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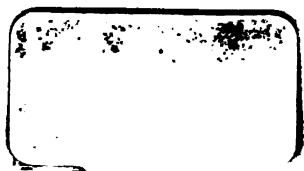
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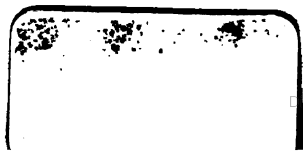
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THE
BRITISH JOURNAL
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HOMŒOPATHY.

PATHOGENETIC EFFECTS OF OPIUM.

IN the *Journal of the Austrian Homœopathic Society*, Vol. i, p. 3, 1862, is a new proving of *opium*, conducted under the superintendence of Dr. Eidherr. The history of the symptoms observed day by day in each prover are minutely detailed, but our space will not allow us to reproduce these histories. We must, therefore, content ourselves with laying before the reader the gross results of all the provings as summed up at the end of the paper. Though Opium is one of the medicines of the first volume of Hahnemann's 'Pure Materia Medica,' it is one of the most imperfectly proved of the Hahnemannic medicines, and though the symptoms recorded by him are pretty numerous, amounting in all to 662, nearly four fifths of them are taken from the writings of various authors, and these sources are, in many cases, of indifferent purity, as shown by Dr. Langheinz in our last volume (p. 17 seq.). We are, therefore, much pleased that the proving labours of the Austrian Homœopathic Society should have been directed to the perfecting of our knowledge of the pathogenetic effects of this most important medicinal substance. Without further preface we proceed to transcribe the symptoms observed.

VOL. XXIII, NO. XCI.—JANUARY, 1865.

A

Register of the Symptoms of Opium.

Names of the Provers, and their abbreviations.—Alb, *Ab.*; Bresslauer, *Br.*; Duditsch, *Dsch.*; Eidherr, *Er.*; Freud, *Fd.*; Jenitschek, *Jen.*; Jenitschek's son, *Jen. s.*; Schauer, *Schr.*; Stern, *Stn.*; Szontagh, *Szg.*; Tedesco, *Tco.*

All the above are medical men in the prime of life, except Duditsch, who is a medical student, and Jenitschek's son, a child of nine and a half years.

Further abbreviations.—*Dil.*, Dilution; *Tr.*, Trituration; *M. T.*, Mother Tincture; *h.*, hour; *s. hs.*, several hours; *min.*, minute; *w. t.*, with the; *tkg.*, taking; *aft.*, after; *im.*, immediately; *r.*, right; *l.*, left.

MIND.—Every attempt to *think continuously* was unsuccessful. *Er.*, $\frac{1}{4}$ h. aft. tkg. 1 dil.

Nevertheless his mental powers were so dull, that he did not know what he was doing. *Er.*, 35 min. aft. tkg. *M. T.*

His memory had lost its clearness, he could not follow a continuous subject of thought. *Er.*, $2\frac{1}{2}$ hs. aft. tkg. *M. T.*

The mind, which was at first active, had become slightly exhausted. *Er.*, $1\frac{1}{4}$ h. aft. tkg. *M. T.*

He was overpowered by sadness, lack of thought, and inability to think, to such a degree that he felt unequal to any intellectual labour; and finally, general prostration. *Schr.*, s. hs. aft. tkg. *M. T.*

During his professional occupations, there occurred great forgetfulness, timidity, combined with a half-staggering excited state, so that he once ran in danger of being run over by a carriage. At another time he went right up to some horses that were coming along, and which he could have seen. *Jen.*, s. hs. aft. tkg. 1 dil.

A certain vehemence in doing his business, also his thoughts flowed more rapidly, but their quality was not altered. *Szg.*, w. t. *M. T.*

DISPOSITION.—*Cheerful humour*, and very acute hearing. *Er.*, 25 min. aft. tkg. *M. T.*

During the day he was very cheerful and good humoured.
Jen., w. t. 1 dil.

10. *Irritation*.—Jen., 1 dil.

Humour very bad. Jen., 1 dil.

Lachrymose humour. Jen. S., M. T.

Depressed spirits and indisposition to work. Schr., 8 hs.
aft. tkg. M. T.

Discomfort.—Stn., M. T.

Slight uneasiness. Schr., hs. aft. tkg. M. T.

HEAD.—Confusion of head. Dsch., 10 min. aft. tkg. t. dil.

The confusion of the head continues after eating, Dsch.,
23 min. aft. tkg. t. dil.

Confusion of the whole head. Br., 1 h. aft. tkg. t. dil.

The head was confused on the l. side; this confusion ex-
tends towards the r. temple, where it remains. Br., $\frac{1}{4}$ h. aft.
tkg. t. dil.

20. Confusion of head in r. frontal region, which is some-
what hot to the feel. Br., im. aft. tkg. t. dil.

Intolerable confusion of head, especially in frontal region.
Schr., 6 hs. aft. tkg. t. M. T.

Confusion of head without pain. Stn., w. t. M. T.

Confusion of head as after taking alcoholic drinks. Stn.,
1 h. aft. tkg. t. M. T.

Confusion of occiput coming on in the evening and
lasting two hours. Stn., 10 min. aft. tkg. t. M. T.

Some hours after dinner there occurred a certain dulness
and confusion of the head, which soon changed into an
aching sensation spreading forwards on the orbits and back-
wards to the nape. Tco., s. hs. aft. tkg. t. M. T.

The head, especially in the frontal region, was much con-
fused, with thickly furred tongue, insipid taste, redness of
the conjunctiva palpebralis, increased secretion of tears,
prostration and cross humour. Jen., t. day aft. tkg. t. M. T.

Slight confusion of head with vertigo on looking r. or l.
(Looking straight before him and bending the head forwards
caused no vertigo.) Er., 25 min. aft. tkg. t. M. T.

Heaviness of head, especially of the forehead. Er., $\frac{1}{4}$ h.
aft. tkg. t. 1 dil.

Vertigo. Er., aft. tkg. t. 1 dil.

30. Fulness of head with singing in ears and throbbing in the blood-vessels of the head, perceptible to the hearing and touch. Jen., im. aft. tkg. t. 1 dil.

The cigar to which he was accustomed, when he attempted to smoke it, caused vertigo, great nausea, inclination to vomit, cold sweat, which spread all over the body, and trembling of the limbs. A glass of water instantly removed this state of things. Er., 3¼ hs. aft. tkg. t. 1 dil.

In the right frontal region aching stupefying pain. Dsch., 23 min. aft. tkg. t. dil.

After dinner he felt unwell, then came on aching pains in the forehead and occiput, with confusion of the head, staggering feeling, alteration of the taste, disinclination for tobacco, increased flow of saliva, slight nausea, sensation of water-brash, symptoms which lasted all the afternoon, and only gradually went off towards evening. Tco., s. hs. aft. tkg. t. 6 dil.

An oppressive headache lasting several hours after smoking an Italian cigar to which he was unaccustomed. Tco., w. t. 6 dil.

Aching pain in the forehead, that lasted several hours, but was followed by refreshing sleep. Tco., s. hs. aft. tkg. t. M. T.

In the afternoon hours there occurred an aching, sometimes throbbing, headache, that went from behind forwards through the median line. Jen., w. t. M. T.

Pressing sensation in the head. Er., 20 min. aft. tkg. t. 1 dil.

The head is painful in the temples, in which he has the sensation as if it was compressed. Er., 2¼ hs. aft. tkg. t. M. T.

In the head the feeling as if it were in a screw. Movement removes this sensation. Br., ¼ h. aft. tkg. t. dil.

40. Intolerable headache; it was boring alternating with occasional shooting, and extended from the forehead to the vertex. Jen., 2 days aft. tkg. t. 1 dil.

Very tiresome constant pain in the sagittal suture, something between boring and shooting. Schr., 6 hs. aft. tkg. t. M. T.

There occurred a drawing, tearing pain in a space the size of a crown piece, in the occiput, about the posterior fontanelle, which, gradually increasing, lasted about 8 min., and suddenly disappeared, but returned again after 20 min., and spread from that part over the whole spine and lasted 6 min. Ab., 9½ hs. aft. tkg. t. M. T.

All the afternoon constant headache. Tco., s. hs. aft. tkg. 6 dil.

Frontal headache occurring almost daily, sometimes more, sometimes less violent. Tco., w. t. M. T.

There occurred a moderate frontal headache, which was also warmer to the feel. Jen., ¼ h. aft. tkg. 1 dil.

He has the *feeling* in his head of unusual *lightness*. Er., 15 min. aft. tkg. 1 dil.

Warm feeling going from the head to the r. forearm. Br., s. hs. aft. tkg. 1 dil.

FOREHEAD.—Aching pain in forehead. Jen. S., soon aft. tkg. 1 dil.

Aching pain in the forehead, that lasted 1 to 1½ h., and then gradually went off, with forehead hot to the touch. Jen. S., ¼ h. aft. 1 dil.

50. In the forehead shooting, throbbing, pains, weight in the head on stooping forwards, feeling of a heavy body in it that swayed to and fro. Jen. S., w. t. M. T.

Whilst reading, a painful pressure in the r. frontal region, with hot feeling, which goes off again, and instead thereof, there occurs a pinching pain in the r. temple, as if something was pressing that part. Br., w. t. dil.

Flying pressure in r. temple, and canthus of r. eye. Br., w. t. M. T.

Pressure in the r. frontal protuberance. Br., a few min. aft. tkg. t. dil.

Pressure and slight gnawing over the forehead, with weight of the lids, which tend to close, especially the l. Br., w. t. dil.

Troublesome aching in the forehead. Dsch., 2 min. aft. tkg. t. dil.

Tension of the skin of the forehead; stroking it with the hand removes it. Br., 10 min. aft. tkg. t. dil.

Somewhat later a pain, *pressing from within outwards* in the forehead, that hindered him writing a letter, and after 20 min., was also felt behind in the occiput. Stroking it with the hand, and pressure, removes it. Br., w. t. dil.

After $\frac{1}{4}$ an h. the pain again appeared in the forehead, and involved the whole r. side of the body by jerks down to the points of the toes. Br., w. t. dil.

Severe *shooting* in the l. side of the forehead, lasting long, and often penetrating into the brain. Dsch., 2 hs. aft. tkg. t. dil.

60. About $\frac{1}{4}$ an h. after taking it the confusion of the head had changed into an asunder-pressing pain in the temples, especially in the forehead. Er., w. t. M. T.

EYES.—Slight *pressure* over the r. eye. Br., $\frac{1}{4}$ h. aft. tkg. t. dil.

Pressure over the r. eye, as from reading long. Br., im. aft. tkg. t. dil.

Compressive pain in l. eyeball, which will not go off by rubbing and moving. Br., w. t. dil.

Weight in the eyelids as though they were swelled. Szg., w. t. 1 dil.

Over the r. eye feeling of *numbness*. Br., w. t. dil.

Dry sensation in the r. eye. Dsch., 2 min. aft. tkg. t. dil.

In the afternoon during school-time, he was often obliged to open his eyes by force; he felt a certain dryness in them, and *as though dust was in the eyes*, he therefore pressed and rubbed his eyes very often. Jen. S., s. hs. aft. tkg. t. 1 dil.

When coming home from school, his father remarked that he opened and shut his eyes frequently. On asking the reason he was told the above. On examining the eyes, nothing was found but a *redness* of the conjunctiva palpebralis of both eyes, and a considerable vascular injection of the conjunctiva of both bulbi. Jen. S., w. t. 1 dil.

In the eyes he observed a slight redness of the conjunctiva bulbi et palpebrarum, as also a slight swelling of the caruncula lachrymalis. Schr., 6 hs. aft. tkg. t. M. T.

70. *Weeping and warm feeling* in the eyes. Schr., 6 hs. aft. tkg. t. M. T.

Slight *spasm* in the r. external canthus. Br., w. t. dil.

Slight *dimness* of vision. Er., 20 min. aft. tkg. t. 1 dil.

Dimness of vision. Stn., 1 h. aft. tkg. t. M. T.

The vision more dim. Tco., several times aft. tkg. t. M. T.

When writing the letters seem to run together. Tco., several times aft. tkg. t. M. T.

Indistinct vision and hearing, as from slight intoxication. Szg., 1 h. aft. tkg. t. 1 dil.

Dimness of vision, as through a veil, lasting nearly 20 min. with dulness of hearing in l. ear, lasting 4 min. Ab., 2½ hs. aft. tkg. t. M. T.

The above dimness of vision came back again, and lasted just as long. Ab., 7¼ hs. aft. tkg. t. M. T.

All objects appear smaller. Jen. S., w. t. M. T.

80. **EARS.**—Pressure in the external meatus. Szg., soon aft. tkg. t. 1 trit.

Itching in the meatus, first in the l., then in the r. Dsch., 10 min. aft. tkg. t. dil.

Slight *humming* in the ears. Szg., im. aft. tkg. t. M. T.

After a moderate breakfast of milk, with the pulse at 90, in the minute, *roaring* in the ears for 8 min. Szg., as above.

Towards evening, humming in the ears, lasting a few min. Szg., as above.

In the evening when sitting, loud roaring in the ears for 20 min. The pulse was at the same time normal, but became perceptibly quicker after the slightest movement. Szg., as above.

When speaking and whistling, disagreeable humming in ears. Szg., as above.

After continued vertigo there occurred a slight humming in the ears, like bees; with a stopped-up feeling in both ears and a perceptible diminution of hearing. Er., 25 min. aft. tkg. t. M. T.

CHEEKS.—*Redness and heat* of cheeks, with feeling of burning in them. Szg., w. t. 1 dil.

Nose, Mouth, and Throat.—*Bitter, harsh taste* for two or three min., with sensation of scraping and contraction in the throat for the same space of time. Ab., im. aft. tkg. t. dil.

90. The same sensation only stronger and lasting longer. Ab., im. aft. tkg. M. T.

Out of the mouth and nose then came a yellow, viscid, mouldy-smelling mucus, without coughing or sneezing. Jen., M. T.

Scraping, scratching, rough feeling in the throat which annoyed him much. Tco., s. hs. aft. tkg. M. T.

Tongue furred, insipid taste, without derangement of the digestion. Jen., 2 days aft. tkg. 1 dil.

Tongue slightly furred. Schr., 9 hs. aft. tkg.

Unusual taste in the mouth all day. Tco., M. T.

Increased secretion of saliva, sweetish taste, and furred tongue. Jen., im. aft. tkg. 1 dil.

Jaws.—In the left lower jaw a transient *squeezing sensation*. Br., $\frac{1}{4}$ h. aft. tkg. M. T.

Pressure in the articulations of the jaw, and in the bones of the cheek; elevated temperature, and feeling of burning in them, as also in the lobe of the ears, with roaring in the ears; pulse of normal frequency. Szg., w. t. 1 dil.

Slight rapid trembling of the lower jaw for 5 min. Br., $\frac{1}{4}$ h. aft. tkg. 1 dil.

100. **Œsophagus.**—When eating, each time he swallows, a spasm in the œsophagus. Szg., w. t. M. T.

When eating and drinking *difficulty of swallowing* on account of spasm in the œsophagus. Szg., w. t. 1 dil.

Spasm in the œsophagus during and after swallowing. Szg., soon aft. tkg. 1 dil.

When eating, there occurred a kind of spasm in the œsophagus, which rendered swallowing difficult, even of water. Szg., 3 hs. aft. tkg. M. T.

Appetite.—About 11 a.m. he felt an emptiness in the stomach, and a feeling of hunger, unusual at such a time, which he did not satisfy, in order not to spoil his dinner. Although two hours later he ate much more than usual, he still re-

tained this empty feeling for two hours longer. During this time frequent eructations of air. Ab., 5½ hs. aft. tkg. M. T.

The following day the empty feeling in the stomach again occurred, which he sought to overcome by eating two soft-boiled eggs, a roll, and a glass of beer, but without the desired effect. At noon he ate a large meal, which removed the feeling of hunger, but not that of emptiness in the stomach, which only went off two hours later. Ab., w. t. M. T.

Feeling of hunger, which by a taking of food changed into a sensation of emptiness and aching in the stomach. Er., ½ h. aft. tkg. 1 dil.

The appetite was very good, but after he had taken the meal, when he lay on the sofa, there came on a perceptible throbbing, and an actual visible rising and sinking of the full stomach, synchronous with the arterial pulse, so that it was intolerable to lie on his back and he had to get up and move about; this went off gradually after about half an hour or an hour. Jen., aft. tkg. 1 dil.

Appetite *bad*, chiefly for bread. Dsch., 23 min. aft. tkg.

Complete anorexia, food is so repugnant to him that he must leave it untasted. Str., aft. tkg. M. T.

110. THIRST.—Never increased.

STOMACH.—*Yawning*. Br., once im., another time ¼ h. aft. tkg. t. dil.

All day long yawning, with passage of much flatus, and difficulty of breathing. Stn., w. t. M. T.

Frequent yawning. Er., ¼ h. aft. tkg. 1 dil.

Hiccup. Br., ¼ h. aft. tkg. t. dil.

Empty *eructation* and yawning. Br., ¾ h. aft. tkg. t. dil.

Frequent eructation. Dsch., 10 min aft. tkg. t. dil.

Eructation as from Chamomile tea. Dsch., 20 min. aft. tkg. t. dil.

Eructation with bitter taste. Dsch., 10 min. aft. tkg. t. dil.

Eructation. Szg., soon aft. tkg. M. T.

120. Frequent rising of a bitter fluid. Dsch., 23 min. aft. tkg. t. dil.

Such dislike to the medicine, that the mere sight of it causes repugnance and disgust. Jen., towards the end of the proving.

Inclination to vomit, that went off after copious eructation. Szg., im. aft. tkg. M. T.

Empty feeling and sinking in the stomach, with flow of water into the mouth, frequent spitting, nausea, weakness, trembling of hands and feet, transient jerkings in the hands, cold sweat on the forehead, compression of head, and heaviness in the eyes, with pulse at 68. This state compelled him to lie down, and lasted till late at night. Cool air refreshed him for a minute. Stn., w. 20 drops M. T.

In the stomach a sensation of emptiness, which drinking one glass of water, all he had within reach, could not remove. This uncomfortable sensation only went off after breakfast, but then only for fifteen or twenty minutes; after which it returned, and, with small intermissions, lasted all day, though he frequently took some food. Er., 2½ hs. aft. tkg. M. T.

Empty (ödes), almost *aching sensation* in the stomach after eating. Schr., w. t. M. T.

There came on a stomach-ache that lasted for several hours. Tco., aft. tkg. 12 dil.

Constriction of the stomach. Jen. S., w. t. M. T.

Constantly increasing heat over the whole body, seemingly proceeding from the stomach, with moist skin. Er., ¼ h. aft. tkg. 1 dil.

ABDOMEN.—Aching pain in the hypochondria, with nausea, and increased flow of saliva, lasting from 1½ to 2 hs. Jen. S., soon aft. tkg. t. M. T.

130. In the abdomen rumbling and moving about of wind. Dsch., ¼ h. aft. tkg. t dil.

Gurgling, rumbling, and pinching in the bowels, without discharge of flatus. Jen. S., w. t. dil.

Rumbling in abdomen, with discharge of flatus. Br., w. t. dil.

Pinching in the belly. Dsch., 2 min. aft. tkg. t. dil.

Pinching all the afternoon. Dsch.

Nipping and pinching in the belly, and, almost all night,

a hitherto unknown rattling discharge of inodorous flatus, with occasional emissions of air which lasted during the following day. Jen., s. hs. aft. tkg. M. T.

Fulness and *tension* in the belly without the discharge of flatus. Jen., soon aft. tkg. 1 dil.

Constant discharge of very fetid flatus. Schr., w. t. M. T.

After eating, discharge of much flatus. Szg., w. t. M. T.

ANUS.—Sensation as if the anus was suddenly spasmodically contracted. An effort to strain at stool diminished this troublesome feeling. Touching it externally caused a sharp burning pain; this lasted with equal severity for ten minutes, and went off gradually, but could be renewed at will by touching the part. The spasmodic constriction then gradually subsided. Er., $\frac{1}{4}$ h. aft. tkg. 1 dil.

140. In the anus he noticed a constant tickling, which, after $1\frac{1}{4}$ h., ended with itching there. Szg., $1\frac{1}{4}$ h. aft. tkg.

In the afternoon, and the following morning, aching pain in rectum, like hæmorrhoidal congestion, increased by walking and touching the anus. The stool was normal and bloodless. Szg., soon aft. tkg. M. T.

STOOL.—No stool. Stn., w. t. M. T.

Evacuation stopped. Stn., w. t. M. T.

Very scanty stool, with great effort. Jen., w. 1 dil.

Hard and unsatisfactory stool. Tco., 1st day aft. tkg. M. T.

Retention of the motion; it could only be passed with effort, although it was not hard, but rather clayey, tough, dark brown, and with a nasty putrid smell. Ab., w. t. M. T.

Continued constipation. Ab., w. t. M. T.

The bowels, which used to be regular every day, were not moved for three successive days. Er., w. t. M. T.

The accustomed daily motion did not occur. Jen., w. t. 1 dil.

150. Not until evening did there occur a most copious, rather hard evacuation, which was not usually the case. Jen., w. t. 1 dil.

Complete constipation. Jen., w. t. 1 dil., and Jen. S., w. t. M. T.

Hard motion. Tco., 3rd day aft. tkg. M. T.

At 12 o'clock at night, when going home, he felt a rattling and griping in the transverse colon; *sudden call to stool*, which could only be held back with great effort. The motion that he had was, as far as he could judge, a watery, copious stool, with much flatus, which came away rapidly, and with much noise, and was followed by a moderate burning in the rectum, that lasted some minutes. Ab., w. t. M. T.

At 8 a.m. there occurred a motion of *tough, clay-like consistency*, of yellowish-brown colour, and putrid smell, which was followed at 2.30 p.m. by griping about the navel, preceding a second loose evacuation of the same colour and smell; then frequent discharge of flatus till 5 p.m.. Tension, and full feeling in the abdomen, especially in the epigastrium. Ab., w. t. M. T.

After dinner there occurred a second stool, and an hour later a third *fluid* evacuation. Stn.

Motion at the usual time, the first part hard, and passed with difficulty, the last part, however, diarrhœic. Stn.

The following morning, about 5, he was wakened up by a desire to go to stool; he had a copious, loose, dark coloured, almost inodorous motion, without pain. Stn.

A few hours afterwards a second diarrhœic motion without pain. Stn.

About midnight a fluid stool, without pain. Tco., w. t. 6 dil.

160. Every day 1 to 3 fluid, painless motions, of whitish colour. Tco., w. t. dil.

Two fluid evacuations; one occurred at 9 p.m., the other about midnight, both times with moderate pinching in the abdomen. Tco., 2nd day aft. tkg. 6 dil.

Very early in the morning a rather fluid, frothy, very copious stool, followed by great relief. Jen., w. t. M. T. for 2 successive days.

In the evening fluid stool. Jen., s. hs. aft. tkg. M. T.

In the morning 3 fluid stools. Jen., w. t. M. T.

The fluid evacuation that occurred the following morning was combined with some burning in the anus. Jen., w. t. M. T.

GENITALS.—Strong erection of the penis without exciting cause. Dsch., 2 h. 20 min. aft. tkg. dil.

Frequent erections during sleep. Szg., M. T.

URINE.—*Increased* secretion of urine. Ab., M. T.

The increased secretion continued 22 days after the end of the proving. Ab., M. T.

170. Increased secretion of urine. Er., M. T.

Increased secretion of urine, with nothing abnormal in its character. Szg., soon aft. tkg. M. T.

Increased secretion of urine; though the bladder is full, difficulty in discharging the urine on account of the sphincter vesicæ. Even when it is flowing in a full stream it is sometimes interrupted (all day). Szg., 1 dil.

There occurred a sort of tenesmus vesicæ; at the commencement of the act of urinating he had to wait some time, on account of twitchings of the sphincter vesicæ, before the urine commenced to flow, it then, however, passed off in a full, uninterrupted stream. This was repeated all that day each time he passed water. Szg., M. T.

Spasm on urinating, that occurred every time during the day. Br., 20 hs. aft. tkg. dil.

The following two days painful contraction in the urethra, extending to the bladder, which went off after passing water. Br.

Hæmaturia, which lasted three days and then gradually went off, and changed into the unpleasant sensation of cramp-like contraction of the urethra, and only went off entirely after several days. Br., 4th day aft. tkg. dil.

The urine is strikingly *cloudy, dark-red coloured*, and *deeply saturated* with a yellowish red, greasy sediment. Jen., 1 dil.

The urinary secretion much *increased*; the urine first passed very red, that passed last not so red. Jen., w. t. dil.

The urine of normal colour, and very *peculiar smell*, like nothing that he can compare it with. Ab., M. T.

180. In the morning the urine, immediately after passing it, was like that of the previous day in point of colour; after $\frac{1}{2}$ h. it became cloudy and of a putrid odour. Ab., M. T.

RESPIRATORY ORGANS.—Waking in the morning with a *tickling in the larynx*, with, at the same time, dry, straining cough for 10 min. Ab., M. T.

Frequently recurring attacks of cough, which each time woke him out of his sleep, and so severe that they brought the tears into his eyes (only at night). Ab. M. T.

The breathing, otherwise always free, now rendered difficult, as if the pectoral muscles were stretched. Stn. M. T.

An unusual feeling of anxiety occurred; weight on the chest, during which he was compelled often to breathe deeply; occasional gasping for breath. At the same time his clothes felt too tight for him, the skin was dry, hot, and its blood-vessels filled with blood. Jen., M. T.

TBACK.—At the point of insertion of the musculus cucul. there occurred an aching, cutting pain, which extended the whole breadth of the nape, the upper border of the spinous process, and the inner edge of both scapulæ to their apices. It was most intense in the neighbourhood of the 4th cervical vertebra, where it extends to the bottom of the back, is worse at every movement, and relieved by rest. Ab., M. T.

A feeling of heat alternating with cold along the spine. Er. $\frac{1}{4}$ h. aft. tkg. 1 dil.

UPPER EXTREMITIES.—About 6 p. m. he suddenly felt in the 2nd joint of the r. finger a *drawing, tearing* pain, increased by motion, and relieved by rest, lasting about 10 min., then gradually diminishing and spreading over the wrist to the head of the radius, and continuing there till 8 p.m. Ab., M. T.

Tearing and drawing now in the r. and now in the l. forearm in the evening. Stn., 10 hs. aft. tkg. M. T.

In the r. wrist a *burning, shooting* pain, and in the dorsum of the hand, as also in the palm of the hand, some *pimples, varying in size from a lentil to a pea, with a red areola*, which turned into vesicles, but did not itch (on the evening of the same day 2 similar but somewhat smaller pimples were observed in the cheek, which were sensitive to pressure). Jen. S., w. t. M. T.

190. Near the wrist, on the flexor side of both forearms, there occurred *closely-set pimples the size of a hempseed, that itched severely.* Szg., w. t. dil.

On the l. little and ring finger he felt a *numbness*, extending from the second joint to the ends of the fingers, such as one feels when a limb has been a long time stretched, it lasted only about 4 minutes, and went off on rubbing with the other hand. Ab., w. t. M. T.

Numb feeling in the joint of the l. humerus to the finger joints, worst on the volar aspect of the hand, the thumb, and the little finger, lasting about 6 min., recurring after about 20 min., but weaker, and lasting only 4 min. Ab., 4½ hs. aft. tkg. M. T.

LOWER EXTREMITIES.—On the outside of the r. thigh he felt a *drawing.* Dsch., 10 min. aft. tkg. dil.

A *cutting* pain, lasting about 10 min., in the flexor muscles of both thighs, extending into the hock. Ab., w. t. M. T.

There occurred a sudden, *lightning-like*, tearing pain on the outside of the r. knee-joint, which extended from the most external surface of the leg to the ankle, but went off again as rapidly as it appeared. Ab., M. T.

Heaviness and *weariness* in the legs; his gait, which was generally rapid and easy, became trailing, so that when he got home he was as tired as if he had taken a long walk. Ab., M. T.

From the anterior surface of the r. thigh to the knee, a *shudder*, that lasted but a few seconds, which after ¼ h. recurred in the nape, and spread over the back to the sacrum, but only lasted a few moments. Ab., 13 hs. aft. tkg. M. T.

Great *weariness* in the legs. Szg., im. aft. tkg. M. T.

Weariness in the knees and prostration of the whole body. Szg., im. aft. tkg. M. T.

200. In the lower extremities, besides the weary feeling in the muscles of the calves, a slight, constant, but troublesome twitching. Schr., M. T.

Soon after breakfast, on rising from his seat, weariness and heaviness in the legs, that lasted 12 hs. Ab., 2nd day aft. tkg. M. T.

In the whole of the l. lower extremity, a long-continued *numb-feeling*, produced by sitting for a very short time. After this there occurred in the l. knee-joint a weak sensation. Dsch., 2 hs. aft. tkg. dil.

In the evening, after going to sleep, a *sudden jerk* through the whole body, which woke him out of sleep. Szg., im. aft. tkg. M. T.

In the evening there occurred, in the middle of the extensor side of the l. thigh, 2 *pimples* the size of peas, that *itched much*, and which only went off after a few days. Szg., 3rd day aft. tkg. M. T.

PULSE.—The pulse was somewhat altered. Er., 1½ h. aft. tkg. M. T.

Acceleration of the large soft pulse by 14 beats. Szg., im. aft. M. T.

In the evening, acceleration of the pulse by 10 beats, at the same time roaring in the ears, heat and perspiration for 10 min. Szg. M. T.

SKIN.—The general integument was *hot, dry, and turgid*. Jen. S., 1 dil.

Increased temperature of the skin. Jen. S., 1 dil.

210. The colour of the skin of the face became *yellowish*. Stn.

PERSPIRATION.—*Profuse sweat*. Er., ½ h. aft. tkg. 1 dil.

Copious sweat an hour after falling asleep. Szg., 1 dil.

About midnight, copious sweat. Szg., 1 dil.

SLEEP.—*Sleepiness*. Szg., soon aft. tkg. M. T.; Er., 20 min. aft. tkg. 1 dil.

Unusual sleepiness. Jen., some hs. aft. tkg. 1 dil.

After a meal, great sleepiness. Schr., w. t. M. T.

Scarcely had he lain down (at noon) than he was seized with such sleepiness, that he could not resist giving in to it, whereupon he immediately fell asleep. Ab., s. hs. aft. tkg. M. T.

When sitting quietly at his desk, he was seized with sleepiness, so that he lay down on his bed, and after a sleep of 20 min. awoke quite refreshed. Er., 1½ h. aft. tkg. M. T.

He was so overpowered with sleepiness that he could scarcely open his eyes. Er., in the evening, 35 min. aft. tkg. M. T.

220. Every movement he performed with a view to keep off sleep, became by degrees slower, until it came to such a point that he could not reach a glass of water that stood near him, though he made an effort to do so. Er., w. t. M. T.

He gradually fell asleep, and after about 2 hs. was awakened by some one crying for help in the street. After that he could not again go to sleep. Er., w. t. M. T.

Though his eyes were heavy he could not sleep. Stn., w. t. M. T.

Though he usually slept quietly and without waking, this night he was very restless, and constantly turned hither and thither. His sleep, which was frequently broken, was only a half sleep. Every noise in the neighbouring bustling street he was aware of, he heard even the ringing of the door bell and the striking of the clocks, which was very tiresome for him. Dreams of the most various sorts troubled him all night. Accustomed to early rising, he could not get up this morning before 6 o'clock, when he felt more tired than he did the previous evening on going to bed. The head was at the same time heavy and confused. A glass of water gradually woke him up completely. Stn., im. aft. tkg. 1 dil.

Dreams of small humming-birds, which continue after waking and falling asleep again. Ab., w. t. M. T.

SENSATIONS.—Slight *tired feeling* in the lower extremities. Schr., 6 hs. aft. tkg. M. T.

Fatigue in the arms and legs. Szg., soon aft. tkg. M. T.

Feeling of fatigue in the knees, thumb, elbows, and masticating muscles. Szg., soon aft. tkg. 1 dil.

Fatigue in the legs and forearms. Szg., soon after tkg. 1 dil.

Feeling of fatigue in the arms. Er., soon aft. tkg. 1 dil.

230. Unsteady gait, and soon tired. Er., soon aft. tkg. 1 dil.

Fatigue of the whole body. Er., 1½ hs. aft. tkg. M. T.

Prostration and fatigue were his constant companions all day long. Er., M. T.

His usual occupation tired him soon, and caused him to breathe deeply often. Br., w. t. dil.

He was seized with a feeling of *fear*, restlessness, heaviness in the limbs, general fatigue and confusion of head; a feeling of warmth streaming out from the stomach, and extending all over the body. Er., $\frac{1}{4}$ h. aft. tkg. 1 dil.

Feeling of stupefaction lasting $\frac{1}{4}$ an hour. Er., $\frac{1}{4}$ h. aft. tkg. 1 dil.

Somewhat *increased heat* over the whole body with slight sweat, and rare yawning. Er., $1\frac{1}{4}$ h. aft. tkg. 1 dil.

Feeling of heat in the right half of the body. Br., w. t. dil.

Feeling of slight *intoxication*, which, however, does not prevent him thinking or working, for which he possesses more than usual aptitude. Szg., w. t. dil.

While taking the M. T. and 1 dil. he noticed that he could not bear *smoking cigars* so well as usual. Szg.

240. Dislike to tobacco smoke. Tco.

Loss of weight. Stn.

DR. ROTH ON FERMENTS.*

DR. ROTH reminds his readers of previous "studies," in which he exposed the futility of what he designates as the "materialistic tendency"—the idea of treating the living body as a mere retort for instituting chemical experiments to neutralize disease; and speaks of the Iatrochemists of Liebig's school (who referred all such agents as drugs, poisons, contagions, and miasmata, to a fermenting process), as victims of a fleeting fit of fashionable folly. He gives Pasteur a large share of credit, for having scared away such dreams, and proposes to give a brief sketch of that remarkable

* Abstract of Dr. Roth's *Studien der Arzneimittellehre* No. 17, in Clotar Müller's *Homöopathische Vierteljahrsschrift*. Jahrgang 15, Heft. 1, page 92.

man's discoveries, in chronological order, from 1858, with further researches by Davaine and Claude Bernard. By way of preface, he remarks that PROTOZOA are destined to play an important part in medicine, naming several species under the three "families" Vibrio, Monas, and Paramecium. These minute creatures have been observed in incalculable numbers in the stool and urine of patients by various medical men on the Continent and in England, as Pouchet, of Rouen; Stevens, Raincy, Hassal, Thomas Richardson, John Brandon, and Patrick Reilly, in England; Davaine, Rayer, Lambl, Gluge, Valentin, Donné; and in Sweden, Malmsten and Seeman.

The "Vibrio proper" was so abundant in the characteristic rice-water evacuations of cholera patients, that the disease was by some ascribed to their presence; a theory which Dr. Roth utterly rejects, on the ground that they are so widely distributed in nature, make their appearance in all infusions, whether animal or vegetable, and at every season of the year; though he does not deny that they may aggravate the disease by their invariable abundance in such stools. They occur in other forms of diarrhœa, and were probably so discovered by Loewenhoeck early in the last century, before the genera of such animalcules had been defined. He observed that they disappeared as soon as his stools acquired consistency. The result of recent observations seems to point out—

1. That they are not seen in matter thrown up from the stomach.

2. That they are developed in the lower bowels *only during life*; disappearing entirely not only as soon as decomposition commences, but when animal heat has ceased.

One case only is recorded where the Vibrio was found in cholera patients twelve hours after death by Dr. Hassall (who also found a very much smaller number in the stools of *healthy persons*). In a case of phthisis, Devaine found, and showed to several of his colleagues, the vibrio in the stool for weeks together.

Rayer, in a case of chronic inflammation of the bladder,

found immense numbers in urine, even when drawn (to prevent the access of any foreign source) with a catheter.

In the epidemic cholera, 1854, monads were found in the urine of ten cases out of twenty-nine at St. Nicholas, and seven out of fifteen at St. Thomas's Hospital: similar facts observed at St. Bartholomew's. *Circomonas* observed in typhus as well as in cholera stools; and in the mucous evacuations of children.

In female (but not syphilitic) disease, 1844, the *Trichomonas* was found in the mucus of the vagina; a fact corroborated, after some dispute, by Kölliker in 1855. Their presence was indicated by a frothy appearance in the diseased mucus; and they were quickly removed by alkaline injections. The *Paramecium* is the only genus of its family yet known as a human parasite. *P. coli* was discovered by Malmsten, a Swedish naturalist, in immense numbers, in the pus of a bleeding ulcer in the lower intestines of a sailor suffering from the chronic sequelæ of cholera; and also in his stools two months after the ulcer had cicatrized. Injections containing a little nitric acid restored the bowels to a normal condition. But, on a return of diarrhœa, *Paramecia* reappeared in the stools, and could be kept alive for twenty-four hours by maintaining a bloodheat temperature in the stools artificially, otherwise they perished in a few hours.

The next case is instructive.

In seven hours after death a post-mortem exhibited slight erosions in the stomach and ileum, but in the colon several gangrenous ulcers with fetid pus. No animalcules in either stomach or duodenum, but many in the cæcum and colon, especially in the mucus, when scraped from the investing membrane with a scalpel. *In healthy parts by thousands, in diseased portions far less numerous.* In seven hours after death they were still visible, but had disappeared in two hours more, or they would have been exhibited at the Stockholm Academy. Dr. Roth considers that there are still many open questions regarding the presence and effects of these creatures, and invites special attention to the subject, having in these

few lines merely attempted to obviate complete ignorance of the nature of Protozoa in any of his readers.

Lactic-acid Fermentation.—Lactic acid was discovered by Scheele, in 1780, and is identical with that announced by Braconet, in 1813, as “Nanceic acid.” In 1841, Frèmy and Boutron, Pelouze and Gelis, made further observations on its properties; resulting in the discovery of the well-known fact that if chalk be mixed with a solution of sugar in water, and any nitrogenous substance be added (as caseine, gluten, animal membrane, fibrine, albumen) then the sugar is converted into lactic acid.

In the hands of so many distinguished men the phenomenon however, remained utterly unexplained. With no diminution of weight, no putrefaction, yet a process of alteration evidently takes place. In what does this alteration consist? The question seemed to be set aside, either as needless or unanswerable. It had, indeed, dimly occurred to one and another that *living beings* could be developed during the process, but the idea was set aside, and the phenomena virtually treated as an “ultimate fact.” “Eremacausis,” “Contact,” “Catalysis,” are mere words which should be translated “We don’t know.” It is an unwelcome confession that so much, nay, the greater part, is still unknown. From the pulpit downwards through all the world of books, omniscience is the doctrine professed, and is backed up by new words borrowed from the Greeks!

When Liebig says the nitrogenous substance suffers a kind of putrefaction called eremacausis, or when Berzelius and Mitscherlich tell us it acts by contact or catalysis, just as oxide of silver acts on oxygenized water, without either giving or receiving anything, this is simply explaining one obscurity by another.

In 1858, it was known from observations made by Cagniard Latour, and corroborated by Schwan, Püntzing and Turpin, that the barm of beer is an organic substance. But the action of this barm in fermentation was supposed to resemble that of the nitrogenous substances above described. The evasive attempts to explain either by mere plausibilities is

here sharply contrasted with the honest avowals of our ignorance by Trousseau in his Clinical lectures at the Hôtel Dieu, who confesses our inability to explain the phenomena.

Berzelius is at least more solid and intelligible. He denies flatly that barm is an organic body, or anything more than a chemical precipitate, and *will not see* the pearly concatenations of globules.

Now follow Pasteur's new contributions to this inquiry in 1858.

Organic nitrogenous substances as caseine, albumen, *never* become "ferments," though they may come in contact with fermentible substances, and may have undergone, from contact with atmospheric air, any amount of alterations. They serve merely as aliment with which a ferment is supported. This ferment is a mycoderm (plant of very low organisation) whose spores have been either conveyed by the air, or were already mixed up with the fermentible substances. This organic being subsists at the expense of the fermentible substance as long as the latter supplies aliment for its development, and this aliment is the carbonic acid of the sugar, the nitrogen and phosphates of the caseine or albumen, &c.

In the lactic-acid fermentation exactly the same process takes place as one sees every day in the alcoholic fermentation caused by yeast. In each case the substances are simply aliments of a microscopic fungus (mycoderm) which must be considered as the sole cause of the fermentation.

If we follow attentively the formation of lactic acid (by Scheele's original process, which is still the best) we shall often notice, besides the sediment, consisting of chalk and the nitrogenous substance, a new matter exhibiting gray specks, and forming a zone on the surface of the sediment. At other times, we find this gray matter deposited high on the sides of the vessel where it has been carried by the gases developed during the fermentation. This is the milk-barm, and is, like the beer-barm, a plant, a mycoderm; and as in the former case, is the sole cause of the lactic fermentation.

To exhibit the lactic-acid mycoderm (or milk-barm) easily,

and in a state of isolation, mix beer-barm with 15—20 parts of water by weight, and keep it at boiling heat for some time. This decoction of beer-barm, being carefully filtered, is to be mixed with 50—100 grammes of sugar per litre, chalk, and some of the above-mentioned gray substance, and placed in a room heated to 30°—35° (Centigrade). In order to banish the atmospheric air contained in the vessel, it is well to pass through it a stream of carbonic-acid gas, and also to furnish the vessel with a bent glass tube, sunk into water. Within two days a brisk fermentation is perceptible. The clarified liquid becomes turbid, the chalk disappears gradually, and a sediment forms which keeps slowly growing. This is milk-barm. The gases developed in this process are either pure carbonic acid, or a mixture of that with hydrogen. After the chalk has quite disappeared and the liquid evaporated, by next day there are formed a great number of crystals of lactic acid. If the due proportion of sugar and chalk be employed, the acid crystallizes in great quantities, even in the liquid, during the operation. Frequently the liquid becomes viscid.

In a word, we have before our eyes a perfectly characterised lactic fermentation, with every known chemical accident and complication. Any other plastic nitrogenous material, fresh or otherwise, will serve as an aliment of the myco-derm.

This gray substance, so intimately connected with the "lactic-acid fermentation," is, on the whole, very like the beer-barm, only that the vesicles or globules are much smaller. When isolated, they move very briskly; but this movement is merely that noticed by Brown, and common to every solid matter suspended in a fluid.

Milk-barm can, like beer-barm, be collected and sent to a distance without impairing its properties; but drying and then moistening it with hot water greatly weakens it. In any experiments with it, we should try to keep out the fresh air with its floating atoms.

The above process is more rapid, for like quantities, than the alcoholic fermentation; the current recipes for making

lactic acid take a far longer time, because useless elements are introduced in the fibrine, &c.

Nearly as the beer-barm and milk-barm approach in their nature they are specifically distinct. For if, to a clear saccharine albuminous fluid, beer-barm be added instead of milk-barm, then alcoholic and not lactic fermentation occurs.

Observe that it is not indispensable to the setting up of lactic fermentation that milk-barm be employed as a *seed*; if sugar be dissolved in a decoction of beer-barm and chalk added, the fermentation sets in on the second or third day, and as the medium is in a neutral state, the tendency to the lactic fermentation will prevail. But, as it is not easy to exclude the air, the floating atoms will not fail shortly to make their influence perceptible. *Fermentations of the most diverse kinds will be established at the same time.* The most diverse organisations intermingled, come into view. So it is better at once to sow the milk-barm.

Sugar enters into such various combinations, according to the various germs of fermentation, that all sorts of germs find opportunity for development at once; yet one or another sort may preponderate by their numbers. Hence the benefit of sowing or transplanting the desired germs.

When, without this precaution, several fermentations go on side by side, different species of organised beings arise and become hostile to each other, each seeking to monopolise the aliment.

But the introduction of a germ "barm" will promote a given fermentation. When a field lies fallow, all sorts of plants grow wild together, but the sowing of one species soon excludes the rest.

Thus purity and homogeneity of the barm is the condition of good fermentation, still it must be conceded that the conditions of neutrality, of alkalinity, of acidity, &c., exercise great influence on the success of it.

If we, *e. g.* dissolve sugar in a clear decoction of beer-barm, and add no chalk, we are sure to find alcoholic fermentation on the third day, and beer-barm in the sediment. *In rare cases* (into whose cause and conditions we cannot here enter)

will lactic-acid fermentation take place. In such cases the fluid may become acid, and the acid seems to weaken and retard the lactic much more than the alcoholic fermentation. On the contrary, a neutral or alkaline state of the fluid greatly promotes the lactic.

To make this clear, add magnesia to the said sugar mixture, and the two kinds of fermentation will commence together, whilst lactate of magnesia will be precipitated in crystals, and the microscope will detect globules of beer-barm and milk-barm mixed. The latter arises in the albuminous fluid where the alkalinity restrains the power of the alcoholic fermentation. A slightly alkaline medium is very suitable to the formation of the new barm, but also favours the growth of Infusoria, which consume the young globules, or at least hinder their further development by laying an embargo on all the nutriment.

