts failed to alleviate even slightly the pain that he was suffering from. The last time when I went to see him, at about 9 P. M., I found him very much prostrated. The eyes were sunken and the finger tips were bluish, and for several hours he had not passed any water. The pain of course continued with the same virulence near the hepatic region. I gave him a dose of *Carb v. 12*. This was exhibited at about 10-30 P.M. Almost immediately after the dose of the medicine the patient fell asleep and did not awake till three hours after. Since then he had no stools, no vomiting, and no pain in the abdomen. Next morning another dose was repeated, and plain sago water was given for food. The patient made a good recovery in a short time.

CASES By DR. HEM CHANDRA RAY CHAUDHURI, L.M.S.

1. A Case of pain in the Eyebrow with Conjunctivitis.

A fisherwoman, aged about 50, suffering from pain in the left eyebrow came for treatment on the 4th August 1893. On examination I found that she had cataract of the left eye, and there was slight conjunctivitis of the lower eye with considerable lachrymation. The pain in the left eyebrow, which was very severe and of a piercing



character, used to commence generally in the evening and sometimes in the afternoon. *Bell.* 6 was given.

6th. August. There was no alleviation of the pain. *Phos.* 6.

8th. Reported that she was no better. *Aco.* 6.

12th. She was no better than before. *Puls.* 6.

16th. The report was that she was suffering as before. *Euphr.* 6.

20th. She came to tell me that after taking the last medicine the pain disappeared altogether. The medicine was continued for a few days more.

#### Remarks.

In this case, after failure of *Aco.*, *Bell.*, *Puls.* and *Phos.*, *Euphr.* produced the desired result. The particular pain in the left eyebrow is absent in this medicine, but it was selected for the majority of the symptoms, and it proved efficacious.

#### 2. A case of Hæmorrhage from the Bowels after Aconite.

A Hindoo widow, aged 60, was attacked with fever and diarrhœa of a yellow color for the last seven days. Before this attack she had voluntarily suffered much privation in the matter of food, for some religious purposes. The immediate cause, however, of the attack was a bath early morning in the river.

I was called to see her on the 5th March 1894. I gave her *Aco.* 1.

6th. The fever disappeared, but instead of yellow liquid stools she passed bloody stools without fæces, six or seven times during day and night. The blood was thin and did not coagulate even after passing. She had no nausea. *Ipec.* 6.

7th. The stools had the same character, though the number was less than before. *Nux v.* 6. She was allowed rice with *Gandhal* soup for food.

9th. Was doing much better than before. *Nux v.* 6 continued.

9th. Passed yellow stool without blood.

#### Remarks.

The sudden appearance of bloody stools following the administration of *Aconite* with the disappearance of the fever, leaves no doubt in the mind that this drug was responsible for this untoward turn of the disease. *Nux v.*, with the aid of *Gandhal* soup, stopped the emission of blood, but it is doubtful whether the whole good effect was due to *Nux v.* alone.

THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.

109. HELLEBORUS.

**Constipation :**

1. Decided indolence in evacuation of fœces.
2. *St. large, difficult, with burning, smarting pain in anus, which continues after st. and violently affects sphincter.*
3. *Hard scanty st., during which and immediately afterwards there is violent cutting sticking pain in rectum, extending from below upwards as it drew itself tightly together, and something with sharp edges were sticking between its walls.*
4. During *st.*, feeling as though intestines had not power to evacuate fœces though they were soft and in part thin.
5. Dragging and pressing asunder in anus, followed by difficult evacuation of *mostly hard fœces in small balls with a frothy substance intermixed.*
6. Sudden dull pressure as from foreign substance in anus, with desire for *st.*, though only some flatus is passed; afterwards pressure returns, and *large fœces* is evacuated.
7. Sudden pressing asunder urging in rectum as if *st.* would immediately follow, but *thick dry evacuation* was passed with difficulty attended by smarting pain in anus, which continued even after evacuation.
8. Desire for *st.*, which however was not satisfactory.
9. All desire for *st.* wanting at usual time, as if anus were for ever closed, then sudden pressure, and distended feeling and sudden urging to *st.*; at first some flatus then hard large *st.* with difficulty, during and after which violent smarting in anus.

**Diarrhœa :**

1. D. always preceded by colic, relieved after *st.*
2. Purging, with nausea and colic.
3. Frequent, *pasty, undigested st.*
4. Evacuations *liquid*, several in quick succession, followed by tenesmus.
5. *Rather soft* evacuations with violent colic.
6. *St.* is retained whole day, but next day is earlier than usual, in afternoon a diarrhœaic *st.*
7. Sudden urging to *st.*, with cutting in abdomen, followed by *soft pasty st.*, with disappearance of discomfort in abdomen.
8. Discomfort in abdomen, with some drawing pain as if D. would occur, followed by urging with *pasty st.*
9. Pain in abdomen came in night of eleventh day; next morning after taking extract he walked as usual in garden, after some time his attendant noticed a remarkable paleness with sunken features and staggering gait; patient complained of excessive colic and weakness; he was found leaning against a tree, with his arms hanging down relaxed, hands cold, face pale, eyes deeply sunken, lids closed, pupils

moderately dilated, scarcely sensitive to light, lips bluish, face covered with clammy sweat, pulse thready, 102; patient was immediately put to bed, but had scarcely lain down when he was attacked with a very violent painful D., followed by retching with vomiting of slimy, yellowish fluid; pain in abdomen and retching lasted three hours, during which he had *liquid st.*, with violent tenesmus.

10. Biting in stomach in morning, fasting, pain in abdomen with rumbling, then soft st., followed by dragging in rectum.

**Dysentery:**

1. St. consisting solely of *clear tenacious colorless mucus*.
2. *White gelatinous st.*, like frog spawn passed with much pressure.

**Aggravation:**

1. Morning. 2. Afternoon. 3. Night.

**Before st:**

1. Dragging and pressing asunder sensation in anus.
2. Sudden dull pressure in anus.
3. Sudden pressing asunder urging in rectum.
4. Urging with cutting in abdomen.
5. Colic.

**During st:**

1. Burning smarting pain in anus.
2. Cutting sticking in rectum.
3. A feeling as intestines had not power to evacuate.
4. Colic. 5. Tenesmus. 6. Retching and vomiting.

**After st:**

1. Burning, smarting pains in anus.
2. Cutting sticking in rectum.
3. Retching and vomiting.
4. Tenesmus. 5. Digging in rectum.

**Rectum and anus:**

1. Inclination to hæmorrhoids.
2. Feeling in anus as of obstinate constipation.
3. Frequent inclination for st.
4. Ineffectual urging and long pressing without st.

**General symptoms:**

1. Delirium. Groans and grunts.
2. Such anxiety nausea and distress that he thinks he will die.
3. Stupefaction bordering on insensibility so that he answered much more slowly than usual when questioned.
4. Confusion. Dull and heavy in head.
5. Vertigo, on becoming erect; on stooping; while walking; with indistinct vision, dilated pupils, roaring in ears and unsteady gait; with nausea and prostration; with inclination to fall forward.
6. Heat in head. Congestion of brain.
7. Violent boring deep in right eye. Pressure upon eyes. Dilated pupils. Black specks and rings before eyes. Slumbers with half open eyes, with eye balls rolled upwards.
8. Face, red; yellow; pale during heat of head; pale and distort-

- ed ; hot. Pale, sunken face, loss of pulse, icy coldness, and cold sweat all over, so that a drop is on end of every hair.
9. Tongue, vesicles in ; trembling ; stiff, insensible ; dry ; white in morning.
  10. Distressing dryness and cutting scraping pain of palate on moving mouth to swallow.
  11. Accumulation of saliva, obliging to spit.
  12. Taste, dry slimy with thirst ; sourish, with increased saliva ; bitter worse on eating ; bitter of all food ; without taste on eating but becomes suddenly nauseated, it ceases after eating.
  13. Throat, burning dryness of ; sticking low down in ; sore ; rawness of ; scraping in.
  14. Appetite, great, constantly hungry, and relishes everything ; with tasteless eructations.
  15. Aversion, to food ; to fat meat, relishes bread and lean meat ; to green vegetables and sauer kraut, with appetite for bread and meat. 16. Thirst.
  17. Eructations, empty without taste ; empty after breakfast ; and qualmishness yet unable to vomit ; tasting of drug.
  18. Gulping of bitter fluid. 19. Hiccough.
  20. Nausea and headache relieved after breakfast ; with eructations, with hunger but food disgusts, without any unnatural tasting in mouth or food ; disturbing sleep.
  21. Vomiting, of food followed by relief ; mucus ; greenish black with colic. 22. Cardiaxia.
  23. Stomach, heat in ; burning, griping, and biting as from worms ; burning in, also of fauces as from fire ; pit and upper abdomen distended impeding respiration as from internal ulcer ; pressure ; fulness with ravenous hunger.
  24. Cramp in pit, relief from straightening up, with qualmishness, from walking entirely disappears but reappears on sitting with eructations without relief.
  25. Stomach, pains as if ulcerated after every meal ; painful after shock of coughing.
  26. Twisting griping in hepatic region extending downward and forward.
  27. Pain in umbilical region, colic early in morning, of twisting and cutting about umbilicus somewhat relieved by lying bent together, gradually relieved after passage of flatulence.
  28. Abdomen, excessively distended ; rumbling in ; passage of offensive flatus ; fermentation in.
  29. Discomfort in abdomen, with sensation of coldness, as if D. would occur.
  30. Feeling of distension in abdomen, constant need for st., without being able to pass anything.
  31. Violent dysentery-like griping transversely across abdomen after eating.
  32. Colic ; with small quantity of urine ; as if D. as imminent.
  33. Urging to urinate. Urging with scanty discharge. Burning in urethra after scanty discharge. Frequent micturition.

- Urine, copious ; dark yellow,
34. Loss of power of bladder to expel urine.
  35. Chest constricted, gasps for breath with open mouth, but cannot breathe. Tightness of chest, for ribs do not expand. Pressure in pectoral muscles.
  36. Palpitation. Pulse, rapid ; small and tremulous ; small.
  37. Rheumatic pains, pains in joints change from one place to another.
  38. Convulsions, spasms with coldness. Restless and anxious, apprehending misfortune.
  39. Sudden dropsical swelling of skin.
  40. Frequent, confused, anxious dreams at night, unable to recollect.
  41. Shaking chill and coldness with goose flesh. During heat, thirst, water becomes repugnant and can only drink little at a time. Cold sweat. Sweat towards morning.

**Remarks :** HELLEBORUS is likely to be beneficial in some severe forms of diarrhœa attended with nausea and vomiting, and excessive colic and weakness. The stools are characteristic, consisting of pasty, or liquid, undigested matter, or of clear, tenacious, colorless mucus, or the stools are white and gelatinous like frog spawn. There does not appear to have been much clinical experience in our school with the drug. Dr. Hoyne, without giving any cases, says that it is "often serviceable in teething children when the stools are white, jelly-like mucus, preceded by colic and nausea, followed by tenesmus and smarting at the anus. Valuable during hydrocephalus." Dr. Bell simply says, "HELL. N brings on help sometimes, when without it help would be hard to find, or be sought in vain. The stool is chiefly characteristic, and is such as sometimes occurs in protracted and dangerous cases of infantile diarrhœa." We have found it useful in anasarca or ascites when there is diarrhœa and not constipation. It is necessary in every case to remember the mental characteristics of the drug, pictured by Hahnemann as follows :—"The primary action of Helleborus on the sensorium commune is a sort of stupor or blunting of the internal sense—a condition in which one with good vision sees imperfectly and does not apprehend what is seen ; with the auditory apparatus in perfect condition, does not distinctly hear or does not take note of what he hears ; with perfect organs of taste, finds no taste in any thing ; is constantly or frequently without thought, imperfectly or not at all remembers the past or what has recently taken place ; has no happiness in anything ; only lightly slumbers without sound and refreshing sleep ; has a desire to work without being able to pay any attention to it or without having the strength for it."

## Gleanings from Contemporary Literature.

### COMMON DISEASES MISTAKEN OR MISTREATED.

*Delivered before the Willesden District Medical Society on Oct. 4th, 1894.*

BY JAMES F. GOODHART, M.D. Aberd., F.R.C.P. Lond.,  
Physician to Guy's Hospital.

GENTLEMEN,—There are two sides to every question, and perhaps to every situation that comes to one in life. I would ask you to bear this well in mind when I go on to make the, at first sight, exceedingly inapposite remark that I have the misfortune to be one of your honorary Presidents, and also of having been here at your opening meeting in the spring, which passed off so successfully with Mr. Hutchinson's address. My misfortune I count to be this: that as one of your honorary officials I supposed I might, by some harmless twist of the imagination of the Willesden District Medical Society, have been considered to be ornamental, whereas in dread reality I find that I am expected to be useful. And having heard Mr. Hutchinson's address last year—you and I—you will not wonder that this responsibility of usefulness comes home to me in a somewhat appalling fashion; for if there is any master in the matter of giving addresses in the profession of medicine—and I am happy to think it does not lack in this respect—I should single out your lecturer of last year. He possesses the art of being intensely practical, intensely suggestive, and withal so clothed in the garb of interesting diction that an hour with him is a stimulus, a pleasure, and a memory. Now what can I give you that shall not seem but poor indeed beside the wealth of illustration, descriptive and pictorial, that you listened to and saw last year? Yet I must try. Am I not, then, unfortunate; I am only happy in this respect—that misfortune of this kind is an honour. Of common diseases that are often mistaken I cannot do better than take first the case that suggested my subject to me. A little child aged nine months was brought to me with something the matter with it that had proved a puzzle to those who had it in charge. I received a letter stating that the child was supposed to be suffering from sunstroke, but that its symptoms were peculiar, for it had so much pain, and of late there had developed a certain amount of proptosis and discolouration of the eyelid, and the gums were of peculiar appearance. When I read this note I felt sure that this was a case of infantile scurvy, and I had only to look at the child to be sure that the somewhat hasty opinion was correct. The child was of that unhealthy yellowish or waxy pallor that makes the young infant look so terribly ill; it had a moderate degree of ecchymosis in the right upper eyelid; it lay quiet in its nurse's arms as long as it was kept perfectly still, but as soon as there was the least movement of its body or limbs there was an immediate whine, showing that the child was in pain, and the pain became more marked when its legs were handled ever so gently. Add to this that there were swelling of the lower third of the tibiæ and a well-marked lividity and slight swelling of the gum round the upper incisors, and the case was a fairly typical one. If any further evidence were wanted it might be obtained from inquiries about the food. The mother told me this: it was nursed for five weeks and then, for some cause I did not ascertain, it was weaned, and attempts were made to feed it with, first one milk preparation, then another, and another, all without effect; until it was ultimately suited—stomach and food in apparent concord—by Swiss milk and prepared food combined. This food and nothing else had been persevered with until I saw it, the proportions being two good teaspoonfuls of the milk and three

often. A strong and healthy man came into my room only a few mornings ago, simply because of this symptom. He had been told or imagined that he had a fatty heart and might drop dead some day. At another time there had been a talk of something wrong with the first sound, and these things of a man who is walking, riding, and shooting all day, and is in perfect health. But his heart no doubt takes a rest occasionally and has a look round, and why should it not? An occasional failure of a beat in the heart's regular action is of itself, and apart, of course, from any other evidences of diseases or failure, one of the most unimportant phenomena in the natural history of the cardiac muscle; and much relief is afforded to many a troubled mind by taking this view of the matter. I have often comforted a sleepless patient by telling him that the heart sleeps in snatches and does very well upon it; and for those who dread the slightest departure from the natural action of the heart it is glad news to hear that sometimes it takes a day off, and the only way it can be managed is by missing a beat. There are, of course, other explanations of this phenomenon. It is obviously due to undue irritability of the muscle or nerves in some cases, but anyhow we must not look upon the condition as a serious one until we are obliged to do so; and we shall do a great deal to render the life of many a man and woman happier.