In an alkaline fluid, the beer-barm works feebly, often not at all. Acids, even in very minute quantity (contrary to the received opinion), hinder its action. It requires a neutral medium, which should be secured in experiments on a small scale; in a commercial view, this rule does not hold, for neutrality also promotes lactic fermentation.

We are at least, then, sure that fermentation in general, and the lactic, with which we are concerned, in particular, is subject to manifold alterations, some as yet unknown, some known, but inevitable upon various influences. To obviate these last, a medium is wanted, which, on the one hand, favours the growth of the milk-barm mycoderms; and on the other hand is apt to hinder other mycoderms and infusoria.

Such a medium is onion-juice. The volatile oil of raw onions has the property of repressing the development of the beer-barm mycoderm, which usually associates itself with that of the milk-barm.

If globules of the beer-barm be sown in raw onion juice, alcoholic fermentation never commences, and the mycoderm is not developed. But if the juice be boiled to drive off the oil, and when cold, beer-barm be mixed with it, the myco-

derm is developed with incredible rapidity, and separates the sugar of the juice into alcohol and carbonic acid.

We now turn to the vinous or tartaric alcoholic (?) fermentation. (Weinsäuren).

Tartrate of lime mixed with any organic substance and left to itself under water, very soon ferments. N lner, a manufacturing chemist, thought he discovered in this process a new acid, which proved, in the hands of Nikles, Dumas, and others, to be identical with the metaceton-acid discovered by Gottlieb from the action of potash on sugar.

Pasteur chose for his experiments, not tartrate of lime but of ammonia. This change of the basis brought out various and wonderful changes; but our business being to investigate the *cause* of this fermentation, we leave these last untouched and proceed.

Dissolve pure tartrate of ammonia in distilled water; add any nitrogenous albuminous substance soluble in water a fresh vegetable extract, any animal fluid, or dissolved beer-barm, in the proportion of $\frac{1}{4000}$ or $\frac{1}{3000}$ part of the whole by weight. Heat the mixture, fill a bottle to the neck, and when the temperature is reduced to 30 centigrade, add to it a cubic centimètre of ordinary turbid fermenting must. The quantity of solid matter which is sown in this manner is almost imponderable, yet causes immense effects. Under favorable conditions of warmth, neutrality, &c., the fluid grows turbid in a few hours, and the fermentation makes itself known next day by giving out gas; the disturbance goes on increasing, and a sediment gradually forms at the bottom of the bottle, but continues very small in proportion to the tartrate. By an optical test it is easy to ascertain that the tartaric acid has been altered into products which no longer exercise any influence on polarized light. That is, whilst dissolved ordinary tartaric acid turns the plane of polarization to the right (hence called "dextro-tartaric") and dissolved lævo-tartaric acid to the left, the product of the above experiment does not turn it either way; and this is the paratartaric, or ordinary racemic acid. If this wine-barm sediment (which is granular and like strings of pearls) is well rinsed in water, and put

into a fresh solution of tartrate of ammonia, a fresh fermentation commences in a few hours.

The acids above mentioned, as dextro-tartaric and lævo-tartaric (also called dextro-racemic and lævo-racemic) afford a curious instance of specific difference, depending on the above optical contrariety, besides the fact that their respective crystals are not identical, but the very reverse of each other; like an engraving compared with the copper-plate, or a face with the image in a mirror, no *chemical* difference exists.

It was extremely interesting to ascertain whether the lævo-tartaric suffers the same change by fermentation as the ordinary or dextro-tartaric; which, in the above experiment, lost the power of rotating the plane of polarization.

[N.B.—As far as Roth can be understood, this altered and optically inert acid consists of an atom of each of the two tartaric acids.]

By an exactly similar experiment, it was found, by using lævo-tartrate of ammonia, instead of ordinary tartrate, the difference here again was merely optical. The latter experiment gave a sediment, which at first was optically inert, but after some days resumed the left-hand power; whereas the product of the ordinary tartrate lost its right-handed power for ever!

Nothing is easier than in this marvellous way, where *an organised being acts the part of the most refined chemical reagent*, to produce lævo-tartaric acid, by the pound, to any amount. But it is a far more important fact that we see a molecular dissymmetry related to organic bodies stepping in, during a physiological phenomenon, and altering a chemical affinity. For hitherto, the above effect on polarized light has only been seen in such organic combinations as are either generated by a vital process, or else, at least, proceed from combinations that have thus originated.

Clearly, the atomic arrangement is the only means of diagnosis in the two tartaric acids, and nevertheless we see that the dextro alone is fermentible, whilst the lævo undergoes no change.

“Amassons les faits,” says Buffon, “pour avoir des idées;” so let us follow Pasteur on his voyages of discovery.

Thus he discovered that succinic acid is a normal product of alcoholic fermentation, formed at the expense of the sugar to the amount of at least $\frac{1}{4}$ per cent. Two processes are given for procuring the product which has for so many centuries escaped notice; and a third for obtaining it from wine itself.

Another discovery of Pasteur's in this process is glycerine, found in proportion of 3 per cent. to the sugar.

He also found (contrary to the prevalent opinions) that an appreciable quantity of lactic acid is also found *during* alcoholic fermentation, though it is the product of a totally different fermentation synchronously carried on. But this is only under very peculiar circumstances.

Since Lavoisier, we have known that, in alcoholic fermentation the fluid always reacts as an acid. But, if lactic acid be only exceptional, whence comes the invariable acidity attending alcoholic fermentation? This and the succinic acid, invariably present, gives the answer—as invariably, with glycerine, as the very alcohol and carbonic acid.

The universal chemical doctrine of the formation of ammonia at the expense of the beer-barm, upon which also rests Liebig's explanation of fermentation is set aside by Pasteur, who, adopting Boussingault's method, with minute doses of ammonia, decided positively that even that small quantity *entirely disappears during fermentation*.

Proof of the organic, vital, living, power of the barm.

To a solution of raw sugar was added, on the one hand, tartrate of ammonia, on the other hand, some mineral substances (phosphates) which are constituents of the beer-barm, with an imponderable quantity of barm-globules. The globules sown under these circumstances developed and multiplied as the sugar fermented, whilst the minerals gradually dissolve, and the ammonia disappears. In other words, *the ammonia changes into that albuminous substance which is a constituent of the barm*, whilst the phosphates give their mineral principles as food for the new globules.

As for the carbon, that is undeniably supplied by the sugar.

If from the constituents of the medium in which the living seeds of the beer-barm are to develop, you take away either the phosphates, or the ammoniacal salt, or both at once, then *the globules do not multiply, as no fermentation takes place*. It is immaterial whether the salts of ammonia be from the mineral or organic kingdom; so also the phosphates may be derived from the burnt ash of the ordinary beer-barm, or an originally pure chemical precipitate. Nothing affects the efficiency of the barm but the supply of suitable nutriment.

In another case, crystallized sugar was used instead of raw, and dissolved in distilled water; the nitrogenous matters, usually employed in fermentation, were omitted; mere phosphates and ammoniacal salts, *i. e. nothing but mineral substances*. Whether carbonate of lime (chalk) was added or withheld, made no difference; when the smallest quantity of barm was sown in this medium, the fermentation appeared just as soon as if gluten, caseine, animal membrane, &c., had been employed to aid it.

Thus it is incontrovertibly proved that the cause of fermentation must not be sought in the ammonia, nor in the nitrogenous matters, which are mere nutrients of the barm, and that this last is no chemical precipitate, but an organised living being, whilst fermentation is a physiological action, and not a chemical inert process.

1859.—The invariable presence of a barm (milk-barm) when sugar is converted into lactic acid, having been established by Pasteur in 1858, with the fact that nitrogenous matter promotes the change simply by feeding the barm mycoderm; this last has to be examined strictly. The globules are smaller than the others, viz. $\frac{1}{800}$ millimètre in diameter, and swollen at each end, and are incapable of producing any fermentation but its own (the lactic acid). Their organic nature was proved as follows:—A small quantity of ammoniacal salt, phosphate and precipitated carbonate of lime, were mixed with pure *eau sucrée*. In twenty-four hours the

fluid was turbid, and gas began to be developed. On the following days the fermentation ran its usual course, ammonia disappeared, the phosphates and carbonates dissolved, and lactate of lime was formed. At the same time the milk-barm is deposited, generally in company with infusoria (frequently also butyrate of lime appears). In a word, we have before us a "lactic-acid fermentation," and observe with amazement a thick sediment of animals and vegetables in a fluid, which originally had contained no other nitrogenous substance than a purely mineral ammoniacal salt! If the carbonate of lime be omitted, the experiment succeeds equally; not a particle of beer-barm is formed, merely milk-barm; with some infusoria, which, as the acid becomes stronger, very soon perish.

As to the source of these milk-barm globules, be it remembered that, if the mixture be raised to boiling heat, and no air be admitted that has not passed through a red-hot iron tube, neither fermentation, nor milk-barm, nor infusoria are seen. The atmosphere then must be the only source. Now, before we bite the old apple of discord, spontaneous generation, we must lay in a stock of precious knowledge: observe that the necessary quantity of beer-barm to produce alcoholic fermentation is extremely small, any addition to it does but accelerate the process; and Pasteur admits that no such addition at all disturbs the established proportions of the products—alcohol, carbonic acid, glycerine, and succinic acid. But if one uses 100 or 200 times the needful quantities, not only is the process (as might be predicted) immensely accelerated, but the fermentation goes on after the sugar is all consumed; carbonic acid and alcohol go on forming! A second fermentation, so to speak, commences where the first properly should cease; and the greater the overcharge of beer-barm, the higher proceeds this second process, and the volume of carbonic acid normally evolved is doubled and more.

Take ten grammes of dry barm well rinsed, only three or four decigrammes of sugar, and place them, at a temperature of 25 to 30, under mercury in a vessel. In twelve hours no

trace of sugar is left, yet the alcoholic fermentation proceeds for twelve or twenty-four hours longer, and that with such vehemence that two or three times more carbonic acid and alcohol is formed than when the sugar was there.

In short, the mycoderms, after consuming all the sugar, employ their extra power in consuming the existing saccharine matter of their own substance, feeding, like famished animals, on their own blood, and the fermentation goes on at its own expense. No lactic acid is formed, no infusoria; the carbonic acid is free from any mixture of hydrogen. Here is a most interesting explanation of the facts. Beer-barm consisting almost certainly of ripe, fully developed, globules, comes in contact with sugar; the globules grow, like plants in the spring sunshine, into new life, and put forth new germs; if there is enough sugar, these germs assimilate the sugar and the albuminous matter of the parent globules, and attain their ordinary size. Such is the procedure in ordinary slow fermentation. But if the quantity of sugar be insufficient to develop new globules, they devour each other.

We must further inquire where in the barm the sugar-forming glycogenetic matter is lodged, which no sooner produces the sugar, than it also decomposes it again by the continued fermentation, and separates it into alcohol and carbonic acid. The answer to this question is furnished by the proximate element "cellulose," so well described by Payen: and if the dried cells of beer-barm be steeped for some hours in diluted sulphuric acid, 20 per cent. of their weight is converted into sugar at once.

One other experiment of Pasteur's. Two equal portions by weight of beer-barm were employed. The carbo-hydrate contents [Kohlenhydratgehalt] of one portion was at once determined, that of the other was not settled till it had been brought into fermentation with the due quantities of sugar. The result was that the total weight of the cellulose was greater after the fermentation; the plain inference being that part of the sugar combines with the barm as carbo-hydrate. Now, if this experiment be viewed in connection with the preceding one regarding the cellulose, we are again led to infer that

the total cellulose of the barm proceeds originally from sugar. So, just as the vegetation of the sugar-cane supplies the material for the organs that form it, so the ligneous particles of the cellulose are formed out of the sugar.

It is very striking to see cells of barm proceed from the very materials of which all vegetable sap consists, viz., ammonia, sugar, and phosphates. But the following still more decidedly attests their vitality.

It is well known that barm contains fatty matter, and it was supposed to be derived from the malt from which barm is generally procured. It is also well known that young plants contain fatty matter. It can, however, be proved, by direct experiment, that the barm itself elaborates it at the expense of the sugar. An albuminous substance repeatedly treated with ether is added to a solution of crystallized sugar, mixed with a minute quantity of barm. The globules multiply, the sugar ferments, and several grammes of barm are obtained from substances which cannot contain the smallest quantity of fat, for this must have been removed by the ether. Such barm, however, contains 1 per cent. of fatty matter, which must have been derived either from the sugar or the albuminous matter. Now, as it is proved that barm procured from sugar, ammonia, and phosphates, exclusively (*i. e.* without albumen), also contains fat, it must be due to the elements of the sugar.

Within these two years (1858—9), the word fermentation has acquired quite a new meaning. Laying aside definitions, then, let us remind our readers that it has long been known that in animal and vegetable organisms, new chemical substances can be formed by special agents called ferments. And the fact is now immovably established—that a ferment always proceeds from a living being, or one that has been alive, and thus indisputably belong to the region of biology and not of inorganic chemistry.

The ferments have of themselves no marked special action, but can call forth in living beings an action which is often very energetic, without inflicting serious injury on the organism.

Now, though it little concerns us as physicians (not chemists) *how* the elements of sugar separate in fermentation to form new compounds, the *agent* in this process is of great consequence; since besides undergoing very peculiar vital changes itself, it has the power of producing such effects on other organisms with which it comes in contact.

Cagnard Latour, 1836, and Schwan, 1837, were the first who comprehended the organic nature of the alcoholic barm. Pasteur further demonstrated that the modifications which it undergoes in fermentation correspond to vital functions exclusively, the chemical phenomena being dependent on a continual physiological regeneration, where part of the sugar is incorporated as cellulose, another as fatty matter (stearine), whilst the nitrogen of the old barm-globules is employed in the regeneration of the new ones. In his experiments on this question, physiological conditions were carried back to those ultimate limits where the organic and inorganic worlds are, so to speak, on neighbourly terms.

Before Pasteur, the milk-barm produced during the lactic-acid fermentation was considered as an organic matter, met with in the process of decay, but not definitely as an organized body till he proved it to be so; quite analogous to beer-barm but in smaller globules.

In vinous fermentation, after experiments most interesting to chemists and physicians, in which he brought optical as well as chemical tests to bear on the varieties of tartaric acid, he established the formation of a special ferment which is also a mycoderm, *i. e.* a plant. At the same time he has thrown new light upon molecular arrangement, from the extraordinary fact that dextro-racemic acid causes fermentation, lævo-racemic never does, though these acids differ only in the optical power from which they are respectively named. Does not this show that there is something quite different at work here, and that the attempt to explain medicinal action upon higher animals by "Exosmosis," "Substitution," "Contact," "Catalysis," &c., on the very verge of the lowest organisms, as the first step into the great mysterious region of LIFE must be considered as a passport long ago obliterated?

In establishing the vitality of these supposed chemical actions, Pasteur is to be honoured as the grand promoter of the positive vital school; and Histogenic Medicine, which is surely maturing for the next generation, will gratefully inscribe his name on the tablet of history as one of her founders.

In this "Study" we have regarded this vital influence only as exhibited in alcoholic, lactic, and tartaric fermentations. This does not exhaust all the phases of fermentation, and the subject will be followed up in future studies.

The further question "Why these mycoderms grow and multiply in this way?" is an unanswerable question, not belonging to the province of positive science, which deals not with the ultimate origin nor the final cessation of things. It deals only with the search after certain facts which can always be brought forward again, and which it endeavours to arrange in immediate connection with each other. The chain grows longer day by day by unwearied labour, but without a hope of hanging the last rings as well as the first on an immovable holdfast. Dr. Roth then illustrates this by the familiar instance of the combustion of the oil-lamp on his study-table, and shows how questions that once seemed unanswerable can be easily solved by the science of the present day, but that now, as ever, those questions lead up to others that defy all attempts at explanation; observing by the way, that the language in the land of knowledge is "It is;" that in the misty region of hypothesis "It seems."

He then asks whether, in the science of medicine, the individual facts in regard of "provings" and clinical experience are so well established as to permit us to venture on any general deduction.

To this day, he replies, nothing else is left for us but to repeat, even to satiety, that homœopathy, if she wishes to become a full grown science, must tread anew, and with iron perseverance follow *the positive method* which Hahnemann pointed out in medicine sixty years ago, but which, unfortunately, he himself deserted. Each link in the chain ought

to be tested again and again to see whether it possesses sufficient stability and certainty to serve as a stand point for the past as well as future links. The idea of finding fulcra, *à priori*, in any abstract axioms is a chimera; these, even though clothed with the garb of mathematics lead in practice to nothing but chaos. Mathematics are but an excavated form, a model perfectly empty. Pour into this mould the pure ore of truth, and you see permanent facts in mathematical form. But if it be filled with the iridescent froth of dialectic error, you open the mould and find emptiness. The premises must first be obtained by exact observation, the conclusions must all along be subject to the control of fresh observation; and this is the way of the positive method. Dreams are left to babies, young or old, and the adult man, living in the practical world, bows before the iron necessity of prosaic reality, shakes off all the fantastic shrouds of mist, diligently and with the sweat of his brow gathers the scanty crumbs of assured verity, and in the end it turns out that the man who feels his poverty is after all wiser than many a magnate idealist who boasts of his wealth.

Ancient opinions born of fancy and bred in ignorance, give place to sure convictions. Precise observations are abiding, because accuracy leads to practice and utility. They give rise to a calm consciousness of surer power, and allow the mind to await patiently for the little barm-globules of truth that have been sown to develop and multiply.

IPECACUANHA: A PHARMACOLOGICAL STUDY.

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

THE proving of a medicine upon the healthy body is, even within the limits of pharmacology, only a means to an end. That end is, first, to ascertain what organs, and what functions of organs, are affected by the drug in question; and secondly, to define the peculiar kind of morbid modification induced by it therein.

Since pathogenesis, then, is not an end, but a means, it

follows that it is at least not impossible to reach the end by other means. One of these other means is the *usus in morbis*. I am not speaking now of the direct therapeutic value of practical experience, but of its bearing upon the science of pharmacology. If it be observed that a certain drug uniformly exerts a curative influence upon a well-defined type of disease, and if that influence is not to be accounted for by any physical or chemical properties of the drug, we say that the remedy is "specific." To a pharmacologist of the old school, "specific" means incomprehensible; and his use of the term indicates that his knowledge has terminated in ignorance at this point. But we find him also using the word "specific" to express that special affinity for certain parts, and special action upon certain processes of the organism which is manifested by all medicines, however introduced into the system. He might fairly extend this meaning of the term into the province of therapeutics; and when a remedy acts "specifically," infer that the cure depends upon the affinity of the drug for the organ whose structure or function is affected. To such an inference Homœopathy adds another, viz., that the kind of morbid action present in the disease cured is that which is characteristic of the pathogenetic influence of the medicine.

If, then, we know that a definite morbid condition has been over and over again removed by a given drug incapable of exerting any mechanical or chemical influence upon it, we are justified in inferring, that the drug in question acts by special affinity upon the parts involved in the disease, and in a similar manner. Thus, we know that Belladonna causes heat, dryness, and redness of the throat; and we infer that it acts specifically upon the mucous membrane of the fauces, and after the manner known as inflammatory irritation. But if, prior to such knowledge, a number of cases had been put on record in which Belladonna had cured an inflamed throat so characterised, we should have been justified in drawing the same inference as that which now results from our pathogenetic experience.

I believe this to be the true way in which conclusions may

be so drawn *ex usu in morbis* as to claim for themselves a place in a pure *Materia Medica*. Perhaps the grounds for the inference are rather less certain than those of pathogenetic experiment; but the danger of mistaking the *post hoc* for the *propter hoc* obtains in both modes of investigation. The greatest satisfaction will be felt when, from both kinds of experience, pathogenetic and therapeutic, the same testimony arises; when the one supplies the gaps of the other with facts which point to the same conclusion.

I propose to illustrate these principles by a study of *Ipecacuanha*; a drug in many respects peculiarly fitted to the purpose.

Reviewing first our pathogenetic knowledge, we find, that when *Ipecacuanha* is introduced in any quantity into the stomach, it excites very decided vomiting. That it produces this effect by specific action appears from vomiting being set up when the drug is introduced through other channels into the system. Again, it would seem that the primary emetic impression is made upon the mucous membrane of the stomach, for a slight but decided irritation of this tissue is always present when a large quantity of the drug has been introduced into the organism. Lastly, the excitation which results in the complex process known as vomiting is conveyed to the nervous centre through the *vagi*, for, when these nerves are divided, no gastric irritation produced by *Ipecacuanha* or any other drug will have an emetic effect.

The action of *Ipecacuanha* in this sphere may accordingly be thus defined: a moderate inflammatory irritation of a mucous surface, resulting, through a reflex excitation conveyed by the incident nerves of the part, in vigorous muscular action of an expulsive character. The curative action of *Ipecacuanha* in this sphere is of a precisely similar nature. It is of little value when the mucous membrane itself is solely in fault, and the persistent nausea is a more prominent symptom than the occasional vomiting (*Pulsatilla*, *Antimonium crudum*). It does little or nothing for the vomiting of true gastritis (*Arsenicum*), or for the sympathetic sickness of cancer, phthisis, diphtheria, and such like diseases, where the stomach is not primarily affected (*Kreasote*). But it is almost

certainly curative in gastric cases where, without any serious affection of the mucous membrane, there is frequent retching and vomiting.

The following case will illustrate its action in affections of this kind. Being taken from the records of our Dispensary, the notes of the case are necessarily brief and fragmentary.

“August 19th, 1864.—Mrs. F—, æt. 39. Lost her appetite nine months ago, without assignable cause; then followed vomiting of all food, with great debility. The bowels are much relaxed; the catamenia regular. Finding also some smarting of the eyes, I suspected that arsenical influence might be at work here, and desired her to bring me some of her wall-paper, which was green. In the mean time I prescribed—

“Ipecacuanha, 1st dilution, a drop three times a day for six days.

“Aug. 26th.—The vomiting has ceased, and she feels much better. (I had examined the green paper, and found it non-arsenical.) Repeat.

“Sept. 2nd.—No vomiting; gaining strength. Continue.

“She took the Ipecacuanha for a fortnight more; and then Sacch. lact. for three weeks, that I might keep her under observation. The symptoms all subsided: and she became quite well.”

Turning now to the respiratory organs, we find a group of symptoms produced by Ipecacuanha, which, though somewhat idiosyncratic, are yet sufficiently common to be regarded as characteristic of the drug. There are many persons who cannot remain in a room where Ipecacuanha is being powdered without feeling its influence upon their respiratory organs. Sometimes the ophthalmic and nasal membranes are most affected, the eyes are reddened, smart, and water, there is copious defluxion from the nose, with incessant sneezing. More commonly, the influence is felt lower down; there is extreme dyspnoea, wheezing, and cough, ending in profuse mucous expectoration.

It is evident that our former definition of the action of Ipecacuanha will hold good here also. Again we have a

moderate inflammatory irritation of a mucous surface connected with muscular efforts of an expulsive character; and these latter quite disproportionate to the amount of mucous irritation, and pointing to an involvement of the extremities of the incident nerves in the morbid process. In the same direction point all the results of clinical experience. I do not know if Ipecacuanha has been much used in *hay-fever*. It is a malady unknown in Brighton; but it ought to be exceedingly useful against this complaint; and also in ordinary catarrhs where excessive sneezing is the prominent symptom. In *hooping-cough*, however, it is a remedy of tried value; and hooping-cough realises precisely the morbid condition characteristic of our drug. That there is some catarrhal irritation of the air passages is certain; but the violent expulsive effort of the cough is out of all proportion thereto. An almost identical account may be given of asthma, for which disease Ipecacuanha has a high reputation as a remedy. The kind of asthma for which Ipecacuanha should be curative is that connected with bronchial or gastric irritation. Lastly, we have Teste's high commendation of Ipecacuanha, in alternation with Bryonia, in the treatment of *croup*. Croup, as is shown by Dr. Elb in his excellent paper in the tenth volume of this Journal, is truly a "neuro-phlogosis." There is a spasmodic as well as an inflammatory element in it. Since the Bryonia, according to the researches of Dr. Curie, is capable of setting up membranous inflammation of the respiratory tract, its share in Teste's prescription must be the extinguishing of the phlogosis, leaving to Ipecacuanha the dealing with the characteristic neurosis.

We often meet with cases in which a spasmodic cough with mucous expectoration is accompanied with retching and mucous vomiting. In such cases Ipecacuanha is doubly, and if dyspnoea be added, trebly indicated; and will rarely fail to render essential service. The following case will exhibit its power to relieve, though the permanency of the cure cannot yet be asserted.

"November 15th, 1864.—Elizabeth S—, æt. 38. Has suffered for some time with cough, accompanied by retching;

there is much mucous expectoration, and considerable dyspnœa.

“Ipecacuanha, 12th, 6th, and 3rd dilutions, in succession, of each a drop three times a day, for two days.

“22nd.—There is much less retching. Repeat, in the third decimal dilution, for six days.

“29th.—Continues better, but has an attack of lumbago. Rhus 3, four times a day.

“December 6th.—The lumbago well, and the cough with its accompanying symptoms nearly gone.”

Ipecacuanha has a high allopathic reputation in the treatment of dysentery. Hahnemann, as is well known, objects to its being considered a remedy for this disease, since its pathogenetic action is limited to the production of simple diarrhœa. But it is impossible to suppose that the “radix anti-dysenterica” has obtained its reputation upon no ground whatever, while its mode of action, when curative, can hardly be chemical or physical, or other than dynamic. And when we consider what dysentery is, we find that one of its most characteristic symptoms is identical with that for which in other parts of the body Ipecacuanha has been seen to be the remedy. I speak of the *tenesmus*. This is a violent and recurring expulsive action, not necessarily proportionate to the amount of irritation present on the mucous surface. When such muscular actions are known as cough or vomiting, the indication for Ipecacuanha is plain. It is no less so, even in the absence of pathogenetic analogy, when it is called tenesmus and takes place at the lower bowel. Only here, as in croup, the amount of mucous irritation is generally too great to be overcome by Ipecacuanha alone. As there Teste alternates it with Bryonia, so here it usually requires to be supplemented by Mercurius corrosivus.

There is another element in dysentery which Hahnemann himself admits may be overcome by Ipecacuanha—“It is capable,” he says, “of diminishing the quantity of blood.” The power of Ipecacuanha over hæmorrhage is very curious, but undoubted. In intestinal hæmorrhage I have hardly ever known it fail; and in hæmoptysis, menorrhagia, and

hæmatemesis, it holds a high rank as a remedy. I know of nothing in the pathogenesis of the drug which shows it to be homœopathic to these maladies; nor does the curative action seem to bear any relation to that already described as characteristic of the drug. So that while the practical fact remains for our edification, the theoretical explanation is at present impossible.

I have found most benefit from *Ipecacuanha* in the dilutions from the first to the third (decimal). In doses of one or two drops of the mother tincture it is an excellent and harmless way of restoring an absent appetite.

CLINICAL OBSERVATIONS.

Some kinds of Paralysis, Chorea, and Epilepsy.

By DR. TH. RUECKERT.*

CASE I.—S. M—, a girl, æt. 22, came on the 2nd July, 1863, to ask my advice. She was bent forward, and walked with short and trailing steps. She is of feeble constitution, earthy, pale countenance, and complains of the following symptoms:—Since her 14th year she had suffered from frequent attacks of water-brash and vomiting of food. She generally vomited most of what she ate, but she could, soon after doing so, eat again. For the last six or seven weeks the vomiting has ceased, but in place of it she now complains of her back and legs. She has no particular pain in the back or sacrum, nor is any vertebra painful, she has only a paralytic weakness from the back into the legs. When she goes out to walk, she can get on for a little while, but then her strength fails her, the legs refuse to do their duty, and she must stop to rest. In this way she had with great difficulty crawled about three miles to see me. I made her walk about the room, which she did bent quite forward, she could not step out properly, it seemed as if her legs were

* *Allg. Hom. Ztg.*, vol. lxi.

quite stiff. She complains of no particular pains, nor is there any emaciation. It is always dim before her eyes, she cannot read more than a line. There is nothing abnormal visible in the eyes. For some time back she has every week had urinary tenesmus, the water comes away in drops. She has never been regularly menstruated, it only came on scantily; for a year she had none. She has often leucorrhœa of a bland description. Her digestion is better, the bowels regular. *Prescription.* 1 dose of *Thuja*, 30.

20th July.—The urinary complaints were better the first week, the second they quite disappeared; the leucorrhœa is less. In back, sacrum, and legs, no alteration; the same stiffness when walking.

4th August.—The catamenia have returned and kept on for three days; no urinary symptoms. In the back and sacrum there was occasional burning, less latterly. She has less difficulty in moving about the house, not much improvement in walking about the street. The skin of hands and arms is much chapped, the neck and arms are desquamating, and feel very rough. No prescription.

She presented herself again on the 9th November. She now complained of nothing except a slight want of sensibility of the skin of the legs, she walked with ease about the room, and she had been dancing all night.

CASE II.—A tailor, æt. 40, tall, of strongly marked phlegmatic temperament, hitherto always healthy, had about Christmas suffered from erysipelas of the head, which was improperly treated, and left behind it the following horrible symptoms, from which he had been suffering for six weeks, all the time treated with the greatest care by an allopath; but all in vain, so that the patient dismissed his doctor.

The morbid picture we observed on the 25th February, 1863, was the following:—I went to see the patient, who lived at some distance, and found him in a small, narrow room, in which he could scarcely turn, lying naked in a miserable bed, emaciated to the last degree; the countenance expressive of pain and despair; the head, arms, and legs in con-

stant movement; the hands constantly wringing, and he constantly groaning and crying, "Oh my God! what will become of me!" He then, with a loud distinct voice, repeated the Lord's prayer, some verses of hymns, and the introductory prayer to the communion. In this state he passed day and night, he had no sleep, indeed his uneasiness grew worse at night, he wanted to get out, in fact he leaped out of bed several times, and required people to watch him. When I spoke to him he recognised me, and reached out to me; he answered all questions properly, and begged me to relieve him of his painful anxiety. When I took hold of his hand to feel his pulse and observe the play of the tendons, he drew it hastily away from me, because his anxiety increased when he was held. He had little appetite, and had to be fed, because he could not hold the spoon, and carry it to his mouth. His bowels were rather costive, urine normal. *Prescription.* *Cupr.* 6 in solution, for twenty-four hours. I did not see the patient again for several months, but received reports from the parish officer, under whose care I had left him.

1st March.—He has been better and worse, at night he has always most restlessness, but the movements of the limbs are not so violent, there is less anxiety, more appetite, bowels more regular. *Cupr.* as above.

3rd March.—On the 1st, at 8 p.m., he was bad again, he would not allow the bed clothes on him, wished to jump out of bed, complained of internal heat, and had much thirst. His bowels were opened by a simple clyster. He continued the *Cupr.*

11th March.—No material improvement, the patient complains chiefly of internal heat, his bowels are confined, and he says he feels as if the limbs were twisted. He has often burning in the soles of the feet. He has little sleep and after sleeping is more restless, but not so much so as formerly, he speaks quite rationally. In consequence of the peculiar sensation in the belly, the constipation and the burning of the soles, I now (as nothing more was to be expected from *Cupr.*) gave him *Nux Vom.* 6 and 30, a dose to be given every other evening.

16th March.—The day before the medicine arrived he was quite quiet, had appetite, sleep, and only one hour of restlessness at night. After the first dose of *Nux* he had more excitement, two hours of nocturnal restlessness, and mental disturbance, but the following day he was better; the bowels are still costive.

On the 18th March, I sent *Argent nitr.* ʒ. 12, 1 dose to be taken in solution.

27th March.—The patient slept for some hours at night, had appetite for his food, regular bowels, the anxiety has gone off, he often sits up in bed and reads, and only now and then he has twitchings in the muscles. He complains of great weakness; but *starts* at every little noise. I sent him now 3 doses of *Ignat.* ʒ. 12, one daily.

9th April.—The improvement advances, digestion good, he lies quietly with his clothes on, can also go to the water-closet, does not sleep by day, but at night for hours at a time, still complains of great weakness and tearing in the legs. To complete the cure I sent one dose of *Sulph.* ʒ. 30, to be mixed with three spoonfuls of water, half a spoonful twice daily.

Up to the 19th July, when I was able to visit him, I heard that he kept well, and then I found him sitting up in his room at the spinning wheel, looking stout and pleased. He had nothing more to complain of, except some bodily weakness, and I found œdema of the legs, for which I prescribed *Lycop.* ʒ. 30, after which the œdema rapidly went off, and the patient could again earn his living as a day labourer.

July, 1864.—The patient remains quite well.

CASE III.—Miss P—, æt. 25, strong, full-blooded, short, healthy-looking, has, as she says, always enjoyed good health up to three years ago, when, after a distressing dream, as she alleges, she had an attack of rigor, followed by fits of alternate laughing and weeping. These attacks have since been periodical; only latterly the weeping has given place entirely to laughing. They are worst just before menstruation, which is regular every four weeks, but sometimes more, sometimes

less copious. It is generally preceded by more or less severe cutting in the abdomen. In winter when she is occupied with weaving, the attacks come on more frequently; in summer when she is engaged in field work they are seldomer. Her legs are heavy as lead, and when sitting, she often observes a jerking in them. Before the attack comes, they become cold up to the knee, as if she had them in cold water. Then comes a creeping through all the limbs, and the involuntary laughter commences. At the same time she has flushes of heat and headache, the character of which is shooting and throbbing, in a small spot on the top of the head. The digestion was in good order. Prescription on the 3rd of March, 1863, *Sulph.* 30, three doses to be taken every other night.

10th March.—After the second dose she had a fit, but it was slighter than usual, but accompanied by redness of face, and the above-described headache. She complains of great weariness in the limbs. Prescribed *Sacch. lact.*

27th April.—No further attack; she feels quite well, the limbs quite light.

18th February, 1864.—Her health not in the least deranged, in spite of having had to sit so long in the room during the winter.

CASE IV.—F—, basket-maker in R—, æt. 30, dark complexion, short, had formerly always good health, except that he often suffered from heartburn; in his youth he had practised onanism for some years. In 1849 he was affected with condylomatous gonorrhœa, and treated with copaiba and mercury, after which his stomach remained weak, and he often complained of stomach-ache. Two years ago he became affected with epileptic fits, generally at 4 a.m., also several times during the day. He was treated by several homœopathic practitioners without effect. He then had recourse to a non-medical friend acquainted with homœopathy, who gave me the following account:—"F. got from me *Calc.* 30, once a week, and after waiting eight weeks, a few doses of *Sulph.* 30. After *Calc.* the fits ceased for three months, and after *Sulph.*

they again reappeared more frequently. After six weeks *Calc.* was again given, which was followed by other three months of exemption."

He has now had again several attacks, the last a fortnight ago, when he observed at first a whirling feeling in the head. On this account he wanted to go out into the open air, but he fell down in convulsions. During the fit there is foam at his mouth, and the thumbs are turned inwards. After the fit great weariness and sleep. If when the fit is on there is acid vomiting, the fit soon terminates. The last attack differed from the former ones in this, that when complete unconsciousness came on, the patient sang, whistled, and laughed, but suddenly was unable to speak; with great anxiety. The patient moreover asserts that after every meal he has stomach-ache and heartburn; is very weak after coitus, with cold hands and feet. In the morning he was often short of breath, he had to press his sides with his hands, and take deep inspirations. From a strong smell of tar, with which he has much to do, he feels uneasiness and nausea. *Prescription.* The 11th September, 1862, he got, in consideration of the sycosis for which he had already taken many remedies in vain, *Thuja* 30 in 3 tablespoonfuls of water, $\frac{1}{3}$ a table-spoonful twice a day.

24th September.—He has had no more fits, but an eruption of pimples has several times appeared on the glans, and a secretion of purulent matter, or red moist places, behind the glans, and occasionally traces of condylomata, particularly after coitus, which, however, soon disappeared.

In January, 1863, he had for several days a peculiar symptom, as if fire came out of his right eye, and then as if something black was thrown past the eye, whereby he felt as if he should lose consciousness. Heartburn, stomach-ache, and great weariness of the limbs were permanent symptoms at that time. Now, August 1863, he has been a whole year without a fit, and feels quite well.

Postscript in July, 1864.—On the 30th November, 1863, his wife wrote to me that he went from home on the 28th, and deranged his stomach with very rich and highly seasoned

food, and on his way back was exposed to much tobacco-smoke, which, as he was no smoker, he could never bear; that he came home with the right eye somewhat inflamed; that on the 29th he had eaten fat pork for dinner, that then he had attended a meeting where there were many people, much smoking, and many gas-lights, which were highly disagreeable to him; that after this he returned home heated about 6 p.m., went to bed about 7, soon fell asleep, snored loudly, and about 9 had a convulsive attack, of which he knew nothing on awaking, and went about his usual work the following morning. I therefore sent *Silic.* 100 in solution, to be taken for 8 days.

Since then he has remained quite well, and doubtless he would not have had the last attack had he not taken too many liberties. He is now under my care for a chancre, but is otherwise well.

CASE V.—Although the following case is not so instructive as a published case ought to be, still I cannot resist relating it, as it shows how a simple remedy is often at hand when least expected.

On the 8th December, 1861, Mrs. Wündrig, of R—, brought her boy, æt. 13, from the country to me. Since his sixth year, after a fright he had got, he had suffered from epileptic fits, which occurred regularly every afternoon at 5 o'clock; in winter, however, about Christmas time, they came as often as three or four times a day, but in summer they became rarer. The mother's powers of observation were so feeble that I could not elicit from her any peculiarities of the fits, except that they often lasted a long time before the boy regained consciousness. He was small for his age, backward, and his look showed a want of development in the intellect. All his corporeal functions were in order. In the absence of decided indications for a remedy, and in hopes of getting some afterwards by following my instructions, I gave *Sulph.* 30, three doses, one to be given every third night. My trouble however was in vain, for I never again saw the mother, only the boy himself reported on the 23rd December that he had had a fit every day; on the 7th January, 1862, that

he had no longer a fit every day; on the 29th January, the 16th February, the 2nd March, the 17th March, and the 26th May that he had *no* fits, and could attend school without interruption. At length in August, 1868, the mother sent other patients to me with a message that her boy had continued quite well, was grown strong, and had gone into service with a farmer. That was *cito et jucunde!*

Skin Diseases. By TH. RUECKERT, M.D.*

CASE I.—*Nettlerash.*—Grohmann, æt. 69, a big strong man for his years, had always enjoyed good health, but for a year has felt very unhappy at being extremely plagued with a kind of nettlerash, for which neither allopathic treatment nor twelve Russian baths have done any good. At first he has a contraction in the toes, with burning; then a creeping as from ants from the sacrum all over the body, wheals the size of peas come all over him and on his head, they itch and burn, last half an hour, then they go away again, and night and day he has no peace. At the same time he cannot sit still, he must always move about his legs; he feels as if he was sitting on an ant-hill. In the morning he is worst. Otherwise he is quite well, except that he blows fetid mucus from his nose. *Prescription.* 27th October, *Rhus* 9 and 30, 3 doses, one to be taken every other night.

On the 9th November he came to tell me that his complaint was all gone, without leaving a trace behind.

CASE II.—*Vesicular exanthema.*—The wife of a gardener, M—, æt. 50, otherwise healthy, had hitherto not suffered from any particular disease, always menstruated copiously every four weeks, only she had headache always before and after; and now every fourteen days, that lasted for several days a time; she has had seven children and one miscarriage, but with her first child she had had varicose veins in the right leg. Eight years ago, and again last year, she had, for some time, an ulcer on the affected leg. A week ago she had a

* *Allg. Hom. Ztg.*, vol. lxi.

kind of nettlerash, and the leg broke out again. On the inside of the right leg there is a space about an inch and a half or two inches broad, and four inches long, extending from above downwards over the ankle, red, humid, surrounded in its whole extent by small discrete vesicles, like blisters caused by a burn, which burn violently, burst, unite with the exuding surface and thus increase its size. The whole of the morbid surface burns, and is subject to single jerking shoots; especially at night and before going to sleep. The foot and leg up to the calf considerably swelled. The morbid surface secretes a quantity of clear watery fluid. The open air does not do it good. The whole leg is in the highest degree varicose. For eight days she has had no appetite; the bowels are costive, opened only every three or four days. *Prescription*, 10th October. *Caut.* 30, 1 dose.

20th October.—The watery exudation has very much subsided, the surrounding vesicles come less frequently. *Caut.* to-day and again in four days.

26th October.—The formation of vesicles has ceased, and the morbid surface is drying up; the swelling is almost, the pain quite, gone; only three little spots still open and excreting matter. *Caut.* 2 doses, the second a week later.

23rd November.—All is healed, the skin has again a healthy aspect, the patient is cured all except the varices.

Epilepsy of Long Standing. By Dr. H. GOULLON.*

August E—, of T—, æt. 28, at present of stout appearance and well-formed; when one looks at the shape of his skull he gives the idea of a good-natured man of limited intellect. When he was ten years old he had, one day in school, without appreciable cause, a violent epileptic attack. He lost consciousness completely, and nearly twenty-four hours elapsed ere he recovered from the paroxysm. At that time he was of quite a different character of body from what he is now. In fact, his acquaintances described him as a wretched,

* *Allg. Hom. Zig.*, vol. lxi.

withered-looking little fellow. He was put apprentice to a tailor for some years, and afterwards became servant to a landed proprietor. Suddenly, about fourteen years after the first single attack, he had again a violent outbreak of epilepsy. Curiously enough the fits now came on periodically, one occurring every Saturday, or at latest Sunday. The fits seldom kept off for a fortnight. On the 15th April, 1864, he sought my advice. He had a curious appearance. His face covered with small and large, old and fresh scars, like that of a warrior, all reminiscences of fits of epilepsy he had had, these fits taking him so suddenly that he fell to the ground as if struck down. On this account he had been obliged to give up his place as servant long since. His tongue presents not only several scars from wounds inflicted by biting, but the anterior third is, in fact, only connected with the remainder of the tongue at one side, whilst the middle of this third is still further removed from the rest of the tongue by a complete fissure. The patient asserts that he has an attack now once a week. Previous to the fit he experiences peculiar jerks in the body, and hears distinct voices, saying in rapid succession, "Ja, ja, ja, ja," or else he has roaring noises in the head. The premonitory symptom, known as "aura epileptica," is absent. Although, in general, as is often the case, the fit is followed by great prostration and sleep; still, occasionally, he is cheerful, and quite himself immediately after the fit. The fits are not connected with any particular time of the day. Sometimes they come on in bed in the morning, sometimes while he is at work, fetching water, &c. The complexion intimates fulness of blood and congestion. The conjunctivæ are very red. Speech is difficult for him (perhaps partly owing to the split tongue); he betrays a certain amount of laziness, and a constant smile gives him the appearance of a great amount of good humour or commencing moria. He confesses that in former years he used to masturbate excessively, and this circumstance I regard as of much more importance in an anamnestic point of view, since other possible causes, such as hereditary tendency, wounds, mental affection, excesses of other kinds, &c., are wanting.

In consideration of the present physical and psychical state, of the existing plethora, the attacks of giddiness depending thereon, the illusions of hearing, which amount to actual hallucinations, the difficulty of speaking and thinking, I considered *Causticum* to be the most appropriate remedy. I moistened sugar of milk with three drops of the 3rd dilution and divided it into eight powders, one to be taken every night at bed-time.

A fortnight afterwards the patient reported, with visible joy, that a fit had occurred, but that it was much milder than usual. I did not attach much importance to this. After the continued use of this remedy (waiting always a week without medicine) the attacks became not only always milder, so that the fourth and fifth (since commencing the medicine) consisted only of a transient "jerk" and at length they went off completely. Whereas, formerly, an attack occurred every eight days, the patient has now been a quarter of a year without one, a result certainly deserving of notice.

That there cannot be here a question of a cure by nature is very evident. There may be many self-deceptions among the records of homœopathic cases, many pneumonias, many acute catarrhs of the stomach, cured in an equally short time without *Aconite* and *Pulsatilla*, but all the more striking are cases like the above, of which it would be absurd to allege, after the epileptic fits had occurred regularly every week for six years, that left to themselves they should rapidly decline in intensity from the 15th April, 1864, and after about five weeks quite disappear. It is not requisite to be an adherent of the *post hoc ergo propter hoc*, still where the facts are so, then the favorable issue of the disease must be solely ascribed to the remedy employed. In similar cases *Causticum* has already been useful. Perhaps in course of time we may be able to determine with precision, the whole series of epilepsies for which *Causticum* may be universally acknowledged and employed as the specific.

Solutio Arsenicalis Fowleri. By Dr. H. GOULLON.*

A series of surprisingly successful cases treated with this medicine, which I can only regard as a homœopathic remedy, compel me to recommend it to my colleagues, though it is cooked in the allopathic kitchen. Relying on the fact that by uniting arsenic with alkalies its solubility is increased, equal quantities of white arsenic and pure carbonate of potash are mixed in this solution. These two substances carefully triturated together are boiled in a vessel with distilled water until the arsenic is completely dissolved. To the solution when cool and filtered, Spirit. Angelicus co.,† and distilled water are added. In this way one and a half drachm contains one grain of arsenic; five drops about one twentieth grain. Now, for small doses of Arsenic the antidotes are, besides Iodine and Ipecacuanha, also Camphor (Altschul, *Reallexicon*, p. 39), and as the Sp. Angelicus co. contains Camphor, it can be easily understood that when the Sol. Ars. Fowl. is given there can be no question of the pure action of arsenic. But perhaps it is just in consequence of this delicate modification that a new and more intense remedial power for certain cases is called into play.

As long as we are ignorant of the remedial equivalent, *i. e.*, we do not know exactly in such a case so much arsenic is necessary and at the same time sufficient for the cure, so long are we justified in hazarding such hypothetical conclusions. By the addition of a camphor-containing preparation, the action of the Arsenic must be rendered milder, although the Fowler's solution will still remain so strong that, according to law the apothecary cannot dispense more than ten drops unless the physician's prescription distinctly orders increasing doses. As an analogous example of the remedial power of a mixture, in spite of the antidotal character of its ingredients,

* Loc. cit.

† The English arsenical solution is made with the *Sp. Lavend. co.*, which contains no Camphor, and its strength is $\frac{1}{2}$ gr. of Arsenic in 1 drachm of the preparation.

I may mention that when I attended the Allopathic Dispensary, at Leipzig, a favorite prescription for toothache was the following :

Tr. Opii ʒss to ʒij,
Camph. trit. gr. v,
Aeth. Sulph. ʒss. to ʒij.

These anodyne drops were applied, to the extent of ten or fifteen drops on cotton, to the external auditory meatus of the painful side. Here one would think the Opium and Camphor would mutually destroy one another's action; yet the mixture sufficed to allay the pain. Either alone, as I convinced myself by experiment, was ineffectual. I said above that the cures effected by me with Sol. Arsen. Fowl., I regarded as essentially homœopathic. In the following cases I employed Arsenic in that combination with great success. The patients complain of sleeplessness, restless broken sleep, sudden palpitation of the heart, rush of blood to the head and heart, anxiety, dyspnoea; oppressed difficult breathing, asthmatic symptoms, burning pain in the scrobiculus. A characteristic of this asthma seemed to be that it occurred chiefly at night. One dose of one to two drops would often cut short the attack at once. Involuntarily I compared it to the non-occurrence of an attack of ague or a paroxysm of toothache on the administration of the proper homœopathic remedy. Such a process may have occurred in that case. The affection might have lasted a long time—the time taken to effect the cure was very short. With respect to many patients who only visited me once, I afterwards learned that a very few drops brought about the desired result. The anamnesis pointed often to a chill; rheumatic suffering also was frequently present. Age and constitution were of no consequence. Patients verging on old age recovered as perfectly and as speedily as full-blooded youths. The greater number of the patients were males. I much wished to discover more defined and precise indications for the choice of this remedy, but the above were the only constant symptoms. The disease showed itself as nocturnal asthma with all its varieties without perceptible

anatomical changes, without abnormal respiratory sounds, without excessive hypertrophy of the heart, generally without cough or pain.

The first of the patients of this kind respecting whom I could form a judgment, was a workman in a celebrated thermometer manufactory, who was probably exposed to the exhalations from mercury. He was Faradized for some time by an allopathic colleague (on the side of the neck in order to act on the par vagum). The troublesome symptoms that came every night not being benefited by this, I gave him every night three drops of the *Sol. Fowleri*. After eight days the patient felt considerably relieved, and in about three weeks he was quite cured. I had not at that time a reliable homœopathic chemist within reach, so that I was in a manner compelled to have recourse to this not very pure arsenical preparation. As the result was so successful I could not make up my mind to relinquish this preparation in similar cases, since according to my notion, as above mentioned, the cure was effected in accordance with the homœopathic principle. I may further mention in this place that I have often seen good effects from the *Sol. Fowleri* in doses of one, two, or three drops daily in rheumatic affections, when Bryonia, Rhus, and similar anti-rheumatic homœopathic medicines were of no use.

An Epidemic of Scarlatina in Remda.

By. Dr. H. GOULLON.*

This epidemic commenced in December, 1863. The first case was so mild that it was only the desquamation coming two or three weeks afterwards that established the diagnosis. But at the very commencement there was shown, as during the whole course of the epidemic, a remarkable disposition to after diseases of the most obstinate description. After the exanthem had disappeared, which generally occurred in from one to two days, the little patients' previous liveliness returned, their general health seemed excellent, and their

* Loc. cit.

parents generally, in consequence, gave little heed to the well-meant advice, to be very careful of them during their convalescence. Hence, various kinds of error in regimen occurred, and, particularly, too little attention was paid to keeping them in an equably warm temperature. But—and many instances of this occurred—even without the slightest regiminal or dietetic error, the child, apparently quite well, was suddenly attacked with great weakness, painfulness of the limbs, sudden swelling of the face, of the lower extremities, of the abdomen; he became ill-tempered and wilful; the appetite fell off again; when this happened, an attack of purulent discharge from one or both ears was imminent. In the last fifteen or twenty cases this almost invariably happened. What was the meaning of it I am unable to determine; in only one case was this peculiar otorrhœa of a purely critical character. This was the case of a child that had gone through the scarlatina quickly and with very mild symptoms, had got out of bed too soon, and was again laid up with the symptoms of acute meningitis. At the same time the urine displayed a very considerable quantity of albumen.

When otorrhœa occurred there were always indurations of the neighbouring glands, especially the submaxillary, and the cellular tissue, which formed hard swellings of considerable size.

In some instances parotitis ensued, always in connection with the otorrhœa. Besides the sequelæ mentioned—anasarca with and without albuminuria, otorrhœa, inflammation of the parotid and suppuration of other glands—one case ended fatally from meningitis. Along with one case there occurred without apparent cause a hæmorrhagic pneumonia; and a third case, which was so slight the first fourteen days that medical aid was not sought, became suddenly complicated with acute hepatitis and intense icterus. If this epidemic was of a peculiar character, the following may be said to be its chief peculiarities:

1. It has already lasted nine months, and is not yet ended.
2. During the first six months the scarlatina was in itse

mild, but the sequelæ so pernicious that the fatal cases could only be ascribed to the latter.

3. There were no fatal cases among the better classes.

4. Most of the cases had a premonitory stage of only a few hours, after which the exanthem was already visible.

5. The outbreak of the disease was always preceded by vomiting once or repeatedly.

6. In the course of the months of June and July, as if the scarlatinous virus had become more concentrated, some cases presented from the very beginning a bad character. This showed itself in unusually severe inflammation of the head. (Convulsions of a slight kind up to the most violent paroxysms of convulsions.)

7. The sore throat, which in other cases is rightly regarded as pathognomonic, was often entirely absent, in most cases it was extremely mild and not the least dangerous.

8. This remark is not applicable to the cases observed in June and July, inasmuch as at that time there did certainly occur some cases, when, during the first days, besides extremely violent fever, delirium and increasing prostration, sore throat with diphtheric character appeared and gave its gravity to the case.

9. During the course of the epidemic all the variations and modifications have occurred that have been recorded in connection with scarlet fever. There was first the form of scarlatina mitis, so-called. It often happened that one child had only sore throat (scarlatinous) whilst in the same family another child lay ill of fully developed scarlatina; frequently, on the contrary, there was scarlatina without the sore throat; moreover there occurred bastard cases of measles and scarlatina, with bright, disseminated, small-spotted exanthema, symptomatic conjunctivitis, in place of the sore throat, or febris scarlatinosa, without any pre-existing characteristic eruption.

Occasionally there occurred scarlatina purpurea, and also exquisite examples of *S. pustulosa*; or the diffused redness was absent, and there were circumscribed, bright red patches, especially on the extremities. When the disease assumed

this form the prognosis was very unfavorable. Among the cases where the course was anomalous were those where the fever continued severe long beyond the usual time; where, moreover, death took place within forty-eight hours with convulsions, tetanus, and violent delirium; lastly, where its malignancy only revealed itself at a late period of the convalescence, in the occurrence of complications which stood in no relation to the external influences or morbid agencies, where the unexpected advent of dropsy, albuminuria, parotitis, pneumonia, meningitis, purulent otorrhœa, affections of the submaxillary, salivary, or cervical lymphatic glands, or hyperæmia of the liver (with or without jaundice) threatened life.

In a boy, *æt.* 2½ years, who had suffered from a moderate attack of scarlatina with sore throat, there occurred, without apparent cause, about a week afterwards, a swelling of the left parotid gland as large as the fist, a deep glandular abscess occurred on the right side, which opened spontaneously and discharged its contents. Along with this there was such destruction of the soft parts, especially of the cellular tissue, that at length it seemed as if one had before one a regular anatomical preparation of the superficial muscles; upwards one could see into the cavity of the mouth, even the larynx was exposed to view, and several quite isolated glands were very slightly connected with the neighbouring parts. The left parotid gland gradually grew soft; but now there occurred, in addition to a profuse otorrhœa, another abscess on the left side, with a great destruction of parts, as on the right side. As a consequence of this destruction a large blood-vessel was injured, and the child died of hæmorrhage in the fifth week of his illness. About the same time a case terminated fatally, where the whole surface of the back, especially about the sacrum, was covered with chancre-like ulcers. The ulcers were quite round, the size of a sixpence, were rather deep, and had a hyperæmic areola.

10. The epidemic was, curiously enough, so far confined to the town of Remda, that in the town of Sundremda, which was not a mile distant, only a few cases occurred in

December; and in Kirchremda, which was still less distant, there was only one case, but that a very severe one. In this instance the disease ran a course like a case of acute poisoning, with the most violent tonic and clonic convulsions, and ended fatally in thirty-six hours. All the villages in the neighbourhood kept free of the disease.

11. Adults remained quite exempt from the disease. The oldest child attacked by scarlatina was ten years old.

12. In this pernicious epidemic I was convinced that homœopathic treatment was at least as successful as allopathic, but in general I must agree with what Wunderlich says:—"There is no such thing as a sure specific remedy or a specific method for scarlatina, there is not even any that with anything like certainty can modify the process. The remedies hitherto used may be in some cases of use, and may allay some symptoms, and thereby modify the general course of the disease, *without being able to mitigate the violence of really intense and pernicious cases.*"

When after the cessation of the fever the child suddenly becomes pale and cross, the face swollen, the abdomen tense and swollen; in other words, when there is a slight degree of ascites, and albumen can be detected in the urine, the daily use of warm baths is of use. Secondary glandular swellings and suppurations, as also purulent otorrhœa and parotitis, proved very refractory to *Silicea*, *Lycopodium*, *Mercurius*, *Hepar sulphuris*, and other remedies apparently indicated, though *Lycopodium* and *Acid. nitri* seemed of most use. *Aconite* and *Belladonna* given from the commencement did not always prevent serious accidents, such as violent pain, convulsions, &c., nor did they prevent in all cases a pernicious turn of the disease.

As bearing on therapeutics I shall mention one other case. A scarlatina that at first ran a mild course in a very neglected girl of two years of pale cachectic appearance, altered its character after a week. The child got ulcers in the groin and on the inside of the thigh, of a lax, discoloured appearance, which secreted a bad kind of pus. In addition, general dropsy occurred to a greater extent than was observed throughout

the whole epidemic. In the region of the kidneys there were two painful swellings as large as a fist. The abdomen was enormously distended with water. The face was disfigured, so as to be unrecognisable, by œdema, so that the eyes lay buried behind the shapeless lids. The ulcers healed under the external employment of *Aq. kreosoti*, but the anasarca, after the fruitless use of *Arsenicum* and baths, when the weak state of the feverish child prompted a very bad prognosis, disappeared very quickly after *Bryonia* 24, 8 doses, of 5 globules every 3 hours.

Extensive Psoriasis. By Dr. SCHLEICHER.*

Mr. G—, æt. 30, came under my treatment three years ago. When I went to see him he threw down the bedclothes, saying, "Look here, doctor!" and I saw the whole skin from the head to the soles of the feet of a bright red colour, and covered with whitish scales; the skin was infiltrated but not moist. A glance was sufficient to show that this was a case of extensive, confluent, inveterate psoriasis. The patient had been suffering from the disease for eight years. He had gone through every description of allopathic treatment, had been treated by Hebra with his favourite inunction soap (*Schmierseife*), then with tar; he had undergone a rubbing-in treatment with the green ointment, he had used vapour baths, drank quarts of *Zitmann's* decoction, in short, homœopathy was in this as in many other cases, the last resource. He complained of an intolerable tension in the skin, especially about the joints, of burning and itching, particularly at night, whereby his sleep was disturbed; he was emaciated, and his appetite was very bad, so that he could take but little nourishment; he generally kept his bed, for he felt weak, and was ashamed to go into society; his thoughts frequently dwelt on suicide. Some of the joints of his toes were swollen, and very sensitive to pressure; the swelling of his toes made walking very painful to him.

* *Neue Zeitsch. f. Hom. Klin.*, vol. ix.

In the patient's family, skin diseases are very frequent, especially eczema; the patient himself had had neither scrofula nor syphilis, but he was fond of his liquor.

In order to allay the troublesome tension of the skin I prescribed friction with glycerine night and morning; for medicine, I at once selected *Arsenicum*, convinced that this remedy was homœopathically indicated, and believing that in such an enracinated case, pronounced incurable by allopathy, the constitution, moreover, being very torpid, a mode of using the remedy that should act profoundly on the vegetative sphere was demanded, I at once had recourse to a very low dilution. I gave five drops the first dilution of the concentrated solution, four times a day; therefore $\frac{1}{10^6}$ th of a grain of *Arsenic* daily.*

This dose was continued for a full half year, without intermission; after this, five drops were taken night and morning for a full year.

Amid alternations of amelioration and aggravation, at length a complete cure was obtained by this treatment. The commencement of the cure was ushered in by constant sweats; the digestion constantly improved, the appetite increased; the skin was perfectly normal after a year and a half of treatment, and the patient was in excellent condition. It is now a year and a half since the treatment has been left off, and there has been no relapse.

General Cachexia after Ague. By Dr. SCHLEICHER.†

Mr. N—, æt. 40, came under my care four years ago. He told me that he had already suffered for six years from ague, and that his longest period of exemption from the disease had been three months, when it was suppressed by means of large doses of quinine. He had twice gone through a course of the waters at Carlsbad, but had a relapse there, again took

* The author makes a mistake here. The concentrated solution of Arsenic contains one grain in 40 drops (reckoning a drop as a grain); 20 drops of the first centesimal dilution of this would contain only $\frac{1}{200}$ th of a grain of Arsenic, and of the first decimal as much as $\frac{1}{10}$ th of a grain.

† Loc. cit.

quinine, came home, relapsed again, and so on. He had in six years swallowed an incredible quantity of quinine; but now this medicine produced no effect on him, and he had, besides, an invincible repugnance to it. This patient presented a morbid picture in which it was impossible to tell how much belonged to the miasmatic, how much to the medicinal malady. He was very much emaciated and very weak; he usually kept his bed, and could take nothing but soup. His appearance was pale, cachectic, his skin hung loosely on him. He had dry catarrh of the lungs, otherwise nothing abnormal. The heart's beats were weak, the pulse slow, small, the heart's sounds clear. Stomach distended, the liver projected three fingers' breadths beyond the ribs; the spleen was at least six times its natural size. The digestion was excessively bad. Taste in the mouth insipid, pasty, sometimes bitter; tongue furred white; dislike to food and drink, even the soup that he took caused stomach-ache and nausea. Bowels constipated, only opened artificially. Urine scanty, dark, turbid, without sugar or albumen. The ankles swelled with œdema. As regards the nervous system, he had vertigo, roaring in the ears, general hyperæsthesia and feeling of great weakness; depressed, cross, melancholy disposition. The fever announced its advent every evening between seven and eight, with slight rigor and increased quickness of pulse; after this the patient did not complain of heat, though the temperature of the skin was somewhat elevated, but of a feeling of dryness in the throat; he had no thirst, nor any perspiration. His sleep was disturbed; in the morning the pulse again sank below the normal standard.

I resolved on treating this deeply seated disease, in which the vegetative sphere was so much injured, with *Arsenic*, and at first I gave him five drops daily of the sixth dilution. After a week of this treatment, there was not the slightest change in his symptoms. My patient, who had patiently allowed himself to be mistreated allopathically for six long years, began to show signs of impatience after one week of unsuccessful homœopathic treatment. I wished not to give up the *Arsenic*, but to change the dose. The choice lay between a

higher and a lower dilution. My conviction, based on scientific views, was that a higher dilution could never succeed where a lower one had failed, and as, besides, the disease was one of a very torpid character, which promised little reactive power on the part of the organism, I resolved to give the first centesimal trituration of *Arsenic*, of which I gave one grain four times a day. Consequently he daily took $\frac{1}{100}$ th of a grain of *Arsenic*. The effect of this treatment was remarkable. The fifth day the fever did not occur, nor did it again return; the general state also improved visibly. The patient took the medicine in the same quantity for three months—then morning and evening a grain of the trituration for three more months; and in six months the cure was so far complete that he could eat and drink well, his condition was improved and his appearance ameliorated, he could do all his business, and both the liver and spleen were considerably diminished in size. The following two years he had slight relapses, from time to time, especially in hot weather; these were always removed in a few days by means of the above medicine. The patient has now remained free from any relapse for more than a year, and is quite well.

Case of Apoplexy. By Professor HOPPE.*

R—, æt. 57, had the apoplectic habitus in a high degree. He was short and fat, and his face generally brownish red. He lived on a little independence and drank a good deal. For a long time he had squinted inwards with his right eye, and had had frequent attacks of catarrh of the lids, especially the right. On another occasion I treated him for catarrh of the lids, double vision with the right eye, vertigo; the pulse habitually from 88 to 96, full and strong, the heart and liver somewhat enlarged; bowels often costive, and the sleep often disturbed and bad. From the 16th February to the 1st March, I treated the patient with *Acon.*, *Bryon.*, and *Phos.*; the catarrh was removed, the double vision and sight

* Loc. cit.

improved, and the signs of cerebral congestion became trifling. In the mean time the patient became engaged to be married. At the commencement of March, symptoms of cerebral congestion again showed themselves. The vertigo did not increase, nor did the symptoms of the right eye, but the sleep became again very disturbed and *stupefying*, and on awaking, the patient was long before he came to himself and he talked nonsense. I ordered a stricter attention in eating and drinking, gave *Acon.* and let him drink plentifully of water. However, my prescriptions were not properly followed.

On the 18th March, I was sent for to see him. The patient had awoke with *paralysis of the right side*. The right cheek hung down loosely, it was distended and pushed out when he breathed, and strongly down to the left side. He spoke with difficulty, especially when lying. He could not raise the right arm, and he had only partial power over the leg. A great weakness pervaded his whole body. Pulse 72, therefore slower than usual, and not so full and strong as it used to be. Vertigo on rising, no headache, thinking power slow, his fat cheeks bright red, face and forehead hot, the eyes sensitive to light, the squinting of the right eye not increased. The patient denied that anything had occurred to account for the attack. He said only that for some time past he had felt always very tired, and that the previous night his sleep has been disturbed. Bowels for some time past costive. I ordered cold compresses, mustard plaster to the calves, and clysters, and gave *Arnica* ℞, twelve drops in six ounces of water, a table-spoonful every hour. In the evening, the whole state was better, the patient lively, and the right arm not so weak. Pulse 88.

19th March.—Remarkable improvement. *Every trace of the paralysis of yesterday gone*; the right cheek again normal, and arm and leg returned to the usual strength. Pulse, when sitting, 96 per minute, and of its usual character. *Arnica* ℞, as before.

1st April.—Since the attack, the patient has been better than before. He complains to-day of weakness in the loins, and therefore wishes to take *Arnica* again.

1st July.—Since last report well in every respect, at all events remarkably free from cerebral symptoms.

The patient's fiancée was his housekeeper. She had long been in his house. Perhaps the excitement of the courtship was the cause of the apoplectic attack. After his marriage there was no alteration in his mode of living. And as the apoplectic habitus was so marked in him I think I am justified in saying, that the great, rapid, and persistent curative effect of the *Arnica* was remarkable. Imperfect apoplectic attacks often go off spontaneously, and that quickly.

Paralysis of the Spine. By Professor HOPPE.*

Being very much interested in the therapeutic effects of *Arnica*, I take the liberty to send you a case, in which *Arnica* produced an effect, though I did not do much good.

Jacob O—, æt. 24, suffered from an enormous acute-angled cyphosis of the dorsal vertebræ, accompanied by scoliosis, the convexity of which was directed to the right side. The affection had commenced when he was at school. He got forty blows on his posterior at school; and it was after this that he got ill, and now he lies incurable in bed. At first an affection of the knee came on, of which no trace is now visible, and later the spinal affection began. The boy went about. But last winter it was very cold, and the patient had to sleep in the room without a fire, and with a northern aspect, in a new built and very exposed house. I saw him on the 9th March. Since five weeks he has been *quite* paralysed, from the scrobiculus cordis downwards. The paralysis was at first not total; it first became so after warm baths, prescribed by my predecessor. The patient's complexion was of a fresh, red colour, and was a great contrast to his emaciated, crippled, and paralysed body. The lower part of the body was numb, and quite incapable of movement, but reflex twitches appeared in the legs. The sleep was restless; bowels open only every eight days, urination very difficult; the feet at first cold but now warm; appetite good; arms

* Loc. cit.

tolerably strong. I prescribed *Arnica* 3, 8 drops in 12 powders, a powder every 3 hours.

12th March.—The patient experienced a sort of creeping in the legs, and he thought he was better.

14.—He could pass water better, and had some feeling in the legs. *Arnica* 3, 12 drops in 12 powders, one every 3 hours, and frictions with alcohol.

17.—A motion every 2 days; urination better, and the patient could turn himself round better, which had hitherto been a very difficult operation, but was now more easily done. When the frictions were performed the legs jerked strongly.

21st.—Turning more easily performed. Bowels again more costive. Because the patient said that making water was more difficult when he did not take the powders, his wishes for them were complied with. *Arnica* 3, 15 drops in 15 powders, one to be taken when required.

23.—Evacuation of bowels and bladder good; legs warmer. Turning the body noticeably more easily and quickly performed, and the patient felt more strength in his loins; but not the slightest power of movement had come into the legs.

11th April.—I continued the *Arnica*, but no further improvement was observable, but the amelioration gained was not lost. Feeling had returned pretty generally throughout the legs, but not equally, and nowhere perfectly, least of all in the feet. On the right side of the cyphosis a large abscess had appeared. As no effect followed the subsequent exhibition of other remedies, I sent the patient to the hospital.

Warts on the Face. By Dr. J. SCHWEIKERT.*

Last February, Professor M—, of the University of Breslau, asked my advice about a disease of the skin that disfigured his face. Round his mouth, all over the chin, on the lower parts of the cheeks, and up to the *alæ nasi*, there was a large crop of small warts, mostly of the size of a pin's head, some

* *Neue Zeitsch. f. Hom. Klin.*, Dec. 15th, 1864.

larger. Many in their growth became confluent, and then produced large conglomerations of warts. The patient was forty-seven years old, and had had this affection for several years. He had been treated with many different kinds of caustics, but always without avail. For a length of time he had taken carbonate of magnesia in large doses internally for his complaint. I prescribed *Thuja* 30, in globules, and made him touch the warts with the 1st dilution of the same remedy. As this medicine, which has often proved eminently serviceable in cases of warts, did no good in this obstinate case, I tried a caustic, *nitric acid*, which has a special relation to warty formations. I touched the warts many times with the concentrated acid, and gave it also internally in homœopathic dilutions. This treatment also proved useless, the warts, although repeatedly burnt off, always sprouted again. I remembered a case recorded in the *Allg. Hom. Ztg.* by Dr. Bojanus, of Moscow, if I remember rightly, where warts were cured by giving *Natrum muriaticum* in high dilution. I ventured to try this remedy in the case before me, though I had no experience in my practice of the efficacy of common salt in such cases. Hahnemann's proving of this substance contains only two symptoms having any bearing on warty growths. Thus, in the *Chron. Krank.*, vol. iv, p. 396, under Nos. 1134 and 1135 are the following symptoms:—"Warts appear on the palm of the hand with pain when pressed," and "smarting pain in old warts." The last symptom observed in a patient affected with warts, might not have been without practical value had we been told what became afterwards of the warts excited to inflammatory action by *Natrum mur.* However, I gave my patient *Natrum mur.* 30, the more so as the other symptoms indicated this remedy. Thus Professor M— had a yellowish complexion, pointing to torpidity of the liver; a disposition to constipation; he had often a furred tongue and no appetite; his abdomen was distended; he had great tendency to mucous secretion in the throat, and had to hawk frequently; his voice was often hoarse, and the mucous membrane of the fauces appeared relaxed as if puckered up. After taking this remedy eight

weeks without perceiving any improvement either in his general health or in the warts, the university holidays approached, and he begged me to tell him if I did not think some mineral waters would be of use to him. I felt convinced that *Natrum mur.* was the best indicated remedy for his case, so I advised Kissingen as being a strong saline, besides being a celebrated water for torpid liver and bowels. When the professor came back from Kissingen, after a residence there of four weeks, his health was in many respects much better, the complexion was much less sallow, the appetite was good, the abdomen less hard, but the bowels still rather constipated, and the throat affection almost unaltered. As regards the warts, I hardly dared to trust my eyes, but they appeared to me to be diminished in size and drying up. In the course of four weeks the retrograde growth in the warts was plainly perceptible, and about eight weeks after his return from Kissingen, *mirabile dictu*, not a trace of the former warty growths was to be seen.

Diphtheria, Consecutive Paralysis. By Dr. CHANCEREL.*

For some years past much attention has been given to the paralytic affections that come on after certain acute diseases, and particularly to those that occur during the convalescence from diphtheritic affections. I may be permitted to relate a case of this sort, which I was able to observe attentively in the course of last summer.

On the 23rd June, Celine G—, æt. 5, living with her parents, in Paris, was brought to see me. Having long been the medical attendant of the family, I had often seen this child, and had treated her for some slight illnesses. Her father had been affected since his youth with chronic eczema, with the exception of which he generally enjoys good health, as also does her mother. The little girl is of a nervous temperament; she seems to be delicate, but has never had any serious disease. The mother told me she had complained of sore throat for ten days, that she did not suffer much, that

* *Bull. de la Soc. Med. Hom.*, Dec. 1st, 1864.

she swallowed without difficulty, but that the chief thing she complained of was a general feeling of illness. I then examined the child's throat and saw distinctly a small patch of false membrane on the posterior column of the left side of the velum palati; the tonsils were moderately swollen, and the whole throat was rather red; the voice was not affected; the cervical glands were swollen, especially on the left side; there was a little fever. I prescribed *Merc. sol.* 30, a dose to be taken every three hours. I advised Mrs. G— to go home immediately and put the child to bed.

That same night, at half-past eleven, I was roused by Mr. G—, who came to fetch me to go at once to his daughter, who, he said, was threatened with croup. At midnight I found the child with a quick and irregular pulse; she is very much agitated, anxious; the voice feeble and indistinct; there occurs occasionally a hoarse cough; the breathing is not affected; the swelling of the cervical glands has increased. The child cannot open the mouth without difficulty, but she allows me to press down her tongue with the handle of a spoon, though the pain occasioned by doing so makes the tears come into her eyes. I find that the false membranes are larger and that they extend downwards towards the larynx. There was reason to fear that the malady might attack the larynx, thereby causing croup, but that had not yet occurred. I told the parents my apprehensions; they were the more alarmed, because, some years ago, they had lost a little boy, *æt.* 7, who had fallen a victim to croup, in spite of the care of one of the most distinguished allopathic specialists of Paris, who had gone so far as to perform tracheotomy. I prescribed *Bryonia* and *Ipecacuanha*, both in the sixth dilution, three drops in 100 grammes of distilled water, to be taken alternately by teaspoonfuls every half-hour.

The 24th, in the morning, there was some amelioration; she had slept; her voice was less feeble; she had coughed but little; her pulse was still irregular, but slow. On looking into the pharynx, I observed that the pseudo-membranous exudation had rather diminished than increased; the cervical

glands are the same. The child has made no water since last night; her pupils are much dilated. These two last symptoms induced me to give *Belladonna* 12, nine globules in two and a half grammes of distilled water; to be taken by teaspoonfuls at successive intervals of one hour, two hours, three hours, four hours, five hours, &c.

In the evening of the 24th the general condition is unaltered, but the hoarseness has returned with some cough. I stopped the *Bell.* and resumed *Bry.* and *Ipec.* alternately. Pulse regular.

25th.—At the morning visit there is still some amendment; the pulse continues regular; the cervical glands smaller. I prescribed *Sacch. lact.* in order to let the previous medicines act. The patient having remained better all the day, in the evening I continued the *Sacch. lact.*

26th.—The patient complains of pricking in the anus, where there is to be seen a bright red spot. I warned Mr. G— that there was a tendency to the formation of false membrane in this locality, showing that the disease, far from remaining confined to the throat, was about to appear where-soever it could develop itself readily. Still the general and local state is not otherwise worse, but the false membranes continue. *Bromine* appearing to me to correspond to the symptoms more than any other remedy, I resolved to administer it in the second dilution, *made with water*. I put six drops in 120 grammes of distilled water; a teaspoonful every three hours while the child was awake, and every four hours when she slept.

27th.—The general state better. I noticed that the membrane was becoming yellow, and the irritation and redness at the anus were gone. I continued the *Bromine*.

28th.—I found the pseudo-membrane diminished in size and yellower than the previous evening. There is no more pain. The child, who had hitherto had little or no appetite, eagerly asks for something to eat, and talks about what she shall eat at the next meal. Same prescription.

29th.—Still improving. Same treatment.

1st July.—The pseudo-membranous exudation diminished,

but as there are some febrile symptoms I stop the *Bromine* and give *Sacch. lact.*

3rd.—Pulse normal; false membrane very much reduced. The swelling of cervical glands still present. For this I give *Iodium 24*, three globules in eighty grammes of distilled water, two teaspoonfuls per diem. I desired this medicine to be continued for a week, at the end of which time Mr. G— was to bring the child to me or ask me to come to her if unable to go out. I waited a fortnight without hearing anything of the child, and I congratulated myself, thinking she was quite cured, when on the 18th July the mother brought her to me. The tonsils have no trace of false membranes, but deep fissures are observable on them, like those that occur after an attack of ulcerated sore throat; the voice is nasal; the child has no pain, but she complains of general uneasiness; she is sad and cross. I prescribed *Merc. sol.*

26th.—The throat is better, but the sight is not good; the child is at once myopic and presbyopic. Her legs tremble and can scarcely support her weight; her general weakness is so great that her head is bent forwards on her chest and the body bent forwards when she is seated. She weeps without cause. Pulse 120. I gave *Sacch. lact.*

30th.—Patient a little better, but all the symptoms continuing, I prescribed *Phos. 30*, six globules in thirty-five grammes of distilled water, a teaspoonful daily.

9th August.—Mr. G— brought me his daughter. She is no better, and she has a certain degree of convergent strabismus. I stopped the *Phos.* and gave *Sacch. lact.*

13th.—Strabismus increased, as also the affection of the vision; pupils dilated. The nasal condition not improved. The paralytic weakness scarcely allows the child to stand upright. Her sleep is disturbed. Pulse 108. She has passed her motions involuntarily once or twice, and she feels as if she were going to do it again, which makes her very unhappy. The symptoms appeared to me to indicate *Belladonna*, I put six globules of the 30th dilution into eighty grammes of distilled water; the patient to take three teaspoonfuls that

day, four the next, three the 15th, two the 16th, and one on each of the following days.

On the 18th there was such an improvement that I allowed Mr. G— to take his child into the country, fifteen leagues from Paris, giving her the same medicine to take till the 22nd, after which *Sacch. lact.*

On the 3rd September, Mr. G— wrote to me that the squint had completely gone off, that the pupils were no longer dilated, that the appetite and spirits had completely returned, and that nothing remained of the paralysis but a little weakness of the limbs and a tendency to tumble. I sent three globules of *Nux vom.*, to be mixed with seven teaspoonfuls of water, a spoonful to be taken once a day.

At length, on the 8th October, Mr. G— came to thank me for my treatment of his daughter, who was perfectly well.

Impetigo eczematodes. By Dr. H. GOULLON.*

Anna K—, æt. 11, of marked scrofulous diathesis, had an obstinate, very disfiguring eruption, seated on the concha of the ear and on the nose. Thick scabs came on the affected parts and remained there for some time, until fresh vesicles, at first filled with serum, afterwards with purulent fluid, shot up, displacing the old scabs, and giving rise to new deposit of similar scabs. *Calc. carb.* did not produce a satisfactory amelioration, though the eruptions decidedly decreased. The same may be said of *Lycop.* On the other hand, the eruption immediately disappeared, under the influence of *Arsenicum*, from the nose, which in a few days showed a normal condition of the integument, with the exception of a slight redness. The scabs on the ear only went off after repeated doses of *Calc. carb.* 30.

Cancerous-looking Swelling in the Throat.

By Professor HOPPE.†

Mrs. B—, modiste, æt. 50, a tall, pot-bellied, flabby, dark

* *Allg. Hom. Ztg.*, Nov. 7th, 1864.

† *Ibid.*, Oct. 31st, 1864.

blonde, very pale woman, had had for six weeks a large glandular swelling under the right angle of the lower jaw. She ascribed it to her former damp residence. On the 1st March, 1862, the swelling was a conglomerated mass with a very hard base, its surface roundish and somewhat elastic, of the size of a fist, and though it much interfered with the movements of the neck, it did not give her much pain. The patient was wrapped up immensely, and this she did, she said, because warmth was necessary for her. Pulse 104, a constant tension in the head, a good deal of thirst, no appetite, tongue much furred, bowels rarely opened. She first noticed the swelling one morning, as a small knot, and, as every one alleged, it grew almost daily. Except as to the pains, which were but slight, the tumour looked suspiciously like cancer. Under *Conium* 3, eighteen drops in six powders, two powders daily (and the application of *Ol. olivar.* to the tumour, in order to gratify the patient), the tumour diminished in size and height, it became softer, and the patient felt better altogether. No swelling was visible in the pharynx, nor did she complain of any uneasiness there. Under the continued use of *Conium*, the improvement went slowly forwards; the ball-like prominence diminished, and the cords that extended down the neck to the clavicle disappeared; she could move her neck also better. But as the improvement stood still at that part, I applied copper ointment, and the swelling again became smaller and softer, only it did not seem to improve in the deep-seated part. In order to increase the action of the ointment the parts smeared with it were covered with oiled silk. After this had been done for a few days, an enormous *aggravation* ensued, precisely similar to the aggravations that ensue when irritating substances are applied to cancerous tumours. The disease was now much worse than before the treatment was commenced, the swelling larger, higher and harder, it was much more in amount, and there was much more painful tension in it. I never was so sorry at having tried to hasten the cure in order to please a patient. However, the fear that it was a cancerous tumour was dissipated. After I had given *Aurum* and then *Arsenicum*, and again *Conium*,

fluctuation appeared in the apex of the tumour. I now gave *Hepar*, and on the 14th April, at the expiry of the sixth week of treatment the abscess broke and slowly discharged some pus, which was partly caseous in appearance. I now learnt that the patient had some years ago had an abscess in this place, and the scar of the incision then made was still visible. The patient now referred her glandular swelling to a bad tooth, on the right side of the lower jaw, as not long ago she had a small stump of a tooth removed there. Up to the 3rd June, various discharges of matter took place, and the swelling became gradually smaller. As all anxiety was now past, and the patient had a great objection to local treatment, she was left pretty much to herself; she applied locally only olive oil, and occasionally poultices. I did not yet think of *Spongia*, so I let her take after the *Hepar*, *Calcareæ* occasionally, and then again *Conium*.

On the 12th June, there again formed a small abscess in the seat of the previous swelling. A deep-seated hardness was still to be felt. There were about six openings in the affected part, which were connected with one another under the dark-red skin, and did not extend beyond the subcutaneous cellular tissue. I gave *Kali iodat.*, one grain in one ounce of water, twenty drops three times a day. There are some patients one does not willingly visit; they fritter away half an hour with minute and irritating details before they come to the point, and allow us to find out what is really the matter. This was a patient of that sort, so that I avoided questioning her much, in order to escape this trial of patience. On the 19th June I was called to see her. She had now an affection of her throat. I found on the right side of the throat behind the anterior arch of the palate a large, very projecting swelling, which must have been long there, but which could only have attained a considerable size since the 12th June. Medullary sarcomas occur in this region. I had to extirpate one some years since. When the operation was over, one of my assistants observed that there remained a small fragment of the tumour hanging from above downwards. His remark induced me to cut off

this depending fragment, but no sooner had I done so, than the blood gushed out in such quantities that the patient, who was seated during the operation, instantly fell down a corpse. Exactly similar in appearance to the tumour I then extirpated was the disease I now had to do with. It projected considerably from right to left, and only left a very small space at the left side for the food to pass. It felt firm and somewhat elastic, and was not red. The mucous membrane was normal in appearance, and it was only pushed forward by the diseased mass beneath it. Judging by the feeling, this was not a purulent deposit. The tumour had a broad base resting on the side of the pharynx. The hearing was not affected, but the posterior nares were nearly closed by the tumour extending upwards, so that the patient complained much of difficulty of getting air through the nose. She also complained of difficulty of swallowing, but the act of swallowing gave her no distinct pain. She talked in a slightly nasal manner, but otherwise, there was still a passage through the nose; at night she snored, and woke up several times during the night with difficulty of breathing, amounting almost to suffocation. All these symptoms had come since the 12th June, but the patient added that she had had a slight cough during the whole course of her illness, and had also felt occasionally uneasiness when swallowing, and the impervious state of the nose had troubled her some weeks. As the external tumour, notwithstanding its cancerous appearance, had resolved itself into a simple abscess, I could not regard this tumour, in spite of its appearance, as malignant, I stopped the *Kal. iod.* and tried *Conium*.

28th June.—The tumour in the throat not at all better, rather, if anything, larger, but on the outside of the neck the abscess was much improved, and the deep-seated hardness much less. For the first time I ordered *Spongia* in dilution, thirty drops of the third dilution in six powders, two powders per diem.

30th.—*Considerable improvement*, commencing yesterday evening, but to-day very perceptible. The nose was again pervious, and the tumour had, *to a great extent, disappeared.*

This fact struck me forcibly. The *Spongia* prescribed was

not yet all consumed. The prescription was renewed after the first supply was finished, and the patient kept under it till the 17th July.

17th July.—Quickly as the tumour in the throat had diminished, the remaining small portion of it only yielded slowly and imperfectly to the continued use of the *Spongia*, just as happens with the tumours on the outside of the neck, for which *Spongia* is indicated. At first a rapid improvement, but the remainder of the tumour, generally a small hard gland, continues; the medicine seems, by this, to act more on the cellular infiltration surrounding the gland, than on the gland itself; in which, besides, the conditions are not favorable for producing absorption. Externally the neck was almost of its normal size, there were seven superficial small openings, with a slight discharge, and a small fresh abscess made its appearance. In the throat we could see and feel on the right side behind the posterior crus of the palate, a certain amount of fulness, that seemed to have its seat in the cutaneous cellular tissue, and there was a slight narrowing of the posterior crus towards the left. Since the glandular swelling of the neck, the patient had a numb feeling on the chin and down the front of the neck, which went off very slowly.

1st October.—The superficial fistulous ulcerations on the outside of the neck, which the patient would not allow to be slit open, were pretty well dried up, the throat externally was of its normal size, the remainder of the swelling behind the velum on the right side was gone, and all that remained was only a slight contraction of the posterior crus of the velum from the right side towards the root of the tongue, such a slight deviation from the normal state, as scarcely to be observed by any one who had not watched the whole course of the disease. After taking the *Spongia*, the patient had again taken *Hepar*, and as since the end of July, she suffered from an obstinate irritating catarrhal cough, she had since then taken *Hyos.*, *Nux vom.*, *Cham.*, and *Bell.* She is now, after the lapse of two years, without a relapse, and very well.

ON THE TREATMENT OF SYPHILIS.*

By Dr. CLOTAR MÜLLER.

IN primary chancre, whether simple or indurated, the *Merc. precip. rubr.* acts on an average still best and most certainly, only it at times leaves us in the lurch with the phagedænic sores. *Cinnabar* and *nitric acid* are then not unfrequently of more service. But the fact is not to be overlooked that the external treatment is of importance, and consists in diligent covering of the sore with charpie dipped in cold water and well squeezed out, so that the pus may be hindered as much as possible from irritating the sore and environs. Bodily rest, warmth, and strict low diet, are also of great influence. On the other hand, in constitutional syphilis the low diet seems to be of no consequence; on the contrary, the patients who are in a low state of health, must be strengthened by an abundant and tonic diet. If the bones become affected the Hydriodate of Potash is obviously the remedy, and one which almost never disappoints our expectations, and in this respect affords one point in the treatment of syphilis where we can to some extent speak of certainty. Only, however, we must not give it in weak doses, but undiluted, and to the extent of 3 to 5 grains daily. It is true the hydriodate cures very often the bone affections alone and not the whole lues. *Aurum* is also a medicine at times useful in bone affections, especially those of the nose and palate, as also it appears more indicated for *caries* and *necrosis*, while the Hydriodate of Potash suits better for nodes and bone pains. Against ulceration of the throat and mouth, and the so-called mucous patches, the corrosive sublimate is still the best medicine, much oftener than nitric acid, which only does good at times where mercury has been already abused. From Thuja, Sanguinaria, and Kali bichromicum, I have never, or only very seldom, seen any decided action. *Merc. hydrocyanicus* and Schweikert's combination of *Merc. biniodat.* and *Kali hydriod.* have been

* From the Report of the Leipzig Policlinik for 1863, *Hom. Vierteljahrschrift*, vol. xv, p. 468.

urgently recommended for lues; up to the present time I have had no particular success with either. Besides, it has been on the whole sufficiently proved that seldom, or never, can a lues be thoroughly cured with one single remedy, or at least one single preparation, unless, indeed, it be by a carefully regulated inunction cure, as I have seen a few times in the hands of other medical men. This much at least is certain, that of all the so-called quicksilver cures, this is the one that acts most surely and offers the fewest dangers and after evils.

The cure of condylomata frequently gives us great trouble. Thuja and Cinnabar are, often enough, of no use whatever. On the whole, this disease is still mysterious and unexplained in its nature, because it is often quite certainly a symptom of true lues, while at other times it seems to arise alone as an independent and more or less local disorder, without displaying any distinct signs of which class it belongs to. If the warts follow and arise in the course of a simple gonorrhœa, they are generally removed permanently by the application of Tincture of Sabina, or Muriate of Iron. But if they come as a symptom of general lues, little or nothing can be effected by the local treatment alone, for they generally come back again shortly. In one case they vanished in a wonderful manner after *Lycopodium* in two or three doses. In another case I saw warts of the prepuce from gonorrhœa return pretty suddenly after they had been cured by *Lycopodium* inwardly and *Sabina* outwardly, sixteen years before, though no fresh infection had taken place, and no sign of dormant lues had shown itself all that time.

ACTION OF ARSENIC ON THE EXTERNAL GENITAL PARTS.

By DR. IMBERT-GOURBEYRE.*

SALMUTH is, as far as I know†, the first observer who

* From the *Gas. Med. de Paris*, quoted in the *Bul. de la Soc. Méd. Hom. de France*, Dec. 1st, 1864.

† Sallin (*Receuil periodique*, t. viii; an. viii) speaks of the action of arsenic

mentions the elective action of arsenic on the external genitals. In his *Centuries* (Salmuthi, *Observationum medicarum centuriæ tres*, Brunswigæ, 1648, I. Obs. X), he mentions having been summoned one morning to see a prisoner who had poisoned himself in the night with arsenic, and who died a quarter of an hour after his visit. A *post mortem* examination was made in the evening; the back of the corpse was livid, *imprimisque pudenda nigra prorsus*.

“Deinde,” says Stahl (*Stahlii opuscula*, Halæ Magdeburgicæ, 1715, p. 454), “accidit fere in viris *specialissima* repentina sphacelatio, et post mortem præceps putredo in genitalibus.” Stahl, when mentioning this *special* action, cites the preceding observation of Salmuth, and corroborates it by two observations of his own. The first is the case of a husband poisoned by his wife, *cujus genitalia pari modo plane denigrata reperta fuerunt*; in the second, *membrum virile extensum, turgidissime inflatum et penitus nigrum*.

Two soldiers washed their genitals with an arsenical solution to cure the itch, which it did. Sed utriusque genitalia tanta inflammatio atque intumescencia invasit, ut aspectu horrendum esset . . . totusque locus affectus brevi tempore contrahebat nigridinem gangrænosam, ut de perfecto sphacelo jam sollicitus essem. Tandem vero, multa adhibita cura, separatio sphacelati succedebat, et paulatim laborantes restituebantur (Degner, *Acta nat. curiosorum*).