I must not speak quite so lightly of the next condition to be mentioned, although I allude to it because it will often cause more anxiety than is necessary. I allude to the irregularity or palpitation of the heart that comes on now and again in old people—or, perhaps I ought to say, in people after middle life is well over. Now I am willing to admit that here we must walk much more warily—until, in fact, we have had time to observe and gauge its meaning; but the fact that there is a class of cases that exhibit a periodical irregularity such as this is sufficient to suggest the idea that there are functional disturbances in the heart even at the time of life when muscular degenerations are *par excellence* the prevailing element in disease. Therefore even in old people we must not be too ready to assume disease, and treat with digitalis, strophanthus, ether, &c. The affection is much better treated by what I will venture to call the late Sir W. Gull's tonic, or the tonic for old age as dictated by experience. Sir William whispered to me one day, "The best tonic for old people is sulphate of magnesia." I think this condition is—well, gouty, if you like, in a very general way. By that I mean that, as middle age recedes and exercise becomes less active and the excreting organs less equal to doing the first-class work they used to do, so the blood becomes of less excellent quality—more charged, that is, with products that are unnecessary or harmful; then the various parts of the economy take knowledge of the same, and such as are more delicately poised between health and disease—differing, these, in different individuals—get upset. Old people will sometimes have a more or less irregular heart for years, but they may have no single symptom of cardiac failure, nevertheless; and several cases have I known that have gone about in town and done a day's shopping with far less fatigue than I should suffer. It is not the heart that requires attention in such cases so much as diet and such general matters of concern, and assuredly there is no better way of treating it than by our old-fashioned friends, blue pill and salts. They are often enough treated otherwise—that is, with stimulants and strong meat extracts, and probably digitalis. The digitalis, it may be allowed, may be useful upon occasion, but it is not the remedy that does most good.

Two other conditions—bearing upon the circulation—may be mentioned and the first is disease of the lung and right side of the heart, which are constantly mistaken for mitral disease, and, being so, are mistreated—that is to say, digitalis is administered and I must allow that sometimes

it produces some relief. But digitalis is not the remedy for disease of the right side of the heart. Whether it be that on this side there is no muscle for the drug to act efficiently upon or not, the conditions on the two sides are quite different, and the remedies for the right side dilatation that so often occurs, and which it is by no means always so easy to be certain of as might be supposed, are, again, all remedies that reduce the volume of the blood and reduce the amount of that fluid in the pulmonary circuit. Purges; reduction of the intake of fluid; leeches, or general venesection; and such exercise as is possible to promote the circulation of the blood through the lungs are the remedies in such cases. I have said these cases are often mistaken. I could give you many instances. Not so long ago I saw a man who three or four years before had retired from business because of failure of his heart and albuminuria; yet he still lived, and not only so, but lived with an amount of energy within him which suggested that as he had already lived four years longer so he might easily last out another four, or more for all one knows. And what was his condition? The impulse of the heart was considerably displaced to the left,—at first sight, this being in favour of dilatation of the left ventricle, but there was no indication that the left ventricle was large from the sounds that were heard, whereas he had a markedly barrel-shaped chest, all the murmur was over the tricuspid valve, and the albuminuria, although it still existed, was associated with a urine of high specific gravity. One point about these cases, and by which after a time one's eyes may be opened, is that they go on so long and go downhill so very slowly. Think of the years that a case of mitral stenosis will go on, and this is accomplished by the enormous reservoir area that there is, if slowly developed, in lungs and liver and so on. The second condition that I alluded to is fainting. I am constantly seeing people, young people chiefly who by fainting are supposed to show some feebleness in the heart. In old people this is sometimes alarmingly true, but hardly ever so in the young. People who faint are seldom the subjects of any heart disease. To make this mistake is certainly to mistrust the case, for, thinking the heart awry, the patient is put thoroughly out of gear by being kept quiet and not allowed exercise.

And now let me turn to another subject dear to the hearts of all of us, either as a safe refuge, an anchor of hope, or a subject of speculation—a bit of disease that one thinks one knows all about, and therefore how to treat; shall we call it gout or uric acid diathesis? It is a subject very dear to me for several of the above reasons; but for the moment because I think it can be contended with good reason that it is a common condition, mistaken or often mistreated. Now let me not judge this meeting, but you will probably all allow that the very general idea as regards gout and its supposed evidence in the passage of uric acid is that the uric acid circulates in the blood and tissues, and that it acts as a poison, producing in one gout in the big toe, in another say lumbago, in another sciatica, in another migraine, in another indigestion; in another insomnia and the black bile, or the blues; in another palpitation, angina, asthma; and so on through a large part of the nomenclature of disease, for there are few things that have escaped the grip of the uric acid diathesis at one time or another in the imagination of this individual or that. Now, conservative and respectful as I am in my bearing towards, and belief in, the tradition of the past, and believing as I do that that teaching has generally some truth at the bottom of it and must not by any means be rejected without reason, I nevertheless like in many of such cases to think the matter out in the light of the experience of every day and see if it accords with it. And after some years' attention to the subject I am sorry to have to say that I cannot any how make my present day experience fit in with this notion of uric acid. Medicine is a bad profession for running away on an idea, and



it is very hard work sometimes to get quit of the entanglement and view hypotheses from the outside and compare them critically with common everyday occurrence. Let us attempt something of this kind for uric acid. I venture to think that your experience must be the same as mine. I will begin by making this admission, that many of the ailments I have mentioned as the indices of lithæmia are preceded or followed by a rise in the uric acid tide, as it is called, and that admits of the explanation that the excess of the excretion is an indication of the cause of the disturbance. But does it admit of no other alternative? Obviously it does. The supposed cause may be only a result.

Let us discuss this for a moment; and first we must clear the ground by alluding to another prevalent idea that is often, if not always, a mistaken one—by distinguishing between the passage of urates and that of uric acid. It is largely held by the general public—and I suppose that the public takes its cue from medicine—that a brick-red lateritious sediment in the cold urine is an indication of a gouty tendency. But is it of any value at all? Certainly not in the form of propositions so naked and unadorned as this. A sediment of this kind will certainly, often indicate that a man has eaten too much, and so far is perhaps a pointer in the direction of gout, but its only true meaning is that there is a disproportion between the solids and fluids of the body. If a man has heart disease and his fluid output is always scanty, his solids will be an excess in the urine, and he will by that criterion be lithæmic; but the same thing will happen if a healthy man has a hard day's exercise and sweats freely and does not replace his loss in this respect by an equivalent amount of water. However, a large part of the prevalent opinion upon gouty conditions and tendencies is derived from this presence of urates in the urine. Everyone knows that there are hundreds of people who as soon as they see their urine thick on standing rush off to their medical adviser for a pill for their livers, or—more reprehensible still—take a pill without consulting him at all; and, inasmuch as lithates in the urine have undoubtedly some relation to gross feeding, this idea has come to overlook the actual question I wish to discuss, which is the relation of uric acid to food. But the deposits of urates have very little indeed to do with gout. A gouty man may have an attack of prodagra or of one of its several substitutes, his urine remaining free from sediment of any kind and of low specific gravity. It depends upon the subject, and the excretion of uric acid is a matter that, from a clinical point of view, may be considered quite on its own merits. Now the orthodox view of the cause of the appearance of uric acid in the urine is that as a matter of high living and free drinking—particularly of wines which produce what is called acidity—uric acid is formed in excess and accumulates in the body, and all the dire evils of that very injurious product arise. The orthodox treatment is to cut off all meat and sugar, possibly butter and bread, and wines, and the patient sufferer lives upon fish, a little pigeon or game for a treat, green vegetables, and dry toast. Instead of wines that hypothetically turn acid he has to drink whisky, which, perhaps does not; but this may be—I know not—jumping out of the frying-pan into the fire, in some other direction. Now is there anyone here to-night who is positively certain that he has ever kept uric acid out of the urine by such means? I am anything but sure myself, but I am not wishing to decide one way or the other offhand. I am only arguing the question with myself, and want you to do the same. As a matter of observation I cannot bring myself to see that dieting of this rigid kind makes any difference in the great majority of the people that I see, and in the absence of any decisive proof from this direction there is considerable difficulty in others also, for the total quantity of free uric acid in the blood seems so small a thing to produce such multitudinous effects, it always seems to me to play

somewhat the part of a chemical spinster that has failed to find its mate in some eligible base. And one would think, moreover, from this point of view, that it would be difficult so to regulate the intake of food as to supply "bachelors" and "spinsters" in exactly equal proportions. Now it is maintained that this can be done, and the patient kept free from uric acid by a diet of vegetables, fruit and eggs and milk, and curiously as a sort of ballast, I suppose - of cheese. Meat and fish, game, and all such things go, except occasionally when one of these is allowed, much as I take my occasional glass of beer—that is, are rushed, regardless of consequences. But, with every disposition to agree with such a view, I am sorry to say I cannot make my clinical observation square with it. I allow to the full that it may be correct, but this is how things appear to me. I see that gravel is quite a common thing in even young infants, and that it occurs in childhood—not in the large meat-eaters, as one would suppose, but in those largely fed on farinaceous foods; and, curiously enough, I have strong suspicions that an everyday meal of porridge is a sinner in this respect, although I believe it is one of the permissible articles. I have over and over again put such children on more meat—certainly with no disadvantage - quite the opposite, I think. And as one passes to adult age the people who form the majority of the uric-acid passers that come before me are not the high-living and obese, but, on the contrary, the deep thinker; the moderate liver, the man who has divested himself of every rag of diet that can possibly be dispensed with, so well has he learned his lesson that diet does all the mischief; the man of spare frame and anxious disposition; and the man who has a struggle to make both ends meet, or whose affairs, after being affluent, are becoming embarrassed. Then the history of stone in the bladder creates a difficulty in accepting the meat origin of uric acid. It is exceedingly common amongst the native population of India, where the people can hardly be accused of eating much meat. It is said to be extremely uncommon amongst the children of the upper classes in England, where meat, as a rule, is eaten in fair quantity. And as regards morbid conditions that come more particularly under the ken of the physician, I see it sometimes in the hypochondriac and melancholic, and in the dyspeptic; I see it in association with glycosuria, or interchanging with it; I see it again in storms in the course of chronic Bright's disease; and when one comes to think about it the condition is so common that it is impossible to enumerate all, or nearly all, the conditions under which it makes its appearance.

Now, notwithstanding all this diversity in the manner of its appearance, if the patient seeks advice everyone is put through the same mill. Uric acid is the devil, and attempts are made to drive it out. The uric-acid-er is deprived of red meat and sugar, and so on through a long list of the "may not eats" and "may not drinks," until at last the patient is reduced to this: that on asking him what he has been allowed he savagely replies, "Nothing, Sir, nothing! everything that I liked or cared to eat, he cut me off." And as for drugs, again, every one goes through the same round—hot water, cold water, alkalis, iodides, salicylates, and so on through piperazine up to the latest new uric acid solvent; until at last one arrives, perhaps, at some such collection of drugs as thus, jotted down one day from some of the various prescriptions of one of these poor souls. A periodate of something - the iodohydriodide of caffeine, the triiodide of caffeine, the hydrochlorate of plocarpine, cimicifugin, metalddehyde, hydrochlorate of thallin, tincture of erythrophlo-am and musk. It was not easy to divine the intent and purpose of the administration of these drugs in the particular case; but when I thought upon these things I saw that they were amongst the most expensive luxuries of the apothecary's shop; a dose of any one of them costs more than the best native oyster. Then I saw that the prescribers were well versed in the art and practice of medicine, for I

could fancy that all these remedies led, in graduated series, up to the musk, and musk, you know, is a strong stimulant and so far may be called tonic—more particularly when the druggist's bill comes in and you find that you have been swallowing from half-a-crown to four-shilling monthfuls, and, instead of coaxing each to "linger longer," that it has been gulped down with a rush and put under cover with all the pomp and circumstance of reckless haste. I can very well understand that it is conceivable that in the fire and fury thus engendered even uric acid might find it difficult to preserve its cohesion and might retire in favour of the more commanding force. Now do not let this be considered as expressive of an opinion against these remedies that I have mentioned. I am very fond of musk, for instance upon occasion, and that occasion I take to be any bad case of typhoid fever, when it is one of the best restoratives that I know. It has gone out of fashion, I think because it is so very expensive as in some cases to be well-nigh prohibitive. I well remember going to see the wife of a very small tradesman in the east of London who was so desperately ill with typhoid fever that it seemed as if she could not possibly live. I said to my friend who was in attendance, "The only drug that offers any chance to her is musk, but you must give it sparingly, it is so expensive." I heard no more till perhaps three weeks later, he came into my room with "I say, do you know how much that musk cost? Five pounds?" "Well," I said, "I told you it was expensive; but what of that patient?" "Getting well," said he "Oh, well," said I— "Yes, but five pounds" said he. I remember well, too, another occasion, when a cheery and irresponsible clinical clerk took me to the bedside of a hospital patient and exclaimed with admiration, "This man has ten pounds worth of musk inside him!" But to return to uric acid.

Is it possible that all these things—headache, high tension, epilepsy, convulsions of another sort, hysteria, mental depression, fatigue, asthma, bronchitis, dyspepsia, gout in the stomach, Raynaud's disease, paroxysmal hæmoglobinuria, anæmia, Bright's disease, glycosuria, gout, rheumatism, morbus cordis, and so on—are all produced by this, as I say, excess of a body that we have all, more or less, to become acquainted with? Does it not seem much more rational to look at it as a product that is formed in various ways; that in each it is formed in individual fashion; that it is with these *chemical* products as it is with *structural change*; that there are limits to these; and that, as there are many diseases represented by one anatomical deviation, so it is with uric acid and many another animal output—an ash of some burnt-out fire, an expression on the part of function, as I have elsewhere put it, equivalent to the anatomical one of organic change? I am sure of this, if I am sure of anything, that I have seen many a patient made more and more ill by persistence in a rigid form of dieting to get the uric acid out of the system. It is all very well for a man to make experiments upon himself and then go preach a universal rule. I maintain that that ignores the very first principle of the art of medicine—viz., that disease is in all cases individualised, and that we have to treat the *individual*, and his *malady through him*. If it were not so we should certainly by now be treating disease by a code of rules, and how happy should we not be? Do you believe that if we were all to turn vegetarians, and even rid ourselves entirely, if it were possible, of uric acid, we should be without that large number of diseases that I have enumerated? It seems to me that such a proposition insults the unconscious instinct of the race, which counts for more than intelligence in such a matter. Surely no Eskimo would confine himself to blubber, and, I believe, take occasional treat on tallow, if he were not inextricably bound by the imperious law of the necessities of his being. I believe that diet is as much a product of evolution as man himself, and that food that is universally adopted by any race is, on the whole, that which its unconscious instinct has found to be best fitted to it under the

various conditions of its environment, chiefly climatic. And, for ourselves, that leads me to a strong belief in the *use*--the use, mind you don't mistake me, not the abuse--of meat and beer for the average Englishman; but I am inclined to think that a study of a nation's diet, and its changes, may give some indication of the slow changes of constitution that it seems to me must come about in the long course of years. And I shall make this admission--if admission it be--that I do not think that the present day inhabitant of our large towns, working all day with his brains and getting no exercise, is so well able to make proper use of his beer as he used to; and it is possible, of course, that we, as a nation, are approaching a toothless old age which will have to go back to bread and milk as its staple diet, and that the vegetarian per force of to-day is the grey hair appearing in the national thatch. It may be so, but we will hope not. It is, on the other hand, certain that as the conditions of life slowly change with any people so habits of diet must inevitably change too, and a penetrating and forecasting mind may fairly hope to guide these towards such necessary and permanent changes. But that is a very different thing to saying that all uric-acid-passers are to live on bread and vegetables and fruit exclusively and never to touch beer, and that then their millennium draweth nigh. Therefore it is that I ask you to turn the facts round and look at them the other way before you accept unhesitatingly any exclusively diet theory of uric-acid. And I think, if you do, whatever may be true for the *individual* will prove the *exception* for the *majority*; and at any rate I am sure that looking at both sides of the question will be instructive to ourselves and not without advantage to our patients.