“On the eighth day of the poisoning of a miller,” says Pfann, in his *Samml. verschied. merkwürd. Fälle* (Nürnberg, 1750), “all the body was covered with black and burning pustules; the glans penis was ulcerated and quite black. The poisoning was effected by means of cobalt; the learned doctors of Erlangen were consulted with reference to the eruption and the affection of the genitals, and they replied they did not know if cobalt was the cause.”

Dumont, an apothecary's boy, pounded in two days three

on the genital organs, and refers to the observations of Fabricius, Libavius, Wepfer. I have found nothing on the subject in the last named, nor yet in Fabricius ab Aquapendente. I have not been able to consult either Libavius or Fabricius Hildanus.

quintals of arsenic ; he wore his cap over his eyes, and a towel folded in four over his chin, mouth, and nose ; three days afterwards, to the ordinary symptoms of poisoning were added swelling of the penis, with insupportable pain and scalding of the urine. The following morning he had agonising pains in the kidneys, bladder, and penis, the urinary excretion was stopped. (Dehenne, *Jour. de Méd. de Vandermonde*, 1759.)

Schefler, in his *Gesundheit der Bergleute* (Chemnitz, 1770), mentions the ulcerations of the genitals occurring in those employed in the manufacture of arsenic.

Cæls then was right, when in his general description of arsenical poisoning, he says : "Gangræna aut sphacelus ventriculi et intestinorum, et nonnunquam etiam genitalium." (*Ratio occurrendi morbis a mineralium abusu produci solitis. Amstelodami*, 1781.)

Hahnemann, in his work *Ueber die Arsenikvergiftung* (Leipzig, 1786), speaks of the lividity and swelling of the genital parts, without citing, contrary to his usual habit, any authority ; he classes this action among the rare effects. Later (*Reine Arzneimittellehre*, 1816), he contents himself with quoting Pfann and Degner, in addition to an observation taken from the *Neue med. chir. Wahrnehmungen* (Altenburg, 1778), where mention is made of very painful swelling of the genitals in a case of poisoning.

Towards the end of last century, Gmelin, in his continuation of Murray's work (Murray, *Apparatus medicaminum*, t. viii. Göttingen, 1795), notices also the elective action of arsenic. "Videas partes nonnullas et præsertim genitales, viridi, luteo, nigro colore fœdatas et tumidas." Some years later Frank alludes to the same fact in his *Manual of Toxicology* (1803).

In Pyl's *Magazin für die gerichtliche Arzneikunde* (Stendal, 1784), we read the history of a person poisoned by arsenic, who died in two or three hours ; in this case the posterior part of the body, the lips, the nails, the glans, and the scrotum were quite blue.

In an old man who died very soon after taking the poison,

the genitals were of a dark-red colour, and the scrotum swollen. (Nissen, *Nord. Archiv von Pfaff*, 1799.)

A man æt. 28, sprinkled his head with arsenic, and died after the lapse of twenty days. General swelling, in which the scrotum participates, the glans inflamed (Schulze, *Annal. der Staatsarznei von Knappe*, 1805).

Murray (*Edin. Med. Jour.*, vol. xviii), relates a case of poisoning, where at the *post mortem* examination the scrotum and penis were found to be œdematous, and of a bluish-red colour. Bachmann mentions the case of a woman poisoned by arsenic; the external genitals were excoriated and gangrenous (*Abhandl. der med. phys. Gesellschaft zu Erlangen*, 1812). This is the first case where the elective action of arsenic was observed on the female genitals; it is probable that among the numbers of cases of poisoning recorded in our scientific archives, many effects of this character were overlooked by the observers, who did not examine the cases with sufficient minuteness.

In a case published by Sonderland (*Rhein. Jahrb.*, 1820), where a young man had voluntarily poisoned himself and died in twenty-three hours, there were traces of gangrene on the scrotum and prepuce.

In another young man, who died in thirty-six hours, patches of gangrene were observed on the hypogastrium; they were still more considerable on the genitals (Kaiser, *Henke's Zeitschrift*, 1827).

Schreyer when making a *post mortem* examination of a man who died by arsenical poisoning, seven days after death observed that the scrotum was much swollen, and as large as an infant's head (*Id.*, 1832).

Dr. Schindler gives a lengthened account of a brother chemist poisoned by arseniuretted hydrogen gas; in the third week, after convalescence had commenced, a new arsenical action was developed. All the prepuce and the glans were covered with pustules, which changed into little superficial circular ulcers; sixty-five were counted on the prepuce alone. This new symptom lasted ten or twelve days, and it was the last (*Journ. von Gräfe und Walther*, 1838).

Biett says he saw a young man suffering from paralysis of the genital organs in consequence of having taken imprudently sixty drops of Fowler's solution per diem.

A workman pounded to powder and sifted a quantity of arsenic, and though he took the precaution to cover his face and mouth with a towel, he soon experienced a variety of symptoms; numerous pustules on the hairy scalp; considerable swelling of all the face and the ears with erysipelatous redness and large vesicles; the same inflammation on the hands and covered parts of the body, but less intense, except on the scrotum, which was much affected, very much swollen, and covered with vesicles, which rapidly filled, and took on a gangrenous appearance. Besides violent pains, vertigo, delirium, loss of sleep, contractions of the limbs, trembling of the hands, considerable anxiety, dyspnoea, and occasional vomiting, together with fever. Convalescence took place in four weeks, during which the hair fell off, and he had painful drawings in the limbs (Horst, *Med. Zeitung vom Verein in Preussen*, 1840).

Bramer (*Casper's Wochenschrift*, 1840), speaks of the eruptions which occur on workmen employed in the pulverisation and sifting of arsenic. *They attack by preference the scrotum*, and the parts of the legs where the skin is thin, and in bad cases they attack also other parts of the skin which perspire much, and are covered by a very thin epidermis.

The scrotum was livid, and a little excoriated in front in the body of a man who had died in twenty-four hours after voluntarily poisoning. In a young girl *æt.* 19, who poisoned herself, and died in thirty-six hours, the labia majora were of a bluish-red colour. (Franque, *Med. Jahrb. f. d. Herzogth. Nassau*, 1846.)

Brockmann (*Die metallurgischen Krankheiten des Obergerztes*, Osterode, 1851) says that the workmen in the arsenical mines of the Harz, are subject to very obstinate and deep-seated ulcerations of the scrotum.

Langendorff, another German physician, who has directed attention to the diseases of miners, says (*Ueber die Gesundheitsrücksichten bei Anlage und Unterhaltung von Hütten-*

werken, Henke's *Zeitsch.*, 1857) that the first phenomenon of arsenical action is a violent itching or sensation of burning in the skin, followed by an eruption of itching pustules. This eruption *appears first on the genitals*, then on the face, the head, the arms, the hands and the chest.

Pappenheim (*Handbuch der Sanitätspolizei*, Berlin, 1858) mentions the erysipelatous inflammations, and the pustular eruptions on the face, hands and scrotum, that occur among these miners.

These effects of arsenic, studied in Germany on the miners of the Harz, have also been observed in England in the cupro-arsenical mines of Cornwall and South Wales. (Kes-teen, *Assoc. med. Jour.*, 1856).

Some shepherds had spent nine consecutive hours in washing sheep affected with scab, with a solution of arsenic and carbonate of potash. The following morning they were both affected with the same symptoms. One of them was visited by the doctor the fourth day. The skin of the scrotum was covered with eczema rubrum, and hung down in shreds, as if a blister had been applied; there were also vesicles on the thighs. (Watson, *Lancet*, 1857.) Dr. Watson adds, that other shepherds got from the same cause, various eruptions on the hands, the forearms, the scrotum and the thigh.

OBSERVATION I. N—, æt. 17, entered the hospital the 27th September, 1858. He had been employed for a week only by a maker of artificial flowers, in dipping grasses in a pot full of arsenical green colour.

From the first day of this work all round the mouth, the *alæ nasi* and the chin became the seat of an eruption of pustules red at the base, very much resembling in form and size those of impetigo. Before long, these pustules were covered with scabs of a yellowish-gray colour, mammelated, opaque.

The glans was covered with vesicles; at the root of the penis, at its junction with the scrotum, and on the raphé, there was ulceration succeeding pustules; another quite similar ulceration is seen on the right external side of the

scrotum. These ulcerations, the size of a sixpence, are quite superficial, very neatly cut in the skin, which all around presents its normal colour and consistence; the bottom of the ulcers is slightly yellow. On the superior internal aspect of the thighs, there is on each side a patch of papular erythema of a raspberry-red colour, of the size of the palm of the hand, and accompanied by itching. Starch baths. He went out on the 15th October, cured. (Beaugrand, 1845.)

M. Beaugrand thinks the cause of the eruptions in the locality where they appeared, was the contact of the fingers with the genitals when making water.

M. Vernois, who wrote an excellent article on the accidents to the workmen employed in the manufacture of artificial flowers (*Annales d'hygiène*, 1859), mentions scrotal eruptions, and he asserts that these arsenical eruptions are not found on the external genital organs of the women.

Dr. Hassall observed in the makers of artificial flowers, the same symptoms as M. Vernois, and he gives two observations of workmen affected with eruptions on the scrotum, groins, and elsewhere. (*Lancet*, 1860.)

Quite lately, Dr. Charvet gives in a thesis (Paris, 1863), a good description of the accidents experienced by the workpeople employed in the manufacture of fuchsine, which he thinks should be ascribed to the arsenic used in the preparation of this colouring matter. From him we borrow the following observation :

OBSERVATION II. C—, æt. 59, was admitted to the hospital the 3rd May, 1863. He had worked for a month in the fuchsine manufactory. For a week he has had a severe smarting in the scrotum, with œdema there. For the same time the feet and hands have been the seat of an eruption with excessive itching. At present the penis and scrotum are very œdematous; the feet and hands are slightly œdematous, and have an urticarious eruption, which causes much itching. The patient coughs somewhat; some disseminated bronchial râles are heard on auscultation.

The 7th May, the patient exhibits large and irregular bullæ on the soles of the feet.

8th.—Eruption of eczema impetiginodes on the right hand.

13th.—He wishes to go out, his feet are cured; the eruption on the right hand still continues, but causes him no pain.

From these facts it follows that arsenic has a remarkable elective attraction for the external genitals, both of men and women, and this is one of the numerous characteristics of this drug; it is a property, however, which is shared by other agents of the *materia medica*.

Rapid gangrenes, preceded or not by inflammation, swelling of the penis and scrotum, ulceration of the genitals, inflammation of the glans, vesicular eruptions changing into ulceration, which sometimes become gangrenous, eczema of the scrotum,* paralysis of the genital organs;† such are the various accidents caused by arsenic in this anatomical region.

I am disposed to maintain here again, as regards arsenic, the same proposition that I have developed elsewhere with regard to antimony,‡ viz., to regard the eruptions produced by arsenic on the place of election, even in cases of external poisoning, as pure dynamic effects. This is an interesting question of general pharmacodynamics which it will be difficult for the mechanical theories to upset in presence of the facts cited.

The elective action of arsenic on the genitals has been but little noticed by our modern authorities on medical jurisprudence. Devergie, Casper, Van Hasselt, say nothing about it. Christison only alludes to the instance mentioned by

* In my *Études sur quelques symptômes de l'arsenic* (*Gazette Médicale*, 1862), I brought forward a fine example of eczema of the scrotum occurring in one of my pupils, when testing arsenic in an infinitesimal dose (Obs. ciii).

† This case of paralysis of the genital organs mentioned by Bielt is, as I believe, the only instance of the kind hitherto known. We must add it to the numerous cases of paralysis which I have mentioned in my *Études sur la paralysie arsenicale* (*Gazette Médicale*, 1858).

‡ *Mémoire sur les éruptions antimoniales* (*Gazette Médicale*, 1861). Comp. Guérard (*Thèse de Paris*, 1862). [Vide *Brit. Jour. of Hom.*, vol. xix, pp. 507, 559.]

Bachmann. Taylor only speaks of the general action of arsenic on the skin, without specifying the genital region, though he refers to the observations of Watson. Stahl and Hahnemann, says Orfila, mention as the effects of arsenious acid, inflammation and swelling of the genitals, going even to gangrene, with extreme pain; sudden gangrene of the male genital organs.

We may conclude by saying with Wurmb, one of the most distinguished homœopathic physicians, that arsenic has a particular affinity for the sexual organs of both sexes, and it is to be regretted that its properties have been so little studied in reference to them.* It is on this account that I have wished to direct attention to this point of arsenical pharmacodynamics, by compiling all the facts I could meet with throughout our scientific literature. I have incidentally treated of the same subject in another work.†

In his personal experiments with arsenic, Hahnemann does not mention its action on the genitals.‡ Were we to describe minutely all the numerous effects that have been observed in those parts caused by this celebrated poison, we should be adding still more to the "innumerable symptoms" which, according to Drs. Trousseau and Pidoux, the homœopaths have discovered in arsenic, and which these two respectable physicians characterise as the "reveries of hypochondriacs." I have already shown more than once with what scientific frivolity, and with what ignorance of the facts, the authors of the *Traité de thérapeutique et de matière médicale* have treated the question of homœopathy in the matter of arsenic. When we are in possession of the facts we find we must add to the pathogenesis of arsenic. These "innumerable symptoms" are still more numerous than Hahnemann makes them, and than Drs. Trousseau and Pidoux think; what then

* Wurmb, *Der Arsenik, &c.* (*Oesterr. Zeitsch. f. Homœopathie*, Wien, 1845).

† *Histoire des éruptions arsénicales* (*Moniteur des Hôpitaux*, 1857).

‡ *Reine Arzneimittellehre*, 1st edit. [In the 2nd edit. of the R.A.M.L., and in the last volume of the *Chron. Krank.*, Hahnemann gives several effects of arsenic on the genitals observed on himself, and he mentions also the observations of Pfann, Degner, Stahl, and an anonymous author.]

is to be done? With respect to the opinions of M. Trousseau respecting homœopathy, so often expressed, either in conjunction with M. Pidoux or in his other works, it would be easy for me to prove that his trenchant expressions are nothing but a tissue of errors, paralogsms and contradictions. The illustrious professor in this matter strangely abuses his scientific position, and I hope to prove this to him sooner or later, with God's help: *ab uno disce omnes*. Such are the physiological facts respecting the action of arsenic on the external genitals. From them we may deduce important therapeutic principles from the twofold point of view of the law of similars and the law of elective affinity. Unfortunately the facts are not sufficiently numerous to enable us to apply them as a criterion for forming a useful theory.* Clinical experience must be interrogated as to what arsenic can do in the numerous disorders of the external genital parts. The law of similars and the law of elective affinity are two sure guides to lead us to the specialisation of the action of medicines; and in order to solve this unknown problem, we only need to avail ourselves of the formula *similiter et elective*, while bearing in mind the final criterion, *ab usu in morbis*.

In connection with this subject we may give an abstract from an article in a French journal, furnished by the *Wiener medic. Wochenschr.* (1864, 39 and 40), and reproduced by the *Allg. Hom. Ztg.* (November, 1864). The title of the article is

On the Action of Arsenic on the Sexual System.

The *Gazette des Hôpitaux* of the 23rd July, 1864, gives, in an interesting leading article, a complete survey of the anaphrodisiac effects of a long continued use of arsenic, whence we extract the following :

Very different from former times, in which the therapeutic employment of arsenic had to contend with many

* Comp. *Mémoire sur le prurit vulvaire*, par Imbert-Gourbeyre (*Moniteur des Hôpitaux*, 1858).

unfounded prejudices against this truly heroic remedy, now-a-days too much assurance, and an optimism not without danger, prevails with respect to its general use.

Though it is quite true that as a rule the administration of arsenic in a methodical manner may be long kept up without any inconvenience to the patient, still it is not less true, that in some cases where the treatment has just been begun or has lasted for but a few days, effects more or less disagreeable ensue from its use.

Among these effects which have of late been particularly studied, is one in particular, the existence of which is unknown to many, I refer to *arsenical anaphrodisia*.

Thus we find that in many of the most recent pharmacological manuals, such, for instance, as the latest editions of Trousseau and Pidoux, of Pereira, and of Oesterlen, this effect of arsenic is not alluded to.

Rayer alone, in his article, "Arsenic," in the *Dictionnaire de médecine et de chirurgie pratique* (vol. iii, p. 372), says that arsenic sometimes causes "a true paralysis of the genitals." As a proof he cites a case observed by him in La Charité of a printer, twenty-three years old, who was affected with lepra, and was treated with Fowler's solution. The effect of this medicine was to produce a true paralysis of the genital organs that lasted eighteen months.

Charcot adds two more recent observations to this older one.

The subject of the first was a man, æt. 42, who had been affected with psoriasis of the whole body since his fifteenth year. When twenty-seven he commenced to use arsenical preparations, which he took every year for two or three months continuously, and in progressively increasing doses; sometimes he repeated this arsenical treatment two or three times a year. After each course his disease was ameliorated; the patches disappeared. But they recurred just as certainly after a few weeks or months. The patient therefore was compelled to have always recourse to arsenic, and he was so insensible to its action, that he could take five centigrammes of arsenious acid daily for several weeks at a time without experiencing any particularly disagreeable effects.

The only symptoms he felt were a little pyalism, and some slight gastro-intestinal derangements. In 1857 the skin became of a permanent dirty-brown colour, especially in those parts usually exposed to light. In 1852 this man came to Charcot complaining of a symptom he had had for three months that plunged him into the deepest melancholy. His sexual functions, which had formerly been very vigorous, were seriously threatened; the erections had become rare and incomplete; coitus was almost impossible. Charcot advised him to leave off the arsenic completely for a long time, and after he had done so for four or five months, the former vigour of his sexual functions returned.

The second case related by Charcot is that of a man, *æt.* 35, who, on account of psoriasis, took for many years pills made of *Ars. lixiv.*, and afterwards Fowler's solution, and thereby was rendered impotent. On leaving off the arsenic the anaphrodisia disappeared, but the skin disease returned with increased virulence. A fresh employment of arsenic was again followed by anaphrodisia.

In both these cases it was ascertained with certainty that the temporary impotence was only attributable to the use of the arsenic, as it went off when the medicine was discontinued.

In the second of these cases the impotence again occurred, though a smaller dose of the arsenic was taken—twenty drops of Fowler's solution daily, which shows that the anaphrodisia arsenicalis is not always to be ascribed to an abuse of arsenic.

From the three cases alluded to, it is evident that anaphrodisia belongs to the possible consequences of taking arsenic, though it is one of the slowest in being developed. That this effect can be cured by the mere discontinuance of the drugs we learn from the cases cited, in all of which also the symptoms recurred after the resumption of the use of the arsenic.

REVIEWS.

New Remedies, their Pathogenetic Effects and Therapeutical Application in Homœopathic Practice. By EDWIN HALE, M.D. E. Lodge, Detroit, Michigan; Turner, 77, Fleet Street, London. 1864.

THOUGH not in the direct ratio, yet in a certain proportion, our powers of combating disease depend on the number of specifics at our command, therefore Dr. Hale has rendered excellent service by the publication of the above work, and deserves the best thanks of our body and of medical men in general. We have here no less than forty-four medicines rendered accessible to the practitioner by being either made known to him for the first time, or collected together from the various periodicals where the provings were first published. If not already in the hands of all our readers, we recommend them to procure the book without delay. There are some medicines, already partially known to us, given in a more complete form, both as to provings and clinical use by homœopaths and allopaths, of various kinds, though still all more or less incomplete, yet our knowledge of them is brought up to the day, and in such a way as to make us grasp with considerable accuracy their sphere of action. These are: *Æsculus Hippocastanum*, *Apocynum Androsemitifolium* and *Cannabium, Arum, Baptisia, Caulophyllin, Cimicifuga* or *Actæa Racemosa, Collinsonia, Eupatorium, Gelsemium, Hamamelis, Hydrastis, Phytolacca, Podophyllum, Sanguinaria* and *Veratrum Viride*. In addition to these we have others almost quite unknown to us, and though not so completely proved as the above even, yet still enough to make a beginning and introduce us to their use. Some of them seem very promising, and will fill up some much felt gaps in our *Materia Medica*, if they turn out as well as they promise. These are: *Asclepias, Chimaphila, Cornus, Dioscorea, Erigeron, Helonias, Iris, Leptandria, Scnccia, Trillium, &c.*

Before going further we would express our regret that Dr. Hale has been so hasty in making the remark he did on our friend and contributor Dr. Stokes' analysis of Grover Coe's book; which analysis, if he (Dr. Hale) had read more attentively, he would have seen his remark was quite unfounded.* Apropos of Coe, we see that Dr. Hale says (p. 13), "I consider Keith's medicines generally unfit for use in homœopathy. Their concentrated powders do not come up to the required standard of chemical purity. Tinctures are to be preferred. In the provings more symptoms were elicited from tinctures than from the resinoids of the same plant." Now, this is much too summary to be satisfactory. The subject is one of great interest, and we have few or no means of judging for ourselves; and, therefore, we look to our American colleagues for full information. We

* In reference to this, we have received the following note from Dr. Stokes, which, in justice to him, we insert in this place.

To the Editors of the British Journal of Homœopathy.

GENTLEMEN,—In Dr. Hale's recent work on 'New American Remedies,' there is a paragraph in the introduction, page 13, wherein I am supposed by him to have mistaken Dr. Coe's work on 'Organic Remedies' for one belonging to the literature of our school. Dr. Hale cannot conceive of the stupidity that could make such a mistake. If he had taken the trouble to read my remarks on Dr. Coe's work aright, he would have seen that my object was to show how near an approach can be made to homœopathic practice unconsciously, and that Coe really had done so in the use of those remedies, as well as in the principle he lays down for their employment. For not only does he recommend medicines to be given singly in order to learn the proper sphere of their actions, but he tells us to give them to fulfil special indications. What could a homœopath say more? Not that the principle of *similia* ever entered Coe's mind while he was writing that book. So far from it, the articles on Atropin and Aconitin show that he has no other notion of the action of medicines than their antipathic actions. My remarks show this over and over again. Therefore, Dr. Hale's charge of stupidity, and of making statements that might allow of any one supposing that Coe belongs to our school, is not sustained; and I must say that Dr. Hale was by no means called on to go out of his way to offer rudeness to a brother homœopath, or even to an eclectic. I leave Dr. Coe to answer for himself, and am,

Gentlemen,

Yours respectfully,

ADRIAN STOKES.

SOUTHPORT; Dec. 15th, 1864.

confess the grounds given in Coe's book for the necessity of such modes of preparation as Keith's are very good, and they are by no means explained away by the above short statement. We know, indeed, that all the active principles of every plant are not soluble in alcohol, nor in water, nor in ether, but some in one, and some in another menstruum. How, then, can one process be the best for all? Possibly, if we are confined to any one process, Hahnemann's may be the most widely successful; but if it does not suit every case, we must look about for others. In fact, how can we properly apply the homœopathic principle unless we restrict our use of those vegetable medicines to the symptoms obtained by proving with Hahnemann's tinctures, and expunge all symptoms from poisonings with the crude plant, or preparations made in other ways? This is an important subject, and we hope our American brethren will let us hear more upon it.

We were very much amused with a long note immediately following the introduction, in which Dr. Hale recounts how that in the earlier pages of his work he constantly used the word "female" instead of "woman;" but that before he got very far on he was convinced, "by the talented authoress, Mrs. Sarah J. Hale," of the impropriety of the expression, and that in the remainder of the book "woman" alone is used to denote a person of the other sex. "Is it not a little strange," he exclaims, "that men of education, scholars, divines, and others, should have overlooked this matter so long? Yet, writers and speakers have used the term 'female' instead of 'woman' for the last several centuries, and the thought of its impropriety never occurred to them—or, if it did, they failed to mention it. To Mrs. Hale is due the honour of arresting the improper use of 'female' as a synonym for 'woman,'" and a great deal more to the same effect. The truth of the matter is, we believe that "female" used to denote "woman" is a vulgar Americanism, and has always been regarded as such in this country; and though the word has been used in that sense by some vulgar people here, it has never been adopted by any one having the slightest claim to be thought an elegant writer,

and any one so employing the word in society on this side the Atlantic would at once be pronounced a snob.

Dr. Hale, in his preface, with great modesty gives his reasons for the publication of the above new remedies, viz. that although the curative scope of the remedies already known to us is very wide, it did not apparently include many symptoms and diseases. This we think entirely sufficient. Besides that he gives the suggestion of Teste, that plants are adapted to cure the diseases which infest the same localities. This hypothesis is by no means new on the part of Dr. Teste, nor do we think it true on the part of anybody, and is nothing but a vain fancy, and would mislead us grievously if trusted in practice; *e. g.* are we not to use Cinchona in temperate latitudes? Besides these as a reason (for the choice of the particular medicine) there are the cures performed in eclectic and domestic practice; a very good reason, and the one which determined Hahnemann in the choice of many of his best medicines. But in fact, we require no reasons for additions to our *Materia Medica*; for by the very nature of a specific practice we cannot have too many well-proved medicines, as we require the closest possible adaptation of the remedies to the finest shades of disease, and as these are almost infinitely varied, and even actually changing frequently, we shall require constant additions to our *Materia Medica*. The only question is whether imperfectly proved medicines should be admitted, and to this we must answer in the affirmative, for the well-proved medicines are still too limited to meet all cases; as we may indeed see, *à priori*, by our inability to cover the symptoms in a great number of cases, and we find out *à posteriori*, by failing to cure with them, (for no amount of proving will develop intrinsic powers the medicine does not possess); while we have a considerable number of empirically known medicines which help us out by the mere general indications. The use of such should, however, always be under protest as it were, and in the expectation that their powers will at some time be properly fixed and defined by a complete proving. Most of the remedies introduced to us by Dr. Hale are in this position, and no one is more sensible

than himself of this, as he gives us an introduction on the desiderata of Homœopathic provings in which the standard is set very high, and we think shows a thorough appreciation of the value, as well as the difficulties of the subject. We trust that many will follow Dr. Hale's excellent example, and that he will go on in subsequent editions raising the provings gradually to his own standard of excellence. In this volume he says most of the provings are incomplete, and he will be satisfied if they are only pronounced as suggestive. We do not grudge to our American brethren the honour of having furnished so many valuable additions to our store of medicines, but we wish that our English Homœopathists would show even some small signs of emulation in this field. However, the apathy in this matter is very disheartening, and shows to our mind that Homœopathy is scarcely making any real progress here during the last few years. It is true we have had a good deal of talk about the subject of late, but that only seems to make the lack of work more conspicuous.

L'Omiopatia in Italia. Revista Annuale di Medicina Omiopatica, per cura del DOTTORE PAOLO BRENTANO, *Medico Practico in Milano.* Anno primo. Milano: GAETANO BRIGOLA, 1864.

Homœopathy in Italy. Annual Review of Homœopathic Medicine, edited by DR. PAUL BRENTANO, *of Milan.* First year. Milan: GAETANO BRIGOLA, 1864.

WE know from the large number of homœopathic practitioners in Italy that our system has made great progress in that favoured land, but until recently the homœopaths have given but few signs of their existence in the way of publishing works connected with our science. And yet, homœopathy has long been established in Italy; and one of the most celebrated events in connection with the spread of homœopathy occurred many years ago in Naples, where,

by royal command, a portion of a public hospital was delivered over for a time to two homœopathic physicians—Dr. De Horatii and Dr. Romano—to do their best for homœopathy and their worst for allopathy in. The history of this trial of homœopathy is given in a previous volume of this journal. Various homœopathic journals, more or less popular in their character, have been published for longer and shorter periods;* but little was to be found in their pages interesting or instructive to the professional homœopath.

Lately, however, the "Land of the Dead," as Lamartine unhappily termed it, has revived, and bestirred itself in the matter of homœopathy, as well as in other things; and the labours of an Italian have been translated into every language where a homœopathic literature exists. We refer to the proving of *Cactus grandiflorus*, by Dr. Rocco Rubini, of Naples.

In the work before us we have another lively proof that Italy is going to have a worthy homœopathic literature of her own; and if future numbers of this *Annual* fulfil the expectations raised by this one, Italy will have no need to blush for the quality of its homœopathic periodical literature.

This first volume of an Italian Homœopathic Review contains a great variety of articles, original and translated. The introduction is an extremely well-written and eloquent account of the development of Homœopathy in Hahnemann's mind, and a vindication of our system from the arguments usually brought against it by our adversaries. Dr. Brentano traces in a brief but lucid manner the relation of homœopathy to the medical systems that preceded it, and successfully vindicates its scientific character. The author shows a thorough acquaintance with the English, French, and German literature of homœopathy, and avails himself freely of the labours of his foreign colleagues in his rapid and brilliant sketch of scientific homœopathy.

The second paper is an extract from Hirschel's latest work "On the curative indications in Homœopathy," which is familiar to many of our readers.

* A bi-monthly journal is at present published at Rome.

The next article is a short account of the periodical literature of homœopathy all over the world, from 1860 to 1864. This is followed by Clotar Müller's paper on Migraine, which has already appeared in our pages, together with Trinks' letter on the same subject. Appended is a note by the editor, giving a short account of the remaining literature of the subject.

We next come to a translation of the article on Jaundice, that appeared in our last volume, to which the author has appended an interesting note on the same subject.

The next article is entitled *Pharmacological Bibliography of the last five years*, and is a very interesting *résumé* of all that has appeared in the periodical literature of that period respecting different homœopathic medicines. This compilation is remarkably complete, and must have cost the author a world of labour.

The last article is entitled *Commentario alla Materia Medica pura dei Mercuriali*. It is an excellent essay on the different preparations of mercury. An enumeration of the subjects of the various chapters will give an idea of the completeness of this admirable article. It is divided into two parts. First part, Chap. 1.—Historical account of the mercurials. 2. General action of the mercurials. 3. Their action on the cutaneous system. 4. Their action on the digestive apparatus. 5. Action on the genito-urinary apparatus. 6. Action on the respiratory organs. 7. Action on the venous system. 8 and 9. Action on the nervous system. 10. Deductions from the premises. Second part, Chap. 1. Homœopathy and syphilis. 2. Homœopathic therapeutics of the mercurials. 3. The question of doses and antidotes. 4. Action compared with that of other medicines.

On the whole, we heartily congratulate Dr. Brentano on this contribution to homœopathic literature. It is by no means his first homœopathic essay, as we have before us a masterly treatise on Cantharides from the same pen, which we take shame to ourselves for not having long ere this introduced to our readers. We trust to meet the author frequently in the field of scientific homœopathy.

Clinical Observations on Functional Nervous Disorders. By
C. HANDFIELD JONES, M.B. Cantab., F.R.C.P. Lond.,
F.R.S., Physician to St. Mary's Hospital.

WE do not know whether the results of the physicians' practice in St. Mary's Hospital are more favorable than those of similar institutions. They ought, at least so to be; for the two leading Physicians of the Hospital have long distinguished themselves for special devotion to the therapeutic side of medical science. Dr. Chambers' Lectures have been already reviewed in this Journal; and we deeply regret the circumstances which have deprived St. Mary's of this able and enlightened physician. It is scarcely a secret that, had he continued to be attached to the hospital, Homœopathy would have received in its wards a trial at least fair and well-intentioned. The work of Dr. Handfield Jones, which is now before us, embodies the great majority of the contributions to medical science which have appeared from his pen during the last few years. We have always followed these with great interest; and hail with pleasure their presentation to the public in a compact and consecutive form. There is much in the book of interest and profit to every medical reader, be his views Homœopathic or otherwise. A sketch of its contents may serve to whet the appetite for its digestion, and at the same time put forth a few pegs on which to hang a little amicable discussion.

Two sentences may be quoted from the preface, as showing that Dr. Jones is so far on the right track. "I am more and more convinced that we ought not to think of diseases as uniform entities, but as very varying and inconstant pathological conditions." "While duly estimating morbid anatomy and minute physical diagnosis, I cannot but reiterate the wish I have several years ago expressed, that we were more earnest in inquiring into the working of our means of cure, and gaining a more thorough mastery over them."

An introductory chapter treats of the leading points in neuro-physiology and pathology, especially of those which have received special illustration from recent researches.

Much space is devoted to the results of the experiments of Claude Bernard and Brown-Séguard on the influence of the sympathetic nerve upon the blood-vessels. These most important facts have been recently detailed in this Journal;* and we allude to them here only to mention that they play a leading part in Dr. Jones' explanations of pathological conditions and medicinal action. More novel is his account of "inhibitory" action, which is worth quoting.

Attention has lately been directed by Pflüger and Lister to certain nerve phenomena, which the former terms inhibitory (*hemmung*), and supposes to belong to a certain set or system of nerve-fibres, whose sole function is to arrest or diminish action. Lister, on the contrary, concludes, from his inquiries, "that one and the same afferent nerve may, according as it is operating mildly or energetically, either exalt or depress the functions of the nervous centre on which it acts. It is, I believe (he says), upon this that all inhibitory influence depends; and I suspect that the principle will be found to admit of a very general application in physiology." The following are instances of inhibitory action:—The poles of a galvanic apparatus being fixed to the spinous processes of the ninth and twelfth dorsal vertebræ of a rabbit, currents were passed through the spine (of course, affecting the cord), with the effect of inducing "complete relaxation and quiescence of the small intestines," which had been previously in considerable movement, while the muscles of the limbs were thrown into spasmodic action; but on the discontinuance of the galvanism the previous intestinal motion returned. Weaker currents were then passed, and markedly increased the action of the intestines in every instance during the first twenty-five minutes. In the next half-hour the increase of action from the galvanism though still distinct, was less strongly marked, and at the end of that period, with stronger currents, the inhibitory influence was also found to be much less complete than before, indicating that the parts of the nervous apparatus concerned were in a less active condition, no doubt in consequence of exhaustion. Increased movements of the intestine were produced by direct irritation of the cord with a fine needle. It was very worthy of remark, that violent struggling of the rabbit, when the intestines

* By Dr. Hughes, in vol. xix.

were in pretty free movement, was followed by absolute and universal quiescence of those organs for several seconds. This showed that an inhibitory action was capable of being produced naturally as well as artificially. The recent observations of Hufschmidt and Moleschott, as to the effect of mechanical irritation of the medulla oblongata and spinal cord on the frequency of the pulse, accord very much with those of Lister. They found that slight electric irritation of the medulla oblongata augmented, while more powerful diminished, the frequency of the heart's action, or even arrested it. (2) Powerful mechanical irritation of the medulla oblongata diminished the frequency of the heart's action. (3) Slight irritation of the spinal cord increases, powerful irritation diminishes, the frequency of the heart's action. Weber and Bernard had long before demonstrated the possibility of arresting or slowing the action of the heart by galvanizing the medulla oblongata, or the pneumogastric nerve.

In a paper on Inhibitory Influence, I have endeavoured to show that pathological phenomena are not infrequent, which seem to be of this nature. I modify, however, the statement of Mr. Lister, so far as to believe that it is not the energetic operation of an afferent nerve that causes inhibitory action, but its being injuriously affected by some impression made upon it. The enfeebled state of the nerve itself, or of the centre to which it proceeds, or the severity or malignity of the impression, may give rise to the peculiar effect. The following instances may be cited as fair examples:—O. J—, *set.* 37, got a whitlow on the last phalanx of left thumb, the lymphatics were inflamed, and the axillary glands swollen, the whole arm was very painful; while the limb was in this state, one morning he found that he saw double, and had a squint in the left eye. At the Ophthalmic Hospital, it was found that the external rectus muscle was completely paralysed, and he had circumorbital pain. It was supposed that there was periosteal inflammation about the orbit, and *pot. iodid.* was given; the whitlow was poulticed, and the arm fomented. After a month of this treatment, there was no improvement of the eye, but the arm inflammation had quite subsided. A piece of dead bone was now removed from the seat of the whitlow; soon after which the squint disappeared, as well as the pain in the arm and about the orbit. The external rectus had quite recovered its power. In this instance, pain in sensory nerves about the orbit, and paralysis of a single motor nerve were

co-results of the morbid impression conveyed from the diseased finger to the centre. Dr. Watson refers to the production of amaurosis without visible change in the eye, in consequence, apparently, of irritation of the dental nerves, the blindness ceasing after the extraction of some teeth which had grown irregularly. He quotes, from Mr. Lawrence, an interesting case, in which the extraction of a carious tooth, with a splinter of wood projecting from one of its fangs, procured the restoration of the sight of the eye of the same side, which had been entirely lost for thirteen months. In such cases, the paralysis of the retina or of the optic tubercles may fairly be designated inhibitory. Two cases of amaurosis and one of ptosis, are recorded by Mr. Hancock, as cured by the removal of decayed or over-crowded teeth. Mr. Fleischmann gives a case in which an obstinate muco-purulent discharge from the right nostril, which had resisted other treatments, yielded to extraction of the right upper canine.

Dr. Brinton informs me that he has long held and taught a view almost identical with the above, under the name of "reflex relaxation." The pathology of these cases is, no doubt, the same; a nerve of special sense, a musculo-motor or a vaso-motor being paralysed according to the direction which the irritation happens to take. To the same class belong, I think, instances of paralysis produced by exposure to cold and wet, though the paralysis often continues long after the morbid impression has ceased. In Mr. Hancock's communication a case of lock-jaw and of extreme wry-neck are mentioned as having been cured by removal of dental irritation. *This shows that it depends very much on the condition of the nervous centre which is affected, what the result of a nervous stimulus shall be, whether paralyzing or exciting. So, in some persons, opium causes marked powerlessness (a degree of paralysis); in others, it tones and prevents fatigues.*

The only objection which can be made, I conceive, to the above evidence is, that in the instances cited the paralysis depended, not on a direct morbid influence exerted on the tissue of the nervous centres, but on the anæmia of the part, produced by the reflection of the original irritation on the vaso-motor nerves supplying its arteries. This is what Dr. Brown-Séguard supposes to occur in reflex paralysis, — a form which appears to me to be similar to inhibitory. In reflex paralysis the loss of motor power appears to depend on an actually existing irritation, with which it increases or diminishes, and with the removal of which it ceases. This is evidently almost

identical with what we have described above. The only difference is, that in some instances of inhibitory action, the parietic state of the centre persists for an indefinite time after the cessation of the cause which has morbidly affected it. The grounds which lead me to believe that Brown-Séguard's view is incorrect, are—(1st.) It is difficult to suppose that a spasm of reflex origin should be limited to such a very small extent of vessels as would be involved in some instances, *e. g.* palsy of one sixth nerve, ptosis of one eye. (2nd.) It is almost impossible to believe that a contraction of vessels should be so persistent as the hypothesis requires. Can we suppose, in the case of amaurosis above cited, that the *arteria centralis retinae* was spasmodically occluded for thirteen months? (3rd.) It has been found by Gull that irritation of the renal nerves, does not cause contraction of the vessels of the spinal cord, nor paralysis of the lower limbs, as Brown-Séguard stated in explanation of the paraplegia from recent disease. (4th.) In some cases of paralysis from exposure to cold and wet; *v.* one related by Dr. Copland (*Dict. of Pract. Med.*, Art. Paralysis, 76), the paralysis continues long after the exciting cause has ceased, and is removed by stimuli applied to the sensory cutaneous surface. Here the paralysis must be non-organic; and yet it can scarcely be supposed to depend on anæmia of the centre, resulting from arterial spasm. On the other hand, it is intelligible that the nerve-cells might be thrown into a state of enfeebled action by the cold, &c., from which they could not easily recover. These cases, though not typically inhibitory, seem to me very illustrative of the nature of the morbid action.

It is easy to see the bearing of these facts upon the Homœopathic controversy. The law of "*similia similibus*" expresses the relations between *phenomena* only. It is sufficient for it that a drug is capable of producing a condition similar to that existing in the patient to be cured. It may be capable also of producing an opposite condition; but with that we have at the moment no concern. Now, in the sphere of the nervous system, at least, it appears that the difference in the intensity of a stimulus is sufficient to produce in the one case excitement, in the other weakness or quiescence. It must be very rare, then, to find a neurotic drug which is incapable of producing the analogue of the morbid condition before us,

whether it be hyper- or an-æsthesia, tetanic spasm or lax paralysis. The sentences we have italicised grant—in this part of the organism, at least—all that Homœopathy demands.

It has been puzzling to many, upon the vaso-motor theory of fever, to account for the increased force of the action of the heart, when the arteries are in a state of dilatation. Dr. Jones suggests two causes for this—1st. The irritation caused by the increased temperature of the blood. This is even sufficient, in sthenic fever, to cause some contraction in the dilated arteries, and so to give the well-known “hard” pulse. 2nd. The heightened vital energy of the heart, from the freer supply of nutritive blood which reaches it through the dilated coronary arteries. In the toxæmic fevers, the heart’s action, though quick, is feeble, and the pulse is soft; showing that the blood-poison is depressing the vigour of the muscular tissue of the circulatory system.

The following remarks are of much moment :

“It seems a well-ascertained fact that the nervous tissue, both in the centres and in the peripheral extensions, becomes more excitable and mobile in proportion as its power becomes weaker. The motor nerve is more readily thrown into action, though the impulse it communicates is weak and cannot be long sustained. The sensory nerve is alive to the least impression, and becomes in certain cases gifted with almost preternatural acuteness. The brain is highly impressible, but incapable of any continuous effort; and headache is easily induced. Stimulants and tonics, which seem, and are, highly necessary, are tolerated with difficulty. The vaso-motor nerves rapidly alternate between a state of excitement, producing chills, and one of depression, giving rise to heat-flushes and perspiration.”

These cases are very difficult to manage, very tedious, but amply rewarding care and perseverance in their treatment. Plenty of food and no stimulants, a life as nearly as possible approaching to the “cool cloister’s stillness and seclusion,” and such remedies as Stramonium, Nux vomica, and Phosphorus, in medium or high dilutions, are the most suitable means for curing this hyperæsthetic debility.

Having laid his foundation in general neuro-physiology and pathology, Dr. Jones now goes on to consider the various forms under which functional nerve-disorder manifests itself. The titles of his chapters will show how extensive is the field which he surveys. They are as follows :—

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|--------------------------------|---|
| III. Cerebral Anæmia. | XXIII. Throat Dyssæsthesia. |
| IV. Anæmia of the Spinal Cord. | XXIV. Lingual Neuralgia. |
| V. Hyperæmia of the Brain. | XXV. Brachial Neuralgia. |
| VI. Spinal Hyperæmia. | XXVI. Sciatica. |
| VII. Cerebral Paresis. | XXVII. Angina Pectoris. |
| VIII. Spinal Paresis. | XXVIII. Respiratory Neuroses. |
| IX. Cerebral Excitement. | XXIX. Myalgia. |
| X. Delirium Tremens. | XXX. Abdominal Neuralgia. |
| XI. Tetanus. | XXXI. Neuroses of the Urinary Organs. |
| XII. Catalepsy. | XXXII. Neuroses of the Lower Intestines. |
| XIII. Epilepsy. | XXXIII. Uterine Neuroses. |
| XIV. Headache. | XXXIV. Cutaneous Neuroses. |
| XV. Vertigo. | XXXV. Malarial Disorder. |
| XVI. Chorea. | XXXVI. Secretion Fluxes. |
| XVII. Paralysis Agitans. | XXXVII. Hysteria. |
| XVIII. Spasmodic Affections. | XXXVIII. Syphilitic and Rheumatic Nerve Affections. |
| XIX. Sleeplessness. | |
| XX. Facial Neuralgia. | |
| XXI. Facial Paralysis. | |
| XXII. Retinal Hyperæsthesia. | |

We have only to think what an enrichment of our own literature would take place, were any Homœopathic physician of large experience to give us a series of chapters under these headings, embodying and exhibiting clinical results. We shall then be able to estimate the value of Dr. Jones' book in his own school. Even to us there is very much of interest in what he has written on these subjects, although his therapeutic means have often very little Homœopathic relationship to the maladies they oppose. One of the most interesting facts which his researches exhibit is the way in which almost every kind of functional nervous disorder may be produced by

malaria, and, when so produced, benefited by Quinine. Cases are cited of cerebral anæmia, causing unconsciousness (pp. 74 and 75), spinal anæmia manifesting itself in paraplegia (p. 80), cerebral hyperæmia (p. 84), tetanoid and epileptiform convulsions (pp. 192 and 217), strabismus (p. 273), neuralgia (*passim*) angina pectoris (pp. 362—9), asthma (p. 396), and hiccough (p. 406)—all having this origin and yielding to this remedy; besides the large group of obscure disorders described in the chapter xxxv specially devoted to the subject.

But we must pass from this and many other note-worthy portions of the book, to review its last chapter, entitled "Remedies," which, both in subject and treatment, presents special interests to us as homœopaths. It is an attempt to express the mode of action, and estimate the value of the various remedies for nervous disorders, treated of in the clinical chapters. The list comprises Quinine, Arsenic, Iron, Strychnine, Digitalis, Tannin, Sulphuric Acid, Nitric Acid, Opium, Belladonna, Hyoscyamus, Aconite, Cannabis Indica, and Hydrocyanic Acid.

Of Quinine, Dr. Jones writes:

"Quinine asserts its special influence as a nervine by its power of controlling and curing neuralgia, not only malarious but also when produced by influenza or mere debility. This proves that it has a special relation to the nervous system. Its power over malarious fever is explicable on the same view; it checks and arrests the paroxysms by virtue of its toning influence on the cerebro-spinal and sympathetic systems. That it is no antidote in the sense of chemically neutralizing the malarious poison, is quite certain, as it may be given to any amount in cases of visceral disease from this cause, without the least curative effect, and as it often quite fails to eradicate the morbid influence from the system, as shown by the return of the disorder at spring and autumn or after exposure to trivial exciting causes, although the individual has long removed from a malarious locality. The peculiar effects which Quinine produces when given in full doses, as buzzing in the ears, deafness, blindness, weakening of the pulse, can all be accounted for on the view that it

tones and excites vaso-motor nerves to such a degree that the arteries of the ears, eyes, and heart become contracted, and the parts they supply anæmic. Its over-action in this way may be decidedly injurious. In one case it caused a distressing constriction of the throat, and in another a sense of fear about the heart."

We fully agree with Dr. Jones as to the principle upon which Quinine cures many forms of ague and neuralgia. It acts directly on the nerves, cerebro-spinal or vaso-motor, whose disorder constitutes these maladies. We may also assent to his calling its curative action "toning." But we would remind him, that what is toning to a nerve in weakness, must be excitant to a nerve in health; and that excitement implies a derangement of balance in one direction, which will surely be followed by a compensatory depression in the other. Quinine, therefore, is truly though secondarily homœopathic to the conditions of nerve-debility it is used to cure. And it is quite likely to produce those conditions of primary chill and secondary fever which have been observed in the workmen in the Quinine manufactories in France, and which, occurring in his own person from its administration, was to Hahnemann what the falling apple was to the discoverer of gravitation.

We think that Quinine is hardly used as often as it deserves to be by homœopathic practitioners. It is mere waste of time to give any other remedy in ordinary cases of ague, when a few grains of the first decimal trituration every third hour will rapidly and permanently arrest the paroxysms. We have found it of great value in cases of headache, where the pain is not severe, but day after day, and week after week, the brain is in one continual ache. Here the first centesimal potency is strong enough. It should also be curative in some form or forms of that frequent and troublesome affection, deafness with noises in the ears. We have not yet, however, been able to ascertain the exact variety of the disorder in which it is effectual. Dr. Brown-Séguard mentions that it cures some forms of deafness, but does not say what these forms are. The symptoms of "constriction of the throat"

and "sense of fear about the heart," mentioned as caused by Quinine, are worth noting.

The drug next commented upon is *Arsenic*, as follows:—

Arsenic is in many respects a similar remedy to quinine, and has besides some peculiar actions of its own, which are significant of its general *modus operandi*. It stands next to quinine in its power of controlling malarious fever and neuralgia. It has a very marked efficacy in preventing the recurrence of menorrhagia, more so indeed than any other remedy with which I am acquainted. It arrests the exudation of eczema, impetigo, and pemphigus, when these eruptions are not of an acute and sthenic character, *i. e.* where the tissues are not very easily irritated. If the reverse is the case, arsenic will surely aggravate the disorder. It has a considerable effect in stilling the jactitations of chorea, and acts in a somewhat similar way in diminishing the tendency to recurrence of asthmatic bronchial spasm. Mr. Hunt mentions that small doses of arsenic are of eminent utility in checking chronic diarrhoea, or gastric irritation, although the opposite effect is apt to ensue when the medicine is given under different conditions. The same seems to hold good of its action in conjunctivitis. Here we cannot but observe a remarkable agreement between its action on the internal and external tegument. The reading of these various facts seems tolerably easy. It seems clear enough that arsenic given either in too large doses or in irritable conditions of the system, acts as a tissue irritant, inflaming the skin and mucous membranes, and perhaps other parts. On the other hand, it is evidently a nervine tonic, acting on both departments of the nervous system; increasing their vital power, and enabling them to resist morbid influences. Its action on the vaso-motor nerves, especially those of the cutaneous and uterine vessels is very marked, effecting the contraction of the arteries supplying those parts, so that hyperæmia is diminished, and serous and sanguineous discharges are arrested. The French commission report, that arsenic is a most powerful febrifuge, and has unquestionably the property of reducing engorgements of the spleen. This latter action (like the former) must surely be ascribed to its tonic influence on the nerves of the splenic artery, in consequence of which the undue supply of blood to that organ will be reduced to more nearly its normal amount. The curative action of arsenic in chorea and asthma may be explained in a like way, by regarding

it as a tonic of nerves or nervous centres which are weak, unduly excitable and mobile. In chorea, the cerebro-spinal; in asthma, the vagi nerves feel its beneficial influence.

We find more occasion to differ with Dr. Jones about Arsenic than we did about Quinine. Doubtless, like Quinine, it cures many cases of ague and neuralgia; but does it follow that its *modus operandi* is identical? Can we speak of it, pathogenetically, as a "nervine tonic," when its primary and permanent effect as a poison is paralysis and anæsthesia? We consider that throughout the organism Arsenic acts only in one way, although that is double: there is everywhere depression of vital power, with morbid irritation of tissue. It causes paralysis with cramps and trembling, anæsthesia with neuralgia, aguish chills and fever: and inflames in various ways the mucous membranes, the serous membranes, the kidneys, and the skin. It is thus primarily homœopathic to the chorea, asthma, neuralgia, ague, conjunctivitis, gastric and intestinal irritation, and cutaneous diseases, against which it is so freely used. The difference of its *modus operandi* from that of Quinine, even in the same disorders, is evidenced by the perfect success which we obtain from it even in high dilutions—while Quinine is of little value save in appreciable doses. If Dr. Jones would try it in infinitesimal doses against the states of tissue-irritation which he now finds it aggravates, he would be greatly surprised at the result.

Iron is of course considered a nervine remedy only mediately, through its influence on the blood: and thus especially indicated where anæmia is present. In such cases, it may fairly be supposed to act as a food rather than as a medicine.

Strychnia is a very favourite remedy with Dr. Jones. He describes it as "a nervine tonic which addresses itself specially to the motor-nervous apparatus of the cerebro-spinal system." We may make the same remarks upon its action which we have already offered regarding that of Quinine. In homœopathic practice, we are very fond of it as a substitute for *Nux vomica* in cases of pure spasm, especially in some forms of asthma.

Dr. Jones' views concerning the action of *Digitalis* upon the heart, have been already discussed in this Journal (No. for July, 1868). Whatever be the rationale of its action, the phenomena are remarkably homœopathic. We give them in Dr. Jones' own words. "*Digitalis tones and strengthens the action of a feeble heart, but lowers that of a vigorous one.*" A case cited by him in illustration of the curative action of the drug, is worth giving here. "The patient was a woman who, having long suffered from disease of the heart, had a severe flooding after labour. She was apparently *in articulo mortis*, her limbs were cold, face livid, no pulse at the wrist, and a mere fluttering to be heard when the ear was applied to the region of the heart. The body was covered with a deathly clammy sweat. Brandy and ether had failed, but half-drachm doses of Tincture of *Digitalis*, every hour, restored her after seven had been given, and she recovered."

Dr. Jones propounds a curious and novel theory of the action of *Opium*, in which however we are quite unable to go along with him. "Taking our common experience of the effects of *Opium*," he writes, "we know that it acts as a soporific, as a calmer of pain, and as an arrester of intestinal and other secretions, and morbid profluvia, even of some hæmorrhages." Its *modus operandi* in these actions is usually supposed to be "sedative;" but Dr. Jones considers it in all cases a stimulant. Although ordinarily soporific, he says, in certain constitutions it has a stimulating influence on the brain, manifested both in greater activity of the intellectual functions, and in a greater capacity of enduring fatigue. In such cases, he supposes that the stimulant influence of the drug is expended mainly upon the cerebral centres themselves; while more generally it falls upon the vaso-motor nerves of the cerebral arteries, diminishing their current of blood, and thus inducing an anæmia similar to that which exists in natural sleep. Among other objections to this theory we may mention—1st. That the opium-sopor is exceedingly unlike natural sleep. 2nd. That the condition of the brain in opium-poisoning is one of congestion rather than of

anæmia. And 3rd. That the anæmia which obtains in natural sleep is surely secondary, from primary diminished functional activity of the nervous substance, and hence lessened attraction for the material on which it works. In a paper upon the Pupil in the number of this Journal for July, 1864, Dr. Jones will find the primary cerebral excitement often caused by Opium, fairly accounted for on the theory of its depressing influence alike upon the vaso-motor nerves and the cerebral centres. Two passages from the paragraph on Opium are worth citing, for their bearing on homœopathy. 1. "The action of the drug on the cutaneous nerves seems to be rather uncertain; it does not seem by any means to cause diaphoresis frequently. Nay, even Dover's powder I have found, in accordance with Descamp's recommendation, materially to check the night-sweats of phthisis." It will be remembered that Dover's powder is the leading "diaphoretic" of old-school practice. 2. "Alcohol and Opium have in many respects the same effects. Thus both in small or moderate doses they stimulate the brain, in larger, produce sopor, but leave the respiratory centre efficient, and in still larger doses cause fatal coma and collapse." We think that Hahnemann would have been justified in inserting this sentence in his *Organon*, as one of the testimonies of old-school physicians to the homœopathicity of their best-accredited remedies. We are thinking, of course, of the treatment of delirium tremens.

Dr. Jones is only consistent in following up his views concerning Opium by regarding *Belladonna* as a universal nervous depressant. We differ with him *toto cælo*, but cannot in this place follow his arguments step by step. The view of its action held in the homœopathic school may be seen in the "Cases of Poisoning by Belladonna, with Commentaries," in the twentieth volume of this journal, and in the article on the Pupil, already referred to in the number for July, 1864.

"*Hyoscyamus*," says Dr. Jones, "appears to be chiefly a simple and direct cerebral sedative. Of its calmative and hypnotic action I have no doubt." One has only to read a single case of poisoning by this drug to see that the curative action thus described is homœopathic in its nature.

"*Aconite* is certainly of great value as an external application in cutaneous hyperæsthesia, and in some neuralgias, but I am shy of administering it internally. It may be used, however, in various conditions characterised by sthenic nervous excitement, certain pyrexias, neuralgias, and headaches, but its effect should be carefully watched lest it induce perilous depression of the heart's action. The dose at first should not exceed $\frac{m}{x}$ of the tincture (Ph. Brit.) *ter die*." Poor allopathy! A distinguished physician "shy" of using the most precious remedy against acute diseases which our art possesses, because his prejudices will not allow him to use less than ten minims of the pharmacopœial tincture at a dose!

Cannabis Indica is naïvely described as physiologically a cerebral stimulant, and therapeutically a nervous sedative. It is a drug worth study from a homœopathic point of view. Its most interesting action is the pseudo-cataleptic condition it not uncommonly induces, especially in the natives of India. We have lately had a case under treatment, hysterical probably at bottom, but in which the symptoms assumed the cataleptic form. Rapid recovery has ensued under the use of *Cannabis Indica* in the 2nd centesimal dilution.

Hydrocyanic Acid is the last drug treated of by our author. He admits that the phenomena of poisoning by it suggest over-stimulation rather than depression, and correspond with tetanus and epilepsy rather than with paralysis. These are the views maintained by Drs. Madden and Hughes in this journal; and in accordance with which they recommend the drug in epilepsy, asthma, and infantile convulsions. It is rather surprising to find Dr. Jones summing up thus:—"I believe we must for the present be content to think of the drug as a direct sedative to nervous tissue." And this merely because "it has been used lately with great success by Dr. K. M'Leod in cases of insanity attended with excitement."

This last piece of inconsistency points to the radical error, as we conceive, of Dr. Handfield Jones' speculations on the *modus operandi* of drugs. He is justified in using therapeutic as well as pathogenetic facts as the materials of his

theory ; but he is not justified in assuming that all curative action is antipathic. The truth lies, as we know well, in just the opposite direction ; and hence more than half his inferences should be stated in terms precisely contrary to those which he employs. Except where the law of similars is fully held and understood, the only safe course in theorising, and the only fair course in controversy, is to confine ourselves to the observed pathogenetic effects of the drug. From these alone let inferences be drawn as to the organs and functions specifically influenced by it, and the mode of their disturbance. And then a comparison with its recorded therapeutical effects will determine whether *ἐναντιον*, *ἀλλοῖον*, or *ὁμοῖον*, most truly expresses the relation between the two classes of facts.

We take leave of Dr. Jones with every sentiment of respect and sympathy, and cordially recommend his book to the study of our colleagues.

MISCELLANEOUS.

Homœopathy in Australia.

[The champions of Homœopathy in Melbourne have been called on to stand up for the good cause, and a very pretty quarrel has lately been carried on in print between the partisans of the opposing schools. We have not space, nor would it interest our readers to report here the whole of the controversy; but we may make a few extracts to show how very like our opponents at the antipodes are to those nearer us; and how well our homœopathic friends at the other side of the world can hold their own against the attacks of their foes. The first document we shall present is a leader from the *Argus*, the most influential paper in Melbourne.]

It will be very readily understood that we should not make the *Australian Medical Journal* a subject of criticism in these columns without some weighty and imperative reason. The periodical in question is not a very ambitious one, but, except on one or two occasions, it has evinced every sign of being conducted with sobriety and good taste. To the profession itself it should serve a very useful purpose. Though the local field for medical skill is necessarily a confined one, and the chances of medical fame are proportionally few, an intelligent medium of professional intercommunication can scarcely be without a beneficial influence. Beyond its own circle such an organ can have no interest, except on those rare occasions when it courts public attention by the discussion of subjects that are co-extensive with the public welfare. Such an occasion, it seems to us, is now offered by a paper in the current number, entitled "Homœopathy in High Places." An extract will explain the circumstances which gave rise to it:—

"The following letter which we have received from a gentleman holding a distinguished position in the profession at Sydney, speaks for itself:—

"I send you a copy of the *Empire* newspaper, to draw your attention to an appointment that has been made by our Government, unknown before in any part of Her Majesty's dominions,

viz., that of a practitioner of Homœopathy to the important position of visiting medical officer to the Tarban Creek Lunatic Asylum; and, further, the ordinary visitors (this being an extra appointment) have never taken any notice of it in the way of remonstrance, or otherwise. Now, sir, I think it but right that such an indignity cast upon the profession should be freely commented upon by the medical press; and as we possess no medical periodical in this colony, I take the liberty of drawing your attention to the circumstance, in the hope you will give us a little of your mind on this subject in your next issue. I have ascertained that the appointment has been made. I may also inform you that our present Minister for Lands, although not a medical man, got his living by this homœopathic system, before his present elevation. Our leading journal, the *Sydney Morning Herald* is so tainted with this system, that they refused insertion of a letter on the subject, since published in the *Empire*. The name of the person appointed is Dr. Brereton, the Turkish-bath man."

The writer of the paper, upon this, comments to the following effect:

"While, however, it is impossible not to be conscious of the most unqualified disgust at witnessing this flagrant defiance of propriety, it is certainly proper to ask what course the other medical visitors of the Tarban Creek Asylum propose to adopt. Dr. Douglas, Dr. Boyd, and Mr. Alloway have deservedly enjoyed the esteem and confidence of their professional brethren for many years, and, in order to maintain this regard, there seems to be no course open to them save that of immediately resigning their appointments. Their doing so would be the most dignified mode of indicating their own sense of the affront that has been offered them, and it would very fitly represent the general feeling entertained by the profession on the subject of the monstrous imposture, which, singularly enough, finds its most powerful advocates among the educated and otherwise intelligent.

"We shall be glad to hear that this course has been adopted. It is needless to assure the three gentlemen who have been so pointedly insulted, that the sympathy of the profession in Victoria is entirely theirs, and that the prompt response it is their obvious duty to make, will be hailed by the most cordial and unanimous approval. The increasing social influence of the medical profession throughout Australia demands that it should pronounce

decisively and unhesitatingly when the common rights are invaded or its status is attempted to be injured. The apostacy of homœopathy is so exceptional that it would be an easy thing to bring pressure to bear upon *any government that dared* to defy the opinion and outrage the feelings of its faithful disciples of medicine, and we trust there will be no hesitation in making this power strongly felt and promptly acknowledged."

And here we consider that the interposition of the public press is called for. What has happened in New South Wales may happen in Victoria. When a government has *dared*, it is high time to inquire into the nature of the abuse which has provoked the threat. The inquiry may possibly expose the insignificance both of the abuse and the threat; but in the abstract that is no reason for superseding the investigation.

And, at the outset, we would have it distinctly understood that we are not pleading the cause of any particular school of medicine, or any particular set of practitioners. We do not profess to hold the balance between rival systems; and for our purpose it is not necessary that we should. In our position as public critics we are strictly neutrals—neither heterodox nor orthodox, neither homœopaths nor allopaths. The controversy between the globule and the pill will go on in spite of anything we could say to allay it. All we would ask is, that while it does go on, while the question is still in its controversial stage, it should be conducted on both sides in a spirit of fairness and liberality.

And, after, all, what is the outrage that, even in perspective, has stirred the revolutionary bile of our reviewer to talk the language of treason and threat?—the appointment of a qualified medical man to office, who happens to be the disciple of a school that "singular enough, finds its most powerful advocates among the educated and otherwise intelligent." Qualifications for patronage under a colonial government, it is true, have never been otherwise than of the most anomalous and eccentric character, but this is the first time to our knowledge that it has been laid down as a rule of conduct to a colonial government that "education and intelligence" are disqualifying. The principle is somewhat at variance with the eternal fitness of things, but it must be acknowledged to explain many an otherwise inexplicable phenomena. Perhaps a more auspicious moment might have been chosen for its enunciation than that in which "the increasing social influence

of the medical profession throughout Australia" is insisted upon. But to return to the point in discussion. Is "the apostacy of homœopathy so exceptional" that the appointment of "a homœopathic practitioner to the important position of visiting medical officer to the Tarban Lunatic Asylum" becomes a matter for serious remonstrance in the interest of the public as well as that of the profession? We should be sorry indeed to prejudice a controversy, but it is our business and duty, where it affects the general interests of the public, to add such comment as may bring it to a speedy and satisfactory issue. The thing to be demonstrated, then, is, is homœopathy fatal to the safety of the community—in other words, is homœopathy an unsafe system of medicine? This question, we willingly confess at once, we are not prepared to answer from any qualitative or quantitative analysis of any homœopathic medicament. That must be left to the chemists. As rational men, but non-scientific, we must be content to accept the testimony of experience to ground our judgment on. And here we are forced to acknowledge that such experience is not in favour of the "monstrous imposture" theory. Letting alone the evidence advanced by its detractors that "this monstrous imposture, singularly enough, finds its most powerful advocates among the educated and otherwise intelligent," there is large and abundant proof forcing itself on the attention that homœopathy has, at all events, claims, if not to respect, at least to that indulgence which is usually granted to every branch of science devoted to the benefit of mankind, to the relief of its physical sufferings, and the amelioration of its dependent moral distempers. Homœopathy appears to possess all those credentials which Bacon tells us a system to be scientific must have. Like Old Medicine, it has its schools and its professors, numbers its hospitals and asylums, can show its organised body of faith, and its organised formulæ of practice. It has, too—and this we are forced to own is a paramount testimony in its favour—the test of success to adduce in its support. It can point to statistics which tell in unmistakeable language that it has at least fulfilled its mission on earth, and healed the sick. Apparently courting investigation, it can point to illustrious names in science of every department, who have investigated it, and believed. All this, though it by no means confirms the truth, as it is called, of homœopathy, is yet very strong *prima facie* evidence that it is not what is meant by a "monstrous imposture." When it is

taken into consideration, in addition to all this, that its merits have won their own way, have won consent, in spite of its apparent anomalies—that the adoption or rejection of its tenets was purely a matter of free-will, of individual taste or individual temperament, it must be acknowledged that it cannot be altogether a thing of demerit. Mankind do not choose their doctors as they choose their tailors, from a comparatively idle preference for which they can give no reason based on conviction. They adopt this medicine and reject that, generally, because the adoption or rejection is a question of vital interest to them, which they are called upon to decide with a view to the gravest consequences. A matter of life or death is not a question of æsthetics, and we may be pretty sure that the selection of this or that system is not a mere whim. In the very nature of things, then, we are forced to own that the success of homœopathy, where it has attained it, is *bona fide*, and that it has attained success, because upon trial it has merited it.

Having assured ourselves of this much, we might, as far as public apprehension is concerned, fairly dismiss the case. The proof of the pudding is in the eating. The eating has taken place, and the public is content to know that no evil consequences have followed.

We have, of course, nothing to concern us in the appointment of Dr. Brereton to the Sydney Hospital. He may be an eligible man for the post, or he may not. All that we undertook to show, in the cause of justice and logic, was, that it does not follow that he would be an eligible man if he were an allopathist, or that he must necessarily be ineligible, and therefore treated in a spirit of illiberality, because he is a homœopathist. Such a spirit, indeed, has generally pursued the progressists of society, and, to a certain extent and in a certain form, its exhibition is useful. A well-organised opposition to truth, moral or scientific, has invariably given it an impulse, and if the pretended truth was only error in disguise, it has invariably exposed it. At the same time, there is a principle which should control opposition, and regulate the demeanour of opponents.

That principle involves fairness and toleration, a willingness to hear argument, and to admit the value of proof. The violation of this principle, we are sorry to say, has been singularly characteristic of the opposition offered to homœopathy. As far as we can understand, the illiberality we refer to has originated not so much

out of personal antipathy to homœopathy in particular, as in an imperfect apprehension of the nature of medicine as a science. Medicine is after all purely an experimental science, and in that character is open to reform, and exposed to revolution. Having been the closest and most exclusive of the sciences, it is easy to see how its adherents should be slow to realise such a condition, and impatient of admitting its operation.

For the rest, this is not the first occasion that a homœopathist has occupied a post of public trust; and since there is nothing to prove in the abstract that homœopathy unfits a man for the discharge of his moral obligations to his neighbour or the public, there can be no objection, on public grounds at least, to any such appointment. Until such proofs could be offered, proofs of incapacity, moral or legal, any objections that could be made could only be urged in a factious spirit—in the old spirit, in fact, of persecution and conservatism—the spirit which imprisoned Galileo for his astronomy, vilified Jenner for his vaccination, and Harvey for his circulation, scouted Laennec for his stethoscope, laughed at Fulton for his steam-ship, and denounced the lightning-kite of Franklin. Hahnemann may or may not be a philosopher; but, on glancing at the fate of philosophers, the treatment he has received, we are bound to confess, is strong presumptive evidence in his favour.

This vigorous article drew forth the following meek question from a partisan of the allopathic school.

What is Homœopathy?

TO THE EDITOR OF THE ARGUS.

Sir,—In your issue of this day you say, “In the very nature of things, then, we are forced to own that the success of homœopathy, where it has attained it, is *bond fide*, and that it has attained success because upon trial it has merited it.” Will you allow me to ask what is homœopathy? I have for some years vainly endeavoured to find an answer to this question.

Yours, &c.,

MEDICUS.

SOUTH YARRA; July 9th.

[“A monstrous imposture that, singularly enough, finds its most powerful advocates among the educated, and otherwise

intelligent."—*Vide Australian Medical Journal*, July, 1864, p. 219].

To this simple query a number of replies succeeded; we shall present our readers with that of our old contributor, Dr. Madden, who, many of them are aware, having gone to Melbourne for his health, is now the leading homœopathic practitioner there.

Sir,—In your issue of to-day "Medicus," of South Yarra, asks the above question, and adds, "I have for some years vainly endeavoured to find an answer to this question." "Medicus" has certainly been most unfortunate in selecting his sources of information, or he would long ago have obtained a clear and distinct answer to his query. We who profess homœopathy make no secret either of our practice or our principles, and our accredited periodicals, more especially *The British Journal of Homœopathy* and *The North American Journal of Homœopathy*, have assiduously promulgated our doctrine during more than twenty years. It is a pity, however, that an inquirer who "has endeavoured for many years" to obtain an answer should be still kept in the dark, and I would therefore inform him that "homœopathy consists essentially in treating diseases by medicines capable of producing upon the healthy body symptoms resembling those of the disease to be cured." When Hahnemann first enunciated his well-known formula, "*Similia similibus curantur*," he said nothing about doses or diet, theories of disease, or such like, but simply asserted the above law of cure. Hahnemann, however, lived more than forty years after his announcement of homœopathy, and during that period he added a great many theories, which have become so mixed up with the original formula, that many superficial inquirers have concluded that they essentially belong to the doctrine, and, in controversy, have repeatedly declared that any homœopathist who deviates from the latest teaching of Hahnemann is acting dishonestly. But, Sir, it must never be forgotten that homœopathy is one thing and Hahnemannism is another. There are very many practitioners who are staunch homœopathists who never were Hahnemannians, in the strict sense of the term. Homœopathy is simply a law of cure—a rule for the selection of drugs. Hahnemannism adds to this the doctrine of the infinitesimal dose, and a peculiar theory of chronic diseases, and a variety of other dogmas, all of which may be very good, but are

most unquestionably not essential to homœopathy. Let "Medicus," therefore, understand that *treatment by similars* is the essence of homœopathy, and that every other assertion, by Hahnemann or his followers, may be accepted or refused by the homœopathic practitioner without disturbing the purity of his practice.

I have the honour to be, Sir,

Your obedient servant,

HENRY R. MADDEN, M.D.

MELBOURNE; July 11.

Another allopathic champion now took up the quarrel in the following strain:

Sir,—Will you allow me to make a few remarks on the subject of homœopathy, believing myself to be at least as free from prejudice as my contemporaries?

Why is it that the term "allopathy" is so frequently used by the followers of Hahnemann as a sort of nickname for all who do not give drugs according to the theory of *similia similibus curantur*? Why is it they are perpetually sneering at the "old system?" I have never met nor ever heard of any one in modern times who taught or practised "allopathy" as a system; and what they refer to as the "old system" is about as often met with in England as a stage-coach, or any other relic of antiquity. If to be an old system is a term of reproach, homœopathy deserves the imputation far more than rational medicine, as taught in the schools of London and Paris; for the former has run on in the same old groove for the last sixty-seven years, since the days of Hahnemann, while the latter has been yearly reforming itself, and taking higher ground. If any sect can be rightly accused of dogmatism and illiberality, it is the homœopaths. They fell down and worshipped this idol of "like cures like" last century, and remain prostrate before it to-day, and shut their ears to all arguments against it. These are the words of Hahnemann; the great priest of this faith—"He who does not walk on exactly the same line with me, who diverges, if it be but the breadth of a straw, to the right or left, is an apostate and a traitor, and with him I will have nothing to do!" Rational medicine, on the other hand, does not tie itself down to any fixed law or dogma (knowing that the nature of disease and the variety of constitution utterly preclude the possibility of any fixed law in the administration of

drugs or other remedial measures), but will use *any* means to bring about the desired end—the patient's recovery. It is all very well for modern homœopaths to try and disclaim poor Hahnemann, for, while they have not one-tenth of his industry and single-mindedness, they have to this day all his bigotry and illiberality.

Why should the homœopaths be always trying to court popularity by making themselves out martyrs and persecuted? They have had fair scope to evangelize the medical world, if they can. It seems to me that this cry is the refuge of a weak cause. They claim to place the "great truth" of *similia similibus curantur* on a par with the discoveries of Newton, of Galileo, of Harvey, of Jenner, and point to these great names as having been despised as enthusiasts at first, quite forgetting that their discoveries were acknowledged by all the civilised world within a very few years, even in those ages of bigotry. On the other hand, homœopathy has been sixty-seven years before the public, in generations very prone to receive new truths, bigotry and prejudice being less in vogue than ever they were before; and yet, so far from being universally acknowledged, it is still confined to a limited sect, both of the public and the profession, and has not nearly the number of adherents relatively to the population that it had twenty years ago. Again, how is it that a sect so fond of proselytizing and pamphleteering, has never made a convert of any one man of note in the study of the anatomy, pathology, or physiology of the body? It is not reasonable to suppose that in this age of advancement and free discussion, all such men are imbued with the obstinacy of those who would not look through Galileo's telescope, lest they should see Jupiter's moons. How is it that the stethoscope, the microscope, chloroform, and a host of other novelties which, a few years ago, were looked upon as new-fangled curiosities, are now acknowledged by all; and yet sixty-seven years are not enough to force the "great truths" of homœopathy on the obdurate heads of the medical world. Can we believe that men open-armed to receive any other new thing, when proved to be true, nourish still in their hearts *one* "damned spot" of bigotry and exclusiveness, and ready to be convinced on everything else, on one subject only are illiberal, pig-headed, and wilfully blind, and that this subject is in every case the "great truths" of homœopathy? Again, what have the homœopaths done to earn for themselves the title of scientific

men? Let them point to one little item of the vast mass of discovery in physiology and pathology during this century which the world owes to them. They have left the students of rational medicine to do all the really hard work in the elucidation of the mysteries of the human frame, give them nothing but hard words for their pains, and content themselves with theorizing in their closets, and chronicling such symptoms as "aversion to coffee" (!) and "absence of thirst" (!) by the thousand. You wonder, Sir, why the "educated and intelligent" should take to homœopathy more than the illiterate? The reason is simply this—that its theory is to the layman a specious and plausible one, and that the educated classes have, as a rule, more time and opportunity for running after such things. It has always been so. St. John Long's house was besieged by the carriages of the educated and intelligent, who were the great patrons of Cagliostro, of Hume, and of every specious and wonderful "science." Thousands of the strongest minds in England believed in Bishop Berkeley's tar water as a universal panacea; and I know many hard-headed clever men who consider "Professor" Holloway the great medical apostle of the age. As long as human nature remains as it is, educated men will always run after startling and specious theories of medicine, while to the clown "doctor's stuff" is the same all the world over.

I myself have tried hard to believe in homœopathy. I have tried it and seen it tried, but never could convince myself that as a system it could hold water, or that in individual cases the benefit, if any resulted, was due to other than the ordinary rules of hygiene which were adopted at the same time. Whereas, in rational medicine, the most startling and incontrovertibly curative treatments, whether by drugs or other means, are often totally opposed to the doctrine of *similia similibus curantur*.

If homœopaths would study the natural history of disease a little more, and theorise upon data as yet unproved a little less, they would be more likely to elevate themselves to a position in which argument could be held with them on equal ground. They use the word "cure" a deal too often, and "get well" a deal too seldom, to square with the knowledge of modern pathologists. They ignore too readily the vast class of cases in which recovery follows the simple removal of the cause of disease, apart from any drugging, the inevitable globule or tincture gets all the credit. *Post globulam, propter globulam* is their motto. A study of Sir

John Forbes' *Art and Nature in the Cure of Disease*, would disabuse their minds of many old-fashioned prejudices, and teach them not to condemn as bigots those who decline to see things through their coloured spectacles.

I am, Sir, yours obediently,

A MELBOURNE PHYSICIAN.

July 12th.

To this Dr. Madden replied:

Sir,—“A Melbourne Physician” having favoured the public with his views of homœopathy in your paper of July 13th, it may be as well that your readers should learn the stability of the grounds upon which he has founded his opinion. I think it is a pity that this “Melbourne Physician” should have concealed his name, as one likes to know the status and qualifications of an antagonist, and to avoid wasting one’s time in contradicting assertions which probably would have carried no weight had the author’s name been attached to them. For myself, having never yet written anything of which I am ashamed, I have invariably appended my signature to what I have committed to the press. I need not trouble your readers about the propriety of the terms “old school” and “allopathy,” as the defenders of orthodox medicine (as they themselves term it) perpetually refer to Hippocrates, &c., and boastingly ask, “Is it possible that the labours of 2000 years can be fundamentally wrong?” And the “Melbourne Physician” himself, when he acknowledges that “rational medicine does not tie itself down to any fixed law or dogma,” gives a very fair definition of the term allopathy, which is usually employed to designate that practice which has no fixed law to guide it.

The amount of knowledge of homœopathy possessed by the “Melbourne Physician” can be readily ascertained by what he himself asserts. For instance, he says that it “has run on in the same old groove for the last sixty-seven years:” and a little further on he adds, that it “has not nearly the number of adherents relatively to the population that it had twenty years ago.” Any one who is in the least degree acquainted with the actual state of the case will give an unqualified denial to both these assertions. Were this the proper place for such a purpose, I could point out numberless instances of progress and development in homœopathy during the last twenty years; and as for

the number of its adherents, one single fact will be sufficient. Twenty years ago there were only between twenty and thirty medical practitioners of homœopathy in Great Britain, and now there are very nearly 300; and yet very many of these men have large practices. Has the population increased in the proportion of thirty to 300?

I do not know whether the "Melbourne Physician" refers to my distinguishing between homœopathy and Hahnemannism, when he says, "It is all very well for modern homœopaths to try and disclaim poor Hahnemann;" but, if so, I should like to learn what ground he has for the insinuation. So far from disclaiming Hahnemann, I glory in his name and revere his memory. No single physician ever did so much for the benefit of suffering humanity as the dear old sage of Coethen. But must one adopt all that a man says because one believes in some great principle which he has announced to the world? Can we not adopt the Baconian philosophy without agreeing with his lordship in his belief in witchcraft, or in the production of a peculiar fly in the burning furnaces during the smelting of copper and brass?

The "Melbourne Physician" speaks glowingly about the great readiness manifested by the medical men of the present day to investigate and adopt new truths, and argues from this that, had our system been true, it would have long since become general. But, Sir, he has overlooked the fact that all the instances he refers to, viz., "the stethoscope, the microscope, chloroform, and a host of other novelties," are mere additions to or modifications of pre-existing methods of investigation, or of treatment; whereas homœopathy demands a radical and fundamental change in therapeutics. Anything that can be patched on to the old system is received readily enough, but it is quite a different thing to commence *de novo*—to reassume the student's place, and learn afresh the treatment of each disease.

The "Melbourne Physician" next asks, how it is that homœopathy "has never yet made a convert of any one man of note in the study of the anatomy, physiology, or pathology of the body?" Has he never heard of Dr. Henderson, the professor of pathology in the University of Edinburgh, who has been a leading homœopathic practitioner for more than twenty years? Was he not aware that Dr. Conquest, of London, published his belief in homœopathy some years before his death? Did he not know that Dr. Tessier, of Paris, was a homœopathic practitioner, and

carried out his practice in one of the public hospitals of that city? The celebrated German physiologist Dr. Arnold, of Heidelberg, is a homœopathic practitioner; and Dr. Arneth, of Vienna, so laudably mentioned by Professor Simpson for his researches concerning puerperal fever, has practised homœopathy for five and twenty years at least. But I need not add to this list, suffice it to say that there are at least thirty-two professors of universities in Europe who have sworn allegiance to the law of similars.

In equal unconsciousness of what has been going on in the scientific world during the last half century, this "Melbourne Physician" asks, "What have the homœopaths done to earn for themselves the title of scientific men? Let them point to one little item of the vast mass of discovery in physiology and pathology during this century which the world owes to them." Really, Sir, the "blissful ignorance" of some men is most remarkable, and most convenient for the purposes of controversy. Why, Sir, the science of the physiological and pathological action of drugs, or pathogenesis, as it is more correctly called, owes more to the labours of homœopaths than to any other investigators. It is true that our practitioners have not specially devoted themselves to general physiological investigations, because the whole science of physiology is common to all schools of medicine, and hence we can profit by the discoveries of all who labour in that field; but in the science which still more closely concerns the medical practitioner—viz., the influence of drugs on the various functions of the body—the homœopaths have always led the van. Nothing is more amusing to us than to note the wonderful discoveries which the leaders of so-called "rational medicine" are constantly making about the action of drugs, all of which have been known to and utilized by us for many years. For example, Dr. C. Black, of Chesterfield, discovered (?) in 1857 that arsenic was a most valuable remedy in Asiatic cholera! Had he looked in our *Materia Medica*, he would have seen that we had used this medicine in the first epidemic of that dire disease, namely in 1831. Again, a few years ago, Dr. Thudichum startled the medical world by asserting, as the result of direct experiment, that mercury diminished the secretion of bile, and arguing thence that they had all been wrong in giving calomel for liver complaint. Why, Sir, it was only the fact of mercury checking the flow of bile in the healthy liver which gave it the power of restoring the secretion when suppressed; and that was also well-known to

all homœopathists. Again, Drs. Handfield Jones and T. K. Chambers have been surprised to find that digitalis tones a weak heart, which they confess seems very strange to them, as it undoubtedly weakens a healthy one. We, on the other hand, have known it all these sixty years, wherein we have been doing nothing according to the "Melbourne Physician;" and, moreover, our patients have largely benefited by the fact. But, Sir, I need not cite more examples; suffice it to say that nearly all their so-called new remedies were used by the homœopaths for many years before their virtue was ever suspected by the old school. Among many others, I may mention podophyllum, actea racemosa, hydrocotyle, gelseminum, glonoine, veratrum viride, nitrate of uranium, phytolacca, &c., all of which are homœopathic to the condition which they really benefit; and I may just add that all the recent novel uses to which the practitioners apply nux vomica, aconite, and belladonna, are equally within the limits of the homœopathic law.

I must, however, hasten to a conclusion. The "Melbourne Physician" strongly advises us to read Sir John Forbes's *Art and Nature in the Cure of Disease*, and to say less about curing and more about getting well, all which advice we have taken long ago, as he would have seen had he read our journals, where he would have found numerous cautions against mistaking *post hoc* for *propter hoc*, and where he would have also found an excellent review of Sir John Forbes's work, in which the insufficiency of his arguments against homœopathy are very clearly stated.

Lastly, "the educated and intelligent" classes must be very greatly obliged to the "Melbourne Physician" for his explanation of their relationship to all kinds of quackery. But I would remind him that homœopathy is also largely adopted by the middle and working classes, with whom "time is money," who have experienced the advantages of being cured more quickly than by the old method of treatment. I would add one other telling fact, viz., that the Midland Railway Company, and several of the most extensive carriers in England, have all their horses treated by Mr. Moore, the veterinary surgeon, because experience has shown them that they lose fewer animals and have them sooner at work when treated during illness with homœopathic remedies.

I have the honour to be, Sir,

Your most obedient servant,

HENRY R. MADDEN, M.D.

MELBOURNE; July 15.

In the meantime "Medicus" replied to Dr. Madden in the following:

Sir,—My thanks are due to Dr. Madden for his courteous reply to my question, "What is homœopathy?" It is satisfactory to me to find that all the dogmas of the eccentric Hahnemann are not adopted by the educated practitioners of his school—that the globule and its infinitesimal quantities, with the once renowned magnetoscope, are among the non-essentials in Dr. Madden's creed. The doctor rests his faith upon *similia similibus curantur*—the great discovery of Hahnemann, proclaimed by him to be the infallible and universal law of therapeutics, which I presume all homœopaths adhere to, and which amounts to this, that to effect the cure of diseases, we should in every case give a medicine which can itself produce an affection similar to that sought to be cured. (*Organon*, page 56.) "The truth," Hahnemann observes, "is only to be found in this method." He holds up this law of "*similia similibus curantur*" (like is cured by like) as the only therapeutic law conformable to nature, as unerring, as a mode of cure founded on an eternal and infallible law of nature.

By acknowledged writers on homœopathy it is also spoken of as of any other general physical law of nature. Other men in our time have been quite as eccentric as this in other supposed infallible remedies. The best refutation of Hahnemann's dogma is, that truth has been found in other means than his, which have been, and will continue to be, successful in curing diseases, without possessing at the same time the power of producing them. The disciples of Hahnemann aver, in addition to what I have here stated, that remedies which cure diseases in the sick cause the same or similar diseases in the healthy. In considering this part of the question, I would ask, does quinine (I will say nothing of doses at present) produce and cure ague? Does colchicum produce rheumatism and cure it? Do vegetables and lemon-juice produce scurvy as well as cure it? Does sulphur cure and produce itch? Steel cures poverty of blood; does it produce it? Champagne induces an attack of gout; does it also cure it? Is inflammatory croup caused and cured by any drug? If it be a fact that certain medicines have the power of curing diseases because those drugs have the power of producing an affection similar to that sought to be cured, it follows that all

healthy persons can, if it so happens that they desire it, have personal experience in a strong degree of diseases through the administration of drugs by a homœopathist. I should have been more enlightened upon the views of homœopathists if Dr. Madden had dilated a little upon the principles adopted by homœopathists, and had explained the mode of action of certain drugs which have the power assigned to them, as well as to the doses employed. I must again, therefore, ask what is homœopathy? And I do so, not because I have not read *pro* and *con.* for the last twenty years, but because in reading as I have done, I cannot arrive at a satisfactory solution of the difficulties of the subject. I did so, because it has not yet been proved to the satisfaction of the great bulk of the medical profession of all civilised nations. At the same time I may record the well-known fact, that homœopathists of acknowledged repute differ among themselves as to the action of medicines. Dr. Pereira says homœopathy has been fairly put to the test by members of the Académie de Médecine, and the result was a failure. Andral tried it on numerous patients in the presence of homœopathists themselves, and found it a failure in every instance.

I can adduce, if necessary, many well-founded facts, to show that this system does not prove to be what Hahnemann and his disciples declare it. I am not, as most writers on homœopathy assert, prejudiced; but I must confess that I should not feel justified in treating serious cases of illness homœopathically until far greater light is given to the world upon the subject than now exists. It appears to me that when a medical man adopts "*Similia similibus curantur*" as his motto, uses auxiliaries in his treatment, and does not confine his doses to the infinitesimal, the difference between such a man and the ordinary physician is very infinitesimal in its extent.

"MEDICUS."

July 15th.

To him Dr. Madden writes the following reply :

Sir,—“Medicus” of South Yarra, while assuring us that he has been reading *pro* and *con.* regarding homœopathy for the last twenty years, nevertheless asks a series of questions which have been answered again and again during that period. If he will propound any new question, or mention any difficulty which has not yet been repeatedly solved, I shall be most happy to endea-

your to satisfy his inquiries. I cannot, however, think of filling up your valuable space with reiterations of arguments and confutations which any one may read for themselves in such works as *The Introduction to the Study of Homœopathy*, by Drs. Drysdale and Russell, 1845; Dr. Henderson's *Homœopathy Fairly Represented*, 1851; Dr. Horner's *Reasons for Adopting the Rational System of Medicine*, 1857; Dr. Sharp's *Tracts on Homœopathy*, &c. If "Medicus" wishes to know what homœopathy is, let him read Dr. Dudgeon's *Lectures on Homœopathy*, wherein he will ascertain how much we owe to Hahnemann, and also how ready we are, in our earnest search after truth, to discuss freely every statement made by him and his followers.

I have the honour to be, Sir,

Your obedient servant,

HENRY R. MADDEN, M.D.

MELBOURNE; July 16th.

The controversy was far from exhausted by these interchanges of notes, but we think our readers will now cry "Hold! enough!" as a pretty long acquaintance with the usual style of allopathic attack and homœopathic reply in this country will make them indisposed to seek for duplicates of our home squabbles in antipodal literature.

Chronic Rheumatic Arthritis.

M. BEAU'S PRESCRIPTION.—Acute rheumatic gout generally yields to the exhibition of sulphate of quinine, but the chronic form of rheumatic arthritis is not so favorably influenced by this remedy. Alkaline and arsenical baths, and arsenic internally, appear to be the most efficacious treatment, both for the relief of the disease of the joints and of the dyspeptic condition, which so greatly interferes with the restoration of the system.

In several cases of this affection, M. Beau recently prescribed:

℞ Acidi arseniosi, gr. ij;
Aquæ destill., ʒxvj.

Dose, one table-spoonful night and morning.

Every other day a tepid bath containing:

℞ Sodæ carbonatis, ʒiv;
Sodæ arseniatis, gr. xv.

The quantity of arseniate of soda may be promptly doubled, but should not exceed thirty grains. M. Guéneau de Mussy, who first recommended these baths for rheumatic gout and every form of chronic rheumatism, omits the carbonate of soda wherever any subacute inflammatory symptoms are present, and merely adds the arseniate of soda to a common or a gelatinous bath. M. Beau has found this treatment effective in several cases. It is more especially our duty to notice the fact, as we stated on a former occasion, that Professor Trousseau had not been entirely satisfied with its results.—*Journal of Prac. Med. and Surg.*

*Poisoning by Phosphorus.** By DR. OZANAM.

Mrs. X—, æt. 45, a curious character, who had already attempted suicide several times; after some vexation, swallowed on the 1st December, 1863, the produce of 120 lucifer matches made with white phosphorus, which she had scraped and mixed with a glass of water. Half an hour afterwards she was seized with violent vomiting, during which she ejected almost all the poison, and not wishing to say anything about what she had done, she went to bed.

Thus she passed three and a half days, and not before the 3rd December could her husband, who was very uneasy about her state and questioned her closely about it, obtain from her a confession of what she had done. He at once sent for me, and I saw the patient for the first time on the morning of the 5th. I found the following state of things.