Another not uncommon malady that I have something to say about is calculous colic, whether renal or hepatic. Everyone knows a typical case of either sort when he sees it, but it far too often happens that we fail to recognise how very ill localised is pain of this kind. And thus it very often happens that calculous colic figures as pleurodynia, as indigestion, as liver, in some vague way, or as lumbago; and then when anyone suggests gall-stones or gravel the fact is in the fire. A very large number of all the cases of calculus that occur are very indefinite--no jaundice in the one case, no blood or albumen in the urine in the other, and no vomiting in either. And this leads me to say, with reference to the results of gall-stones, that I have seen many cases now where the amount of local swelling and inflammation has been so great, and the resulting tumour so hard, that it was quite easy to mistake the disease for cancer. I remember a case of this kind in Guy's Hospital some years ago, when I quite thought the man to be suffering from cancer, but after he left the hospital he passed a quantity of stones and got quite well. The difficulty lies chiefly with old people--I think I should say old ladies; but whenever there is the least suspicion of acute onset I always think it wise to hold back if we have any tendency to form an opinion of cancer. There is yet another group of cases among the many that I might have talked about where disease is mistreated, not mistaken, and so dealt with for special reasons, as I conceive. First of all, I will take chlorosis or anemia that occurs in young women. I take it first because its treatment is open to discussion, apparently, and I dare say there are those here who will not agree with me even on such a common disease. The late Sir Andrew Clark taught that these cases were chiefly a matter of constipation, and that if you relieved this the anemia disappeared. I will not dispute the importance of this part of the disease, but I cannot bring myself to see that it is more than subsidiary; and I certainly accept the old-fashioned doctrine that iron is the remedy. But it is notorious that these people take iron even in full doses and do not get well, and then the medical adviser and his physic get the discredit. Many cases do not do well, it is true, because the iron is not given in large enough doses, or a long course is not sufficiently insisted upon. Still, I do

not think this sufficiently explains the many failures, or at any rate the very dilatory course of many cases. I long ago ventured to point out in a paper on this subject what seemed to be a curious difference between cases treated in hospitals and those treated outside. Those in hospitals almost invariably get well in a definite time, and those outside certainly often do not; and the only real difference between the two classes of cases that I can see is that hospital cases are kept in bed for a time. I believe that any patient with severe chlorosis, besides the administration of iron and aperients and being carefully fed, should at the same time spend two or three weeks in bed, and the friends should be made to understand from the commencement that the treatment takes six weeks to thoroughly accomplish its object.

It is in reference to this matter of stating at the outset what is likely to be the *course* of the trouble that I wish to speak of the next two ailments, which I shall couple together, although not in their nature having any special relation. The two affections are chorea and nocturnal incontinence in children. I doubt if there are any two other diseases to be mentioned that bring so much discredit to medicine as these two. Possibly ringworm is worse. I believe this is so because the parents are not made to understand from the outset what they have to expect. These are the cases that are taken off for another opinion, to the so-called consultant, and which I suspect that the general practitioner in his heart of hearts, is not particularly sorry to lose. And I find that the parents come nearly always with the idea of paying the fee for a prescription that will act offhand as a specific. They have lost heart and confidence because after a long and desultory, possibly even assiduous, attendance so little good has resulted. But I cannot help thinking that if in all such cases the parents were taken into counsel, and it were thoroughly explained to them that a bottle of medicine here and there was of little use—no use at all—that these muscular and nervous eccentricities are exceedingly difficult to eradicate, and that they must be watched closely to get at the bottom of them I cannot but think that some cases of incontinence might be treated much more successfully than is usually the case. And as regards chorea, if rest in bed were more freely resorted to, the course of many a case would certainly be controlled.

But my time has expired. May I say this more, that if in listening to me any should have thought that my address has been critical rather than an attempt to add to their knowledge, so far as it has really been so it has *been so purposely*. Many of you will remember that Lord Salisbury in his recent presidential address at the meeting of the British Association at Oxford struck quite a popular note by avoiding the horizon of scientific knowledge and “poking about,” so to speak, amid the ashes of what is supposed to be well understood; for what is well understood is but ash notwithstanding that the phoenix of the world's future rises from it. And this method is a very useful one, and in no region of scientific inquiry is it more necessary than in that of building up the scaffolding of a science of medicine. What are considered as truths abound on all sides of us and form platform from which we start afresh to conquer the field of disease; and I take it that there are not a few of the methods and aims of medicine that are faulty by reason of the too ready assumption that their bases are unassailable. And one of the ever ready subjects of interest on occasions like this I have found to be one which drives men back upon their own experience and compels them not to accept it, but to question it. To question thus—not cynically, but kindly—friend as it were with friend—for is not experience our best friend; though it may be also our worst enemy?—is an exercise that is pleasurable in itself, at the same time that it broadens and matures our grasp of the problems of disease.—*Lancet*, 13 Oct., 1894.

## Correspondence.

TO

THE EDITOR, CALCUTTA JOURNAL OF MEDICINE.

SIR,

With regard to your article on "Haffkine's Anti-choleraic Inoculations" in the September number of your esteemed journal, I wish to offer a few humble remarks. Would you therefore kindly allow the following a place in an early issue of your paper.

1st. As to the length of time the immunity is to last. "Both the discoverer of the method and Dr. Simpson," you say, "seem unaccountably to have kept out of consideration one most important element, \* \* \* that is, the length of time during which the prophylactic virtue lasts." Nothing, certainly, is more desirable for the inoculated persons to have than full information on this point, and I myself asked the professor when I was inoculated by him, as you do later on, "how long is this immunity enjoyed by the inoculated persons?" But neither Dr. Haffkine nor any body else can answer the question at present. The whole affair has been stated only too recently to enable any one to answer it with precision. Time alone will show how long the immunity is to last. If, for instance, in a town where a number of people have been inoculated cholera breaks out 4 or 5 years after the inoculation, and if it be found that none of the inoculated were attacked it will be presumed that the effect of the inoculation lasted at least for 4 or 5 years. If a few were attacked it will perhaps be necessary to inoculate the inoculated ones again, and so on. Truth, in this as in many other cases, may justly be called "the daughter of Time."

2nd. As regards the failures in the East Lancashire Regiment at Lucknow, which has been made so much of by our native press, in running down the Professor, the explanation which he himself gave from the very first, and which has been now made public by Dr. Simpson is (1) that the virus of inoculation was too weak to counteract the effects of the virus of the epidemic. The reason why this weak virus was used is that Lucknow being one of the first places where inoculation was carried on on any large scale, the operator had to be very cautious in the preparation of the vaccine. (2) That the effect of this weak virus many have disappeared before the appearance of the epidemic. Over and over does Dr. Haffkine tell his interviewers that the modifications his present preparation of the virus may require have not been exactly determined yet, and that only repeated experiments and varied results with them can show him the proper way to ascertain the exact preparation which must be made for different people, places and epidemics. You sir, whom we look upon as the exponent of scientific researches in this country, know much more than we do, how arduous and how thankless these researches are. The obscurity of nature, the fallacy of the senses, the weakness of judgment and the difficulties of experimenting are so many reasons why long, careful and oft-repeated experiments should be made to arrive at absolute truth. Dr. Haffkine has no desire to announce that his system has been perfected and thus to bring discredit on it. Unlike Atlanta, he does not want to stoop to take up the Golden fruit and thus interrupt the course and lose the victory.

3rd. Even if it be supposed for argument's sake that the inoculation fails to give any permanent immunity to the inoculated individuals, the number of cases already on record in which it has succeeded in affording prophylaxis in times of epidemic are far too many to be ignored. Barring the Lucknow cases and a few isolated ones, the operation has invariably protected people during epidemics of the disease. Dr. Macrae, the Civil

Surgeon of Gaya, in his article on his subject, says, "The results obtained in Gaya Jail seem to me to justify the conclusion that their (i.e. the inoculations') temporary beneficial effect is undoubted." And why should we not be able to turn this into useful account? Prevention is proverbially better than cure; and where, as in the case of a disease like cholera, cure is so enormously difficult, and in too many cases impossible, it is our bounden duty to try by all means to minimize the chances of an attack. You say, "The chances of taking the disease can be easily reduced almost to zero even in the midst of an epidemic by the observance of some simple rules as regards diet and drink." But you with your vast experience must have noticed how often in times of epidemic, the panic stricken, who are most careful about their food and drink, are attacked by the disease and carried off in spite of all their attempts to escape. Will it not, therefore, be a boon to the human race, if we be in possession of an agent which if not potent enough to afford immunity for all time, yet can do so when most wanted? Even those who like Dr. Cunningham believe that the "comma bacilli" are not the only cause of cholera cannot but admit that M. Haffkine's system cannot fail to lessen the mortality from this disease.

In conclusion, I am extremely sorry to say that the apathy of the majority of medical men all over the country towards this important movement is very disappointing. A scientific man, whose labors if successful will be fraught with the most beneficial results to suffering humanity and to the people of this country in particular, one who has made no secret of his business, who before his experiments have had a fair trial, has been vituperated most mercilessly by the press of the country, such a man should have had the very best sympathy of all scientific men. Surely the time is not come yet when we can pronounce any final opinion either for or against his system. But does he not, in view of the immense interest at stake, deserve the sympathy, if not the co-operation, of all medical men? I do not know if many other medical men have been as unfortunate as myself in the treatment of cholera, but when I remember how many a time I sat and watched my cholera cases, and looked in mute helplessness at life ebbing fast away, in spite of all our vaunted knowledge and reputed medicines, I cannot but say, that that man who would pursue the study of prevention or cure of this disease with likelihood of success, should be assisted by all medical men of all schools, in whatever way they could, and for as long a time as was necessary for the prosecution of such a difficult undertaking—such a man is Dr. Haffkine. Are we such medical men?

SHAMNAGAR,  
District 24 Perganahs,  
Oct., 1894.

Yours respectfully,

JADU NATH GANGULI, B.A., M.B.

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COMMENTARIES ON THE ORGANON  
OF HAHNEMANN.

Translated from the French of DR. LEON SIMON, Père, by the Editor.  
(Continued from p. 435, No. 11, Vol. xiii.)

“It is very improper,” says he, “to give the epithet of chronic to those diseases from which men happen to suffer who continually expose themselves to noxious influences which they can avoid, who habitually make use of foods and drinks injurious to the economy, who indulge in excesses ruinous to health, who undergo prolonged abstinence from things that are necessary for the support of life, who reside in unhealthy especially marshy localities, who live in cellars or other confined dwellings, who deprive themselves of fresh air or exercise, who exhaust themselves by immoderate exertion of body or of mind, who are continually devoured by ennui, &c. These diseases, or rather states of ill-health, which people bring upon themselves, disappear of themselves by change of regimen, that is, under an improved mode of living, provided there is no chronic miasm lurking in the system, and cannot be called chronic diseases.” (*Organon*, § 77.)

Thus all the indispositions which are derived from an antecedent acute disease, but become weakened in its symptoms, however long they might have existed and whatever the organic alterations they have engendered; the pathological states re-



cognizing as their cause the prolonged action of physical or moral influences, which produce about us a sort of artificial pathological medium, cannot be referred to the grand class of chronic diseases; they should be left out of the discussion altogether.

What then are chronic diseases, and by what characters can they be distinguished from diseases with which they are so obstinately confounded? Let us listen to Hahnemann:

"The true natural chronic diseases are those which arise from a chronic miasm, which go on continually increasing unless opposed by specific curative remedies, and which, notwithstanding all imaginable precautions in the shape of corporeal and mental regimen, overwhelm the patient with ever-increasing sufferings to the end of his life." (*Organon*, § 78.)

Hitherto syphilis is the only disease which has been known to be of such a nature. And it has served Hahnemann as the type by which to distinguish pathological states which are chronic from those which are not.

Here now are the characters by which he distinguishes chronic diseases. He has not imagined anything, he has not invented anything; he has simply narrated what happens in nature.

"The fact, that the non-venereal chronic diseases, treated homœopathically in the best manner, and after having been repeatedly removed, always re-appeared in a more or less modified form and with new symptoms, and that they recur every year with notable increase in the intensity of their symptoms,—this fact, so frequently observed, was the first circumstance which made me think that in these cases, and even in all chronic non-venereal affections, it was not only an affair of the morbid state which actually appeared, that one should not consider and treat this state as a disease in itself, since, if such was its character, homœopathy should have cured it completely and permanently, which is contrary to experience." (*Chronic Diseases*.)

Recurrence of the primitive disease with aggravation or modification of the primitive state, such, according to Hahnemann, is the first experimental and distinctive character of all chronic diseases.

"But," adds he, "what demonstrates clearly and thoroughly that

the primitive disease, of which, I was in search, is of the chronic and miasmatic nature, is that it can never be conquered by the energy of a robust constitution, nor will it yield to the most salubrious regimen, nor to the best-regulated life, but that to the end of life it will become aggravated without cessation every year, by taking on the form of other more difficult and dangerous symptoms, when it arrives at the full height of a miasmatic chronic disease." (*Chronic Diseases.*)

The incurability of chronic diseases, when left to the sole resources of the vital force placed in the best of conditions that can be imagined;—such, according to Hahnemann, is the second character of chronic diseases. It happens also in syphilis, when, as is often the case, by the carelessness of the patient, it is left to itself; or when by a treatment ill directed or badly watched, as is daily seen, the means employed do not bring about the desired result. The similarity between syphilis and other chronic diseases was thus the point of departure and the basis upon which Hahnemann relied to build the doctrine of chronic diseases. This will be more evident from the consideration of the characters taken in the order of development of the morbid symptoms.

"The manifestation of these three miasmatic chronic exanthemata, (psora, syphilis, sycosis) present, like that of acute miasmatic affections, three principal points, which demand more serious attention than has hitherto been given to them. I mean first, the moment when the infection takes place; secondly, the period during which the entire organism is penetrated by the contagious miasm, until it has become a complete internal disease; thirdly, the manifestation of the external symptoms, by which nature announces that the miasmatic disease has developed in the interior and diffused itself through the whole organism." (*Ch. Dis.*)

*Infection*, according to Hahnemann, takes place in a moment. This is what we see in rubella, variola, vaccinia, syphilis: and this happens in the same manner in psora and sycosis. *Incubation*, the period during which the internal disease forms and completes itself, the period of which the duration varies according to the individual and the kind of miasm, precedes the appearance of the external symptoms which announce the entire formation of the disease. After incubation is completed, appears the fever of eruption, which is met with in syphilis and in psora, as well as in the

eruptive fevers properly so called, though with less duration and different characters. In psoric infection, according to Hahnemann, the two periods of infection and of incubation having passed, "a chill more or less strong declares itself, to which succeeds during the night a general heat terminated by perspiration,—a slight fever which most people attribute to a cold and to which no attention is paid; after this, psoric pustules make their appearance upon the skin, very small in size and miliary at first, they become larger and larger gradually." It is the same in syphilis, as was observed by Hunter, and by several others before and after him.

Such then are the facts taken from experience and upon which Hahnemann has relied to establish the distinction between acute and chronic diseases. Three of these characters are taken from the development of the disease; two from a consideration of the cause. There is no dispute as regards syphilis. As for syecosis, little studied by Hahnemann and rather indicated than established, the discussion has been spared. All the forces and resources of criticism have been displayed against psora. The enemies of homœopathy and her doubtful friends have never spared her in this relation. The former have combated in the name of their idol, organicism. The latter have had the weakness to believe that they save homœopathy by denying a point of doctrine which they have judged to be false, and which the most friendly of them attribute to exaggeration. Griesselich has drawn a table sufficiently faithful, although very brief and inconclusive, of the controversies that have been raised on the subject of psora. These controversies were numerous and attacked the secondary questions of the doctrine of Hahnemann without arriving at what I may call the root of the question.

As we have seen, chronic diseases, separated from other pathological states, with which they are so very often confounded, are of a virulent nature. The virus, once introduced into the organism, behaves exactly in the same manner as does the syphilitic virus; that is to say, it offers three periods of infection, incubation and full development. Hahnemann has defined and characterised these three states.

He has done more: he has given a table of the primitive symptoms and one of the secondary symptoms of internal psora. These

tables are incomplete. It were to be desired that the symptoms had been presented more in a physiological than in an anatomical order. But these defects once recognized, I add, that this description of internal psora has the merit of being the result of the personal observation of the author, and that they ought to be taken into serious consideration; because I would say with Griesselich: "A practitioner so accomplished, a man so positive as Hahnemann, has not done anything only to give birth to vain theories and to launch hypotheses in the void."

Is it, moreover, believed, that it is easy to triumph over the doctrine of Hahnemann relative to chronic diseases, because the historic antecedents of what he has called the theory of psora have been found. Not, certainly. Janke, Autenrieth and several others before them, had observed very sad results of the retrocession of the itch. Every one admits it, and the founder of homœopathy was the first to do it.