The general appearance of the woman is that of a person labouring under typhoid fever, great depression and general prostration of strength. She can with difficulty raise herself in bed, and complains that her head swims. The tongue is red, dry, rugose; the thirst great. The stomach sensitive; the patient has vomited several times each day, but the ejected matter has not been kept, and besides not much anxiety was caused by this sickness, as she frequently used to vomit when in her usual health.

The pulse was 90, the skin cold, the respiration difficult, though auscultation revealed no râles. But there was a marked bellows sound with the first sound of the heart; urine red, scanty. No

* *Art Médical*, Feb., 1864.

good result could be hoped from giving an antidote, as four days had elapsed since the poison had been swallowed. Moreover, the breath and urine exhale no odour of phosphorus.

I gave *Aconite* to meet the febrile and inflammatory symptoms; and *Belladonna* for the dryness of tongue, the thirst, the sleeplessness, and the vomiting.

I returned the following morning at 8, intending to combat the dynamic phenomena of phosphorus in the most homœopathic manner by the exhibition of *phosphorus* 30; the patient had passed a quieter night; the pulse was still 90; a slight general yellowness commenced to appear on the eyes, the chest, the limbs; she had vomited twice copiously. The vomited matter was as black as soot. I took away a portion of it to examine it microscopically, and I found it composed of a mixture of fatty substance and blood-corpuscles, mostly misshapen, or even reduced to the condition of amorphous molecules; the liquid vomited was acid, and I attribute the black colour of the matter to the reaction of this gastric acid, either upon the hematosine or on the iron contained in the blood.

Coexistent with the hæmatemesis, I found no other hæmorrhage, either of the mucous membrane or of the skin. Nor did I observe those brown spots on the skin common in such cases; the patient complained of frequent palpitation. Otherwise she did not appear to suffer much, and only asked for drink, saying very quietly that the poison had done its work, and that it was too late to check it.

In this state of things, the patient's ordinary medical attendant having come to see her and take the charge of the case, I had to retire. I learnt that magnesia was given her, and that her strength declined, and she died the following morning, on the seventh day after swallowing the poison.

This new case of poisoning by *phosphorus* appears to me to be very interesting, as it elicits some important points.

In the first place, as hitherto no treatment has been able to relieve nor cure any case of such poisoning, I imagine that one would be justified in trying the isopathic treatment I have indicated, by means of dynamized *phosphorus* 12 or 3. On one occasion I saw the symptoms of poisoning by belladonna in a large dose, which had lasted with intensity for three days, yield in a few hours to a few doses of *Belladonna* 6.

In the second place, it is impossible to look at the picture pre-

sented by this phosphorus disease, without being struck by its accurate resemblance to that of yellow fever; in both there is jaundice, black vomiting, hæmorrhage from various parts, extreme prostration of strength, and rapid death.

Phosphorus is, therefore, distinctly indicated in the treatment of this terrible disease, and it is quite possible that it may be found a powerful remedy or a valuable prophylactic in infinitesimal doses or simply small doses, or even in large doses in the form of red phosphorus. It would be desirable that our military authorities should make a trial of it with all needful precautions in our Mexican hospitals.

[The question as to the remedial powers of phosphorus in yellow fever has already been decided in the affirmative during the epidemic in Rio de Janeiro, of which Dr. Carvalho has given a good account in a monograph.]

Epidemic Icterus of Pregnant Females.

At the meeting of the Academy of Medicine in Paris on October 25th, M. Blot read a report on a memoir by M. Bardinet of Limoges, on epidemic icterus in pregnant females, and its influence in producing abortion and death. *Apropos* of this memoir, M. Blot related a case of severe sporadic icterus which had occurred under his care in the accouchement *clinique*. It agreed with the descriptions given by M. Bardinet. A young woman, æt. 20, had reached the middle of the fifth month of her first pregnancy. After a quarrel, she was seized with icterus, attended with extreme agitation and loss of consciousness. Her movements were disordered; she uttered acute cries; and vomited, in abundance and with suddenness, a greenish watery fluid. The os uteri was completely dilated; the membranes were ruptured artificially; and a dead fœtus was removed. She now was in a state of somnolence, which was followed by extreme restlessness; the pulse became small and frequent; coma set in; and she died on the second day. At the *post-mortem* examination, numerous subcutaneous ecchymoses were found; the skin had an icteric tint. There was considerable vascularity of the cerebral meninges and of the cortical substance of the hemispheres. There were ecchymoses under the pericardium; the ventricles contained

black diffuent blood. The lungs were in a state of hypostatic congestion. Beneath the peritoneum were seen ecchymosed patches, especially over the stomach and bladder. The kidneys were rather large, and coloured yellow. The liver was small, of a deep-brown colour, and more firm than in the normal state. The biliary vessels were empty. Examined under the microscope, the tissue of the organ presented no appearance of hepatic cells; there were only abundant fat-globules mixed with biliary matter. M. Blot thinks that the peculiar severity of icterus in pregnancy is due to modifications produced by this process in the liver—consisting in hypertrophy and a more or less fatty condition. (*Gazette Méd. de Paris, 29 Octobre, 1864.*)

[This condition of liver is precisely that met with in cases of phosphorus poisoning when jaundice occurs. See the No. of this Journal for January, 1863.—Eds.]

Poisoning by Cantharides.

In the following case (which was tried at the autumn Surrey Sessions, 1862, when the prisoner was found guilty, and in consideration of his youth was sent to a reformatory for two years) the epileptic attacks apparently resulted from the administration of the Spanish fly, as there was no previous history of epilepsy either in the patient or her family, and there has been no return of the disease up to the present time.

A girl, *æt.* 13½ years, went, on July 10, 1862, with her school companions on their annual excursion to Richmond, where she spent the day in feasting and sports. At 5.30 p.m., a short time before commencing the return journey, a schoolboy, who had been permitted to join the party, gave her a jam tart to eat, which contained a Spanish fly. About half an hour after eating it she was attacked with giddiness, pain between the shoulders, and a burning sensation in the throat. There was no time for her to complain to any one of these symptoms, as she had almost immediately afterwards to enter a railway carriage for the return journey, when she became insensible from having, it appears, fainted. She rallied before the train reached the Camden Town station so far as to permit of her being sent home in an omnibus, under the care of one of the older school-girls. On arriving

home, her mother gave her two compound rhubarb pills, and then put her to bed. She passed a restless night, and on the following morning it was noticed that the abdomen was much distended, and that there was swelling and irritation of the vulva. She complained of bearing-down pains, and suffered much from nausea, which was soon afterwards followed by vomiting of blood, to the extent of half a pint. The bowels were acted on by the pills, but it was not noticed whether any blood was passed from them. The urine was scanty and high-coloured, but she did not complain of strangury until the following morning, July 12, when this symptom was first noticed, and it soon afterwards became very painful and distressing; and, with the occurrence of this symptom, she complained of a strong and disagreeable smell in the nostrils. The nausea and occasional vomiting of blood lasted for three days, and she continued to suffer from most of the other symptoms mentioned, though in a less degree, till the 29th inst., when, at 2 p.m., seventeen days after swallowing the Spanish fly, she had a sudden attack of epilepsy, which lasted a very long time, and was very severe. At 10 p.m. on the same day she had a second fit of epilepsy, complicated with hysterical symptoms; and during the following two days the fits continued to return in quick succession, but they subsequently became less frequent. The treatment adopted was alkaline salines, mild aperients, and warm fomentations to the vulva.

In consequence, however, of the continuance of the hysterical epilepsy, accompanied by ischuria, which seemed to be for the most part also hysterical, the patient was removed to the St. Pancras Infirmary, where she remained five weeks, during which time warm water and hot air baths were employed with some benefit as regards the suppression of urine, which is said to have been suppressed on one occasion for four days. On leaving the St. Pancras Infirmary, she was admitted into the St. George's Hospital, where she remained a fortnight, leaving on October 8. The chief symptom noticed during her stay in the hospital appears to have been renal congestion.

The patient did not come under my notice again till October 15, when her face was observed to be very sallow and puffy; and a decided increase in her height and size was remarked. Menstruation had entirely ceased during the illness, although it had occurred on three occasions previously. The character of the urine had become normal, and it was passed without difficulty.

Her sleep was bad, and she was at all times restless and uncomfortable. After remaining at home two days she was sent off to a convalescent institution near London, where a general improvement in her health soon afterwards took place. The epilepsy entirely disappeared, and there was good sleep at night; but menstruation was not re-established till seven months had elapsed.

In commenting on this case it may be noticed that, although various quantities of the powder and tincture of cantharides have not unfrequently been given with a felonious intent, yet neither Beck nor Taylor refer to any case in which one or more Spanish flies have been given whole. With regard to symptoms, it may be remarked that the disagreeable and nauseating smell in the nostrils, which was much complained of in this case, and which is referred to by Beck as one of the symptoms usually observed, is not even mentioned by Taylor. That the long-continued arrest of menstruation in this case appears to be an exceptional symptom, as it is not referred to, so far as I am aware, by any other writer on the subject; although the indirect influence of the poison on the womb is mentioned in one instance, observed by Dr. Pereira, in which abortion was induced; "probably due (as Dr. Taylor remarks) to excitement of the uterus, from the severe affection of the bladder; for there is no proof that this substance acts directly on the uterus to induce abortion." And lastly, that although when a case of this kind proves fatal, faintness and convulsions usually precede death, yet it is to be noted that the occurrence of these two symptoms in the above case possessed altogether a different signification; for the faintness was here almost the first symptom observed, instead of being a sequel to the more distinctive symptoms of poisoning by Spanish fly; whilst the convulsions, which presented the exceptional form of epilepsy associated with hysteria, did not occur till the patient had to a great extent recovered from the directly poisonous effects of the drug.—*Medical Times and Gazette, Dec. 10th, 1864.*

Anthelmintic Properties of Benzine.

Professor Mosler has continued his researches on the anthelmintic properties of benzine, which, according to him, takes the

first rank amongst all remedies of this kind, and is tolerated by the human system in considerable doses without unpleasant consequences. Large doses of benzine kill the trichinæ of the intestines, and thus prevent the immigration of their progeny into the muscles. Benzine would therefore appear to be the best remedy for the early stage of trichinosis. Professor Mosler has employed benzine largely in the epidemic of that disease which raged last spring in Quedlinburg. At first it was given in "capsules gélatineuses," but this soon proved too expensive and troublesome, and the following formula was therefore adopted: ℞ Benzini, ℥ij. ; Succi Glycyrrh., Mucilag. Gummi. Arab. āā., ℥j; Aq. Menth., ℥iv; a tablespoonful every hour or two hours (shake the bottle). This preparation agreed very well with the patients. Many of them mentioned that they felt much better after it, that the muscular pains were less severe, &c. They took two drachms per diem for four or six days in succession, and yet, although there was violent fever, no unpleasant results occurred which could have been attributed to the medicine. It seems that the poisonous effects of benzine observed in the first experiments on animals were partly due to the method employed. In those cases benzine was poured into the mouths of the beasts, and part reached the trachea and the lungs, after which fatal pneumonia set in. If, on the contrary, the benzine was mixed with the food, the animals remained in good health. The general results of the administration of Benzine in the epidemic just mentioned will soon be published. Professor Mosler afterwards experimented on four pigs, which were fed with trichinous rabbits' flesh. Pig number one was then left without any medicine; number two took Sulphate of Soda, three and four took Benzine. In number one severe morbid symptoms set in about a fortnight after infection. The animal became much emaciated, and weak on its legs, the eyes were dim, the voice exceedingly hoarse, and it often screamed with pain. The pulse was fast, the skin very hot, the thirst considerable. All these symptoms were entirely wanting in numbers three and four, which had eaten the same quantity of trichinous meat, but had been treated with benzine a week after infection. From this it was justly concluded that a much larger number of trichinæ had immigrated in the muscles of number one than in those of numbers three and four. In order to be quite certain about this point, twenty days after infection a small piece of the pectoralis major muscle was excised

from the three pigs, and a quantity weighing about one twentieth of a gramme (less than a grain) was found to contain in number one about 257 trichinæ, while in number three there were 95, and in number four the same number. The worms were counted over several times in order to avoid mistakes, which proved very trifling. The morbid symptoms went on increasing in number one until three weeks after infection, when Professor Mosler thought of trying whether, by the administration of benzine in that advanced stage of the disorder, benefit might still be obtained. After the first dose had been given the severity of the disorder did no longer increase, and after a few others there was more appetite and less heaviness. The animal took altogether four ounces of benzine within twenty days without any bad results. After that time most of the morbid symptoms had disappeared. A piece of flesh was now excised for ascertaining whether there had been any effect on the trichinæ in the muscles, but they were found to be still living, and even larger doses of benzine, which were subsequently given, killed only a few of them.

Pig number two was fed with the same quantity of trichinous rabbit flesh as number one, but from the seventh day it took daily half an ounce of sulphate of soda with the food for some time. Copious diarrhœa ensued, but no intestinal trichinæ could be found in the fæces, so that it would appear that ordinary purgatives have no action on intestinal trichinæ. The symptoms of trichinosis were well marked in this animal.

Pig number three was fed with trichinous meat as before, and had no medicine for eight days, in order that the use of benzine might only be commenced at a time when it is possible, in certain cases, to diagnose trichinosis in man. After the first dose of benzine the animal passed sixteen ascarides, a fresh proof for the anthelmintic properties of the drug. No morbid symptoms appeared, from which it was concluded that benzine had killed, if not all, at least a large number of intestinal trichinæ. This supposition was confirmed by the examination of a piece of flesh excised from the pectoral muscle, and in which the number of trichinæ found was, as has been stated, considerably less than in pigs number one and two. The animal continued to take two drachms of benzine per diem for some time, and did exceedingly well.

Pig number four was treated much in the same manner, and never

fell ill at all. Benzine agreed so well with it that it grew very much, taking at one time two ounces of that drug per diem for five days consecutively. It would therefore appear that a cautious administration of benzine in man cannot be hurtful. Professor Mosler is at present experimenting upon the action of benzine on tapeworm, and it would certainly be a boon if he were to give us a certain remedy for this troublesome parasite, which so frequently baffles all our well-meant and energetic therapeutical efforts.—*Medical Times and Gazette*, Oct. 22nd, 1864.

Notes on the late cases of Poisoning by Calabar Beans in Liverpool.

By J. BAKER EDWARDS, Ph.D., F.C.S.,

Lecturer on Chemistry and Medical Jurisprudence at the Royal Infirmary School of Medicine, Liverpool.

1. About seventy children were poisoned by eating the beans, of whom about fifty were treated at the Southern Hospital in this town. The quantity taken by each child was from half a bean to six beans. The nuts were cracked, and the kernel eaten without the spermoderm.

2. The children were mostly under ten years of age, and the poison generally produced nausea and vomiting in half an hour. The secondary symptoms—trembling, dizziness, and loss of power in the limbs—came on within an hour of administration. Within three quarters of an hour to one hour after eating, the children were brought to the hospital and at once treated with emetics. In the one case which proved fatal, the emetics (sulphate of zinc and mustard-water) failed to act, and the child died by syncope within a quarter of an hour of his admission. He was said to have eaten four beans.

3. The organs were found healthy, except some tuberculous disease in the lungs. The blood was very fluid. The heart contained fluid blood and clot in all the four cavities, indicating death by paralysis of the muscles of the heart. Although there was no reddening of the coats of the intestines, there had been purging which had removed all faecal matter, leaving only in the intestines a whitish semi-fluid emulsion of the seed. The bladder was perfectly empty and contracted. There was really nothing in the

post-mortem appearances to indicate the cause of death, except the peculiar contents of the intestines; and had these been removed by purging, there would have been nothing to distinguish between death by this poison and death by cholera. From my chemical analysis I should also infer that although in this instance circumstances favoured the detection of the poison in the intestines after death, yet in a minimum fatal dose, or a prolonged purging before death, nothing would be found in the body to identify the poison or to account for death.

I am indebted to Dr. Frazer, of Edinburgh, who has investigated the subject with great ability, for a valuable communication during my analysis, and tests Nos. 3, 4, and 5 in my analysis were suggested by him.

Conclusions.—1. The bean is edible in poisonous quantities, and although slightly rough in its flavour, does not appear to excite disgust or alarm when eaten alone, and would be undiscovered when mixed with food.

2. The symptoms are not always immediate, nor is vomiting induced, except when the dose is excessive; nor would the secondary symptoms—viz., dizziness, faintness, and loss of power in the limbs—excite sufficient alarm to call for medical assistance until life was really in immediate danger.

3. The symptoms would scarcely be distinguished from sudden indigestion or English cholera in time to save the life of the patient.

4. In criminal cases, nothing might be detected by autopsy or by chemical analysis to reveal the cause of death.

5. So insidious a poison should not only be stored, but also handled with great caution; its alcoholic solutions or extractive, when introduced into the circulation, acting as a slow but certain poison, leaving no trace in the body which can be identified by chemical tests in our present knowledge of the poison. — *Pharmaceutical Journal*.

We subjoin Dr. Edwards' evidence given at the inquest.

Mr. John Baker Edwards deposed,—I am an analytical chemist and lecturer on medical jurisprudence at the Royal Infirmary School of Medicine, Liverpool. On Friday, the 12th instant, I attended a post-mortem examination of the remains of the deceased Michael Russell, and removed the stomach, intestines, and parts of the viscera of deceased in jars, which I conveyed to my laboratory at the Royal Institution for chemical examination. On the same day I received from Inspector Moore a parcel of beans, said

to be similar to those of which the said Michael Russell had eaten. The beans are those known in medicine as Calabar or ordeal beans (*Physostigma venenosum*). I proceeded to make an alcoholic extract of the beans, also of the contents of deceased's stomach, and of the contents of the deceased's intestines. The stomach contained only five fluid ounces of fluid, consisting of some fragments of the bean and the remains of a mustard emulsion which had been administered shortly before death. The quantity of alcoholic extract from the stomach was therefore very small, and its reactions were obscured by the mustard. After further purification by ether, an extract was obtained which caused marked contraction of the pupil in the eye of a rabbit when applied to it externally. From the intestines of deceased I obtained seventeen fluid ounces of an emulsive fluid, which, after digestion with alcohol, yielded an extract, which was then purified by ether and evaporated. This ethereal extract corresponded in its reactions with a similarly-prepared extract of the beans under examination. The chemical reactions on a watery solution of the ethereal extract are as follows:—1. A pink colour, struck by caustic potash, which gradually increases in intensity to a deep red, and when mixed with chloroform forms a deep red chloroformic solution, which separates from the clear yellowish supernatant liquor. 2. A red colour, struck by strong sulphuric acid, with separation of a resinoid coagulum. 3. A violet colour, changing to red by sulphuric acid and crystals of bichromate of potash. 4. A similar colour, with sulphuric acid and binoxide of manganese, retaining the purple colour for a long time. 5. A yellow precipitate, with solution of iodine in iodide of potassium. 6. A purple colour with terchloride of gold and a reduction of metallic gold. 7. A yellow colour, struck with caustic ammonia, which exposed for some hours to light, turned green, and finally a deep blue. I applied a few drops of the aqueous emulsion of this ethereal extract obtained from the intestines of deceased to a frog's back, by insertion under the skin. In a short time the animal manifested an indisposition to movement, and became very quiet. In the course of an hour it became unable to jump, or to remove the position in which its limbs were placed, and in about two hours it became perfectly flaccid and insensible to any external irritation; although stimulated by strychnine, it was incapable of being roused to muscular exertion, and soon expired, having previously exhibited very irregular respiration and pulsation. A second portion of

the emulsion was exhibited to a mouse, which became soon paralysed in its limbs, and died after a few hours. A third portion was introduced into the circulation of a mouse by the ear, and after twenty-four hours the poison operated fatally, by complete paralysis of the limbs and senses, and the animal died by syncope. A fourth portion of the emulsion from the intestines of deceased, applied to the eye of a rabbit, caused strong reaction of the pupil after three quarters of an hour. Similar results were obtained by an ethereal extract of the bean itself.—*Med. Circ.*, Sept. 14th, 1864.

Hard Nodulated Tumour of the Tongue, apparently of a Cancerous Nature, which disappeared under the use of the Galium Aperinum.

By F. A. BALLEY, F.R.C.S.

Jane C—, a married woman, æt. 60, residing at Ramsbury, in Wiltshire, was admitted into the hospital April 5th, 1864, on account of a hard, firm, somewhat circumscribed tumour of about the size of a boy's marble flattened, imbedded in the substance of the tongue, on the right side, about an inch from its apex, which had been gradually increasing in size since she first observed it, five weeks before, when it was about as large as a hemp-seed.

The upper surface was nodulated and uneven, and the swelling generally had the appearance and feel of a scirrhus formation in the organ. It had all along been extremely painful, so much so as entirely to prevent her sleeping at night; it was exquisitely tender to the touch when handled, and latterly she had experienced a throbbing beating pain in it, which had induced her to think it was about to burst. There was no appearance of its having been caused by injury to the tongue through a decayed tooth. She had always been in the habit of living tolerably well, but had been suffering a good deal from general debility and languor for some time before the commencement of the swelling. Her countenance did not indicate any peculiar cachectic condition of the system, and there was no history of any hereditary cancerous taint in her family. The tumour had increased rather rapidly lately, and she was quite unable to masticate solid food on account

of the pain it induced, which had added much to her original weakness.

She was ordered to have strong cold beef-tea frequently during the day for diet, with a pint of porter daily, and to take the following medicine:—℞ Extract. Galii Aperini Solidi, ʒij; Aquæ Ad. ℥jss. M. ft. extract. fluid. Of this extract a drachm and a half was given twice a day in a wineglassful of water.* She was also ordered to use the above mixture as a warm lotion to the mouth several times during the day, keeping it in the mouth for some time during each application.

A month after her admission she had completely recovered from the languor and debility under which she had previously been suffering; her face, instead of being pallid and sallow, had recovered a healthy and somewhat florid appearance, which was natural to her; the pain in the tumour had been gradually diminishing, and the tumour itself had become so much reduced in size as to be scarcely discernible to the touch, and as she was now able to take solid food without discomfort and with an appetite, she was, at the end of five weeks, discharged from the hospital. A fortnight afterwards, having continued the remedies prescribed, she presented herself as an out-patient, when it was found that the tumour had entirely disappeared, and the tongue had recovered its natural structure and appearance.

There are, doubtless, some swellings occasionally occurring in the tongue which are of a comparatively innocent nature, and which usually give way to very simple treatment. Professor Fergusson, in his 'Epitome of Surgery,' speaking on this subject, remarks,—“Sometimes it is necessary to remove portions of the tongue for supposed scirrhus indurations or cancerous ulcers. Before, however, resorting to mutilations of this organ, it will be well to ascertain the effect of various local remedies and of constitutional treatment in such cases. The mucous membrane here sympathises in a remarkable manner with functional derangement of digestive organs, and often, when it may be least expected, a change of treatment will avert all cause of alarm.” It might be thought that such was the case in the present in-

* An excellent preparation of the recently expressed juice may be procured of Mr. Ayscough Thomson, the eminent pharmaceutical chemist, of Chiswell Street, Finsbury. The dose is from one to two drachms of the fluid extract in a wineglassful of water or new milk two or three times a day.

tance ; but there was something about the appearance of the swelling—its density and painful nature from the beginning, and its nodulated surface—which led me to believe that it must either have been a true scirrhus formation in the part, or an epithelial growth of unusual hardness (either of which might have become equally dangerous by destructive ulceration), especially as I was afterwards informed by the patient that an experienced practitioner in the town where she lived had considered her disease to be of a malignant character, and had recommended her to apply for admission into the Cancer Hospital, for the purpose of its more effectual treatment by operation or otherwise.

The galium aperinum or cleavers has long been employed as a popular remedy in cancerous affections. Some years ago Dr. Wynn directed the attention of the profession to the remarkable effects he had observed from its use in the treatment of some inveterate cutaneous affections which had come under his notice, and related several cases in the *Medical Times and Gazette*, which clearly showed that it was a remedy of considerable efficacy in such diseases, and more recently Dr. Ogle has published some interesting cases of epilepsy in which its employment had been followed by the most successful results. Like many other recent vegetable juices, it appears to have the power of correcting that peculiar dyscrasy of the blood which is found to prevail more or less in all cases of cancerous disease, whatever form it may assume, acting, I suppose, in the same manner as the same kind of remedy seems to act in scurvy, by altering and improving the disintegrated and broken-down condition of the blood which always accompanies that disease, and restoring to it its natural healthy state.

I have for many years past been in the habit of employing this remedy in the treatment of cancerous affections of different kinds in my hospital practice, and have not failed to observe that in some cases it has seemed to favour the production of healthy granulations on the ulcerated surface, whilst in others complete cicatrisation has ensued, and having performed operations for the extirpation of some tumours under these favorable circumstances, I have reason to believe that in these instances the disease has not returned, at least to my knowledge, the patient having, of course, persevered in the use of a remedy for a considerable time after the operation, and although I do not consider that the remedy is capable in every case of effecting the resorption or removal of

already existing cancerous deposits, I still believe, from what I have observed, that it has the power of suspending, or at least modifying, in some measure, the cancerous action going on in the system, and thus placing the patient in a more favorable position for the performance of an operation for the removal of the local disease, either by the knife or the application of caustic. It appears to me to be quite contrary to reason to expect that an operation can be certainly, or even commonly successful, when performed while the cancerous action is proceeding unchecked in the system; and as, according to our present knowledge on the subject, we are not in possession of any certain means of arresting its constitutional progress, it is not surprising that the disease should so frequently return, either in the part itself, in the neighbouring glands, or in some organ at a distance predisposed by some accidental irritation to become the seat of a cancerous deposit.

That Nature occasionally exercises a power of arresting or suspending the cancerous action in the system for a very long period, and even altogether, the records of surgery fully prove, and it is not too much to hope that sooner or later some remedy may be discovered which may be capable of imitating the operations of Nature in this respect, and that thus a class of cases hitherto deemed to be almost beyond the resources of our art, may ultimately become amenable to some rational mode of constitutional treatment.—*Medical Times and Gazette*, July 30th, 1864.

*Poisoning by Digitaline.**

The recent trial of Dr. de la Pommerais in Paris, besides the tragic interest it excited, furnished a novel means of conducting medico-legal investigations in cases of poisoning, when the toxic agent cannot be discovered by chemical reagents. The new method here introduced for the first time, we believe, into the courts of law, is physiological experimentation with the matters obtained from the organs of the person supposed to be poisoned. Altogether the medico-legal report of the experts entrusted with this part of the case is so interesting that we do not hesitate to present it to our readers.

* From the *Art Médical*, July 1861.

Report of M.M. Tardieu and Roussin.

The first thing I was commissioned by justice to perform was, to ascertain the cause of Madame de Paw's death by the examination of her organs. The body having been exhumed and identified, I proceeded to the autopsy.

The body was in a perfect state of preservation, it was the month of November, and thirteen days after death. It was easy to be seen that there were no traces of external lesion; the age of the deceased was about forty; the embonpoint was considerable, but by no means enormous. The absence of external lesion showed that there had been no wound; the examination of the intestinal organs furnished also only negative results; that is to say, all the viscera were intact; such was especially the case with the heart; it presented no increase of size, its proportions were normal, the play of its valves free. Further, the state of the blood attracted our attention; we found in the heart a certain quantity of half-coagulated blood, as happens always after the death struggle, but there were no organised clots; the lungs were normal; from all this we came to the conclusion that Madame de Paw had no organic disease of the heart. Next, we examined the organs of digestion. There was no morbid lesion there; the interior of the stomach showed no trace of effusion, nor did an examination of the intestinal membrane of the stomach reveal any trace of lesion. In the intestines, however, there were some sanguineous infiltrations such as are observed in certain cases of poisoning; these spots were not numerous. Thus we could not discern any apparent cause of death—there was no trace of any disease that could explain such a rapid death.

My examination of certain organs revealed to me a fact that might be important, and which I ought to record, viz., a commencement of pregnancy. The embryo was very apparent, and might have been from seven to eight weeks old. The result, then, of our first inspection was this—absence of disease. In order to complete the inspection the organs required to be removed; this I did, and these organs were deposited in two separate vessels, to be subsequently subjected to chemical analysis. This analysis was confided to M. Roussin, the distinguished chemist. A search for all the poisons of the mineral kingdom furnished a negative result. It was evident to us that the corpse contained neither

Arsenic nor Phosphorus, nor Copper, &c., and they would have been easily discovered had they been present. But there might be present a vegetable poison that left no apparent traces; a poison which could not be detected on the corpse.

Chemical analysis which furnishes sure results in the investigation of mineral poisons and of certain crystallizable and well-defined vegetable poisons, does not allow us always to isolate the active principle of certain poisons obtained from plants, the energy of which poisons is very formidable. Experiments on living animals can alone reveal the terrible effects, and to such we did not hesitate to resort in the particular case submitted to us. We proceeded to make these experiments without any preconceived idea, anticipating from the symptoms we were about to observe, the revelation of the nature of the toxic agent we had before us. Fortunately for the truth, we were able to operate, not only on the organs of Madame de Paw, but also on the matters vomited by her, which had been carefully collected from the floor of her bed-room. M. Roussin will tell how these matters were collected and prepared for the experiments we performed together, and of which the following account is the result:—

EXPERIMENT I (with the extract obtained from the floor impregnated with the dejections of Madame de Paw). At five minutes past 1 o'clock, five grains of this extract were introduced by two incisions of three centimetres each, made on the internal aspect of the thighs of a vigorous dog of middle size, whose pulse was 110 per minute. About half-past 3 there occurred three attacks of vomiting of slimy matters and of bile, after which the animal lies down again, his attitude denotes anxiety and prostration. The pulse is only 94, very irregular and intermittent. The pulsations of the heart, hurried and tumultuous for a few seconds, cease abruptly, and become again hurried for a few moments. The breathing is hurried and slightly intermittent.

At 4.15 p.m. the heart's beats fell to 76, and the animal again vomits.

At 8 p.m. it lies down and is considerably prostrated. It can with difficulty keep standing. The least movement seemed to be painful, and caused an effort at vomiting. The heart's beats were only 68 per minute, and they show the same hurried irregularities and intermittences as before.

The following morning at 8 o'clock the animal is almost cold,

but it appears to retain all its intelligence. The heart's beats are weak, and they have fallen to 40 per minute. Their irregularity and hurried intermittence are truly remarkable. On laying the hand over the heart, it is easy to observe after a period of tranquillity lasting some seconds, at first six or seven hurried beats, then a moment of perfect stoppage; the beats then recur more or less violently, but always hurriedly, and disappear suddenly, to resume the same course. The respiration is high, hurried and intermitting. The dog died at 11 a.m., almost without a death struggle, and without having become comatose.

Dissection performed about two hours after death showed nothing noteworthy except in the heart, where both ventricles were contracted in the most evident manner, whilst the auricles were dilated. All the cavities of the heart were filled with thick, black, partially coagulated blood. The organ itself seems misshapen, and exhibits signs of increased turgor. At its apex, after the removal of the pericardium, are observed some projections of a brighter red.

EXPERIMENT II (with the same extract). A rabbit of middle size is made to swallow two grammes, and then are observed, considerable diminution, intermittence, irregularity and hurried character of the heart's beats, which fall as low as 41 per minute. The animal died at the end of 2½ hours; and in it also the heart is found perceptibly misshapen. The auricles are dilated; the ventricles not only are dilated, but they present a marked contrast, in their black colour, to the rest of this organ. The inter-ventricular space shows a remarkable depression. The apex of the heart is of an almost bright-red colour, and its walls show several abnormal projections coloured with small red spots.

EXPERIMENT III (to compare with the preceding, with an extract made from parts of the floor which had not been touched by the vomited matter). A rabbit the same size as the other, was made to swallow four grammes of this extract; it does not vomit; it is not the least affected, and two days afterwards it continues to enjoy the most perfect health.

EXPERIMENT IV (with the alcoholic and aqueous extracts obtained from the stomach and intestines of Madame de Paw). Five grains of a mixture formed of equal parts of each of these two extracts are introduced into an incision made on the inner part of the thigh of a full-grown and vigorous dog. This is done, at 3 o'clock, when the animal's pulse is 120. At 4.30 it is dejected,

anxious, breathes with difficulty, pulse only 86, manifestly irregular and intermitting, though not so much so as in the first experiment. The animal vomits twice.

At 8 p.m., the pulse is only 55, manifestly irregular and intermitting. The respiration is high, and appears to be difficult. The animal often changes his position, and utters some little smothered cries. It seems to be perfectly conscious.

The next day at 8.30 a.m. the heart's beats are more frequent, and amount to 70 per minute; the general state is better, and ultimately the animal recovers completely.

EXPERIMENT V (with the same extracts from the organs of Madame de Paw). Four grammes are given to a rabbit, which dies in a few minutes. We are inclined to believe that some accidental complication, such as syncope, may have hastened the action of the poison.

EXPERIMENT VI (on three frogs). Having exposed the heart, and noted a perfect equality in the heart's beats in all three, we proceeded thus:

Frog No. 1. Left in the normal state, care only being taken to maintain the humidity of the heart.

Frog No. 2. Injected beneath the skin of the abdomen six drops of a solution of one centigramme of digitaline in five grammes of water.

Frog No. 3. Introduced under the skin of the abdomen fifty centigrammes of the extract produced by scraping the floor where it had been soiled by the vomited matters.

The following variations were observed in the number and rhythm of the heart's beats of these three animals.

	No. 1.	No. 2.	No. 3.
After 6 minutes	42 beats	20 beats	26 beats.
„ 10 „	40 „	16 „	irregular 24 „
„ 20 „	40 „	15 „	irregular. „
„ 28 „	88 „	0 „	12 „
			very irregular.
„ 81 „	86 „	0 „	0 „

The same experiment was repeated several times and always with the same results.

I should observe, in reference to these experiments, that we performed no more than were strictly necessary, both in order not

to sacrifice more animals than were necessary, and because the quantity of matter we had to operate on being very limited, it was requisite to preserve a certain quantity for future experiments if they were deemed necessary. But what is obvious to every one is that the dog of the first experiment had vomiting, although nothing was introduced into the stomach, and that he died in twenty-four hours, that is to say in the same time as the disease of Madame de Paw lasted, and with identical symptoms to those observed in her. Therefore it was the same poison that killed both. This poison existed in the matters vomited by the unfortunate woman and not in the floor itself; the comparative experiments II and III prove this. Was the poison also present in the organs of Madame de Paw? Evidently yes, because the extracts made from those organs produced in the dog of the third experiment all the symptoms of poisoning. Only the animal did not die. That he did survive was owing to the dose of poison administered to him having been too feeble; and to the fact that Madame de Paw got rid of the greater portion of the poison by vomiting, and only retained a very small quantity of it in her stomach, which was, however, amply sufficient to poison her.

What was the nature of this poison? It was in order to determine this that we performed our sixth experiment on frogs. This experiment, however, is not the most important in our eyes; it is only corroborative of the previous ones. We had succeeded in limiting the poison to a very few substances derived from the organic kingdom, and the circumstances attending the case pointed our attention in a marked manner to digitaline.

We wished, then, to ascertain if, seeing that the properties of this substance were well known, it might not have been the poison used on the present occasion. And in truth very strong probabilities led us to think that Madame de Paw, who certainly died of poison, had been poisoned by digitaline.

We should have left our task unfinished if, after having ascertained the presence of the poison in the dejections of Madame de Paw, and in the organs of her corpse, we had not pursued the study of the phenomena of the poisoning in the symptoms experienced by this lady and in the lesions revealed by the post-mortem examination. In fact, it was our bounden duty to ascertain what was her previous state of health. It was so much the more incumbent on us to examine this question—always an important one—because in the case before us it was complicated

with certain facts brought out at the judicial proceedings which we were not ignorant of. We know that this woman was, believed herself to be, or wished to make others believe, that she was ill; and without stopping to inquire which of these three hypotheses was the true one, we had to inquire if there was anything in her previous state of health which might enable one to anticipate and explain so sudden a death. Now it is quite certain that this woman, subjected to such privations as are too frequent in our towns among women who live by their own labour, had a poverty of blood which, joined to her venous constitution might give her palpitation of the heart, and that she also suffered from gastralgie symptoms. But there is a vast difference between such nervous symptoms and organic lesion of the heart or stomach.

Madame de Paw died on the 17th November, 1863; the post-mortem examination showed decisively that she had no organic disease. The brain, the lungs, the heart, in other words, the organs necessary for life were healthy; and in spite of the suppositions that had been formed, she had neither loss of blood internally nor perforation of the stomach. These are material facts which cannot be contested. I may add, that up to the eve of her death Madame de Paw had been seen engaged in her usual occupations, and that she had taken her food like a person in health. The first serious symptoms she experienced the night previous to her death, consisted of reiterated vomiting of extreme violence, and rapid loss of strength. The very distinguished physician who saw her during her last moments, Dr. Blachez, asserts that she was pale, very much agitated, bathed in cold perspiration, and complaining of intolerable headache. Her pulse was very irregular, intermitting, then imperceptible; the heart's beats tumultuous, irregular, ceasing occasionally, and sometimes almost suppressed.

Dr. Blachez compares these symptoms to those observed in persons who die of sudden and profuse internal hæmorrhage. It should not be forgotten that this is nothing but a comparison, and it will be acknowledged that it is a perfectly just one, and that it well expresses the main fact, to wit, a weakening and derangement of the central organs of the circulation. Dr. Blachez, in the remedies he prescribed, attempted only one thing, viz., to restore and revive the heart. It is impossible to avoid remarking that these symptoms offer a striking resemblance to what took place in our experiments on the animals which were made to

absorb the extract proceeding from the dejections of Madame de Paw, or the digitaline.

Hitherto we had confined ourselves to the region of facts well authenticated both by the post-mortem examination, and by the observation of the symptoms experienced in her last moments by Madame de Paw. To these positive facts is it allowable to oppose hypothesis, interested allegations, or incoherent testimony relating to a fall down stairs she is said to have had ?

She declared that Dr. Nelaton "gave her," so to speak, "no hope." In this there is something more than exaggeration. The fall, severe though it may have been, and frightful as it might at first sight have appeared, had in truth no bad consequences. It caused neither fracture nor commotion, nor laceration, nor external contusion. Not the slightest traces of it were visible, and the perfect integrity of all the organs, ascertained by the most searching post-mortem examination, proved that none of them had been injured by that accident. Moreover, no one shared the excessive fears of Madame de Paw. Dr. Gaudinet, who declares that he did not observe himself the alleged contusions and ecchymoses either on the stomach or on the rest of the body, did not think the case very serious, seeing that he contented himself with prescribing poultices, baths, liniments, and soothing remedies, and that he was three weeks or a month without seeing Madame de Paw. When subsequently he spoke of a possible perforation of the stomach to account for the fatal symptoms, he made a mistake, because the stomach, as shown by the post-mortem examination, was not perforated; but his mistake was a very natural one, and was completely justified by his recollection of what he had previously been told by Madame de Paw respecting the violence of her fall, and especially by the impossibility of suspecting a violent death by poison. Dr. Nelaton, on referring to a prescription which he had given for some gastric derangement, declared that it was impossible he could have given such a desperate prognosis as that ascribed to him by Madame de Paw. As to Drs. Velpeau, Desormeaux, Davet, and Huet, they all agreed in this, and their prescriptions bear them out, that they did not think the lady's health seriously deranged. It should not be forgotten that several of these medical gentlemen examined her on behalf of insurance offices, and that, as one of them said, they would have refused to give her a certificate had they not

found that her state of health was perfect. We are well aware of the great care it is usual to exercise in such examinations.

It is thus impossible to avoid the conclusions that Madame de Paw was not attacked by the disease that killed her till the day before her death; that up to that period she had enjoyed good health, and had never been seriously ill, and that finally it was somehow her interest to make others believe that her health was seriously deranged, for she had exaggerated the effects of a fall she had had, and had, without any real occasion, consulted a large number of physicians for some ill-defined complaint.

In conclusion we should observe—1st, that Madame de Paw was about two months pregnant, and that this commencement of pregnancy may have caused her some disturbance of the digestive functions; 2nd, that she repeatedly alluded to her employment, by the advice of non-medical persons, of very active medicines, such as prussic acid and digitaline, as though she had a presentiment that she would die with all the symptoms of poisoning by this latter substance. The conclusions to which I arrived from the foregoing are:

1. That Madame de Paw died of poison.
2. The poison that killed her was one of those derived from the vegetable world of such a nature as to leave no characteristic traces in the organs, which cannot be isolated by chemical analysis, but which reveal their presence by their effects, and are discoverable by the fatal action they exercise on living creatures.
3. We obtained from the matters ejected by Madame de Paw on the floor of her room, and also from the organs subjected to analysis a very energetic poisonous principle, which, when administered to animals, produced effects analogous to those experienced by Madame de Paw, and caused them to die in the same way.
4. These effects and their actions have a great resemblance to those of digitaline, and though we cannot say positively that it was the case, we have strong reasons for presuming that Madame de Paw died of poisoning by digitalis.
5. This lady was not really ill before the day previous to her death; the pretended affections of the heart and stomach for which she consulted various physicians one after the other, as well as the serious consequences she ascribed to a fall of no importance, were so many fables invented by herself or to which she lent herself.

6. The post-mortem examination showed in the most positive manner that her death was caused neither by the consequences of the fall nor by internal hæmorrhage, nor by acute or chronic gastritis, nor by perforation of the stomach, nor by any other natural cause.

Hahnemann's Correspondence.

The following, in many respects, interesting letter of Hahnemann, Dr. Hirschel obtained through the kindness of Surgeon-Major Dr. von Balmerincq, whose wife is the daughter of Hahnemann's correspondent. C. Bernh. Trinius was born in 1778, at Eisleben, and was the son of the clergyman Ant. Bernh. Trinius, and his wife Charlotte, sister of the renowned founder of Homœopathy. His father died early, his mother married later the General Superintendent Dr. Müller, of Eisleben. Our Trinius took his degree in 1802, from 1804 he practised medicine in Courland, where he was much beloved; in 1808 he was appointed physician to the Duchess Antoinette of Würtemberg, he travelled with her through Germany and Russia, and was equally distinguished as a botanist, a physician, and a poet. After the death of the duchess, in 1824, he was appointed physician to the emperor (he had acted since 1823 as teacher of botany in Petersburg), and in 1829, tutor to the crown prince; in 1836 he visited, as the request of the Imperial Academy, the chief botanical collections of foreign countries, and after repeated attacks of apoplexy in Munich and Dresden, in 1837 and '38, he died of general dropsy, in 1844, in Petersburg, in the bosom of his family. Equally distinguished by his gifts of head and heart, he was universally respected. About 1830 he retired from medical practice, devoted himself zealously to the study of homœopathy at his desk, as formerly he had at the sick bed, and in correspondence with his uncle. Thirty-three monographs on botanical subjects, many manuscripts of a similar description, four works on other subjects, some of them medical (*On the Hair and Teeth*), some on natural history, and a volume of excellent poetry (Berlin, 1848, with a biography of the author), testify to the extent of his acquirements, and the talents of this highly cultivated and worthy man.

Hahnemann's letter to his nephew, Trinius, is as follows :

My dear Nephew,—Your proposal shows a confidence in me which I would wish to deserve. But as you cannot know how inevitable and intolerable the obstacles, insults, and persecutions are wont to be, that a true homœopathic physician who settles to practise in any part of Germany, as an unprotected stranger, has to endure, I cannot advise any homœopathist to take such a step on his own account. It would plunge him into misery. Allopathic intrigue has in such a case ample room to indulge its well-known malignity against medical innovators, under the pretence of an old legal right against those who give medicines to their patients. And in this they are supported by the legal authorities whose family physicians they are.

“What does the horrid man want here? He belongs to no legitimate and authorised body, either of the country or of this place, nor can he become such, as he is a cursed homœopath. He is not a native of these parts, and cannot be naturalised, as he possesses not an inch of land, and is a dangerous homœopath. We have the power so to twist and turn the old laws on medical matters, although they only refer to the rights of apothecaries to make up allopathic mixtures, that the homœopath shall also be compelled to get, and to make his patients get, all his simple drugs (*simplicia*) from the inimical apothecary, although he does not understand how to prepare them—from the apothecary, who, in order to upset the hated homœopathy, that threatens to set bounds to his usurious profits, must feel a strong inclination to put no medicine, or a wrong one, into the little powders, since such small doses cannot be detected by analysis, and he cannot therefore be convicted of fraud: but a homœopathist who is given over to the caprice of the apothecary, and has no power to dispense his medicines to his patients, is a mere nonentity, like a painter without the permission to prepare his own colours, or even worse. And though he should get over these difficulties, whenever one of his patients dies, we can bring a criminal action against him, because he refuses to follow the rules of our ancient school, and thus, by means of our artful persecutions of his patients, and by sowing broadcast all sorts of calumnies, he will be so plagued and humbled, that, with the loss of fortune and health, he will be forced to decamp to a distance, which is the great desire of us, the dominant (satanic) old medical corporation.”

Similar sad experiences have been made by many, so that no

true homœopathist who earns but a moderate income in his own locality, would be so silly as to expose himself to such disadvantages.

Without a distinct permission from the governing power that he may practise his beneficent art with medicines of his own preparation and (in order to be sure) with remedies he dispenses himself, without let or hindrance from the medical authorities, no worthy homœopathist that I could select, would venture to settle in Coburg; and even then, not unless a sufficient number of families should subscribe to make up an income sufficient to maintain him; for the allopaths invariably try to set the public against him by the most terrible calumnies, so that even the very poorest are afraid to cross his threshold, as I know from experience.

But suppose the sovereign appoint him his physician, and grant him the permission alluded to, then, though he will still have a hard battle to fight with allopathic intrigues, he has got his means of existence secured to him, which no medical man should be without.

Thus it is only when the post of body-physician, with a life-salary, together with an express promise in writing, that he shall be allowed free practice in the capital and the surrounding country without let or hindrance from any medical authority, and that he may prepare and dispense his own medicines—only on these conditions would I advise any good homœopathist to change his locality.

If you have any wish to see your old loving uncle once more before he makes his exit from this earthly stage, then do not grudge coming a little out of your way for his sake. Confidently hoping to see you,

I am,

Your faithful uncle,

SAMUEL HAHNEMANN.

COTZEN; Sept. 17th, 1832.

Experimental Researches on the Constituents of Opium.

Amongst the various communications forwarded to the Academy of Sciences during the last month we may notice two papers, read by Messrs. Claude Bernard and Ozanam, on the different action

of the alkaloids obtained in opium. Both inquirers agree that the physiological effects of these substances are not identical; but the inferences which each author derives from his researches on the subject are so dissimilar, that the therapeutical problem propounded in these investigations does not seem likely to receive a speedy solution.

By a fresh analytical inquiry into the nature of six of the active substances which may be regarded as constituents of opium, M. Claude Bernard has ascertained that they are possessed of three distinct properties—viz., narcotic, stimulating, and toxic. With regard to narcotic powers, M. C. Bernard ascribes the first place to narceia, the second to morphia, the third to codeia. The three other alkalies—thebaïna, papaverina, and narcotina—are not, in his opinion, endowed with soporific virtues, but he considers them to be invested with stimulating properties in a much higher degree than codeia, morphia, or narceia. As poisons, the Professor classes the constituents of opium in the following order:—thebaïna, codeina, papaverina, narceia, morphia, and nicotina.

On the other hand, in a paper on the same subject, M. Ozanam shows that, for therapeutic purposes, opium contains sedatives—viz., morphia, opianina, and narceia; stimulants—viz., narcotina and thebaïna; and an intermediate principle, codeia, which is alternately a stimulant and a sedative. With regard to its special effects on different parts of the system, M. Ozanam remarks that each of the constituents of opium would appear, in addition to its more or less considerable activity, to possess a peculiar and elective influence on certain portions of the nervous structures. Thus, morphia, opianina, and narcotina would address themselves especially to the cerebral hemispheres; codeia to the cerebellum and bulb; thebaïna to the superior or cervico-dorsal section of the spinal cord; and narceia to its lumbar region.

Both experimentalists, therefore, agree that opium is a compound of substances which act on the system in an opposite manner, but they are at variance in their practical inferences from the fact.

In his estimation of the value of vegetable medicinal products, M. Ozanam shows himself more partial to synthesis than to analysis; he acknowledges the usefulness of quina, but prefers cinchona bark, and describes opium as a matchless remedial agent, which we can never expect to replace by any substitute. Opium may be said to dissect the nervous system, and each of its

constituents, liable, if separately prescribed, to occasion effects of too lowering or too stimulant a character, is corrected by its salutary association with the others. M. Ozanam, therefore, thankful for this providential dispensation, can suggest no alteration from an arrangement so entirely perfect.

Not so M. Claude Bernard. This indefatigable inquirer is not satisfied with the mere study and contemplation of natural phenomena; he views progress as the sovereign and ultimate end of human activity; and his researches on opium have thoroughly convinced him that not only should the constituents of that drug be separated, but that the same operation should be applied, as a general rule, to all vegetable compounds used in medicine. "We should not," says the author, "persist in the use of remedies the effect of which is only the combined result of several forces acting in different directions; such a resultant is necessarily changeable, and must induce effects variable as they are unexpected, according to the peculiar susceptibility called forth by each or any of the active ingredients of the drug. It is also desirable to renounce our belief in the similarity of action of plants belonging to the same family, since we find that from one plant we can extract substances of opposite physiological power. Each of the constituents of such substances is obviously entitled to its autonomy and is endowed with a separate and distinct virtue. M. Claude Bernard considers himself, therefore, justified in loudly asserting the necessity of analysing the complex action of plants, and of reducing them to simple and precisely determined effects, which may be taken advantage of alone or combined, according to the indications of each case, and the intentions of the therapist.

The question raised by M. Bernard is one of the greatest interest; and although the present state of science may not permit us to hope for an immediately satisfactory solution, yet the researches of the author have not been barren, and have supplied us with a new narcotic of a power, perhaps, superior to that of morphia and codeia—viz., narceia—which has already been prescribed with benefit by several practitioners.—*Med. Circ.*, Nov. 23rd, 1864.

Treatment of Whooping-cough in Gas-Works.

Amongst the questions brought forward for discussion at the learned societies, we may notice the treatment of whooping-cough by

the emanations from gas-works. M. Guérard, a member of the Board of Health of the Département de la Seine, forwarded on this subject to the Medical Society of Hospitals a communication which gave rise to interesting remarks from MM. Blache, Barthez, Roger, Bergeron, Maingault, &c.

Coal-gas is deprived of the sulphuretted hydrogen and carbonic acid gases always present in the crude product, by being passed through iron vessels partly filled with sulphate of lime and hydrated sesquioxide of iron. When these substances have fulfilled their object, they are extracted from the apparatus, and exposed in thick layers on the pavement of one of the yards of the works, and thus rendered fit to be employed again. When placed in contact with the atmosphere, they evolve a large quantity of ammonia, mixed with light volatile oils. These exhalations, much complained of by persons who reside in the neighbourhood of gas-works, have of late been highly extolled in the daily periodicals, and have become a popular remedy for whooping-cough. Any person who might be tempted to visit a gas-factory at certain hours might mistake it for the playground of a school; children affected with whooping-cough are reported to have rapidly recovered after having accidentally passed a few hours in these yards; others were in consequence brought to the same place, in the hope of securing for them similar benefit, and now these courts are scarcely large enough to admit all the applicants for admission.

It was, therefore, extremely important to ascertain if the alleged efficacy of the emanations in question was real, whether the inhalation was harmless, and also to which of the gases and volatile oils the effects observed are referable. Several members took part in the debate.

M. Barthez stated that he had witnessed two cases illustrative of the utility of this mode of treatment. The patients were two sisters, aged respectively three years and a half and five years and a half, both suffering from whooping-cough, which had lasted a fortnight in the former and three weeks in the latter. The parents, who had heard of the efficacy of these inhalations, sent the children every day regularly to the gas-works for some hours, and in both instances a complete cure was effected, in one of the cases three weeks, and in the other four weeks and a half after the first onset of the disease—a duration much shorter than that usually ascribed to whooping-cough. No conclusive inference can of course be drawn from two cases, and MM. Blache, Bergeron, Maingault, and Roger brought

forward others in which no improvement whatever was obtained, and some in which the treatment would seem to have aggravated the symptoms. M. Blache stated that two children of thirteen and fourteen years, belonging to the same family, and both in advanced stages of whooping-cough, were taken eight days in succession to the gas-works, and in both the paroxysms increased in violence, and were subsequently allayed by the usual sedatives. M. Blache also procured a tubful of the residue employed at the works and caused the fumes to be inhaled in several cases of whooping-cough, but derived no benefit whatever from the experiment. M. Roger added that he had been called in consultation for a child suffering from pneumonia, caused by the inhalation of the gases evolved in the works, but observed that exposure to cold might possibly have contributed to the development of the affection; in two of his own patients, however, the treatment in question signally failed, and produced no improvement whatever after a fortnight. Desirous of forming an opinion as to the real utility of the remedial agent, M. Roger also obtained the residue left after the purification of gas, and caused it to be spread out on the floor of a large hall in the Hospital for Infants, where children belonging to his own and to M. Bouvier's wards, suffering from whooping-cough, were conveyed every day. The results of the experiment having proved entirely negative, M. Roger came to the conclusion that the new mode of treatment presented no decided advantage; and that mere change of air was far more efficacious. We have ourselves had an opportunity of judging of the effects of the inhalations in two children, aged respectively three years and four months, both affected with whooping-cough; they were conveyed to the gas-works, the eldest was rapidly relieved, but the youngest died of extensive bronchial inflammation, although the most active counter-irritation was resorted to.

In conclusion, we may say that, up to the present day, the inhalation of the products evolved from the substances used in the purification of gas has not justified its reputation, and in some instances seem to have been highly injurious. M. Guérard, however, conceives that further inquiry is necessary, and that it is not inadmissible that these gases, which consist merely of ammonia and volatile oils, may yet be found useful in whooping-cough; indeed, ammonia has most certainly been beneficial in certain fits of asthma; it is therefore desirable to ascertain under what circumstances the inhalations alluded to may be advantageous, and to discover some improved means of administering the remedy in such a

manner as to obtain its full curative effects, and at the same time to avert the complications which observers have ascribed to its action.—*Medical Circular*, Nov. 23, 1864.

Treatment of Whooping-cough in Gas-Factories.

Amongst the other communications forwarded in the course of last month to the Academy of Medicine, there were two on the treatment of whooping-cough in gas-works. The first by Dr. Commenge, formerly house-surgeon of the infirmary of Saint-Lazare, bears the date of October, the 4th; the second is a letter sent in by Dr. Oulmont, on the 11th of the same month. We record the conflicting results brought forward by both authors.

From March 1 to July 1, 1864, one hundred and forty-two children affected with whooping-cough were closely watched by Dr. Commenge at the gas-factory of Saint-Mandé. Eighty-eight of the patients only can be considered to have been submitted to the inhalations with desirable regularity, and in this number twenty-three had undergone no previous treatment whatever, various remedies having been unavailingly resorted to in the remaining sixty-five, before their admission into the gas-works. In sixty-one cases the symptoms were extremely violent, and were moderately intense in the others. The disease was in the incipient stage, or had lasted less than three weeks, at the period of admission, in fifty-one of the children. In thirty-seven instances, whooping-cough had already endured one, two, or three months. In all the cases the remedy was applied in the same manner. Although the affection had lasted many weeks in some of the patients, the fact must not be understood to imply that it had reached the stage of decline; in general, indeed, the children were brought to the gas-works only when the symptoms had assumed a fresh degree of intensity, and were extremely severe. Improvement or cure was, therefore, obviously not the result of a natural tendency to recovery.

The following is stated to have been the result of the treatment:—Complete cure in fifty-four cases, improvement in twenty-four, utter failure in ten. In the fifty-four instances of recovery, some amendment was observed after five inhalations, on the average; and twelve and a fraction were required to effect a complete cure in mild cases, fourteen being necessary in the more severe

attacks. In sixteen instances the disease was unusually mild, and ten was the average number of the inhalations. The influence of age appears to have been naught, a cure being effected in infants of a few months as readily as in children aged several years.

It was one of the author's first duties to inquire whether a daily inhalation of ten hours was devoid of danger to the patients. "In all the cases I have observed," says he, "I have never noticed any evil effects whatever from the practice. The only circumstances which require notice were a temporary aggravation of some symptoms, and a slight degree of agitation during the first four or five days, in a very small number of instances. The parents of a few of the children carried home the substances from which the gases are evolved, and placed them in the bedchamber of the patients. Not only was this practice unattended with any evil consequences, but more rapid improvement was observed than where the sufferers were merely brought in the day to the gas-works. I may add that for several years I have attended the operatives of the factory at Saint-Mandé, and I have noticed that the men employed in the depuration-yards are seldom ill. The innocuousness of the courts, demonstrated in the case of men who spend ten or twelve hours of the day in the peculiar atmosphere generated by the exhalations from the substances used in the manufacture of gas, would naturally lead me to consider them as equally uninjurious in the case of children, even if direct experience had not demonstrated the fact."

In conclusion, M. Commenge's paper fully confirms the encouraging views entertained on the subject by M. Guérard and answers the objections urged by us in a former number.

M. Oulmont's remarks on the same question are, on the other hand, much less favorable to this new mode of treatment of whooping-cough. In ten cases in which the inhalations were resorted to at La Villete, this practitioner has noted but four instances of amelioration, and observes that in the remaining six the results were negative. This is doubtless a small proportion of cures; but if we recollect that all other methods are generally unavailing, even these few instances of improvement must be a subject of congratulation. M. Chevallier, moreover, has placed on record a case of obstinate whooping-cough, of long standing, which promptly yielded to the inhalations. This conflicting testimony must induce us to suspend our judgment as to the value of

the new system, although we have yet no right to reject it as altogether inefficacious.—*Med. Circ. Dec. 7, 1864.*

Notes of some cases of Sycosis, and of a case of Eczema produced by Paraffin Oil—Clinical Remarks by Professor Laycock.

A variety of cutaneous diseases have been under treatment in Ward No. 2, known generally as the "skin ward," since the Session [1863-64] commenced. Several of these have presented features of unusual interest, and received minute attention and scrutiny at the hands of the Professor. The following cases are noteworthy, and possess a practical interest:

Case 1.—Sycosis Menti vel Mentagra of two years' duration.

T. P., aged 21, a wood forester, from Selkirkshire, was admitted to Ward 2 on October 26th, 1863, suffering from an eruption on the chin. He stated that during the autumn of 1861 he took a cold, and about that time first noticed a kind of scab forming under the left angle of the mouth. The skin was reddened, and soon small pustules appeared upon it. Gradually the eruption spread, and extended along the upper lip to the opposite side of the mouth. The entire chin became involved, and the affection spread inferiorly as far as the skin over the hyoid bone. Several methods of cure have been adopted during the last two years, but without beneficial results. Sometimes under treatment a portion of the eruption disappeared; it however returned, and had hitherto proved intractable.

On admission, the upper lip and chin were seen to be covered with a yellow scab matting the hair of his moustache and shortly-clipped beard. In parts small isolated pustules were seen, turgid with pus, and having a hair issuing from their summits. On closer examination, it was obvious that the parts exclusively affected were those from which the beard and moustache grew, thus the eruption occurred at the angles of the mouth, and at the parts below the centre of the lower lip—the site of the "imperial," but not in the whiskers. No pain was complained of, and there was no itchiness.

He was ordered to foment the chin well with warm water, and then to apply a strong alkaline lotion, consisting of an ounce of the bicarbonate of potassa to four of distilled water. This was

with the view of dissolving the crusts. The hair being closely clipped to the level of the skin (for this is always necessary in using any lotion to the hairy surfaces), the lotion was applied on lint by means of a mask of oiled silk, which passed under the nose, included the entire chin, and was fastened behind the head. The parts were fomented with warm water twice daily. Dr. Laycock diagnosed the affection as sycosis. The fig-like character of the disease was more especially manifested on the 29th October, when the crusts and scabs being removed the pustular points were seen standing out on a darkened red base, presenting very much the appearance of an opened fig. The alkaline lotion was continued for a few days more. Dr. Laycock directed attention to the following points in connection with the case. He stated that this affection is considered to be of parasitic origin and infectious, and cited cases which had occurred in his own experience which proved the truth of this belief.

"If this were so, then why did the disease not attack this man's whiskers?" The disease was proved to be communicable from chin to chin, but the whiskers escaped this particular form. He stated that there was a form of sycosis which attacked the whiskers solely, and not the chin. According to the Professor, there are three distinct portions of the facial hair, and the development of each is found to differ in different men. There is first the jaw hair, or masseter beard; some men have this alone, and no other kind. Next there is the chin hair, with that of the upper lip—the moustache—constituting the muzzle hair or beard. This is first developed, and very commonly the only part of the facial hair that is developed. And lastly there is the face beard, or that between the jaw and the muzzle beards, over the zygomatic and buccinator muscles. The face beard most commonly accompanies the jaw beard. The muzzle hair is in relation with both the ovaria and testes, and is apt to be fully developed in women sometimes, as in the *Femina barbata*.

It appears that there are three forms of sycosis which may attack different portions of the beard.

Dr. Laycock pointed out how skin affections generally, and those affecting the hair regions in particular, follow this law. Even pediculi have their proper hairy habitat. He believes that there are special centres of innervation and nutrition for each of the before-mentioned portions of the beard, which are indicated not only by the varying development, but also by the differences of

each as to earlier and later greyness; and further that there are definite peripheral nervous distributions in these parts which probably the scalpel will never reach. It is this consideration, then, which points to the pathology of these somewhat anomalous cases. We must believe that there are certain regions rendered liable to the morbid invasion by defective nutrition; while others, perhaps in immediate proximity, though in another nervous area, remain free from, and unaffected by, the existing morbid influences, because their nutrition is healthy. Now, in this case, the disease never spread from the muzzle hair.

The alkaline lotion was discontinued, and it was decided to treat the case with arsenic locally. There was ordered, ℞. Glycerinæ, f. ʒx.; Liquoris Potassæ Arsenitis, f. ʒij. M. ut fiat lotio. To be brushed into the affected parts night and morning after ablution.

Two days after this treatment had been practised, the chin looked red and irritated. The arsenical glycerine was discontinued, and the alkaline lotion ordered to be re-applied.

November 7.—The parts are improved in appearance. The arsenicated glycerine is being employed again.

13th.—It seems that the disease has been spreading a little below the chin, and the pustules lie on an irritable red base. General health good. To discontinue the arsenicated glycerine lotion, and apply nothing to the parts. Dr. Laycock showed how the arsenical preparation had acted in inducing an active inflammatory condition: this was a step towards the removal of the disease. It is a peculiarity of arsenic that the inflammation it excites entails a new and modified action of the part subsequently. Sufficient inflammatory action was induced in this instance, and it was now prudent to suspend the remedy, and wait for the ultimate results of it.

19th.—The pustules have dried up and formed crusts in various portions of the chin. The skin below is much less red. Ordered to wash the chin several times a day with olive oil and the yolk of an egg mixed, instead of soap, and to foment the parts with warm water subsequently. The hairs to be clipped short with sharp scissors. The patient was decidedly better from this time, and but few pustules were seen to be forming. They were most numerous in the centre of the chin over the site of the imperial beard.

In two days after this all the scabs were removed, and a thickened, discoloured base was to be seen where they formerly existed.

30th.—The chin and upper lip are now nearly clean. Daily ablution with oil and yolk of egg was practised, and the hair kept short by clipping. A few pustules still to be seen in the centre of the chin, and one or two below it. These were ordered to be punctured with a needle and let out, afterwards to be touched with the arsenicated glycerine.

December 5.—The above treatment has been practised, and the same process has occurred which was before described, viz., the formation of a crust, and resolution of the inflammatory action. The parts to be washed twice daily with oil and yolk of egg and fomented.

13th.—All the pustules have disappeared, and the skin is merely reddened. Discharged this day.

CASE 2.—Sycosis of the Muzzle Beard and Eyebrows—(furfuraceous form)—Cured by Arsenicated Glycerine.

J. F—, æt. 47, blacksmith, from Oldham, was admitted to Paton's ward with symptoms of an intra-thoracic tumour and general bronchitis.

While under treatment an eruption appeared simultaneously upon his chin, upper lip, and eyebrows. It was slightly raised, and followed the distribution of the hairs. The whiskers were unaffected. The affection was observed for some days before any treatment was adopted. The eruption desquamated and threw off furfureous particles. It was slightly itchy.

The arsenicated glycerine was ordered to be applied several times in the day with a camel's hair pencil over the affected parts. Symptoms of slight irritation ensued after its employment for a few days, but it was still persevered with. In less than a week an improvement was noticeable, and in ten days the patient was able to shave without much discomfort. All traces of the disease disappeared in the course of a few days.

CASE 3.—Sycosis of the three Beards of Five Years' Duration—Depilation—Cure.

F. M—, æt. 36, a brickmaker, was admitted into Ward 2 on January 3. He came from Lancashire, seeking relief from a cutaneous disease of his chin and face, which had existed for five years, and yielded to no treatment.

The case was readily recognised as one of sycosis, and pre-

sented many of the characters of Case 1, just related. It differed from it, however, in being more extensive, and was seen to involve all the facial hair with the exception of the eyebrows. The patient could assign no cause for his complaint, and was accustomed to employ his own razor. There was a large production of sero-purulent secretion from the parts, and the derma was thickened and tender.

After the usual washings and clipping of the hairs, the following treatment was adopted:—The face was brushed over with glycerine, and then thickly dusted with precipitated chalk. This had a decided desiccative effect, and afforded relief. He was put on liberal diet with wine. In course of time this treatment did not give signs of producing alterative action, and accordingly recourse was had to the arsenicated glycerine, which was kept constantly applied. At the same time five minim doses of liquor arsenicalis were taken three times a day after food. These measures were adopted for several weeks with very slight resulting benefit. The arsenic did not seem to irritate in any way, still numerous pustules were constantly appearing. Some hard indolent furunculoid bodies likewise came out under the jaw.

It was now decided that nothing short of depilation of the affected part would prove effectual in removing the disease. This was accordingly ordered.

The clinical clerk removed daily with the dressing forceps a number of hairs, and the patient followed up the practice, and became expert in their complete removal.

A lotion of glycerine and water containing two grains of sulphate of copper to the ounce was likewise applied on lint to the face day and night.

A decided change followed this procedure. It was observed that new pustules now appeared only where the hair had been broken off, and not properly pulled out. The depilation process was painful and necessarily tedious. In about six weeks there was hardly a hair of the entire beard and whiskers to be seen. The disease disappeared with the complete removal of the hair, but lingered wherever there was a broken hair. The patient left for his home quite cured in the second week of April.

CASE 4.—*Eczematous Affection produced by contact of Paraffin Oil.*

This case is remarkable, inasmuch as it illustrates a form of

skin disease which may, perhaps, become more common amongst artisans now that the uses of paraffin oil are so extended.

M. J—, æt. 22, was admitted into the skin ward on the 17th November, suffering from an eruption upon the arms and legs. He states that he is employed in a paraffin oil manufactory near Edinburgh. Three weeks ago he first observed the eruption, having only been about a week at the manufactory. His occupation was to carry jars of the oil to be stored in the works; in doing this he frequently spilt some of it upon his trousers, and generally saturated the parts over his thighs. His hands and forearms were likewise often covered with the oil. Suffers from bronchitis, and was discharged from the 26th Regiment on account of it.

Integumentary system.—On the front of the thighs and legs and the backs of the forearms there is a vesicular eruption. It is everywhere similar in character. On the thighs there are some thickened patches of cuticle and sordes covering part of the eruption. The vesicles are aggregated in places and isolated at the margins. A strong odour of paraffin is perceptible from the clothing, which is apparently saturated with it. There is no itching experienced in the affected parts, but some irritation is complained of. Ordered a warm alkaline bath.

November 19th.—Has had two baths. Some of the cuticle and sordid matter is removed from the thighs, and the nature of the disease is better seen. Some of the vesicles seem inclined to be pustular at their summits. A hair is seen in the centre of each of them. It was now considered proper to treat the eruption locally, and the difficulty was to think of any agent that could counteract or neutralise the action of the paraffin. The derivation of the word suffices to show that nothing will enter into combination with it; it is alike unaffected by either acid or alkali. Under the circumstances, it was decided to apply an alkaline lotion to the parts, and to keep them constantly moist. ℞ Sodæ bicarbonatis, ʒij; Aquæ Puræ, ʒxvj; solve ut fiat lotio alkalina. The patient kept his bed, and had the lotion applied several times a day on lint and covered with waterproof sheeting. Treatment was, moreover, adopted for the bronchitic affection.

But little change was observable for a week or ten days. There was no spreading of the disease; the cuticle was now fairly removed, and the parts were clean.

29th.—The vesicles are now disappearing, and the skin is less red and thickened than it was. Alkaline lotion still continued.

December 3rd.—Eruption is fading, and the skin is becoming level; still red and discoloured. The arms are now well. His cough is nearly gone. To discontinue the lotion.

10th.—The skin is now free from all vesicles, and is only discoloured. Is up during the day. Has warm baths at intervals, and is wearing clean clothing.

15th.—Discharged to-day.

Dr. Laycock called attention to this case as illustrating one of the class of skin affections which artisans are liable to suffer from. He had not met with a similar case before in his experience. The benefits of the alkaline treatment were very marked and obvious. Another patient recently admitted to the ward with inveterate psoriasis states that, amongst other remedies employed when treated in Glasgow, paraffin oil was applied with benefit to the patches. It, however, brought out an eruption in the neighbourhood of them. His case was treated by inunction with tar ointment; and in the course of the third week of its employment a papular eruption occurred symmetrically upon the inner aspects of the knees and thighs. It became pustular, and faded in about ten days, the tar inunction being maintained throughout its course. The patient left with a perfectly smooth skin after undergoing this treatment for eight weeks.—*Medical Times and Gazette*, December 17th, 1864.

Confessions of an Allopath.

The practice of Medicine had its origin in empiricism, and by empiricism it is nourished still. Empirical were its foundations in the days of old, and empirical it is now. Had we the courage to make this declaration *visà voce* in Medical society what a chorus of indignant remonstrance it would call forth! The practice of Medicine, we should be told, is scientific, it is rational, it is philosophical, it is eclectic—it is—what you please that sounds fine, but empirical! Fie on the word; it's a libel on progress and the nineteenth century! Did we preserve our presence of mind sufficiently through the storm, we should reply, There is some truth in all that you say, gentlemen; nevertheless we repeat "the practice of

Medicine is empirical." We grant that there is a science of Medicine; physiology and pathology are scientific, and through them the diagnosis of disease is scientific. Our knowledge of the causation of disease, our recognition and comprehension of morbid conditions, and of the various forces and elements at work in the production and progress of diseases have all made great advance, and so far we have the right to call ourselves scientific; but when we come to the *treatment* of disease, to practical Medicine, we say that we are empirical still, or perhaps it would be more exact to say that the *practice of therapeutics* is still very largely empirical, for the term "practical Medicine" is often used to express both the science and art of Medicine. Let us speak, then, of therapeutics. Of how many medicines can it be said that we know *how* they act on the system?

It is true that, to use the words of Dr. J. Y. Simpson, "there has not only been, through the instrumentality of morbid and histological anatomy, and of pathological chemistry, a great increase in our knowledge of the nature of diseases, and, through physical diagnosis, a great increase in our knowledge of the discrimination of them; but changes have taken place in the *Materia Medica* within the last twenty or thirty years which have added much to the simplicity as well as the efficacy of the means and weapons by which practical Medicine combats the different diseases that occur in the bodies of the sick." New and valuable medicines have been added to the list, old ones have been purged of their grosser and useless parts, and medicines are generally used in simpler and purer forms than of old; but still how many are given only because we know from experience that they will produce, or conduce to, the results we desire? How generally do we give a medicine in such and such a condition simply because we know, empirically, that it will benefit, but why or how it does so we cannot say? Of course we are aware that examples may be adduced against us. In anæmia we give iron, or other blood-tonics, and cure, and we know why we give them, and how they cure; in ascites, or other forms of dropsy, we give elaterium, or some other hydragogue cathartic, and we know how they relieve the morbid condition present; in hæmorrhages we give gallic or tannic acid; in diarrhœa, astringents; in constipation, purgatives; in certain forms of dyspepsia, nitro-muriatic acid; and we know, or think we know, how it is that our medicines relieve. But are not such instances exceptional, and empirical prescribing the rule? For a proof of this, let any one

listen to a discussion on the treatment of any, however well-known, disease at one of our Medical Societies, and will he not hear the most varied and even opposed modes of treatment recommended? Even in the use of external applications for the cure of disorders of well-known local origin this is the case. We happened lately to be present at a discussion at one of the Medical Societies in the metropolis on the treatment of scabies—a disorder arising from a perfectly ascertained local cause; and the variety of methods of treatment recommended was simply charming. The only thing more delightful was to mark the candour and cheerfulness with which gentlemen flatly contradicted each other. Authority the first recommended sulphur ointment, applied in various ways, and thought most highly of the Hôpital St. Louis method—"the two hours'" or Hardy's treatment,—spoke of the late increase in the frequency of scabies, and referred to the opinion of an eminent dermatologist that it is to be traced to the Crimean war. Authority No. 2 thought Hardy's treatment cruel, and said it was not known to be efficacious, for no man who had once endured it would ever return to say he was not cured—he would prefer going anywhere else. But No. 2 particularly wished to direct attention to the disinfection of the patient's clothes—they should be submitted to a heat of 200°. No. 3 thought if that disinfected the clothes it might also be used to cure the patient, and as the Turkish bath could be raised to that temperature, might it not be made available to cure the disease? We heard this with some awe, and with lively feelings of gratitude for the happy chance that had led us to attend the discussion, for in our ignorance we believed that the living human body refused to be itself raised to the temperature of the bath, and we had thought of trying one; but we know that *our* skin will not bear anything like a temperature of 200°, and we should certainly have fallen a martyr, and been parboiled in our own perspiration. No. 4 spoke from experience of the prevalence of scabies in the Crimea, and had cured it with sulphur ointment, to which he had added fine white sand. No. 5 had had a year's experience of the treatment at the Hôpital St. Louis, and denounced it as cruel and barbarous in the extreme; if it cured the itch it produced other diseases of the skin, and the last state of the patient was worse than the first. No 6 had found iodide of potassium ointment succeed where sulphur ointment failed. No. 7 had *once* seen some men undergoing Hardy's treatment, and thought they rather enjoyed it than otherwise, and he flatly contradicted the assertion that it was cruel or barbarous. He had not

been in the Crimea, but he had "made inquiries," and positively denied that itch was prevalent there. One recommended soaking in Harrogate water; another said it was of no use whatever; and one, that any simple oil or grease, with a few drops of an essential oil, was an efficient application; and so the discussion went on. It was purely empirical; the point which we had hoped to hear discussed was never even fairly raised—viz., whether sulphur is really at all necessary for the cure of scabies? whether all that is required is not grease to asphyxiate the acarus and soften the epidermis, and then friction to remove thoroughly the dead acarus and its ova? We learnt nothing of the *rationale* of the treatment from the discussion, and, be it observed, the disputants were not country apothecaries, but London physicians and surgeons. We could not help thinking, not "c'est magnifique," but "c'est bien amusant, mais ce n'est pas la science." And if we go to men or books, for the treatment of internal disease, what do we find? Take rheumatic fever: one treats it with calomel and opium, one with opium only, one with lemon-juice, one with nitrate of potash, one with alkalis, one with quinine. Or scarlet fever: A swears by ammonia; B by quinine from the commencement; C adopts a regular system of treatment by emetics, purgatives, and quinine; and so on. We might fill our columns with examples of this kind, and to very little purpose; while we can, much better and more pointedly, illustrate the advance and the defects of therapeutical knowledge by confining our attention to one medicine only—quinine. How infinitely superior it is to the "bark" of old; it is its essential part, purged of all gross encumbrances—how much more "elegant," simple, and manageable! how much more useful and potent! It is the very soul of the drug; but what do we really *know* of it? of its mode of action, of its powers for good, their limits, or extent?

Every point that we would call attention to in the practice of therapeutics may be illustrated from the history of the use and disuse of quinine. Sir Henry Holland, in one of his admirable little essays,* says:—"Conclusions, requiring for their authority a long average of cases, carefully selected, and freed from the many chances of error or ambiguity, are often promulgated and received upon grounds barely sufficient to warrant a repetition of the trials which first suggested them. . . . During the last twenty years, omitting all lesser instances, I have known the rise and decline of

* *Medical Notes and Reflections*. By H. Holland, M.D., &c. 1839. P. 2.

five or six fashions in Medical doctrine or treatment." For an illustration of this, read the valuable papers we are now publishing by Inspector-General E. Hare, on the treatment of malarious fevers. Years ago Lind, Jackson, and others pointed out that bark was the only trustworthy remedial agent. Dr. Jas. Johnson went to India in 1804, found in one case that bark failed to cure—not because its action was inefficient, but, being vomited, its action was not obtained; he tried bleeding, and the patient recovered; at once he rejected altogether the use of bark, and inaugurated a system of treatment by copious depletion, ʒj. doses of calomel, and mercurial inunction to salivation. This method rapidly displaced entirely the treatment by bark. Now, again, quinine is recommended. Mr. Hare's experience and teaching is—"Quinine may also be given in the largest doses, whether there are head symptoms, delirium, coma, or pain in the liver. Whether it be in the hot stage or cold, quinine is not only safe for all forms of malarious fever, but it is certain cure; and in cases where there is danger to life, the earlier and the larger the doses of quinine which can be given to the patient the better. Vomiting and cinchonism were my only checks for continuing it in full doses."

These are almost the very words of the great authorities for the employment of bark eighty years ago. Dr. Clarke, who practised in Calcutta in 1768—1771, wrote:—"As soon as the intestinal tubes have been thoroughly cleansed, the cure must entirely depend upon giving the Peruvian bark in as large doses as the stomach will bear, without paying any regard to the remissions or exacerbations of the fever." Dr. Lind says:—"Although I annually prescribed upwards of 140 lbs. of bark, I never observed any bad effects. The greatest—indeed, and the only—evil arising from the bark that has fallen under my observation has been to excite sickness and vomiting during a paroxysm." But all their teaching was utterly forgotten in favour of depletion and salivation. After a time, the frightful effects of the profuse salivation in vogue led, chiefly through Sir Jas. Annesley, to a more moderate use of mercury; but *en revanche* depletion was still more freely used, and culminated under Dr. Twining. His use of the lancet was indeed "heroic," and the results as truly tragic. Quinine began to be used very cautiously and gingerly about 1839; but the treatment of Clarke, Lind, etc., remained forgotten till Mr. Hare happily inherited some of their works in 1843, when he was practising in a district in which malarious fever reigned in the most deadly form, and he had

the courage and good sense to use quinine as they had used bark. With what splendid results our readers must gather for themselves from his papers, which we earnestly recommend to their notice: they are full of interest and instruction. Mr. Hare finds quinine, then, *the* cure for every form of malarious fever—for every form, indeed, of Indian fever, according to him, as we find it *the* cure for malarious fever at home; but how or why it cures we know not, nor why it fails when, as sometimes happens, it does fail.

From Mr. Meller, the surgeon to Dr. Livingstone's expedition, we learn that in the treatment of the fevers of the Zambesi it seems to fail altogether;—why? is the fever not truly malarious; or is it caused by a new kind of malaria—a malaria not amenable to quinine?

If we look back into medical writings of the last century, we find that bark, and bark and ammonia, or bark and soda was used in many diseases in which *we* have not been accustomed to give quinine, but for which that medicine is now being largely recommended. It is, indeed, very remarkable how widely the use of quinine is being extended. Mr. Peter Hood* relies entirely upon it, after an emetic and a purgative, for the treatment of scarlatina in all its varieties.

Dr. Pursell† also "has obtained a remarkable amount of success" by relying on quinine or cinchonine for the cure of scarlatina in its mildest and its very worst forms. It is his sheet-anchor in the treatment also of measles, small-pox, hooping-cough, diphtheria, croup, laryngismus stridulus, chorea, erysipelas, rheumatism, acute and chronic, gout, and neuralgia. In his treatment of some of these diseases, quinine appears to us to play but a very secondary rôle; thus, in erysipelas and rheumatism opium is largely given, to the full as freely as the quinine; and in both rheumatism and gout alkalies are freely administered. In the exanthemata, however, quinine is *the* remedy with him.

We have heard of cases of acute pericarditis and bronchitis being "cured" by the early and liberal use of quinine; but we need not quote books nor adduce examples to show the number of

* *The Successful Treatment of Scarlet Fever, &c.* By P. Hood. London: Churchill. 1857.

† *Exanthematous Diseases: their Rational Pathology and Successful Treatment; to which are added Remarks on Hooping-cough, Diphtheria, &c.* By J. Pursell, M.D. Also a pamphlet on *Rheumatism, Gout, Sciatica, and Neuralgia.* By the same Author. London: Churchill and Sons. 1864.

diseases for which quinine is regarded now as a remedy, the experience and the memories of our readers will supply proofs enough. But how is this extended and extending use of quinine to be explained? How is the medicine supposed to act? Dr. Anstie speaks of quinine as acting by promoting nutrition; it "improves the quality of the blood, and strengthens the systemic circulation." We suppose he would say that it acts as a stimulus on the nervous system; is it thus that it cures scarlatina? Some authorities trust only in ammonia in that malady, and ammonia is a "pure and powerful stimulant." But then Dr. B. W. Richardson would give a very different explanation of the action of ammonia: he would say, if we remember rightly, that it benefits by increasing and preserving the fluidity of the fibrine in the blood.

Is it given because of its power against malaria? It has often been pointed out that we may use remedies as a test of the nature of diseases. Sir H. Holland, for instance—not to quote older and more hackneyed authorities—in the work we have already referred to, speaking of the value of bark in anomalous varieties of intermittent disorders, says, "it enables us to quote and class together symptoms apparently the most remote in kind, but which could not thus be relieved, unless depending on some common cause." Shall we believe, then, that the value of quinine in so many diseases depends on their having a common origin in malaria? Dr. Handfield Jones believes that malaria plays a much more general and important part in the causation of disease than is generally believed; and in the admirable "Report of the Medical Officers of Health of St. George's, Hanover-square," for the year ending March 31, 1864, we find the following observation:—"We will content ourselves with one practical remark about the maladies which cut off such frightful numbers of elderly people in January and March. Cold is the great agent, but cold is not all. People 'catch cold' who are never exposed to it. There is a malaria in addition to a low temperature, and in all probability a more liberal use of quinine would render the other remedies employed more efficacious." We can scarcely think, however, that we are verging on a universal malaria theory of Medicine.

Is quinine given in all these diseases as an anti-periodic? This seems to be Dr. Pursell's reason for his use of it. Are we about to swallow whole the "chrono-thairmal" system—the "great theory of perriodecity and remittency of all diseases?"—that monstrous and absurd expansion of the old, old fact that in all

diseases there are more or less marked evening exacerbations, and the well-established law of diurnal ebb and flow, so to speak, of vitality in the human system, as inflated and expounded by Dr. Sampson and the well-known Physician of whom he is the representative rather than the caricature?

Explain it how we will, and be it remarked that the two last suggestions will not explain *how* quinine acts, but only the theory on which it is given—explain it how we will, or explain it not at all, it is a fact well worthy of study that the field of disease in which quinine is held potent for remedial power is largely extending. We commend this fact to the careful observation and thought of our brethren. Fashion, hasty generalisation, exaggerated deduction, etc., may partly account for it, but there must be some basis of truth, and this we ought to strive to draw forth by renewed, careful, and scientific observation and research.—Leader in the *Medical Times and Gazette* of Dec. 10th, 1864.

Tape Worm.

Dr. T. S. Cobbold submitted papers upon vegetables and fruits, and upon water as a source of entozoa. On the previous day he had spoken of the tænia in its mature state, and he now proposed to speak of its introduction into the body in a larval condition. There was no doubt that entozoa were introduced with vegetable food. Small molluscs harboured larval parasites in prodigious quantities, and they were the source of one or more of the parasites that occasionally invaded the human form. These entozoa might be taken in water drinking, but they were much more likely to be taken from water-cress, or other vegetables of the kind. It was necessary with all vegetables that the greatest cleanliness should be observed in preparing them for the table, and care should be taken to avoid swallowing these small molluscs, which were very likely to escape observation. A large species of the tape worm, discovered in Egypt, would he was afraid be brought to this country at some time from our colonies, and if ever it got place amongst us, it would be difficult of extermination. Eggs and living specimens had been found in this country, both in man and monkeys, but only to a very small extent. He was the first to discover it in the monkey. As to the little thread-worm, he had never been able to rear it on apples and pears, and there was

no evidence to show that any species of entozoa was derivable from fruit. It was not likely that fruit was ever an intermediate habitation for any of the parasites which ordinarily occupied the human body. A great many evils in children were charged to eating unripe fruit, but, as far as entozoa was concerned, that fear was entirely groundless ; and if they should be so introduced, the chances were that the larvæ would be taken from the surface of the fruit. With regard to celery, cabbages, and all the ordinary market-garden vegetables, he might say that all decomposing animal and vegetable matter sustained entozoa, and the more filthy the water or liquid manure employed to secure the fertility of the garden, the more likely was a supply of entozoa to be taken with the vegetables grown upon the land. The most careful washing was, therefore, required, and it had been suggested that vegetables should also be soaked in salt. Turning, then, to water as a source of entozoa, the first species he would draw attention to was the ancient guinea-worm, which was supposed to be the fiery serpent of Moses. Parasitic larvæ might be found in water that was to all appearance perfectly pure ; but speaking generally, it might be inferred that fresh spring water was perfectly innocuous. The same thing could not be said of water stored in large tanks in hot climates. The people of these islands suffered from entozoa, which must have been introduced by drink in some form or other. Amongst this class the smallest was one tenth of an inch long ; it carried 30,000 eggs, and went through marvellous transformations. The presence or absence of the larvæ of human entozoa in water was dependent upon the place from whence the supply came, and upon the condition of the water. The pork measles might be readily communicated to human beings in this way ; and there was another species taken from water, the habit of which was to ensconce itself in the brain, causing death, which the Registrar-General invariably set down as due to cerebral disease. The way in which it reached the brain was from the coats of the stomach, through the circulating medium. There was one kind inhabiting dogs which was often communicated to the human being. One-sixth of all persons who died in Iceland perished from a little creature so small that in its larval state it could scarcely be seen. If neither dog nor wolf existed we should get rid of these species altogether. No one need drink water impregnated with these entozoa. Water to which dogs had no access could not contain them ; neither were they likely

to be found in spring or well water. Open waters, into which the carcasses of dogs were occasionally thrown, would probably contain them, and the eggs might be carried to food wasted in such water. The danger would be got rid of if the water was always carefully boiled, filtered, or distilled; but a filter to be effectual ought not to pass anything larger than one one-thousandth of an inch. Sand and charcoal filters were of very little use. Paper filters should be employed. All entozoa not preserved for scientific experiments should be destroyed by fire, and under no circumstances should they be thrown aside as harmless refuse; and he would press upon butchers, knackers, and others, not to throw doubtful offal to dogs frequenting their neighbourhoods. Then as to beer, porter, &c., all he need say with regard to these fermented drinks was, that he believed them perfectly harmless. Even though impure waters should have been employed, the boiling of the wort would be alone sufficient to destroy any number of parasites. Unfortunately unfermented drinks, such as ginger beer, cyder, and the like, they cannot be perfectly certain about. All must depend upon the source and the supply of water. They might, however, conclude that the manufacturer got his supply from the purest source open to him, and that, therefore, the commission need be under little or no apprehension. In regard to wines, the same remarks were applicable. Alcohol added to water was sufficient to destroy the parasitical eggs, but he questioned whether the amount of spirit in our home-made wines was sufficient for the purpose.—*Abstract of Paper read before the British Association.*

Honour to Homœopathy.

We are much gratified to observe that Dr. Núñez, of Madrid, the introducer of homœopathy into Spain, has been rewarded by Her Most Catholic Majesty with the rank of Marquis. We have no doubt that this is a compliment paid to homœopathy in the person of our distinguished colleague, and we are sure that the new Marquis will support his elevated rank with becoming dignity. Different countries have, of course, different manners, and it would be difficult to imagine a doctor of any school in this country elevated to any, even the lowest grade in the peerage—a baronetage being the very highest rank hitherto conferred on a British doctor—but a homœopathist made a Marquis all at one bound, beats all the surprises of a pantomime.

OBITUARY.

DR. ROBERT WALKER, of *Manchester*.

WE have to deplore the loss of another of the pioneers of homœopathy in this country. Dr. R. Walker died on the 11th December last, at the age of 49. He had long suffered from gout and dyspepsia, and latterly the failure of his digestive powers proceeded so far that he sank in a state of marasmus. He practised in Manchester since 1845, where he earned a justly-merited reputation as a skilful practitioner, and he was much called in consultation by his brethren of the city he dwelt in, and of the surrounding country. He was a man of considerable intellectual capacity, and his nature was genial and generous. He exercised unbounded influence over his patients, and was much looked up to by his colleagues. He had a high standard of the rights and duties of the medical profession, and by his firmness in maintaining the strict principles of professional etiquette, he upheld the status of homœopathic practitioners in Manchester in the estimation of the medical profession and of the public.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

ON THE TUBERCULAR LUNG DISEASE OF
CORNISH MINERS.

By J. H. NANKIVELL, M.R.C.S., Penzance.