Ought the homœopathic doctrine of the nature and character of chronic diseases to be rejected because it has been proved that the author has given to it an exaggerated extension? Is it not in the nature of those who make discoveries to refer to the idea which dominates them facts which cannot be reconciled to their principles? After all, this proof has never been given. The theories of Rau, of Wolff, the leading propositions of Schroën, are not proofs against the doctrine of Hahnemann, but merely limitations of this doctrine, limitations which have never been justified.

In fine, ought we to reject this doctrine, because the author has simply indicated, without settling it, because nothing further has been said beyond the primitive and the secondary forms of psora; and because he is silent about the tertiary forms of all our infirmities the most grave and the least accessible to therapeutics? As much would it be worth to demand that Fraeacastor and Astruc had drawn a picture of syphilis as complete as that given by John Hunter, which again has been considerably amplified by the pen of M. Ricord; a picture from which we are taking away and to which we are adding every day, after the multiplied observations of a considerable number of observers.

It is not with a little difficulty that we can forget the beautiful work of Hahnemann on the etiology of chronic diseases.

Are the chronic diseases due to a virulent infection? Does this infection constitute the fundamental cause?

Considered in respect of their development, do these diseases present the three periods I have indicated? Are they susceptible of transformations variable in number and characters, according to the kind of each?

Can we say that they enjoy the mischievous privilege of existing in the organism in a dormant or latent state; that left to themselves, or, which is the same thing, being badly treated, they never leave the organism before its entire destruction; that communicable from generation to generation they have passed through centuries without ever having their violence destroyed, only changing in form? Here are the different factors of the problem to solve, the principles which should be overturned, not by vain declamations or sophistical arguments, but by facts in the first instance, then by a theory which can co-ordinate and explain these facts. If this method had been followed, if Hahnemann's doctrine of chronic diseases had been seriously studied and controlled by facts, then certainly numerous rectifications would have been made in the description which he has given. But a different method has been followed. The allopaths have denied the theory of Hahnemann and have characterised it as revery: not as regards syphilis and sycosis, but as regards psora. A great many homœopaths have adopted this denial and considered the theory as an unhappy application of the Hahnemannian method; a doctrine the less important as it ought to exercise the least influence on practice.

Nevertheless, what has been denied in the case of psora has been accorded in the case of syphilis and has not been disputed in the case of sycosis. The description of syphilis is so far advanced, that of sycosis is so little and it touches so many points of the domain of surgery, that it was impossible to deny the first and it was not proper to attack the second.

All the resources of criticism were, therefore, as I have said, directed against psoric diseases. Hahnemann has attributed a long series of these diseases to the itch as their primitive and unique source, and he considered the itch as a degeneration of the lepra. It was a great boldness to throw these two facts into the domain of science in the middle of the nineteenth century, at a

time when the itch was considered no more than a local disease due to the presence in the skin of an insect called the *sarcopterus*, at a time when the doctrine of localisation of diseases assumed the proportions of a general principle, and when all the activity of physicians was employed in direct observation by affecting a certain contempt for historical research.

Nevertheless, if it is a point of homœopathic doctrine in which Hahnemann approaches tradition and faithfully gathers its lessons, it is well that we should direct our attention to it.

If he had been wrong in the exposition of his principles, it is in preserving in the denomination of the diseases which are engaging our attention the term *chronic diseases*. This denomination, as old as the science of medicine, inasmuch as we meet with it in several of the writings of Hippocrates, and Celsus has spoken sufficiently long and made a critical examination of it, was truly used since Aretæus, and Bichat has presented on the subject observations as just as they were well-founded. Before him Sauvages had refuted it, saying: Diseases are divided in various ways, but chiefly by four different methods, viz., alphabetical, chronological, anatomical, and etiological. The symptomatical ought, in our judgment, to be preferred. It is to the chronological method, to speak with Sauvages, that it is necessary to refer the division in question. Now, Hahnemann has never pretended to follow this method; on the contrary, he has rejected it in order to adopt the etiological method. The expression *chronic diseases* was, therefore, improper, that of *chronic miasm*, which he has often made use of, was more proper. It is, in fact, easy to see that Hahnemann has employed it only in opposition to that of *acute miasm* by which he has designated those diseases, which like the exanthematous fevers and the different forms of typhus, recognise as their cause the toxication of the organism by a poison, whatever its nature, without there being necessity of contact. The chronic diseases of Hahnemann recognise as their cause a poison communicating by the path of contagion, and presenting all the characters which I have previously given. Tradition was thus to him useful in this relation.

\* Does experience prove that the diseases, called psoric by Hahnemann, recognise as their common origin the itch, and that this last is a degeneration of the lepra? .

Upon the first point, Hahnemann invoked tradition and his own personal experience. Without pretending to consider that the facts which he has taken from his predecessors are all equally conclusive, a great number of them are sufficiently in favor of the hypothesis which he has advanced. His personal observations, which he has summed up in the tables of which I have spoken, go still further to support his opinion. They are numerous, because as he has himself said, they<sup>o</sup> are equal in number to those he has taken from the works of his predecessors.

Since the publication of Hahnemann's doctrine of chronic diseases, the entomological history of the sarcopterus, so frequently begun, abandoned and resumed since Avenzohar, has been sufficiently completed and sufficiently well followed in all its phases, that it is now impossible to deny its existence. There is some utility in tracing here the history of the discussions and disappointments to which the researches on this insect have given rise. Thanks to the celebrated mystification of which a commission of the Institute was made the victim by M. Galès, and thanks to the works of M. Raspail which gave rise to a crowd of researches of the highest interest and of the greatest precision, it appears difficult, if not impossible, to deny that the presence of the sarcopterus is the primary and therefore the fundamental cause of psoric infection. The facts upon which this opinion rests, appear to be so conclusive, that observers the most authoritative, even those, who like MM. Cazenave and Schedel had denied, now admit it in the most explicit manner.

But difficulties commence at the moment when it is the question to determine the action produced by the sarcopterus: Is this action local or general? In a word, does the sarcopterus act only by the puncture which it causes, or as a carrying agent of a poison? In the first hypothesis, it is sufficient to imitate the old women of Corsica who, according to the report of M. Renucci, armed with a pin, begin the search of the *acarus* and pick them one by one out of the skin of the infected subject; or which is more expeditious, to employ the pomade of Helmerick, since, as has been said, this suffices by one application to kill all the insects existing in the skin.

But it does not appear, from the testimony even of the most absolute partisans of the local action of the *acarus*, that these

things are as simple as at first they appear to be. It has resulted from the common observations of all those who have devoted themselves to researches on entomological pathology, that all the insects capable of disturbing the health of man more or less, do it only by the venom of which they are carriers. For several amongst them, such as the wasp, the bee, the scorpion, the spider, the hairy caterpillar, this venom has been collected and demonstrated. We are not so far advanced as regards the sarcopteris. Observers have been occupied with only one thing: they have striven to admit its existence, without occupying themselves with its mode of action.

(*To be continued.*)

### CROTALUS AS A REMEDY.

(*Continued from p. 389, No. 10, Vol. xiii.*)

In addition to the two cases he has given of *Scarlatina hæmorrhagica* occurring in his own family, and which we cited in our October number, Dr. Hayward has given his experience of the treatment of malignant measles in nine children in a single family, in which the eruption was of a very dark color and confluent over the whole body, except the legs of three of them; the ophthalmic and nasal symptoms were very severe; throat and chest symptoms moderately so; there was delirium, and considerable œdema of the face. "Two of them were treated with *Aco.* 1 followed by *Rhs.* 1, three with *Aco.* 1 followed by *Crt.* 6, and the other four with *Crt.* 6 alone throughout (though all had *Sulph.* 6 during the last week of treatment.) In those treated without *Crt.* at all, the skin remained covered with dark mottlings and raised papules after all the other morbid symptoms had disappeared and the patients were going about, so that in the fourth week *Crt.* was given to them also for a week; they were the last to exhibit a natural appearance of the skin and a freedom from cough. In those treated with *Crt.* during the dark color of the eruption, the mottling and papular condition of the skin showed a tendency to linger. Those treated with *Crt.* alone made the best, most rapid, and most complete recovery; in them the mottling and papular condition did not linger, and they were the first to exhibit a natural appearance of the skin and bronchial membrane."

Guided by the symptoms developed by provings, and by the inoculations practised by Dr. W. L. Humboldt, *Crotalus* has been used in Yellow Fever with the most remarkable success. We have a record of some of these cases in Dr. Neidhard's Essay on the disease. Emboldened by its remedial action in yellow fever, Dr. Neidhard tried it in what he very properly called



cognate forms of disease, namely, the malignant bilious remittent fevers, and found it equally beneficial. Dr. Hayward has cited in his work the following cases of cure of these fevers, from Dr. Neidhard's Essay. The cases so forcibly demonstrate the efficacy of the remedy in the fevers in question that we make no hesitation in quoting them.

(1) Miss M. S—, æt. 22, was afflicted in the summer of 1876 with a *Bilious Remittent* fever, which was cured in a few days by the administration of *Crotalus Horridus* 3 in water, a tea-spoonful every two hours. She received no other remedy. *Crotalus* acted like a charm. The symptoms, as I noted them down at the time, were the following: chilliness alternately with heat, occasionally sudden cold perspiration, pulse full and 100 in a minute; the eyes were sunk, with a dark brown ring surrounding them; tongue dry in the centre and yellow; the point red; constant vain efforts to evacuate the bowels, nausea, and sick stomach; the passages are only slight, of a black color, and pappy consistence; soreness in chest and stomach, pain on touching them; she cannot lie on the left side; great drowsiness all the time and excessive weakness.

(2) Mrs. O—, æt. 71. Has two paroxysms of fever every day, with the pulse 120. (The administration of *Crotalus* brings the pulse down to 100 on the first day.) The disease had lasted six weeks, and also various remedies were resorted to. *Crotalus* 3 in water had the best effect. The following symptoms were the most prominent: skin dry, afterwards cold perspiration; very thirsty; takes a little water at a time; burning heat on top of head; eyes sunk; tongue coated yellow and dry; bitter taste in mouth; soreness and dryness of throat, which present a dark red appearance; hawking up of greenish-yellow phlegm, with sweetish taste; sick stomach after eating, with vomiting and purging; slight pain in the region of the liver; dark brown diarrhœa; wakefulness. This disease was entirely cured by *Crotalus* aided by *baptisia tinctoria*. After having the disease so severely, it returned a year afterwards in a mild form, and was cured by the same remedy. Symptoms were very similar, with the exception of a cough, which was cured by *laurocerasus*.

(3) Mrs. M. S—, æt. 69, was cured in a few days by *Crotalus* 3 of a severe bilious fever with the following symptoms: Chills in feet and hands, followed by heat in the head, which ached before; mouth dry; very thirsty; foul breath; heat and redness in the right cheek; on closing eyes wandering of mind; yellowish color of the face; sensation of excoriation of the stomach, with soreness of touch; complete want of appetite; eructations of wind; *gnawing aching pain* in the liver; sanguinolent discharges from the bowels. In addition to the above she was also afflicted with

hepatization of the right lung and consequent shortness of breath, always expectorating much yellow phlegm after severe hard cough, and soreness of the left side. The effect of the *Crotalus* was assisted by the exhibition of *baptisia tinctoria*. The cough was cured by cod-liver oil.

(4) Lieutenant W—, of Commodore Wilkes's expedition, consulted me quite lately in his case of yellow fever, which he had contracted on the coast of Cuba. Although much diminished in violence, it never ceased entirely notwithstanding numerous powerful remedies had been exhibited for six weeks, until he took the *Crotalus* 3 in water. In two days, after a slight aggravation, the fever was arrested. He considered this effect so remarkable that he mentioned it to everybody. In order to break the fever he had received quinine in thirty-grain doses repeatedly, also calomel; finally nitromuriatic acid, but without avail. He did not improve until he reached a colder climate, and his fever was not arrested until he took the *Crotalus*.

(5) Miss V—, Headache with high fever, mostly at night, with great drowsiness; aching in the bones; heat in forehead; the slightest motion hurts the head; burning in the chest. *Crotalus horridus* 2 cured after aconite and belladonna had been administered in vain.

(6) Mr. M—, went with the volunteers into Maryland, and was encamped on a small stream. Returning soon after, he was attacked with a bilious fever and delirium; entire forgetfulness of everything; dulness of the head, with great apathy; everything tastes bitter, and sometimes acid; finally, very foetid diarrhoea; tongue dark brown; constant drowsiness; dryness of the skin (for these last three symptoms *Crotalus* is particularly indicated); urine high-colored. When the crisis took place after *Crotalus* there was a warm perspiration. Two days after commencing the *Crotalus* the brown color from the tongue gradually disappeared and he had several green watery passages, always a very favorable symptom for the speedy cure of these fevers.

(7) Mr. A. M—, Chilliness every afternoon; a kind of crawling up and down the back, and afterwards all over, for five or six hours; severe pressure on the top of the head, running to the ears, with light-headedness and confusion, and heat from head to the feet; shooting pain from the occiput down the spine and arms; foul breath; tongue coated yellow; bitter taste in the mouth and nausea; soreness to the right side of the pit of the stomach through to the shoulders; aching in the middle of the chest to the back; dull pain across the hips, and also in the back and left shoulder; constant inclination to stool, with dark brown blackish discharges. *Crotalus* 3 at once cured all these symptoms.

The following case was furnished to Dr. Neidhard by Dr. W. Jackson Simon of Philadelphia :

(8) Oct. 5th 1860.—Was this day requested to visit Mr. Wm. W—, æt. 38. Constitution remarkably good. Had never been sick until two months previous, at which time he was in the West and had fever and ague. Temperament bilious, sanguine. I found him complaining of severe frontal headache, and alternate chills and heat; tongue furred white, the tip and edges scarlet red; pulse full and strong, about 110 per minute. Complained of some soreness of the abdomen on pressure, but not when that was removed. I prescribed aconite and rhus tox. for some time, but without any improvement. Other remedies were given as the symptoms indicated, but all failed to relieve him. On the twenty-first day of my attendance, finding the patient much worse, I called Dr. J. G. Howard in consultation. We used a number of remedies, but without any apparent benefit. His condition at this time was as follows: Tongue dry and cracked, dark-brown streak down the centre, the edges of a deep red color; occasional bilious discharges, no appetite, a cold clammy perspiration on the forehead and temples, skin yellow; would speak when roused by shaking, seemed entirely unconscious of everything. Urine of a dark red color, depositing a dark yellowish-red sediment; pulse 50, weak. As his mother was a widow and he her only son, I felt extremely anxious to save his life. While on a visit to Mr. Radde's store to purchase medicines, a new work was handed to me, *On Crotalus in Fevers* by Dr. Neidhard. In glancing over it I saw several cases given, corresponding in symptoms to Mr. W—'s case, in which the author had used *Crotalus* with great success. I asked Mr. Radde if he had any that was reliable. He said no, but thought he could get some from a physician just from Havana. I waited about two hours, when he returned with a drachm vial of the third trituration. I immediately returned to my patient, and informed his mother that I had something which I hoped would relieve him; if it did not, I could do nothing. I left five powders, containing one grain each, directing one to be given every three hours until all were taken. On my visit the next morning, I found my patient conscious, and wanting something to eat. The medicine was continued every six hours for three or four days, when, the patient being able to sit up, it was discontinued. In ten days he was able to attend to his business.

Lachesis has also been used with success in cases of fever similar to those in which *Crotalus*, as shown above, has been found beneficial. The following case related by Dr. Carroll Dunham is an illustration in point: "April 9th, 1850. Josephine Birmingham, aged nine years, well grown, had, last winter,

scarlatina very severely. It left her delicate and deaf. Nine days ago she was exposed to the measles. The rash appeared on the 6th instant, along with a copious discharge from the ears. Yesterday, (8th) this discharge suddenly ceased, and the rash disappeared. She immediately became very feeble and prostrate; was seized with mild muttering delirium. She had great thirst, drinking, however, but little at a time. There was a singularly biting heat of the skin. I first saw her at eleven a. m. on the 9th instant. She had lain in alternate delirium and stupor for twenty-four hours; was irrational; had low delirium; the pulse was soft, waxy, hardly to be counted; there was color mordax; the respiration was attended by moaning; it was very rapid, whistling; there was an occasional single cough, and a grasping at the throat, as if to tear away the clothing from it. The pupils were widely dilated; there had been no stool for two days; the urine was scanty and seldom passed. The expression of the countenance was cadaverous; the odor of the breath putrescent. I ordered *Lach.* 30, six globules in water, a teaspoonful every two hours. Also strong beef tea every two hours. At six p. m. I found her supported in an arm chair playing with some toys: rational; the skin of a pleasant temperature; the pulse eighty, regular, and soft. The attendants reported that after the second dose she had slept quietly, had had no more delirium and no thirst. I found the eyes normal, the cough infrequent and not painful. I ordered *saccharum lactis*. The rash did not reappear. The patient convalesced from this point, and I gave no other remedy and did not repeat the lachesis. This change from apparent impending death to established convalescence within the space of seven hours was very impressive and even startling."

We have given in full, so far as available to us, the recorded cases of cure, under *Crotalus* and *Lachesis*, of low asthenic fevers characterized by a profound depression of the nervous system whether arising direct from some poison inhaled or ingested, or through the toxication of the blood, in the belief that they will lead to further experience with these poisons in similar cases. In the absence of fuller provings we are obliged to fall back upon faithfully recorded clinical cases for the differentiation of the serpent venoms. We do not believe that they may be used indifferently with equally beneficial results in all cases of fever marked by asthenia. Indeed, as we have said, though they resemble in some points, they differ in others which distinguish them from each other.

Thus all of them produce the cold and the hot stages, each of which is characterized by unusual prostration. Both *Crotalus* and *Lachesis* give rise to profuse perspiration. Under *Cobra* perspiration has not been noted, except on the palms, where

it is profuse, but we cannot doubt that if the provings had been sufficiently pushed, or if the poisonings had been carefully watched, perspiration would probably have been observed under it.

In the cold stage of *Crotalus* there is often cold perspiration during even the shivering, there is delirium, nausea and even vomiting, hurried breathing, and there is an involuntary evacuation of urine every few minutes. The pulse is frequent and feeble, or the collapse may be so profound that there may be no pulse at all.

In the cold stage of *Lachesis* there is longing for fire which relieves. The coldness is specially felt in the side. In the cold stage and throughout the fever there is creeping from shoulder to head, or even from anus up back to head. There is often a cold feeling in the stomach, and distension of the abdomen.

In the cold stage of *Cobra* there is, as in *Lachesis*, a longing for fire, the patient is unable to get away from it, from which he feels better; he feels starved and miserable, is affected by the least draft of air, and is glad to huddle into bed, to move the legs, to stamp, &c., to keep up circulation in the feet. The coldness is on the left side, especially during the day, changing to the right side at night.

In the hot stage of *Crotalus* there is much palpitation of heart, with a peculiar feeling as if it tumbled about; there is salivation, the saliva being dark-colored, bloody, viscid, and thrown out with difficulty; there is dryness of the tongue and incessant thirst; the respiration is difficult and hurried; there is alternate delirium and lucid moments, heat and dryness of the skin, especially of the palms; the eyes are red and fiery; the pulse is generally very weak and quick, or it may not be increased in frequency at all.

In the sweating stage of *Crotalus* the whole body is red, and the perspiration is profuse and cold, and may be attended with shivering, the sweating and the chilly stages being as it were blended.

The fever of *Crotalus* has a tendency to recur every year. No such tendency has been observed under *Lachesis*, but clinically it has been found useful in fevers which recur every spring.

In the hot stage of *Lachesis*, there is very often great loquacity, the patient involuntarily speaking louder and more distinctly than usual; or he may be violent and quarrelsome.

In the hot stage of *Cobra*, there is much perspiration on the palms; the patient frequently loses all power of using his limbs from sheer exhaustion.

We have given these differentiating symptoms in the hope that these serpent venoms may be used more often in intermittent fevers than has hitherto been done.

*(To be continued.)*

## REVIEW.

*Vaidyikasabdasindhu or a Comprehensive Lexicon of Hindu Medical Terms*; prepared under the liberal patronage of His Highness Mirza Sri Ananda Gajapati Raj Munnya Sultan Bahadur, G.C.I.E., Maharaja of Vizianagram. Compiled by KAVIRAJA UMESACHANDRA GUPTA, KAVIRATNA.

वैद्यकशब्दसिन्धुः आयुर्वेदीय-शब्दौषध-नाम-निर्णायको वृहत्कोष-ग्रन्थः सङ्घो-  
दार-धीरचरित महाराजाधिराज-मिर्जा-श्रीश्रीश्री-आनन्द-गजपति-राज-  
मन्ये-सुनताम्-बाहादुर-जि. सि. आइ. इ. विजयनगराधिपते-विद्योत्साहिनो  
नक्षसाहाय्येन कविराज श्रीउमेशचन्द्र-गुप्त-कविरत्ने न सङ्कलितः ।

Our readers will see, from the Prospectus which appears in the cover of every issue of this Journal, that we set a high value to ancient Hindu medical writings. They contain the recorded experience of men who were not merely practitioners, but medical philosophers in every sense of the term. For the age in which they flourished, their powers of observation and generalization were marvellous, and have scarcely been surpassed in these modern days. It is for this reason that we had proposed to ourselves to publish in the pages of this Journal the texts with their translations of the best and most ancient of these writings. For a variety of reasons we have not been able to carry out this our cherished intention. We have not given up the idea, and we still invite co-operation in this arduous undertaking. We are convinced that the rescuing from oblivion of the medical experience of our ancient Rishis will be of advantage even from the point of view of the New School. For we believe that a careful study of them will help us in selecting drugs for provings. Hahnemann, as we know, did not take up drugs for provings at random. He allowed himself to be guided by previous experience, ancient and modern, that was available or accessible to him. We have a rich mine in these ancient Hindu medical works. Why should we not imitate our master in utilizing them for our purposes ?

Anything which is calculated to help in elucidating the meaning of these writings, is most welcome. We, therefore, hail with pleasure the publication of the *Vaidyikasabdasindhu* under the distinguished patronage of H.H. The Maharaja of Vizianagram as supplying a long felt want. Kaviraj Umesa Chandra Kaviratna, late librarian, of the Calcutta Sanskrit College, is the compiler and

editor of this comprehensive dictionary of Hindu medical terms. The Kaviraj has already acquired distinction by his translation of the *Katha-Sarit-Sagar* and some other works, and also by his editing and writing a commentary on *Asṭavaidyaka*, a work on Hindu veterinary medicine.

About seventy years ago Prof. Horace Hayman Wilson employed a number of pandits to collect Sanskrit words in alphabetical order with a view to compile a dictionary. The method was a new one, as before his time Sanskrit lexicographers used to compile dictionaries sometimes according to the terminal letters of words and sometimes according to other fanciful classification, which rendered their works ill adapted for ready reference. Raja Sir Radhakant followed in the wake of Prof. Wilson, and the great lexicon entitled *Siddhantalpadravana*, which is encyclopædic in its character and dimensions, was the result. Comprehensive as these two lexicons are, they contain only incidentally Sanskrit medical terms. Hindu medical works are very abstruse and technical, and no one who has not had a regular training under learned physicians can understand and explain them. Under these circumstances, the pandits employed by Prof. Wilson and Raja Radhakanta, not being specialists in the science of medicine, did not attempt to collect medical terms. When the late learned pandit Taranath Tarkavaśhaspati commenced his great lexicon, *Vāśhaspatya*, he tried to engage the services of the late learned Kaviraj Brajendra Kumar Sen, but his plan fell through for want of sufficient co-operation on the part of other Kavirajs or practitioners of Hindu Ayurvedic medicine.

Thus for a long time did the compilation and elucidation of Sanskrit medical terms remain unaccomplished, till Kaviraj Umesa Chandra, who as the son of a well-known Kaviraj in Calcutta had had a good training in the Hindu science of medicine, undertook the task of collecting medical terms from such original and standard works as Charaka Saṁhita, Susruta, Bagbhatta, &c., at our request and under our direction while he was assisting us in translating the first of these works into English, as he has been good enough to acknowledge\* in the pre-

\* "A few years ago my patron Dr. Mahendralal Sircar was engaged in the task of translating the Charaka Saṁhita into English, I was appointed to assist him in this translation. In the course of his labours he had frequent occasions

face. After sustained industry and research he has at last been able to bring his work to a completion. The preface, which he has written both in Sanskrit and English, has considerably enhanced the value of the work, inasmuch as it gives a short history of medical works and their authors. The dictionary will be indispensable to those who wish to learn and practise Hindu medicine. It will prove invaluable to those who, without intending to practise the Hindu system, are desirous of profiting by the teachings of our ancient medical sages. The usefulness of the work is greatly increased by the fact that many terms have their equivalents given in several Indian dialects, such as Bengali, Hindi, Telegu, &c.

In conclusion we must express our unfeigned admiration for the liberality of His Highness the Maharaja of Vizianagram to whom many useful institutions and struggling authors are indebted for liberal help and patronage.

to consult the existing dictionaries for appropriate medical technical terms. He was, however, very much disappointed in his expectations. No alphabetical medical dictionary being available at the time to render him material help in the selection of appropriate terms, he had to own that such a work was a great desideratum, and expressed a desire that I should undertake to supply this long felt want. The method of compilation was also suggested by him.

“In compliance with his request I commenced my work. Want of leisure prevented Dr. Mahendralal Sircar from continuing the translation above mentioned; but I did not abandon the idea of such a compilation. I persevered in my labours, and after an unremitting work of upwards of three years I finished my compilation, and had the satisfaction of presenting the first printed sheet to Dr. Sircar and subsequently to Dr. Raja Rajendralala Mitra, both of whom, while expressing their satisfaction, favored me with letters of approbation.”



## EDITOR'S NOTES.

## REMOVAL OF GUNPOWDER STAINS.

"F. T. Field writes to the the *American Therapist* that in a case of gunpowder 'stains' on the face the grains were removed by dropping on the stain a minute quantity of glycerole of papain and pricking it in with a fine needle as in tattooing. The result was a complete and successful removing of the stains, with but trifling irritation or swelling."—*New York Medical Times*, Nov.

## A NEW AND DISTINGUISHING SIGN OF LATENT ANEURYSM OF THE AORTA.

This sign, according to W. C. Glasgow (*New York Medical Journal*, September 15th, 1894), is the presence of a systolic sound in the brachial artery, synchronous with the cardiac systole, and sometimes accompanied by an arterial murmur. When this sound can be heard, and aortic regurgitation can be excluded, a positive diagnosis of aneurysm can be made, even in the absence of all other signs or symptoms. The sound is due to the rapid tension of the walls of the only partially-filled artery, due to the sudden impact of blood at the heart's systole. In pure aortic regurgitation the sign is always present: in two out of six of the reported cases of aneurysm, the diagnosis was made from this sign alone four months before the appearance of the recognised physical signs. In all the six cases the systolic sound in the brachial artery was present; five were intrathoracic aneurysms and one abdominal.

## THE DANGERS OF THYROID EXTRACT.

The November number of the *New York Medical Times* contains the following which was originally published in the *British Journal of Dermatology*, by Dr. W. D. James. The patient was a physician suffering from glycosuria psoriasis, and had been taking thyroid extract for some time without any effect upon the disease. Then the dose was increased suddenly. At the end of a week the patient felt very weak and suffered severely from depression and palpitation. Before another week had elapsed the man suffered from severe thirst and the urine was increased in quantity, the breathing was laboured, the pulse rose to 132 per minute, and the smell of acetone was detected in his breath. The urine contained sugar in abundance and the specific gravity of it was 1032. The thyroid treatment was at once stopped and the diet was regulated according to the symptoms of the present disease and the result was satisfactory. The sugar entirely disappeared in a few days from the urine. No improvement of course was noticed in the psoriasis.

## DANGERS OF COCAINE.

Dr. A. R. Baker publishes a collection of ten cases of cocaine poisoning in the *American Journal of Ophthalmology*. The smallest fatal dose was two-thirds of a grain which was injected into an eye, and which produced immediate unconsciousness in the man; and subsequent

death within four hours. One dentist injected a grain of the substance into the gums of a patient which produced immediate death in the man. The application of ten per cent. solution to the larynx with a brush produced fatal result within three hours. An instillation of six per cent. solution produced alarming depression, unconsciousness and delirium for some time.

The dangers of atropine instillations are not unknown to many of our readers. In many cases we have seen permanent blindness of the eye brought on by atropine instillation, more so in cases of incipient glaucoma where the diagnosis of the disease becomes very difficult. From the above results recorded by Dr. Baker we see that the use of cocaine is also not without danger. So in using these drugs we cannot be too cautious, especially when the question of one's life is concerned.

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#### CASE OF COCAINE POISONING.

We take from the *Lancet* of Nov. 17, the following symptoms of poisoning by Cocaine, which were very peculiar and may have homoeopathic applications :

A trained nurse, twenty-nine years old, in order to test a solution of hydrochlorate of cocaine which was supposed to have lost its strength, injected into her arm twenty minims, which contained five grains of the alkaloid. Almost immediately afterwards she began to feel cold, but not knowing that cocaine had any but a local anæsthetic effect she did not attribute this to the injection. This was at about 2.30 P.M. Half an hour later, it being her bed-time, as she was on night duty, she went to bed, remarking that as she felt cold she would have a hot bath before retiring. She remembers trying to get to the bath room and feeling that the effort to do so was very great, and that she had considerable difficulty in breathing. After this she remembers nothing more until next day. Some little time later—possibly twenty minutes—she was found lying upon the floor in the passage leading to the bath room. She was then only partially conscious. Her extremities were cold and her pulse feeble. There was no marked pallor, no sweating, and no sickness. The respiration was very shallow and jerky. Her eyes, the pupils of which were much dilated, had a fixed and absolutely vacant stare. On being conveyed to bed her extremities soon became warm and her pulse nearly normal, but she could not be made to lie down and persistently assumed a position in which she rested on her left elbow and stared fixedly at the wall or ceiling without appearing to see anything. An attempt was made to get her to swallow some simulant, but this she seemed quite unable to do. She remained in this dazed and vacant condition, occasionally saying "it is cold," but unable to answer any questions except by "yes" or "no," which were evidently used at random and always after a long interval, until 1 A.M., when she fell asleep. She slept for a few hours, and then woke up feeling very sick, giddy and weak, but with no recollection whatever of what had taken place after her attempt to reach the bath room on

the previous day. The condition of nausea and weakness lasted for several days, and then gradually passed off. There was nothing hysterical about the patient, as she was a most capable and sensible woman.

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THE LATE DR. ALEXANDER LEON SIMON.

We are exceedingly sorry to learn, from the *Journal Belge d'Homœopathie* for Oct., of the death of Dr. Alexander Léon Simon. He was the son of Dr. Léon Simon, one of the earliest disciples of Hahnemann, and the author of the learned commentary on the *Organon*, which we are translating for the benefit of our readers. Dr. A. L. Simon was born in 1823, and was thus seventy-one years old when he was snatched away from us by the hand of death in October last. Notwithstanding his age, up till his last moment he had maintained the vigor of youth, and his death, therefore, has deprived the new system of a most ardent and fearless defender. He displayed unusual courage even when a student. In defending the thesis for his doctorate, "A Comparison of the effects of Mercury in the healthy individual, with the symptoms of Syphilis," selected for him by the Faculty of Medicine of the University of Paris, he boldly avowed his faith in the homœopathic method. His arguments drew forth the congratulations of M. Marchal de Calvi, a member of the Faculty, who went so far as to express a regret that the thesis was not a more comprehensive one including the relation of the specificity not one of medicine alone, but of drugs in general, to the law of *similia similibus*. From that day to the day of his death he devoted himself head and heart to the cause of homœopathy, which he succeeded in advancing by his writings, by his lectures, and by his successful practice. His great work of love was the Hahnemann Hospital of Paris, which he established, with the aid and co-operation of his colleagues, Drs. Davet, Desterne, Serrand, Chancercel *père et fils*, Teste, Boyer and Leriche, in the year 1870, before the breaking out of the war with the Germans. He took a most active part in the organization of the International Homœopathic Congress of 1878, of which he was elected President. Shortly before his death, he gave a lecture at the "Society for the Propagation of Homœopathy," which evoked just cheers and numerous proofs of admiration, and this lecture was, as Dr. Gailliard has mournfully said, the last song of the swan. He had a large clientele, and enjoyed the confidence of high society both French and foreign. He was for many years physician to the King and Queen of Spain, from whom and from other sovereigns he had received titles and honors as marks of their appreciation of his character and services.

Such was the man whose loss we mourn in common with our colleagues in France. We deeply sympathise with Dr. Vincent Léon Simon in the bereavement which has fallen upon him. We are happy to find that he has already given proofs of being a worthy son of a worthy father. We wish him a long life, and we are confident that he will worthily carry out the work of his father and grandfather, which was to defend and advance the cause of truth in Medicine.

## CLINICAL RECORD.

*A complicated Case of Fever consisting of the Cold Stage alone ;  
} final recovery after a single dose of Aranea diadema.*

BY DR. MAHENDRA LAL SIRCAR.

I was called to see Babu M. N. Deva, aged 24, at 11, Nandaram Sen's Lane, Sobha-Bazar, Calcutta, on the 9th instant (Dec.), when I gathered the following history :

The patient was suffering for two and half years from what was looked upon as Angina Pectoris. The symptoms were : prickings in the heart, which used to rapidly increase in intensity, followed by violent palpitations, coldness of the extremities, unconsciousness, and convulsions. These used to be relieved by inhalations of Nitrite of Amyle, without which they did not show any tendency to abate. For the first six months the fits used to come on daily, sometimes twice a day. Sometimes the fits would occur during sleep. Besides Nitrite of Amyle inhalations during the fits, the doctors (old school) prescribed Nitro-glycerine, Nitrite of Soda, Arsenic, and several other medicines in various combinations, for internal use. After six months, the fits used to come on every week for eight months, and after this period, for the last four months the fits used to come on occasionally from four times to once a month.

On the 18th Nov. last, while suffering from catarrh for four days, he bathed in the river in the forenoon to get rid of his cold sooner as he hoped, but began to be worse from the afternoon of that day, and got fever in the night. This fever used to come on every forenoon with chilliness, sometimes shivering, attended with coldness of the extremities. The temp. never rose high, but the attendant symptoms were very severe, restlessness, headache, nausea, loquacity, &c. The doctors who attended him thought that these were due to his heart, though there were no direct symptoms referrible to that organ, and gave him Am. brom., Nitro-glycerine, Quinine, Arsenic, Belladonna, Spt. chloroform, &c. All the symptoms increased, and in addition, retching and vomiting supervened, and became most distressing. For the relief of these symptoms which, from their continuance and severity, were threatening the very life of the patient, mustard plasters were applied to the epigastrium, castor oil purge and soap-water enemata were administered, and Morphia, Hydrocyanic Acid, and several other medicines were freely given. But all in vain.

The symptoms becoming alarming, the patient was placed under a Kaviraj, that is, a practitioner of the old Hindu system of Medicine ; but the retching and vomiting became so aggravated under his treatment that as a last resort homœopathy was thought of. A neighbouring lay homœopathic practitioner, Babu Sam Lal Bose, a very intelligent modest young man, was sent for in the morning of the 9th Dec. He prescribed in succession, Nux. v. 30, Cina. 30, Ipec. 6. Finding no good from them he asked me to see the case this very morning. The retching and vomiting were incessant and violent, and even a

teaspoonful of water would be thrown up immediately. From my previous experience of the beneficial effects of *Eupat. perf.* in such conditions, I prescribed a dose of the 6th dec. The first dose, though immediately rejected, seemed to do some good. It prolonged the intervals between the vomitings, and this encouraged the patient to take another dose. But no sooner was this done, than the vomiting came on with increased violence. I called again in the evening, and found the condition of the patient to be really pitiable. He had not a moment's respite from the incessant torture of retching and vomiting. On inquiry I learned that the vomited stuff had a compound taste of sour, bitter and saltish, sometimes it was one or the other. The only medicines which corresponded to this were *Sulph.* and *Puls.* Thirstlessness decided in favor of the latter. A dose was given in my presence; it was thrown up immediately. But singularly enough, the medicine, which could only have just come in contact with the mucous membrane of the mouth, œsophagus and stomach, had the effect of stopping the retching and vomiting at once.

10th Dec. I called in the evening. I learned that after the dose of *Puls.* he had no more vomiting, and that he had passed a restful night. At 11 a.m. this morning he had the return of his original pains in the heart, for which Babu Sam Lal had given a dose of *Ars.* 30, with the effect of relieving the heart pains at once, but of bringing back at the same time the retching and the vomiting which had been so effectually kept in check by the dose of *Puls.* given last night. The retching and vomiting not showing any signs of abatement, a dose of *Puls.* 30 was given at 3 p. m., after which he had slept for 2½ hours. Has been bad again with these distressing symptoms since 5½ p. m. On making further minute inquiries it appeared that the fever comes regularly on about 11 a. m. with chilliness and shivering, that the heat that follows is almost nothing compared to the severity of the symptoms, ranging between sub-normal 96 to normal or a little above normal, and that the retching and vomiting, though present day and night, are particularly bad in the afternoon. There was no perspiration at all, notwithstanding the incessant character and intensity of the vomitings. It seemed as if the failure of the perspiration aggravated the retching and the vomiting, and this reminded me of the symptom which Dr. H. C. Allen has noted under *Cactus* in his admirable *Therapeutics of Intermittent Fever*, viz., "violent vomiting when perspiration fails." I could not find any authority for this singular symptom, but as some of the cardiac symptoms of the drug corresponded with the symptoms from which the patient has been suffering for two and half years, and as the fever appeared with clock-work regularity at 11 a. m., I administered a dose of *Cact.* 3 x. The medicine was retained, and the vomiting ceased at once. But the patient had not, however, that rest in the night which he had after *Pulsatilla*.

11th. Though the patient had no sleep in the night, he was free from retching and vomiting. A dose of *Cact.* 3 x was repeated this morning. The fever, however, came on all the same at 11 a. m., with restlessness, cold feet, headache, &c., but without any

retching and vomiting. No more medicine was given the whole of this day.

12th. Fever came on as usual at 11 a. m. I did not attend this day, but I learnt that the patient after the onset of the fever was very restless and had suddenly become insensible, and that inhalations of Nitrite of Amyle had to be had recourse to in order to restore him to consciousness. Babu Sanlal gave him a dose of *Ars.* 30, afterwards, which is said to have relieved him considerably of the heart pains without bringing back the retching and vomiting, and he passed a peaceful night. Babu Sam Lal came to me on the evening of the 13th, and taking all symptoms into consideration I suggested *Aranca diadema* 6 x, to be given in the morning, at least a couple of hours before the expected attack.

14th. A dose of *Aranca*, as suggested, was administered in the morning. From this day no more attack and no more attendant troubles. In the course of a few days, the patient was well and strong enough to come and see me at my house, with Babu Sam Lal.

#### Remarks.

This case is full of interest. It shows how the relief of symptoms is effected by drugs in proportion to the degree of their homeopathy. For the single symptom "vomiting immediately after drinking," which was the chief and the greatest trouble of the patient, *Eupatorium perfoliatum*, previously found beneficial in numbers of cases with the same symptom, was prescribed, but proved worse than useless on a repetition. *Pulsatilla*, which was selected for the characters of the vomited matter, and for another symptom, viz., thirstlessness, though immediately rejected, kept the vomiting in check for a considerable time till its influence was counteracted by *Arsenicum*, and on a repetition proved useful for a much shorter time only, so that we had to look about for another remedy. This we found in *Cactus grandiflora*, whose influence upon the vomiting was of a permanent character. But the removal of this symptom,—though it afforded a world of relief to the patient, indeed, may be said to have saved him from death which could not have been long delayed if the vomiting had remained unchecked for a day or two longer,—was not followed by the removal of the whole disease from which the patient was suffering. After the removal of the retching and vomiting there remained symptoms which constituted an intermittent fever with one, the cold stage alone, which persisted and could only be removed by a drug which presented its simillimum. Could *Aranca diadema* have removed the whole disease if administered in the beginning? Nothing short of a parallel case treated with the drug from the beginning can answer this question.

#### A Case of Mitral Regurgitation.

UNDER THE CARE OF DR. M. L. SIRCAR, \*

Reported by DR. AMRITA LAL SIRCAR, L.M.S.

B——, married Hindu lady, aged 23, non-parous—an inhabitant of Katlaj near Jahanabad, in the district of Hooghly. She is

of dark complexion, of middling size, and neither too thin nor too fat. She stated that she was comparatively healthy and strong till she became a victim of the fell disease from which she was now suffering, the symptoms of which were as follows:—She was unable to work hard and to walk fast. She felt a sort of palpitation near the cardiac region. She used to spit blood at times. There was bleeding from the nose, and also swelling of the abdomen as well as of the hands and legs. For these symptoms she had been under the treatment of native Kavirajs and Allopathic physicians for about two years. The bleeding from the nose was stopped by Kaviraji treatment, but all other symptoms remained as they were. When at last she heard that there was no hope of her recovery, she came to the Out-door dispensary of Dr. Sircar on March 12, 1893.

The following were the symptoms then observed:—The liver was enlarged. The abdomen distended with serous effusion, the face and the eyelids were puffy, menses scanty, palpitation of the heart, spitting of blood at intervals of ten or twelve days. A murmur was heard at the apex with the second sound, which was conducted posteriorly under the left scapula. The heart was enlarged and the apex thrill was felt at the sixth interspace.

On March 12, *Spig.* 6 was prescribed, and continued till the 6th of April. The patient felt much relief, the palpitations being much less, but the puffiness of the hands, face and legs remained the same. The medicine was then stopped for about a week, after which *Spig.* 6 was again given and continued for three days, after which she had no medicine till the morning of the 19th, when she reported that she was almost the same. *Spig.* 6 was again prescribed and continued till the 30th, when she reported herself better.

On the 1st May she had slight fever which gave way to *Ars.* 12. But this caused a little aggravation of the swelling, and as there was no thirst *Apis.* 6 was prescribed, and continued till the 8th of June. Some benefit was derived, but this becoming stationary, *Apis.* 10 was substituted for *Apis.* 6, and was continued till the 29th of June, with the result that the swelling of the limbs and the puffiness of the face went down a great deal, but the palpitation of the heart was almost in the same condition. *Spig.* 6 was again given on the 29th June and continued till the 10th of Aug. She felt herself much better in every respect, except that the menses continued scanty and watery. Hence on the 11th Aug. *Puls.* 6 was given which was changed to 30th on the 14th and was continued till the 22nd.

From the 22nd Aug. 1893 to the 25th of Feb. 1894 she was kept under observation without medicine, but no alteration was made in the diet which consisted only of chapatis, mughdal and milk, rice being altogether prohibited. The patient improved steadily, the heart sounds became much like normal, and the swelling of the hands and feet and the puffiness of the face all disappeared.

On the 27th Feb. 1894, the mother of the patient reported that she was suffering from prolonged menses for sixteen days, the discharge being profuse, red and hot, *Bell.* 6 was ordered, two doses daily. In

about a week she was all right. We kept her under our observation till the 15th of April 1894, when she went to her native village in restored health.

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*A Case of Remittent Fever.*

Under the care of Dr. AMRITA LAL SIRCAR, L.M.S.

F——, Hindu lad, aged 17, came under my treatment for fever on the 25th of October 1894. When I went to see him for the first time in the morning, upon enquiry I learned that he had been suffering from high fever since seven days, and that *Bell. 6* was given without any effect whatever. The following were the symptoms noticed:—The tongue was thickly coated with white fur, the skin was dry, burning heat over the whole body, and great thirst; the fever comes on with shivering. I prescribed *Ars. 30*, of which two doses were given. On the 26th, I got the report that he was almost the same. Ordered the same medicine to be repeated.

27th. Finding no change I gave him *Ars. 12*, and continued it till the 29th, with this effect only that the temperature came down from 103 to 101.

30th. Diarrhœa has set in. There were besides unquenchable thirst and restlessness. The temperature was 101·8, and there was great uneasiness and discomfort. *Aco. 3* was ordered. The temperature was only slightly lowered, the diarrhœa and thirst did not abate in the least.

31st Oct. and 1st Nov. The same medicine was continued but without any improvement.

2nd Nov. Saw patient in the morning. Thirst and diarrhœa were continuing and fever stood at 102 nearly. *Puls. 6*, one dose, was given, and ordered to be repeated after three hours should the temperature fall or the stools become less in number. After a dose of the medicine the patient felt a great relief—the thirst became somewhat allayed, the temperature came down to 100, and the stools were less in number, so after three hours the medicine was repeated and a third dose was given towards evening. Next morning I was informed that the patient was much better. Ordered the medicine to be given twice during the day; and plain arrowroot was given for food. During the day there was no fever, and the stools were only three in number. Next day two more doses of the medicine were given, and arrowroot as before. The patient kept well. Next day no more medicine was given; the arrowroot was replaced by milk and sago; and the patient soon got well.



THERAPEUTICS OF CONSTIPATION, DIARRHŒA,  
DYSENTERY, AND CHOLERA.

110. HELONIAS DIOICA.

**Constipation :**

1. St. *first half hard, second half soft* ; first half *dark-brown*, second *light-yellow*.\*
2. Peculiar st., sensation as if each lump of fœces had shape of a large *minnie bullet*, which passed from anus big end first ; anus seemed to be much distended for an instant, and then *out flew fecal mass* just as pumpkin seed shoots from fingers ; the st. consisted of *lumps* which made their exit separately, but as fast as they could follow each other, it seemed as if each one had to work its passage by forcing upon anus.

**Diarrhœa :**

1. Slight purging with burning sensation in bowels.
2. *Yellow and mush like* st., one hour after the habitual, slightly loose st. that follows breakfast.
3. Morning st. was barely consistent enough to retain its shape.
4. Small *brown* sts.

**Aggravation :**

1. Morning. 2. Evening.

**Before St :**

1. Feeling as if going to have D. 2. Belly-ache.

**During St :**

1. Burning sensation in bowels.
2. Anus<sup>u</sup> distended during passing of bullet like hard sts.

**After St :**

1. Burning in anus. 2. Relief of belly-ache.

**Rectum and Anus :**

1. Slight burning in anus after st.

**General Symptoms :**

1. Profound mental depression, abject despair.
2. Irritable, gloomy and dull ; could not endure least contradiction or suggestion ; desire to be alone ; finding fault with everything.
3. Pains in head accompanied by diminution of sight and vertigo on moving head suddenly.
4. Seemed as if pupil admitted too much light, examination proved it was not dilated.
5. Exertion, such as that in walking a little distance, produces bliudness ; on stopping sight gradually returned.
6. Awoke early morning with tongue and fauces dry and bitter disagreeable taste in mouth.
7. Tasteless eructations.
8. Nausea as if vomiting would follow, while at supper soon passing away.
9. Nausea and vomiting without relief. Nausea and vomiting of food which seemed to be in a state of fermentation.
10. Indescribable distressing sensation in epigastric region.

11. Stomach, irritable ; burning, sensation of pain, tightness and pressure in, partially relieved by eructation of tasteless gas. Sensation of heat and cold in ; cramp-like pain in.
12. Glow in stomach, accompanied by occasional sensation of flashes of heat through whole system.
13. Gripping burning sensation in epigastrium and great activity of salivary glands.
14. Feeling in bowels as if diarrhœa would come on, soon passing away while at supper.
15. Burning in lower third of abdomen as if filled with quite warm water.
16. Colic in hypogastric region.
17. Pain in kidneys followed by albuminuria indicating congestion, and large discharges of urine, with slight increased sp. gr.
18. Sensation as if kidneys were two bags of hot water, their limits could be defined by following outlines of burning.
19. Urine large, light-colored.
20. Even after trying to completely empty bladder a quantity remains behind, which leaks out after every micturition.
21. Amorphous phosphate almost disappeared.
22. Before proving, urine alkaline ; neutral on sixth day, strongly acid seventh day of proving.
24. Uterine hæmorrhage. Breasts swollen and nipples tender, will not bear pressure of an ordinary dress.
25. Pulse, full, irregular ; weak, hardly perceptible.
26. Back lame and aching.
27. Burning or warm numbness in legs, most marked in knees.
28. Languor, tired and weak.
29. Pains and aches cease on walking, return on sitting. Felt better on moving about or doing anything which absorb whole attention.
30. Sensations of heat and cold alternate, in epigastric region.

**Remarks :** *HELONIAS DIOICA* belongs to the order *Melanthaceæ*, to which *COLCHICUM*, *VERATRUM ALBUM*, *VERATRUM VIRIDE* belong, an order which owes its poisonous properties to the presence of an alkaloid, called *Veratria*. The plants of this order are acrid, producing considerable irritation of the alimentary canal and its glandular appendages, causing salivation, emesis, catharsis. They have an irritating action on the kidneys, some like *HELONIAS* producing nephritis or diabetes or both. The symptoms of the alimentary canal produced by *HELONIAS* are most of them characteristic and may be used for therapeutic purposes. Nevertheless, *HELONIAS* does not seem to have been yet employed for bowel complaints in our school, though we find Lilienthal, in his *Homœopathic Therapeutics*, recommending it, no doubt on theoretical grounds, in diarrhœa for the symptoms, "stool loose, yellow, in the morning ; lumps of fœces in the evening ; diarrhœa, with a burning sensation in the bowels and irritability of stomach ; flatulence causes nausea ; anæmia and general atony."

The symptoms, which we have placed under *CONSTIPATION*, are

rather the first stools of diarrhœa than of constipation proper. They are, however, very peculiar, and when they are present the drug is likely to be useful, whether we refer them to constipation or to diarrhœa.

The symptoms,—“Burning in lower third of abdomen as if filled with hot water,” and “sensation as if kidneys were two bags of hot water, so that their limits could be defined by following the outlines of burning,”—are very peculiar, and when present would facilitate the selection of the drug. HELLONIAS is also likely to be particularly useful in Bright’s disease and diabetes, when with or without these symptoms the diarrhœaic or constipation stools are present.

### 111. HEPAR SULPHURIS.

#### Constipation :

1. Inactivity of rectum ; st. hard and unsatisfactory, with swelling of anus.
2. Urging to st., but large intestines wanting in peristaltic action and cannot expel fœces though not hard, only a portion of which is expelled by aid of abdominal muscles.
3. Very difficult passage of scanty, not hard fœces, with much urging.
4. St. consisting of hard pieces mixed with yellow moisture, after great exertion.

#### Diarrhœa :

1. D. and colic, with inclination to lie down, hot hands and cheeks.
2. D.-like sts., with qualmish sensation and rumbling in abd.
3. D.-like sts., preceded by some griping followed by flatulence before st., and some flatulence also afterwards.
4. Frequent sts., even at night, though very little is passed with pressure ; tenesmus and weakness.
5. Griping in abdomen with soft st., in morning, for several mornings.
6. Thin sts., becoming very frequent even at night.
7. St. soft, yet passed with great exertion.
8. *Greenish st. Clay-colored st.*
9. Lost consciousness and fell in a stupor, with somewhat contracted, irregular, scarcely perceptible pulse, sunken pale face, extremely cold skin and extremities, vomiting and D.

#### Dysentery :

1. D. of bloody mucus, with rumbling, as if behind in back, without colic.
2. Lumps of yellow and greenish bloody mucus, with dark brownish liquid st.
3. Blood with st., even when soft.
4. St., every  $\frac{1}{2}$  hour, of *dark brownish liquid, with yellow lumps of greenish bloody mucus, of penetrating odor like bad eggs, preceded by violent colicky, cutting and tearing pains in whole abdomen, especially in umbilical region, extending deep into pelvis ; these became worse before every st. ; the sts. were accompanied by rumbling and exceedingly urgent*

desire, so that they were frequently passed in bed ; tenesmus with the sts., not afterwards.

### **Aggravation :**

Chiefly in Morning, and during Day ; also at Night.

### **Before St :**

1. Great exertion. 2. Gripping followed by flatulence.
3. Colicky, cutting and tearing pains in umbilicus.
4. Urgent desire.

### **During St :**

1. Rumbling. 2. Qualmish sensation. 3. Tenesmus and weakness. 4. Great exertion. 5. Blood.
6. Discharge of prostatic fluid.

### **After St :**

1. Flatulence. 2. Stoppage of nose.
3. Looseness in anus and discharge of moisture.
4. Distension of abdomen. 5. Cessation of tenesmus.

### **Rectum and Anus :**

1. Protrusion of hæmorrhoids from rectum.
2. Rumbling in rectum.
3. Crawling in rectum as in thread worms. 4. Burning in anus.
5. Feeling of soreness in anus and discharge of moisture after st.
6. Urging to st. very often without being able to accomplish anything, with many eructations.

### **General Symptoms :**

1. Ghostly image of dead, after waking and while conscious ; he saw as if neighbour's house was on fire ; these frightened him.
2. Hypochondriac ; Depressed, sad and apprehensive. Fretful and obstinate.
3. Violent fright on slumbering, even after eating.
4. Mistakes easily when talking or writing. Great weakness of memory while peevisish, thinks long time about anything.
5. Unconscious, with irrational talking, on being aroused during a chill. Frequent short attacks of unconsciousness when walking in open air.
6. Vertigo, with nausea ; on going out in a wagon, could not stand alone on getting out. Dizziness with faintness and rigidity or vanishing of vision, as if he sat in thought. Every thing turned in a circle on closing eyes for midday.
7. Pain in head on shaking it, with vertigo ; contractive headache before menstruation ; sticking headache. Tensive headache above the nose.
8. Constant pressive pain in one half of brain, as from a plug or nail. Pressive pain externally in right side of occiput, generally, extending to nape of neck, throat and shoulder-blades.
9. Inflammation and swelling of eye, with redness of white. Pains in eyes from daylight. Obscurations of vision while reading.
10. Catarrh, with inflamed swelling of nose, paining like a boil with cough. Blowing of offensive mucus from nose, even

- without catarrh. Nose bleed. Bones of nose extremely sensitive. Loss of smell.
11. Yellow color of face and skin. Erysipelatous swelling of cheeks. Great swelling of upper lip, very painful to touch but otherwise only tense.
  12. Toothache in all teeth, after drinking cold things or opening mouth.
  13. Offensive odor from mouth, as from disordered stomach which he himself notices.
  14. Taste, bitter, doughy, metallic, sourish. Loss of taste. Bitterness in back of throat, with natural taste of food.
  15. Mucus in throat causing hoarseness. What is hawked up is mixed with blood. Feeling of plug of mucus or an internal swelling at entrance of throat.
  16. Sticking in throat as from splinter, on swallowing, and extending towards ear on yawning.
  17. Appetite, for only sour, highly flavored, pungent articles. Appetite for something at times but does not like on getting it. Aversion to food. Disgust for everything especially for fat. Great desire for vinegar. Excessive longing for wine.
  18. Thirst, does not dare to drink much, as it distends abdomen. More thirst than hunger.
  19. Eructations, after eating, with uprisings of sourish fluid into mouth; with burning in throat and chest; with bad odor or taste, tasting of food; empty, with distension of abdomen and stomach, during mental exertion; hot after eating.
  20. Hiccough, after eating. Heartburn. Heartburn and eructations as from overloaded stomach, as from too fat meat.
  21. Qualmishness, with flow of saliva from mouth. Nausea, momentary attacks; in mornings with qualmishness while sitting and standing, passing off when lying.
  22. Vomiting, every morning; sour; mucus with clotted blood; bile in morning, after long violent retching; mucus and bile, drinking causes retching and vomiting; acrid water and tenacious mucus with constant nausea.
  23. Distension in stomach as from flatulence, with icy-cold hands.
  24. Stomach painful when walking, as if it hung loose. Tension across pit, was obliged to loosen clothes, and then could not tolerate sitting. Pressure in stomach after eating a little. Great weakness after eating. Hard pressure in pit relieved by flatulence. Gnawing in stomach as from acids, which also rises up to throat.
  25. Cramp-like pressure in right hypochondrium, with nausea, followed by urging to st., without result.
  26. Sticking in hepatic region, in spleen, when walking.
  27. Clawing in umbilical region, extending from both sides of abdomen towards middle, and sometimes up to pit of stomach, causing nausea with anxious heat of cheeks, by paroxysms; almost like effects of taking cold, or preliminaries of menstruation.

28. Abdomen distended, tense. Fermentation above umbilicus, with eructation of hot air. Rumbling in abdomen. Emission of flatulence.
29. Cramps in abdomen. Cutting colic, without diarrhœa.
30. Suppuration of inguinal glands, buboes.
31. Meatus urinarius red and inflamed. Burning during micturition. Discharge of prostatic fluid during st.
32. Micturition impeded, obliged to wait a while before urine passes and then it flows slowly. Never able to finish urinating, it seems as though some urine always remains behind in bladder. Weakness of bladder, urine drops vertically down, is obliged to wait a while before any passes.
33. Urine, dark, scanty; brownish-red; blood-red; dark yellow, burning during discharge; pale, with pressure on bladder; acrid burning, making inner surface of prepuce ulcerated; last drops are bloody; acrid and bites pudenda during discharge; milky, turbid, even while passing, with white sediment; pale clear, on standing becomes turbid and thick.
34. Discharge of blood from uterus, almost immediately following distension of abdomen.
35. Weakness of organs of speech and of chest, cannot speak aloud. Paroxysms of cough, as from taking cold, with excessive sensitiveness of nervous system, as soon as only slightest portion of body becomes cold. Bloody expectoration from chest with peevish mood and weakness. Dyspnœa.
36. Drawing pain in limbs, with paralytic sensation, especially in thighs and legs.
37. Cramps in thighs, knees, calves, soles of feet, and toes.
38. Sensitiveness to open air, with chilliness and frequent nausea.
39. Anxious dreams of conflagrations, of falling from a precipice, &c. Dreams of expectoration of blood and pus.
40. He remains longer in bed than usual in morning, weary, heavy and slumbering; though after a good sleep in the night.
41. Perspires easily on every, even slight, motion. Constant offensive exhalations from body. Profuse sour-smelling sweat at night.
42. Great sensitiveness of the skin to touch and to the slightest cold. Even slight wetting of the body caused painful throbbing here and there.
43. Great heaviness of the body.

**Remarks:** HEPAR SULPH. has been very useful for all the varieties of bowel complaints, constipation, diarrhœa and dysentery, especially when the cases come to us after abuse of Mercury and of Belladonna by the old school practitioners.

We have found it acting remarkably well in constipation when the sluggishness of the rectum and of the colon generally, is so great that not even soft stool can be expelled without considerable bearing down efforts of the abdominal muscles. The stools are generally very hard, and scanty. And when after great exertion a few pieces are

passed, they are found moistened with a yellow liquid. The constant bearing down efforts lead to congestion of the rectum, which is externally manifested by swelling or even suppuration about the anus. During the passage of the hard stool, the prostatic fluid is often pressed out and discharged through the urethra.

HEPAR SULPH. has been useful in diarrhœa, when the stools are papescent, or thin, greenish or clay-colored, frequent, preceded by griping and flatulence, and attended with a qualmish sensation and rumbling in abdomen, and followed by passage of flatulence, stoppage of nose, and distension of abdomen; occurring chiefly in the morning, but in severe cases day and night. Sometimes the diarrhœa and vomiting may be so violent that the extremities and even the whole surface may become extremely cold, the features pale and sunken, the pulse scarcely perceptible, and a sort of stupor may overpower the patient. Thus, HEPAR may be a very good remedy in cholera infantum, especially in scrofulous children, the exhalations from whose bodies smell sour.

HEPAR would be still more useful if the diarrhœa terminates in dysentery, the stools being dark brownish liquid, with lumps of yellow and greenish bloody mucus. It is no less useful in dysentery when occurring from the beginning, the character of the stools being the same as above, and the urgency being so great that the stools are often passed in bed. Both of the diarrhœaic and of the dysenteric stools the odor is offensive like that of spoiled eggs. Another characteristic of the Hepar dysentery is, that the tenesmus is during the stool, and ceases afterwards.

The great inclination to lie down after stool from exhaustion, is a characteristic of HEPAR. There is great weakness also after eating, and a desire to loosen the clothes about the stomach.

We have not been able to find any authority for the symptom, "a comfortable feeling after eating," which Dr. Bell says is very characteristic, and which Lilienthal has expressed by "empty sinking feeling of the stomach, relieved by eating."

## Cleanings from Contemporary Literature.

### NATRUM MURIATICUM.

BY PROF. J. T. KENT.

Salt is so common an article of diet that it has been assumed that it could be of no use in medicine. This is only the opinion of external men who operate entirely on the tissues. There are no constitutional effects from crude salt.

You may find an individual growing thin with all the symptoms of salt ; he is taking salt in great quantities, but digesting none of it. Salt will be found in the stool for it does not enter into the life. There is a *Natr. Mur.* inanition, a starving for salt. The same is true of lime. Children can get plenty of lime from their food and that is better than what they get from lime water. It is astonishing to know that when the salt or the lime is given in such shape that it cannot be resisted by the internal man—aimed not at the house he lives in but at the individual himself—then the bone salt inanition, the *Natr. Mur.* inanition, will soon pass away. We do not with our dose supply the salt that the system needs, but we cure the internal disease, we turn into order the internal man, and then the individual gets salt enough from the food. Drugs must all be administered in suitable form. We may need to go higher and higher until the secret spring is touched.

*Natr. Mur.* is a deep acting, long acting remedy. It takes a wonderful hold of the economy, making changes that are lasting.

A great deal is presented that can be seen by looking at the patient, so that we say : this looks like a *Natr. Mur.* patient. Experienced physicians learn to classify patients by appearances. The skin is shiny, pale, waxy, looks as if greased. There is wonderful prostration of a peculiar kind. Emaciation, weakness, nervous prostration, nervous irritability.

There is a long chain of mental symptoms ; hysterical condition of the mind and body ; weeping alternating with laughing ; irresistible laughing at unsuitable times ; prolonged, spasmodic laughter. This will be followed by tearfulness, great sadness, joylessness. No matter how cheerful the circumstances are she cannot bring herself into the state of being joyful. She is benumbed to impressions, easily takes on grief, grieves over nothing. Unpleasant occurrences are recalled that she may grieve over them. Consolation aggravates the state of the mind—the melancholy, the tearfulness sometimes brings on anger. She appears to bid for sympathy and is mad when it is given. Headaches come on with this melancholy. She walks the floor in rage, cursing and blaspheming. She is extremely forgetful ; cannot cast up accounts ; is unable to meditate ; forgets what she was going to say ; loses the thread of what she is hearing or reading. There is great prostration of the mind.

Unrequited affections bring on complaints. She is unable to control her affections and falls in love with a married man. She knows that it is foolish but lies awake with love for him. She falls in love with a coachman.



She knows that she is a fool but cannot help it. In cases of this kind *Natr. Mur.* will turn her mind into order, and she will look back and wonder why she was so silly. This remedy belongs to Hysterical girls.

In a mental state where *Ign.* temporarily benefits the symptoms—but does not cure, its chronic, *Natr. Mur.* should be given. It is as well to give *Natr. Mur.* at once if there is an underlying constitutional state too deep for *Ign.*

Aversion to bread, to fats and rich things.

The *Natr. Mur.* patient is greatly disturbed by excitement, is extremely emotional. The whole nervous economy is in a state of fret and irritation, worse from noise, the slamming of a door, the ringing of a bell, the firing of a pistol, worse from music.

The pains are stitching, electric-like shocks, convulsive jerking of the limbs on falling asleep, twitchings, shooting pains. She is over-sensitive to all sorts of influences, is excitable, emotional, intense.

Worse in the warm room, worse in the house, she wants the open air. The mental complaints are better in the open air. She takes cold easily from sweating, but is generally better in the open air, though worse on getting heated, worse by sufficient exertion to heat up, but better by moderate exertion in the cold air.

Both *Natr. Carb.* and *Natr. Mur.* have the general nervous tension of *Natrum*, but one is a chilly patient, the other a warmblooded one.

The face is sickly looking, the skin greasy, shiny, sallow, yellow, often chlorotic, covered with vesicular eruptions around the edges of the hair, the ears and back of the neck. There are scaly and squamous eruptions with great itching, oozing a watery fluid, or sometimes dry. An eczematoid takes place, a shining surface is left. In the meatus, scales form and peel off leaving an oozing surface. Water vesicles form about the lips and wings of the nose, about the genitals and anus. Vesicular eruptions, white, oozing a watery fluid, come and go. Great itching of the skin is present.

The skin looks waxy, dropsical. There is great emaciation, the skin looking dry, withered, shrunken. An infant looks like a little old man. There is a down on the face that passes away when improvement sets in. Emaciation takes place from above downward. The collar-bones become prominent and the neck looks scrawny, but the hips and lower limbs remain plump and round. *Lyc.* also has emaciation from above downward. The directions of remedies will often enable us to distinguish one from another.

The characteristic discharge from the mucus membranes is watery or thick whitish, like the white of an egg—raw or cooked. There is a marked coryza with a watery discharge, but the constitutional state has thick, white, discharges. He hawks out a thick, white discharge in the morning. There are gluey oozings from the eyes. From the ears flow a thick, white, gluey discharge. The leucorrhœa is white and thick. With the gonorrhœa the discharge has existed a long time and become gleet. There is smarting in the urethra only after urination.

The headaches are awful ; dreadful pains ; bursting, compressing, as if in a vice ; the head feels as if the skull would be crushed in. The pains are attended with hammering and throbbing. Pain like little hammers in the head on beginning to move ; as soon as she begins to move, the hammering begins. Hammering pains in the head on waking in the morning. The pain comes on in the latter part of sleep. There is great nervousness during the first part of the night : she falls asleep late and awakes with hammering in the head. There are also headaches beginning at 10 or 11 a.m. lasting until 3 p. m. or evening. The headaches are periodical, every day, or third day, or fourth day. Headaches of those living in malarial districts, better from sleep ; the patient must go to bed and be perfectly quiet ; better from sweating ; headaches associated with intermittent fever. During the chill it seemed as though the head would burst ; he is delirious and drinks large quantities of cold water. There is no relief to the head until after the sweat. Sometimes all the symptoms are relieved by the sweat except the headache.

In another form of headache ; the greater the pain the more the sweat ; sweating does not relieve ; the forehead is cold, is covered with a cold sweat. When the head is covered warmly he is better moving about in the open air.

Headache due to disturbance of vision where there is inability to focus rapidly enough. Headache worse from noise.

Headache involving the whole back of the head and even going down the spine in troubles following the brain diseases, hydrocephalus.

In spinal troubles, when there is great sensitiveness to pressure,—an irritable spine. The vertebrae are sensitive and there is a great deal of aching along the spine. Coughing aggravates the pain in the spine, also walking makes it worse, but it is better from lying on something hard, or pressing the back up against something hard ; they may sit with a pillow or the hand pressed against the back. In menstrual troubles you may find the woman lying with a book or some other hard object under the spine.

A general nervous trembling pervades the body. There is jerking of the muscles, trembling of the limbs, inability to keep the limbs still, as in Zincum.

The stomach and liver are closely related. The stomach is distended with flatus. After eating there is a lump in the stomach. It seems to take a long time for food to digest. Worse from eating. Whitish, slimy, mucus is vomited attended with relief. There is great thirst for cold water, sometimes there is relief from drinking, sometimes the thirst is unquenchable. We find fullness in the region of the liver with stitching, rending tearing pains. The bowels are distended with gas. There is slowing down of the action of the bowels, the stool being very difficult, in hard agglomerated lumps. There is a slowing down of the action of the bladder. In both man and woman they must wait before the urine will start, and then it comes slowly—dribbles ; there is not much force in the flow. After urination there is sensation as if more urine remained in the bladder.

If anyone is present he cannot pass his urine, cannot pass it in a public place. There is also continued urging, he must pass the urine often.

This remedy and *Natr. Sulph.* were used by the homœopaths to clear up chronic diarrhœa, the old army diarrhœa.

*Natr. Mur.* is useful in the complaints of women, in troublesome menstruation. There is a great variety of menstrual complaints: menses too scanty or too free, late or too soon. We cannot individualize from the menstrual symptoms, we must do it from the constitutional state. Examine every possible function to be sure you have all the symptoms. Examine every organ, not by examining it physically, for results of diseases do not lead to the remedy, but examine the symptoms.

Observe the rapidity with which remedies affect the human system; there are some that are long acting, deep acting. *Natr. Mur.* is one of these. It operates very slowly, bringing about its results after a long time, as it corresponds to complaints that are slow, that are long in action. This does not mean that it will not act rapidly; all remedies act rapidly, but not all act slowly; the longest acting may act in acute diseases, but the shortest acting cannot in chronic diseases. Get the pace, the periodicity of remedies. Some remedies have a continued fever, some a remittent, others an intermittent fever. In *Acon.*, *Bell.* and *Bry.* we have three different paces, three different motions, three different forms of velocity; so in *Sulph.*, *Graph.*, *Natr. Mur.*, *Carb. Veg.*—a different form, a different development. Some would not hesitate in a continued fever to give *Bell.* but its complaints come on in great haste, with great violence and have nothing in their nature like a continued fever. This is not like typhoid. *Bell.* and *Acon.* have manifestations of typhoid even if the symptoms are present. Be sure that the remedy has not only the group of symptoms, but also the nature of the case. The typhoid case has a likeness in *Bry.* or *Rhus.* but not in *Bell.* We owe no obedience to man, not even to our parents after we are old enough to think for ourselves. We owe obedience to truth.

*Natr. Mur.* is a long acting remedy; its symptoms continue for years; it conforms to slow-coming, long-lasting, deep-seated symptoms. It requires a long time for a man to be brought under the influence of it, even when moderately sensitive.

The chill starts in the morning at 10 or 10-30 o'clock; every day, every other day, every third or fourth day. The chill begins in the extremities which become very blue; there is a throbbing pain in the head, the face is flushed; delirium, talking of everything, constant, maniacal actions. They grow worse until a congestive attack comes on. During the entire attack there is thirst for cold water. During the coldness he is not better by heat, not better by piling on the clothing, but wants cold drinks. We would naturally suppose that a person freezing to death would want warm things, but the *Natr. Mur.* patient cannot bear them. The teeth chatter, he tosses from side to side, the bones ache as if they would break, and there is vomiting as in congestive conditions. In the fever he is so hot that the

fingers are almost scorched with the intense heat, and he goes into a congestive sleep or stupor. The sweat relieves him; the aching all over is better<sup>d</sup> by the sweat, and in time the headache passes away. There is intense chill, fever and sweat. Sometimes the attacks are in robust, strong people but usually in the anaemic, in emaciated people full of malaria; lingering, chronic cases. It does not always appear having this long prodrome. Its finest, lightest, most striking use is in cases that have been living a long time in malarial swamps; saturated with the malarial atmosphere; they are anaemic, often dropsical; in old cases that have been mixed with arsenic and quinine. The crude drugs used by the Old School to break the fever as long as the patient is under their sway, but the patient is sick internally even more than before, and when the condition comes back it is generally in its original form; the crude drug is usually unable to change the type of an intermittent fever. Remedies only partly related to the case will change the character of the sickness so that no one can cure the case. The Homœopathic remedy will cure intermittent fever every time if you get the right remedy. If there is a failure the case is mixed up so that no one may be able to cure it. First of all a master must realize the case and tune it into order so that it can then be cured. There are few men who never spoil a case of ague, because many cases come to them partly developed,—marked cases, the symptoms not being all out, especially in cases that have taken Homœopathic remedies. The Homœopathic failures are the worse failures on earth.

Natr. Mur. is irregular enough in its nature to develop the chills into regularity. When it has come into better order, wait: either the whole case will subside, or another remedy will be clear. There are other remedies that can tune cases into order. Often cases spoiled by Homœopaths can be turned into order by Sep. Marked cases with congestion of the head, aching in the back and nausea are turned into order by Ipecac. The cure is permanent after Homœopathic prescribing; the chills do not return.

Natr. Mur. not only removes the tendency to intermittents, but restores the patient to health, and takes away the tendency to colds,—the susceptibility to colds, and to periodicity. It is susceptibility that is removed.

We know that every attack predisposes to another attack. Each attack of ague is more destructive than the previous one. The drugs used increase the susceptibility: the Homœopathic remedy removes the susceptibility. Homœopathic treatment tends to simplify the human economy and to make diseases more easily managed. Unless this susceptibility be eradicated man goes down lower and lower into emaciation,—emaciation from above downwards.

Children born in a malarial region are likely to go into marasmus. They have a voracious appetite, a wonderful hunger eating much, but all the time emaciating.

Conditions of pregnancy. The mammary glands waste, there is wasting of the upper parts of the body. The uterus is intensely sore. The leucorrhœa which is at first white, turns green. Women take cold in every draft

of air. There is pain during sexual congress with dryness of the vagina ; a feeling as though sticks pressed into the walls of the vagina ; pricking pains. There is dryness of all mucous membranes ; everywhere the membranes are dry. The throat is dry, red, patulous ; a sensation of a fishbone jaggng into it when swallowing ; there is inability to swallow without washing down the food with liquids ; there is sticking all the way down the œsophagus. -

Most prescribers give Hep. for every sticking or fishbone sensation in the throat ; this is the old keynote, the old routine. Nitr. Ac., Argent. Nit., Alum, and Natr. Mur. all have it, but all differently ; they are not like each other.

**HEP.** The tonsils are swollen, full, purple,—quinsy. The patient is sensitive to the slightest draught ; there is pain in the throat even on putting the hand out of bed ; he sweats in the night with no relief ; he is sensitive to every impression ; feels everything ten times amplified.

**NITR. AC.** There are yellow patches in the throat ; ragged, jagged ulcers in the throat, or it is inflamed and purple. The urine smells like horses' urine.

**ARGENT NIT.** There is much hoarseness, the vocal cords being disturbed. The throat is swollen, patulous ; the patient wants cold things, cold water, cold air. Adapted to those cases that have had ulceration of the os uteri with cauterization.

**NATR. MUR.** There is extreme dryness of the mucous membranes, as if they would break ; chronic dryness without ulceration. There is much catarrhal discharge like the white of an egg, with dryness of the mucous membranes when not covered by this mucus. The patient is extremely sensitive, sensitive to a change of weather.

Every remedy has its own pace, its order of succession. We must bear in mind the order of succession.

Natr. Mur. is useful in old dropsies, especially dropsy of cellular tissues. Sometimes there is dropsy of sacs, dropsy of the brain following acute diseases. In acute spinal meningitis with extreme nervous tension, where there is chronic drawing back of the head, chronic jerking of the head forward. Acute diseases that result in hydrocephalus, or in irritation of the spine. Sometimes useful in abdominal dropsy, but more often in oedema of the lower extremities. Acute dropsies after scarlet fever ; the patient is over-sensitive, starts in his sleep, rises up in the night with confusion ; there are albumen and casts in the urine.

In dropsy after the malaria, Natr. Mur., when it acts curatively, generally brings back the original chill. The only cure known to man is from above down, from within out, and in the reverse order of coming. When it is otherwise, there is only improvement, not cure. When the symptoms return there is hope ; that is the road to cure and there is no other.

The skin symptoms are sometimes very striking. In old lingering cases where the skin looks transparent as if the patient would become dropsical, a waxy, greasy, shiny skin, other remedies with greasy, shiny skin are

Plumb., Thuja., Selen. These remedies go deeply into 'the' life. Any remedy that can produce such wonderful changes is long-acting.

Useful after labor when the mother does not progress well ; she is feeble and excitable ; the lochia are prolonged, copious and white ; the hair falls out from the head and genitals ; the milk passes away, or the child does not thrive on it. Useful in afterpains where there is subinvolution of the uterus, the uterus is in a state of prolonged congestion. She is worse from noise, music, the slamming of a door. She craves salt and has an aversion to bread, wine and fat things. Sour wines disorder the stomach. Natr. Mur. will clear up the cases, restore the milk, turn the case into order.

Natr. Mur. is needed by those chlorotic girls who have a greasy skin, a greenish, yellowish complexion ; who menstruate only once in two or three months. The menses are copious, or scanty and watery. Where the symptoms agree, this remedy can eradicate this chlorosis and turn the countenance into a picture of health, but not in a short time. It takes years to establish a typical chlorosis ; the cut finger bleeds only water ; the menstrual flow is only a leucorrhœa ; there is pernicious anaemia. Natr. Mur. goes deep enough into the life to restore the pink complexion.

I wish that we had more time for Natr. Mur. but I cannot give you another lecture on it. Study it in your "Guiding Symptoms" if you have them, if not use the "Herings' Condensed."—*Medical Advance*, Oct. 15.

## SYMPHYTUM AND ANALOGUES,

By H. C. ALLEN, M.D., CHICAGO.

DEAN, HERING MEDICAL COLLEGE.

Owing to meager provings and an almost entire absence of clinical data in our current literature very little is known of the wonderful remedial virtues of *Symphytum* in certain forms of traumatism. It is to the bones, periosteum and dense nervous and fibrous tissue what *Arnica* is to the soft parts. *Arnica* is frequently disappointing because indiscriminately given for injuries, irrespective of symptomatic indications.

The following symptoms appear to be guiding :

Pain—pricking, sticking, jaggings, as if the rough or sharp ends of bone were sticking into the soft tissues.

Pain remaining in periosteum after soft parts have healed.

Irritable stump after amputation.

Irritability of bone at point of fracture.

Non-union of fracture, when trouble is of nervous origin : periosteum sensitive, painful.

Severe pain in globe of eye after an injury by an obtuse body or blunt instrument : a snowball strikes the eye ; a cane or point of umbrella injures the globe ; an infant thrusts his fist into his mother's eye, the soft parts remaining intact.

I have long since ceased the use of *Arnica* in injuries of the globe of the

eye, *Symphytum* having given such prompt and permanent relief. The characteristic pains are guiding.

"When the bone or periosteum has been injured and the soft parts have recovered from the bruised soreness under *Arnica*, the remaining pain and soreness of periosteum may be promptly relieved by *Symphytum*."—LIPPE.

"I call attention to the fact that in traumatic injuries of the bone or periosteum, e. g., a blow on the face by a snowball or anything else, the only remedy I have ever seen efficient is *Symphytum officinale*. I have had cases where Homœopathic physicians had tried *Arnica* and everything else, and despite all remedies used the inflammation and pain continued. In every instance I have cured them with a single dose of *Symphytum*. I have used it these many long years with complete success."—LIPPE.

"More than a year ago fell and struck knee upon a stone; wound healed and left scarcely any trace, but there remained an acute stitching pain at point of injury, felt when part was touched by clothing or when knee was bent."—LIPPE.

"Mrs. I—, while crossing her yard one evening in the dark, stepped on the edge of a piece of scantling, which rolled and she 'turned her ankle.' In a few minutes the ankle began to swell and became painful, which rapidly increased so that in an hour or two she was in great agony; she declared her leg was broken; was certain she could feel the rough ends of the broken bones jaggging into the flesh; could not bear to have anyone approach her for fear of being hurt (*Arnica*). There was no discoloration whatever. *Symphytum* promptly relieved, so that she went about her usual duties in forty-eight hours."—FOWLER.

The following comparisons may aid in differentiating traumatic remedies :

+ ARNICA	..	SYMPHYTUM
Injuries to the soft tissues.		Injuries to periosteum, bone, nervous, or fibrous tissue.
Painful swellings with discoloration of parts.		Painful swellings without discoloration of parts.
Pain—sore, bruised, lame.		Pain—pricking, sticking, jaggging, as if into soft parts.
Fears being touched by persons coming near him.		Fears being touched by persons coming near him.

**Staphisagria.**—Mechanical injuries: from sharp cutting instruments; incised wounds, after surgical operations, especially of abdomen; laparotomy; ovariectomy; lithotomy; glass.

**Calendula.**—Lacerated wounds, with or without loss of substance; wounds of articulating surfaces, or clean, surgical incisions; to promote healthy union and prevent suppuration or arrest gangrene; extensive loss of soft parts where wound must unite by granulation.

**Ledum.**—Punctured wounds by sharp-pointed instruments, as awls, nails, rat bites, insect stings; pain or other symptoms appear remote from seat of injury; spasms and trismus; parts cold, objectively and subjectively.

**Rhus.**—Sprains of single muscles, or groups of muscles, from sudden, violent, effort; lifting heavy weights; stretching arms high up to reach things. Pain as if muscles were torn from bones, or as if bones were being scraped, worse at rest and on beginning to move; better by continued motion.

**Hypericum.**—Punctured, incised, contused or lacerated wounds, by nails or splinters in feet, slivers or needles under nails; squeezing, mashing or hammering of toes or fingers; injured parts rich in sentient nerves, as fingers, toes, matrices of nails; where nerves have been torn or lacerated, with excruciating pains which spread to distant parts or extend up the limb. Great nervous depression following wounds. Prevents lockjaw; preserves vitality of lacerated members when almost torn from body; always modifies if it does not arrest sloughing; concussion of brain or cord.—*Medical Century*, Oct. 15, 1894.

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