MINER'S complaint, miner's consumption, miner's decline—all these terms are used to express that peculiar form of lung-blight to which the men who work in our tin and copper mines are subject. It is a mere platitude to say that with these men, as with people in general, laryngeal and bronchial inflammation, or pneumonia, may be succeeded in the predisposed by tubercular consumption,—with such cases I have for the present nothing to do, but the form of disease to which I am desirous to call attention is that which originates in a subacute, chronic, often latent pleurisy, induced either by accidental hurt of a severe degree to the chest, or more commonly, by the lesion of muscular and nervous tissue in the course of excessive and protracted labour.

The Cornish miners are a fine race of men, their occupation seems to give a grave and characteristic expression to their features and they are easily distinguished from other labouring classes. In the district of St. Just, between the Land's End and St. Ives, the countenances of the miners

have very much of the true Celtic character, but it is more that of the Scottish than of the Irish Celt; indeed our mining "comrades," are industrious, gentle, kind-hearted, and humane. It may not be out of place to state that vestiges of the old Cornish language still linger amongst the mining population. It is well-known that amongst the Celtic dialects, the Welsh, Cornish, and Breton, are cognate, and it is interesting to find that our Cornish tongue still crops out in the remote parts of the west. A miner was one day describing to me the manner in which he had been preserved from sudden death, and these were his words: "The quer knock'd me into the leeren." He had, it seems, been standing on some pieces of wood placed across a hole ten feet deep, when some of the overburden (or quer-wand) fell in upon him and sent him headlong into the pit (lecre). The mass of stuff would have suffocated him had it not been stopped by the wood on which he had been standing. Another miner, suffering from bronchitis, complained that he always had a "reeten" in his breast—this word probably is a relation to the German word "rasseln," to rattle. Again, there are other words that are perhaps mere provincialisms. Thus, if a miner is sad and desponding he is "wisht," if for some time he has been feeling and looking ill he is "a palsch man" (pallid?); if affected with short breath, he is "pantish." He does not *light* his fire or candle, but *teens* it; evening, is candle-teening, and when going to work, is off to the meen (myn) or bal.

Before I proceed to state any of my own observations on miner's complaint, I would wish to record those of a highly intelligent allopathic surgeon, who has had extensive experience in mine practice; he informs me, 1st, that there is much reason to think that the disease of which we speak is very different from common phthisis. 2. That, as mining is often the occupation of families through many generations, there is a strong hereditary tendency amongst them to consumption. 3. That the principal causes are transitions from heat to cold, and *vice versá*; also damp, powder smoke, carbonic-acid gas, in short, the foul air of mines. 4. That miners are very subject to pleurisy, and are commonly bled for it; and lastly,

that as miners have a strong repugnance to post-mortem examinations, no light has hitherto been thrown on their complaints by means of pathological investigations.

During the last twelve months my attention has been called to the fact that, in addition to the above, and it may be other well recognised causes of consumption or decline, there is one which, if I am not mistaken, has to a great extent been overlooked, or at all events has not received that attention which it deserves. My belief is, that very many cases of this disease have their origin in injuries inflicted on muscles and nerves, whether by accident or by *severe protracted labour* in narrow confined places in which the free play of the limbs is impossible. The works of our own homœopathic writers, and those of Drs. Watson and Todd, do not make any allusion to this subject, but in Dr. Copland's 'Dictionary of Medicine,' which really treats of everything "et de quibusdam aliis," may be found these words—at page 122, headed "Arts and Employments": "Miners and colliers are liable, from their working in constrained positions, to suffer from asthma, rheumatism, and diseases of the head." In Dr. Bennett's 'Clinical Medicine,' there are a few remarks which bear on my subject, and which are to be found in the chapters on the nervous system, thus: "The functions of the nervous system may be perverted or destroyed by excess of stimulus, by mechanical irritation. Direct mechanical injury to the large trunks of nerves will produce inflammation, followed by exudation. Local congestions explain functional alteration of the nerves implicated." And in the chapters on lung disease, we have—"Exudation in the pleura, has at first miliary tubercular infiltration, the progress is slow. Such tubercles are most abundant in the posterior parts of the lungs. The left lung is most liable, and often is tubercle associated with vesicular emphysema. Latent phthisis follows exhausting causes in chronic subacute latent pleurisy."

I shall now give very briefly, and as nearly as possible in the words of the miners themselves, a few cases which have recently been under treatment at our dispensary, and then try to deduce a few practical hints and rules, which may, to

some small extent, serve to diminish the sufferings of a most deserving class of men. That much might be done for the *prevention* of the lung-blight of miners every one knows; the most important point is how to do it. Can all mines have good ventilation? Is it possible to improve the state of the levels, so that men may be able to work without, as they say, "beating the lives out of their bodies"? Is it practicable to diminish the hours of a working "corps"? Could any means be adopted of providing the miners with hot dishes of meat in place of the cold pastry (hobbans) on which they subsist? For myself, I know but little about the details of practical mining, and only make these observations with the feeling that human life is a sacred thing, and on one point I would lay stress, viz., that some arrangement should be made in the miners' clubs, so that whenever a man becomes affected with chest disease, he should *at once* cease from work, as at that time rest for a short time, and good medical attendance might save him from years of suffering, or even from an early death. With these introductory remarks, I will proceed to give a sketch of a few cases which have come before me.

CASE I.—John B—, æt. 23, has been ill twelve months with sciatica on the right side, brought on by leaning against a cold rock whilst he was working in a mine. He has much pain in the hip at night, and cannot sit long in one place, as it causes deadness of the affected limbs. He took the 3rd dilution of *Arnica** for a fortnight, and then complained only of stinging in the calf of the leg, the night pains had ceased

* As these observations may possibly come before some persons who have never read our *Matéria Medica*, I append the following passages from the chapter on *ARNICA*.

"*Clinical Observations.*—In hæmoptysis, consequent on external injuries, or when caused by cold and exertion. In young people with tubercles on the lungs, when slight efforts of the body excite cough. In spurious pleuritis, pleurodynia, pleuritis produced by mechanical causes with plastic and serous effusion. In pneumonia produced by mechanical causes.

"*Pathogenesis* (larynx and trachea).—Dry short hacking cough as from a titillation in the trachea every morning after rising. Hæmoptysis. Cough producing a feeling in the ribs as if bruised. Bloody expectoration from the chest, &c. (Chest).—Short panting breath. Dyspnoea. Excessive difficulty of

and he had consequently slept well. (This case and the two following are inserted only as introductory to the cases of chest disease.)

CASE II.—Henry G—, nine months since a rope broke at which he was pulling, he fell, and at once felt pain and loss of power in the left shoulder. It was thought by the doctor that the string of the joint (long tendon of biceps) had been snapped. The joint did not swell, but the arm has somewhat wasted. The shoulder has been blistered without any benefit. The man took *Arnica* during a month, and there was slow but steady improvement. At his last visit he informed me that he had more strength in the arm and was able to do some light work as a gardener.

Effect of Contusion on one Limb.

CASE III.—John F—, æt. 56, has not worked at his mine for two years and a half, he has been confined to his bed seventeen months of that time. One day when at “grass” (surface) he accidentally struck the great toe of the left foot against a rock, and suddenly felt a stinging pain shoot up through the leg as far as the hip (sciatic nerve), and the limb felt so weak as if it would drop off from his body, after resting awhile the pain ceased. He thought but little of it until four days after when he was at the bottom of his mine and about to climb the ladder; he then found that he could not bring the left foot above the level of the right, and was obliged to use the latter for the purpose of ascending. The following day he felt much worse and kept his bed, had severe pain in the injured toe, ankle, and leg up to the groin. The mine doctor supplied a liniment, also tried cupping and an issue. Was

breathing. Aching pain in the lower extremity of the sternum, which is especially felt during a deep inspiration. Violent stitches in the middle of left breast. All the joints of the bones and cartilages of the chest feel painful, as if they were bruised, during motion and breathing. Pain as if from a sprain in the joints of the chest and back, &c., &c.”

seen by two other surgeons, one of whom thought favorably of the case, but the other took a gloomy view of it. After a short time the limb became affected with spasms (reflex) and would bend and stretch of its own accord. On examination I found that the pelvis had become elevated on the affected side, and that the heel was two inches from the ground; he walked badly with a crutch and stick. I advised him to discontinue the crutch and endeavour to bring the heel to the ground, and supplied him with the 3rd dilution of the tincture of *Arnica* to take. After six months the patient thought that he could walk better, but he will always be a cripple, and I have merely given his case as one proof of the serious effects which may result from concussion of nerve.

Cases implicating the Lungs.

Blow on the Chest—Pleurisy—Tubercle.

CASE IV.—James R—, æt. 57, has worked underground seven years, had a severe blow on the left side two years since and has never felt well since that time, has been troubled with cough and short breath, and during the last twelve months has been getting worse. For two months has had a terrible "hisk" upon the breath and cannot travel up hill at all, except very slowly; has much difficulty in climbing the mine ladders; cough very bad, in rages at night, pulse 80. Stethoscope—Left lung dull and comparatively impervious at apex; below the scapula fine friction sounds as if from pleuritic tubercle. He derived some good from *Arnica* and *Phos.*, but his case is an unfavorable one.

Sprain of the Chest—Irritation of Nerves and Pleura.

CASE V.—James L—, æt. 28, eight weeks since was in good health, he then worked in a narrow, low "underlie," and was obliged to strain his chest in order to get at his work; that is to say his chest was arched forwards so much that he felt a pain in the breast which passed back through both shoulders,

also much beating of the heart. Pulse 92. He sleeps badly, is weak and coughs up pellets of mucus, has had a blister and medicine without relief. Examination—No organic disease of heart or lungs. This case being seen on an early stage was rapidly cured by *Arnica*.

Contusions of Chest and Cough.

CASE VI.—Isaac M—, æt. 37, has had a cough for twelve months, but did not think much about it as he could always clear his allowance, but as a cough is the forerunner of many complaints he applied for relief to the mine doctor. Fifteen months since he worked in bad air, and the level was so narrow and low that he was obliged to labour now lying on one side, now on another. He expectorates mucus but no blood.

The stethoscope did not detect any tubercular disease, he took *Arnica* for a fortnight and then stated that he felt much better, that the medicine had done him real service, and that he had been able to work daily, not missing a single "corps."*

Pleuro-Pneumonia.

CASE VII.—James R—, æt. 13, a mine boy, nine months since was in good health, he then got a pain in his right side, so that he could not lie on that side when in bed, had no cough then, has occasionally worked at his mine since. Five weeks ago he was attacked with cough, no old man could cough worse. An unqualified bal doctor said that the cough was caused by worms. At present his lips and face are pale, he breathes with much difficulty, he coughs up some phlegm but no blood, has pain in his breast and back, night sweats, and some diarrhœa which he thinks has been caused by physic. Pulse 100.

The stethoscope showed the effects of pleuro-pneumonia of

* The term "corps" is applied to a certain number of men who work for eight hours and are then relieved by another party. The word is also used to express the time of eight hours.

right lung. He first took *Phos.* and *Bry.* without much benefit, then *Arnica* for a week, after which the respiration in the damaged lung became much improved, and when he left us he had made good progress towards recovery.

Sprain—Pleurisy.

CASE VIII.—John L—, has been ill two months, in consequence of a *wrest or sprain* which he got in his back. The doctor prescribed a mustard plaister and medicine, at present he suffers from a pain in the right chest, is short on the breath, and coughs with pain. The right lung is dull on percussion, and the respiratory sounds muffled, as if by pleuritic effusion. The left lung very resonant, and has loud peurile murmur at apex. As there was some feverish excitement of pulse, I gave him *Aconite* and *Bryonia*, and at his next visit he appeared to be better, but I did not see him again. The case is only given as confirmatory of the fact of lung disease being often caused by muscular injuries.

Pleurisy after Mechanical Injury.

CASE IX.—Nicholas C—, *æt.* 47. Two years since, he fell away a height of ten feet underground, and broke two ribs, and was laid up two months. Since then has suffered more or less from *cough and shortness of breath* (this is almost the invariable story), but has not knocked off working yet, at present the pipes of the lungs are very tight, cloggy, and choking up, there is pain across the lower part of the chest, the cough is for the most part dry, a little phlegm of a morning, but no blood. Pulse 120, full and wiry. Heart has a fluttering action.

Examination.—Evidence of pleuritic effusion in right lung, he first took *Arnica*, and the pulse came down to 98, and as he complained of fits of shivering at times, like ague qualms, I gave him a few small doses of Quinine and he left the dispensary with a state of health much improved.

Common Sprain from Labour, and Cough.

CASE X.—Charles A—, æt. 40, has strained his right shoulder and chest very much whilst at work, and for three weeks has had pain in his breast and some cough, he took *Arnica* for a week, when the pain of the shoulders had ceased, and the cough had become much easier, that is to say, he had expectorated freely; he came again to the dispensary on two successive weeks; the improvement had gone on without interruption under the influence of *Arnica*, and he was discharged cured.

Chest Disease, probably Pleuritic, from Hard Work.

CASE XI.—John S—, æt. 52, has worked in mines thirty years, never met with any accident, only slight scars, has worked in Ding Dong, down 100 fathoms, and in Cairn Galver (or the Goat's Cairn), 130 fathoms. Has worked very hard at "Tribute,"* and has got as much as £20 in eight corps (that is, in sixty-four hours); when hulking in the mines, has had to lie on his back, or sides, or any way; cutting upwards with a "borer or gad" is hard work, and often when he has knocked off at the end of his corps, he could hardly move, he was so weary; has gone through brave hardships in his time and worked too hard to maintain a family of ten. Twenty years since he had pain in his breast for two years, has not worked now for six months, nothing of any note—is not able to; at present has bad cough, pain in left side low down, brings up mattery stuff, breath very short indeed, especially going up a hill. *Arnica*.

The stethoscope does not reveal any disease of the heart, and nothing further than dull respiration at base of left scapula. This case is under treatment, and will, I think, terminate favorably.

* Miners take work by a rough kind of auction. At "Tribute" they get a certain proportion of the value of the ore raised. At "Tut" they receive so much per fathom for excavation.

Functional Disease of the Heart from Hard Work.

CASE XII.—James G—, æt. 24, has worked underground for twelve years; for several months been suffering from palpitation of the heart, which he feels certain has been brought on by hard work; has not been subject to rheumatism. There is a *pain in the breast directly over the heart*. Auscultation did not make out any organic change, but the impulse of the heart was far above the normal degree. He took *Aconite* with admirable effect; had this failed, I should have tried *Arnica*.

Complicated Disease in a Miner.

CASE XIII.—William P—, æt. 44, was “brought up underground,” that is to say, born and bred a miner, and has worked *until three months ago!* Has had short breath for many years, much worse of late; can’t travel any distance for beating of the heart; gets faint.

With what an amount of disease this Cornish Spartan had continued to earn his livelihood!—

1. Large fibrous tumour under the angle of jaw (right).
2. Heart much hypertrophied.
3. Emphysema and some congestion of both lungs.
4. Liver enormously enlarged and felt as low as the navel.
5. Feet and legs cedematous.

The poor fellow took *Apis* and *China*, and was so courteous as to say that the medicine had benefited him, but great as is my confidence in homœopathy, I verily think that this case is utterly beyond the reach of our art.

Chronic Disease of the Lungs—Hæmoptysis—Tubercle.

CASE XIV.—Edward P—, æt. 46, has worked underground all the days of his life. Fourteen years since he lifted a large piece of rock and sprained his chest, inflammation came on and he had leeches, blisters, turpentine, mustard, and got better. On two occasions after this, he had slighter attacks

of inflammation, for five months his breath has been very short; eight weeks since he brought up a great quantity of blood, and a little at times ever since.

Stethoscope.—Râles and rhones universally through both lungs, and in the right lung that suction sound which the late Dr. Addison used to describe to his class at Guy's Hospital as like the sound produced by a bullock's hoof when it is drawn out of a bog. Pulse 120; frequent vomiting, with cough. The case seemed to be one of what is termed pulmonary apoplexy, with tubercular lungs, and will probably terminate fatally; he only came twice to our dispensary.

Chronic Case of Miner's Complaint.

CASE XV.—Joseph O—, æt. 50, underground thirty years, had not felt very well for four years, fifteen months since had a severe fall, and was much hurt; works in a mine 150 fathoms deep, and has been often struck in the chest by falling stones; works in alight (schlecht?) air, and a hot place; is not wasted in flesh; has cough, short breath, heat and burning in the chest; spits up frothy stuff, often has ten or twelve rages of cough before the phlegm comes up (pleuritic cause?).

℞. *Arnica*, is under treatment.

P.S.—Seen on the 13th of July, reports himself as much better, and able to work.

Acute Pericarditis from violent exertion.

CASE XVI.—Archelaus W—, æt. 38, a man of Herculean frame, sixteen weeks since was in perfect health, having scarcely had a day's sickness in his life, he then felt a pain in his left breast, which the mine doctor thought might have been occasioned by a "wrest." The pain lasted three days, and was relieved by leeches, blister, and medicine; then he worked four weeks, and was seized with pain in left shoulder and left breast; doctor thought it might be from rheu-

matism, and gave three powders. He got worse, and the heart has been in a state of violent palpitation ever since—150 beats in a minute. Present state, countenance very anxious and haggard, bad cough, no expectoration, chest sore, hoarseness of voice, is often sick. I cannot compare the beating of the heart to anything but the clack of a mill, going with the utmost rapidity, and this action was so violent that it shook the whole body. I have never seen anything so severe. I could not learn that there had been any symptoms to bear out the opinion as to rheumatism having had anything to do with the causation of the heart disease. It appeared to me to have been a case of idiopathic pericarditis, induced by violent labour; he came to me three times, and I heard that after lingering a few weeks he had died.

Hæmoptysis from hard work.

CASE XVII.—John P—, æt. 22, had not worked under ground for four years, nor at all for four months. His family have no consumptive taint; has consulted two doctors, who have prescribed cod-liver oil, citrate of iron, and a pectoral mixture. Present state—pain under the sternum, bad cough, short breath, night sweats, spat a little blood three months ago, but none before or since; at times the pains in the chest are violent, and cause his heart to beat badly. Pulse 68, this, with an examination of the lungs, convinced me that there was no tubercle, and that his case was of the same character as many I had seen produced by excessively hard work. The patient took *Arnica*, and afterwards *Arsenicum* with great benefit, and left the dispensary with the declaration that he was much better.

Chronic Laryngitis after acute Pneumonia.

CASE XVIII.—John S—, æt. 62, has not worked under ground for twenty years, having been an invalid all that

time. Has had three attacks of inflammation of the lungs, was bled for the first two attacks; his present state is very distressing, he breathes heavily with a loud rattle in the larynx and trachea. Pulse 105. Heart much hypertrophied. Lungs—mucous membrane much congested, and asthmatical aggravation from laryngeal disease, emaciation extreme, cough dry for the most part, sense of constriction about the “neck of the windpipe.” This man is at present under treatment, and is taking *Belladonna* and *Hepar*. He has worked in deep mines, viz., at 240 fathoms, in his early days there were no man engines for the purpose of taking the men up and down the shafts without fatigue, and consequently the labour of climbing from 1400 to 1800 feet by a common ladder after eight hours of severe work, was tremendous. In many of our mines the man engines have been introduced.

Miners' complaint, Tubercular Pleurisy from Martyr work.

CASE XIX.—John P—, æt. 55, has been a miner all his days, and worked at Ding Dong, a mine about four miles north of Penzance, and supposed to be the oldest in the county—it is stated that it has been in working nearly 300 years. Our patient says that he has suffered from cough ten years, and has not worked under ground for the last four years; he is extremely emaciated, the ribs standing out prominently; during the present winter he has suffered much from the cold, having to leave his cottage every morning at five o'clock to go to his work. Three years since he was ill with a severe cold, and obliged to stay from bal (mine); at present he always has a rage of cough when he goes to bed, and another on first coming down stairs; he spits dark stuff, and blood in some of it. Pulse 82. Three years since had caustic applied to his uvula, and subsequently a portion of the uvula was snipped off, but his cough was not relieved by this treatment. He thinks that he worked too hard when in his prime, he and his comrades used to go down into the mine in their regular corps, to try with all their might who should finish

their work first, in order to get away from the suffocating powder smoke, it was "life for life, and the very life beat out of the body." It used to be said that, in Ding Dong, the miners lived twenty years less than men who worked in other mines, as it was all blasting ground and full of smoke; has often had to lounge against a cold rock during the whole corps of eight hours, and then suffered from great soreness of the chest. In former times, when the men had finished their work, they would come up to grass in a brew of sweat, in order to get a little fresh air; and however cold it might be, the rule was that they were not to go into the drying house to change their wet clothes, until the bell rang at the end of eight hours from the time at which they had descended into the mine. (This stern rule has of late years been rescinded.) Besides all this he had "out of corps to bal," improved six acres of croft, wishing to do what he could for his family. Examined.—Soreness of left chest when the stethoscope is applied in front; no indication of tubercle in the apices of lungs; fine friction-sounds at bases of both lungs, as if from pleuritic effusion, with probably some tubercular deposit; these sounds much more distinct with deep respiration; when the cough is severe the patient brings up "a pile of frothy phlegm." This case is still under treatment, and the man continues his work.

These brief notes have been taken during the press of dispensary practice, and the picture they afford of the severity of miners' complaint is by no means exaggerated, indeed, I have not here recorded the many advanced cases in which there was extensive softening of tubercle or a large cavity; many such cases present themselves, but I have never seen any beneficial result from treatment. All the cases recited have appeared during the last twelvemonth, and bearing in mind that the district of St. Just and Pendean, from which most of our patients come, is not very thickly set with mines, one can form some idea of the fearful amount of miner's lung disease in Redruth, Camborne, and St. Agnes.

There is an enormous difference in the state of ventilation in our mines, and where the air is comparatively pure, the men have a much more healthy look, and are better able to resist the depressing effects of protracted hard labour. In such men the liability to the tubercular pleurisy I have attempted to describe, is not, as a matter of course, nearly so great as it is in men working in foul air.

Cruveilhier held that adhesive pleurisy is often caused by *mechanical* violence, but I do not think that hitherto sufficient stress has been laid on the fact that *mere labour*, violent muscular exertion, intense straining at work, will produce all the ill effects of mechanical violence by accident, and even worse effects. I have already referred to the injurious influences and conditions to which our miners are subjected, and am desirous to give them their due weight. A gentleman in this town, who has for many years taken a leading part in mining transactions, and who well deserves the name of the miner's friend, has informed me that in well ventilated mines, the men have a much healthier appearance than in close mines. But that an exposure to a pestilential atmosphere, to great transitions from heat to cold, to protracted drenching with rain, are not sufficient of themselves to cause such prevalent tubercular disease as we find amongst miners, is shewn by the fact that persons employed in coal-gas works, glue works, smelting houses, farm work of all kinds, are not *extremely* subject to phthisis. It may be argued, that quarrymen work as hard as miners; but I contend, that they are able to attack their work in a natural attitude, whilst the miner, when lying on the hard rock, as he often does, has to receive on his chest every blow, every coup which he strikes at the adamant above him; the conditions of the two are utterly different.

In regarding the history and morbid *Physiology** of these

* The word pathology has been perverted to such evil purposes, that it would be better for the world if it were turned out of the medical vocabulary.

states, it is manifest that the nerves and blood-vessels supplying the chest muscles do partake in the several lesions, and are the medium whereby disease is conveyed to the fibrous fascia lining the chest and to the pleura costalis itself. When great muscular exertions are made there must necessarily be a large supply of blood and nervous force to the acting tissues. But the contractility of muscle has its limit of endurance, and if too long continued must be followed by loss of tone, attenuation, exhaustion of power. In such a condition disease is often close at hand.

! Associated with this state which the "life for life" work has brought about, there must have been necessarily a most important rôle for the lungs themselves to play; their air cells have been distended to the utmost and hence one cause of emphysema to which miners are subject, and which the stethoscope informs us is so frequent a concomitant of tubercular pleurisy. In the early stages of miner's decline the principal seats of pain are the points below the nipple, the centre of the sternum, and the spaces immediately below the inferior angles of the scapula. The cough is at first dry and in "rages;" often the large bronchial tubes become *consonant*, so that a *quasi* trumpet tone is produced deep in the chest. A little frothy phlegm is at first expectorated, and the voice becomes hoarse by the violence of the cough.

The pleurisy is mostly of a dry, latent, chronic character, and friction sounds may be heard during a long period of the disease, when tubercle has become deposited, for this of itself will give rise to the friction-sound, and is moreover a fresh source of irritation to the diseased pleura, causing from time to time an effusion in patches. When we remember the acute and protracted suffering occasioned by sprain of muscular fibre in the lumbar regions, from lifting a heavy weight, we cannot wonder that our miners, who work in such extraordinary and crampy positions, should suffer damage to the thorax, not only by the violent and almost convulsive contractions of their muscles, but also when the men are lying on their backs and hitting upwards, by the shocks necessarily received; for all the resistance offered to

their gads, borers, or hammers is concentrated on the miner's thoracic organs.

Hence too the primary hæmoptysis is often from a purely mechanical cause and yields readily to *Arnica*, of which I have had many proofs. That muscular fibre and the areolar tissue which surrounds it is liable to inflammation and suppuration from excessive violence I had a curious proof a few years since. A man threw a heavy weight with much effort and force, he felt acute pain under the right pectoral muscle. Abscess formed between the muscle and the ribs and it required a tolerably deep plunge of a common lancet in order to evacuate the matter.

In such lesions as I have attempted to describe, the nerves of the thorax must suffer in an equal ratio with the related muscles, and thus the intercostal nerves and, perhaps, at times the nerves of Wrisberg may form an important link in the chain of morbid conditions which lead on to tubercular pleurisy. With miners there has, up to recent times, been a custom to get bled for every severe injury, *especially if it has been accompanied by fright or shock*, and thus a hurt which in a few days might have left no ill effects, has, when followed by blood-letting and other depleting means, become the origin of confirmed debility and of incurable disease.

The Cornish miners possess a sort of Spartan hardihood and endurance, and rather than subject themselves to the imputation of malingering or shirking they will work on when most men would be on the sick list. When affected with chronic or latent pleurisy they think but very little of the shifting pains with which they are affected, and continue to labour whilst a most treacherous and insidious disease is fixing them in its coils. Patches of lymph are being effused on the pleura, adhesions are taking place, and miliary tubercle is being deposited. This effect becomes in its turn a cause of intense disease, the breathing becomes more oppressed, the cough more incessant, the substance of the lungs becomes tubercular and the end is hopeless consumption.

Every one who has been much in the rooms used for post-
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N

mortem examinations at our hospitals must have noticed the bridles of lymph which glue together the layers of the pleura in many persons who have died from a variety of causes. These appearances have been occasioned by what is sometimes called healthy pleurisy, probably by the disease described by Andral as pleurisie sèche, and in which the local symptoms have not always been so severe as to alarm the patient. But should a patient with dry pleurisy be examined there would be heard in the chest friction sounds during a deep inspiration, even after the patient has ceased to feel pain; and should the constitution of the affected person *be a strumous one* and tubercle become deposited in the effused lymph then the rubbing sounds would be of very protracted duration.

I am convinced that the forms of tubercular pleurisy to which Cornish miners are subject are to a great extent occasioned by violent, prolonged, and, so to speak, superhuman labour; they think that their "complaint" is a matter of course, their dismal fate, that it must be borne with patience; now and then they apply to the doctor, and after obtaining more or less of relief return to the shafts, and levels, and adits, and with weakened limbs and "bated breath," struggle on in their efforts to heap up riches but not for themselves; indeed for our miners another line might be written beginning, "Sic vos non vobis." But to return, although some cases of consumption amongst miners are found to take the usual course and to begin with tubercular deposit in the apices of the lungs in unequal degree, the left lung being usually most deeply tainted, and although other cases originate in laryngeal disease, yet as far as I have been able to observe, the most common form is that which I have described; and as a general rule the patients who have come before me have been found to have passed through the earlier stages of chronic tubercular pleurisy and have afforded evidence under the stethoscope of tubercular deposit in that portion of the lung corresponding with the inferior angle of the scapula; and although I have had but few opportunities of investigating these diseases in their last stages my conviction is that they are rarely accompanied

by extensive vomicæ or cavities. My remarks refer to miners dying from the age of 30 to 50.

There is one sound of a most fatal and dolorous character which is given out by the lungs in the confirmed and somewhat advanced stage of phthisis, I mean a "creak" during inspiration, not unlike the creaking of a saddle or a basket; by some writers this has been thought to be produced by lymph on the pleura in a semi-cartilaginous state, but to my ear it sounds as if caused by diseased bronchial cartilage.

The important point for the medical attendant is to make very early and careful discrimination between this form of miner's complaint and other diseases of less serious character. If the pulse does not range much above 70, if the conjunctiva is not pearly, if there is no progressive emaciation, no hollow voice, none of the *lineaments* of phthisis (for a practised eye can generally distinguish at the first glance the face of a consumptive patient), no *streaks* of blood in the sputa, &c., then we probably have before us remediable disease.

The stethoscope will give much valuable information, but this by itself is not always sufficient to enable us to arrive at a sure diagnosis, there must be search and research into the state of the chest from day to day, and from week to week, until every sound given out by the lungs and the signification of the same shall be clearly understood.

Every case of disease must be treated (so to express one's self) independently, and therefore to lay down any broad rule, any exclusive system for the treatment of phthisis as we see it amongst Cornish miners would be preposterous and absurd. I would, however, venture to recommend the internal and external use of *Arnica* for such cases as have been induced by violent labour, and having done this I take leave of the subject for the present, with many regrets at the imperfections of my little treatise.

ADDITIONAL NOTES ON CANCER.

By C. H. MARSTON, M.D., &c.

THE notice which Dr. Hale of America, has taken in his 'New Remedies' of the paper on "Cancer," which appeared in No. 86 of this Journal, affords a favorable opportunity for carrying out a design which had been proposed by the late Dr. MacLimont and myself, of extending our report of the cases alluded to in that paper.

I cannot proceed without paying a tribute of affection to the memory of my beloved and deeply mourned-for friend, snatched away in the prime of life and in the midst of professional success from an ever increasing circle of most ardently attached friends and patients who live to lament the, to them, irreparable loss of a true-hearted sympathising counsellor and highly accomplished physician, in whom they placed an unbounded confidence, and whom to know was to love and esteem.

In the exercise of that frequent intercourse which we were in the habit of enjoying the one with the other at the bedside of our patients, he contracted that last fatal illness (scarlatina), which a few days subsequently terminated his valuable life, a life which next, perhaps, to his bereaved and sorrowing partner was to me most dear. I will not, cannot, say how much I loved and prized him. To undertake this work alone, in which he should have joined me is afflictive, but —*resurget*.

I see that Dr. Hale alludes to Professor Wood's statement, that *the notion of the efficacy of Hydrastis in cancer, originated in a report which reached the late Professor Barton, that it was used in cases of this complaint by the Cherokees*; though strangely enough he afterwards says that "we have looked through the various works published in this country (America), in which this plant has been noticed, but do not recollect that it is once mentioned as having been used in cancerous affections." Medicines have sometimes a strange sort of intro-

duction, especially in America. I once heard of a graduate in medicine who, having failed in the exercise of his profession, devoted himself to keeping a general store, until, falling in with a blacksmith, who *for a consideration*, divulged to him some wonderful secret (probably learned from the North American Indians), he was at once seized with the bright idea of becoming a public benefactor, and returned under brighter auspices to his forsaken calling. More than one medicine may have been imported in this way from the Indian tribes (to whom indeed Dr. Fell attributes his first knowledge of Sanguinaria), and by some such course it is not impossible that the fame of Hydrastis may have reached Professor Barton, Professor Wood, and ultimately even doctors in England, without having received much notice from the American medical press.

Be this as it may (and it is a matter of no importance), Dr. Hale appears to have mistaken the object of our paper, which was to give the result of our experience in the new mode of treating cancer, and in which the consideration of Hydrastis formed only a single element.

The principle upon which our paper proceeded was that the treatment of cancer, to be successful, must be in a great number of cases, both *surgical* and *medical*; that no medical means could, in the majority of instances, be depended upon while the tumour itself existed as a secondary source of blood-poisoning, and that, therefore, with such exceptions as we pointed out, it was usually necessary to remove the tumour by surgical measures, in addition to the administration of such remedies as might be supposed to exercise more direct action upon the constitutional disease.

The removal of the tumour might be effected by the knife, or by enucleation through the application of caustics; neither of which affects the question of *medical* treatment, and, therefore, in no wise the question of homœopathy. We gave our reasons for objecting to the use of the knife, and for preferring the use of caustics, especially as used in the method introduced by Dr. Fell.*

* It had always been a source of regret to Dr. MacLimont and myself, that

Dr. Hale advises that we should use Hydrastis alone in the incisions, but he does not tell us whether he proposes to make these incisions through *living* tissues, and to fill up the bleeding wounds with Hydrastis, nor whether he conceives that this proceeding would at all conduce to the end we contemplate, viz., the enucleation of the tumour; if he recommends this plan, let him make his first and last attempt. Gentlemen who propose absurdities, should be backward to charge others with absurdity. It is, of course, obvious to all surgeons that the chloride of zinc is the *sole* agent upon which the successful enucleation of the tumour depends, that this takes, as it were, the place of the knife in a cutting operation, and that any other ingredient added to the caustic is only of use to modify its action or to form a vehicle for its application. We had, indeed, long ceased to regard the addition of the Hydrastis as being of any other service than to form a convenient diluent, which, from the glutinous nature it assumes on boiling, it certainly does. The paste which I am now in the habit of using consists simply of finely-powdered Hydrastis boiled down to a proper consistence, which is maintained more uniformly than in a paste made with flour, which, with this exception, answers equally well. To each ounce of paste, half an ounce or more of the chloride is added, according to the requirements of the case. The assertion that it mitigates (except as a diluent) the pain caused by the chloride, we have

a fuller notice of Dr. Fell's treatment did not appear in our paper. This was entirely the result of accident, and occurred thus:—We were residing twenty miles apart. At his request I wrote the section on caustics, though the surgical portion, with this exception, was wholly his work. I added to what appears in the paper, the history of Dr. Fell's treatment, referring the reader for further particulars to the 'Middlesex Hospital Reports,' and forwarded the whole by post to Dr. MacLimont. On the following morning I received the concluding portion of his manuscript (crossing mine in the post), in which he entered upon his early acquaintance with Dr. Fell, and repeated what I had written on the previous evening. I crossed out that portion, considering it a repetition of what had been already written. He for the same reason erased this portion from my manuscript, and the total unintentional omission of what we had both desired should appear was only discovered when the Journal was in our hands. We did not then, however, consider it sufficiently important to put the printer to the trouble of altering it for the subsequent reprint.

always considered as so much *bosh*, and have never seen any reason whatever for supposing that the paste used by Dr. Fell causes any more pain than that made with Hydrastis. The pain varies exceedingly in different individuals, some scarcely complaining, while others suffer severely, and it is very difficult to explain this difference. Much, however, depends upon the position of the part, the nature of the tissue acted upon, the strength of the paste, and the care which is exercised in making the incisions.

In writing our former paper we very much felt that the comparatively short experience which we had had, rendered the relation of that experience of less value than it would have possessed had we suffered a longer time to elapse.

On the other hand, we had already been charged with the use of secret remedies, and we knew of no way in which we could deliver ourselves from such an accusation (involving professional misconduct which we should have resented in others) than by publication. We, moreover, considered that the new method had already been for some time before the profession, and that, therefore, our experience, though crude, could be taken for just as much as it was worth; while its presentation in such a form would enable our colleagues readily to test it for themselves, and so to enlarge the field of observation far beyond what could be afforded by two practitioners in extensive general practice, who had no desire to make the treatment of cancer a *spécialité*, nor to enrol themselves in the *honorable* (?) band of so-called cancer curers. For the same reasons I purposely refrain from reporting in detail any new cases which have fallen under our treatment, and, excepting it may be incidentally, confine myself to a notice of the cases already reported.

CASE I.—This case (as already fully explained) was never wholly under our care* and though sufficiently so to warrant our using it in illustration of the enucleative treatment, not

* I have the authority of the patient for contradicting the statements made respecting this case in a recent pamphlet. I quite feel that even this slight allusion to such a production demands an apology from me.

sufficiently so to throw its responsibility upon ourselves. This patient still remains free from any evidence of cancerous disease, but for some time she was troubled by the formation of scabs and scales in the neighbourhood of the cicatrix which left behind very troublesome ulcers; to this we alluded in our former paper, and the trouble continued for some time after the publication of that article; it is now, however, removed. From very extensive injury done to the greater pectoral muscle the use of the right arm has been most seriously impaired and will never, probably, be restored. She has from the termination of the treatment suffered, and still continues to suffer, much from severe burning sensations in the infra mammary region, in which a good deal of puffy swelling still exists. On the whole we should be very much indisposed to regard this as a *model* case. It is however no small thing that the patient presents, hitherto, no appearance whatever of any return of the disease.

CASE II has not again come under our notice, though I have no doubt that she would have put in an appearance had anything occurred which would have called for our assistance.

CASE III remains in every respect in perfect health. This, considering the advanced age of the patient (now nearly 75 years), in a most interesting case. She reported herself to me lately as having never been better in her life.

CASE IV requires especial notice and I would refer the reader to the former report of the case for its history, from which he will find that at the time of writing she was still under treatment. Some additional notes are necessary, however, from the circumstance that, fearing we should not undertake her case, she abstained from divulging *fully* all the symptoms from which she had previously suffered and which were chiefly connected with the uterine system; she indeed told us that the menstrual periods had been frequently very profuse, but finding on digital examination the os and cervix uteri in a healthy state and considering her age (45) we

attributed this to the approach of the climacteric term. She did not tell us, however, how severe these hæmorrhages had been, nor that only a few weeks before consulting us her medical attendant had given up all hope of saving her life; nor did she inform us that there had existed at various intervals a purulent and offensive leucorrhœa. Indeed her fears were well grounded, for, indisposed as we were, with the knowledge which we possessed already, to enucleate the breasts, it is most certain that an acquaintance with these facts would have converted that indisposition into an actual refusal. However, during the first course of treatment none of these symptoms once occurred to excite any apprehension, the menses never appeared, and, as we previously observed, during the time she rapidly improved in health and daily gained strength. During the last period of treatment, however, we had greater difficulties with which to contend—true, the local treatment was, if possible, even more favorable than on the first occasion, but alarming uterine hæmorrhage occurred several times, making large demands upon her constitutional strength, and severe pain of a uterine character was very frequent; there was also a recurrence of the foetid, purulent leucorrhœa, which excited our gravest apprehensions and made a more careful examination necessary. The vaginal portion of the uterus was still found to be perfectly healthy, but the sound discovered great enlargement of the cavity; while being tilted by its means towards the abdominal walls palpation disclosed a greatly indurated condition. We diagnosed either fibrous tumour or cancer of the fundus, a question which indeed remains still undecided; although, perhaps, but for the previous existence of malignant disease in other parts and for the peculiar character of the discharge we should have settled the point in favour of non-malignant tumour. However, under the use of appropriate remedies the symptoms have diminished rather than increased, the enlargement of the organ has become less, the pain, hæmorrhage, and discharge less frequent and much smaller in amount. During this time, however, the lachrymal sac became again inflamed and the duct completely closed,

and seeing how skilfully and successfully she had been previously treated for this affection by the eminent London surgeon under whose care she had been, we advised her, upon leaving us, to put herself again into his hands. His testimony to the remarkable change which had occurred in her for the better, and to the results which had followed the treatment we had adopted was as flattering to us as it was honorable to himself. The great fear is lest there may be some malignant internal disease which had existed previously (even for years) to her first consulting us, and which of course is beyond the reach of any local treatment, or at least of any which I should be inclined to adopt or to advise. The condition of the lachrymal sac also causes me much concern; though improved under late treatment, disease still exists, and although there is no present evidence of malignancy, fears founded upon the history of the patient cannot but arise. Nevertheless it is now two years since she came under our care, and she assures me that during that time she has been in a far better state of health than for many years previously, the breasts and neighbouring parts remaining perfectly well.

CASE V left the North Wilts Dispensary shortly after the publication of our paper very much improved and has not since been heard of.

CASE VI is not so successful an affair. It is necessary, however, to refer to its history. The rapid progress of the disease in the short space of four months sufficiently evidenced its extreme malignancy, and threatened a fatal issue in a very short time. About six months from the close of the treatment there was observed a small tumour deeply seated in the axilla, lying upon the walls of the chest and beneath the pectoral muscles. In such a situation re-enucleation was out of the question and all that we could do was to endeavour by internal remedies to control its progress. The medicines which have been used are *Hydrastis*, 2nd dilution, *Chloride of Zinc*, 2nd dilution, and the 3rd trituration of *Iodide of Arsenic*. The increase of the tumour has been tardy, very little pain has been experienced and the general

health of the patient is very good. Unsuccessful as this case certainly has been so far as regards *cure* it cannot be regarded as unsuccessful so far as regards *relief*. The condition of the patient at her first appearance was such that I am assured no surgeon, however fond of the knife, would have attempted its use, and all that remained for her, to all human appearance, was a few weeks of intense suffering to terminate in an agonising death. Two years of ease and comfort have already, whatever the end may be, been added to her life.

If I were asked what case I would like to take as an evidence of what may be done by this treatment I would certainly take that of J. M. (CASE VII). For eighteen months she has returned to her duties of a gate keeper and remains perfectly well. As described in the history of her case we only adopted the treatment as giving her a remote chance, but in no case, so far as twenty months can warrant such a statement, could there be the appearance of a more perfect cure.

CASE VIII likewise remains in perfect health.

Of CASE IX I am not in a condition to give any report. I never saw this patient and have not since the record appeared had any account of her from my late colleague; had he not been so hastily torn from us he would have been able himself to have stated how it terminated.

This day month (I write on February 25) we were conversing on Case X. The patient has spent two years and a half in comparative health and comfort. Small fungoid growths have occasionally sprung up, but by the application of a little *dilute nitric acid*, which she has been able to apply herself, they have been again destroyed and the part has cicatrised afresh. To compare the condition of this patient when admitted in 1862 into the Bath Homœopathic Hospital with the report she gave of herself, in writing to Dr. MacLimont only a few days before his death, was a sufficient recompense for all the pains he took in her case and for all the obloquy cast upon

him for admitting it into the hospital ; while it might cause a blush of shame in those who would have turned her adrift to suffer and to die.

On the whole then, I think that it will appear that the continued history of these cases is satisfactory, and that it justifies the course we adopted in publishing them and in pressing a trial of the treatment upon those of our colleagues into whose hands suitable cases may fall. I could not *now* say that we have had no unsuccessful cases. I could not, indeed, say that there has been discovered a *cure* for cancer. In two or three cases the disease has returned in the cicatrix very shortly after its removal, and with perhaps a greater degree of malignancy than characterised its first appearance, and this failure has not occurred only in our hands, but the worst cases of the kind which have come under our observation (one of whom lately died as Dr. MacLimont's patient) had been treated by one who makes this disease a *spécialité*.

So far as the question of enucleation is concerned we (if it be allowed me now to write in the plural) should endorse the opinion of the Middlesex Hospital surgeons that the same principles should guide us in selecting our cases as guide the best surgeons in using the knife; with this important provision, that there are cases which from their situation, &c., would be precluded from a cutting operation which can be readily reached by enucleation ; the most important considerations are those which are involved in cases where there is much induration extending into the axilla, where the parts around are œdematous,* or where there is reason to suspect any internal disease.

One great advantage of this treatment, however, consists in its applicability as a palliative in certain incurable cases. A lady from South Wales consulted me last spring, who had submitted within a few months to two cutting operations, the

* At the earnest solicitation of a patient in whom this condition existed, I consented to make an attempt, and to give her a chance. The disease, however, outran all efforts to overtake it, and the patient died with the wound unhealed.

disease having returned almost as soon as the first wound had healed. A short respite was obtained after the second operation, but only a short one, and her surgeons felt that no more could be done. When she came under my care, an oval space, measuring seven inches in its longest diameter, was found to be occupied with two highly raised bosses of cancerous tissue ulcerated throughout their whole extent, and separated for nearly their whole length by a chasm in some parts more than two inches deep, reaching very closely to the ribs; the constant and profuse offensive discharge which was flowing from this mass of disease rendered the patient a nuisance to herself and to all who came near her, while frequent outbursts of hæmorrhage caused her much alarm. I should have sent her home at once but for the recommendation of my lost friend, who advised to enucleate as much as possible, and setting to work with a good heart, I have had the satisfaction to send her home in a good state of general health, free from pain and discharge, and with a wound no larger than a sixpenny piece, which was promising to heal. A cancerous tumour existed in the upper part of the opposite breast, which, while under the treatment, greatly diminished. The best evidence of the benefit of the treatment is, perhaps, found in the fact that her own medical man (an allopathic surgeon of great repute) sent me a patient suffering from cancer soon after her return.

The question which really arises is not so much, Can we by this means cure the disease? but can anything at all be done in this dreadful malady? if so, can anything better be done? Can anything so good be done? Some cases are cured by the knife, but how very few; with one exception, the cases in which we performed enucleation two years ago or nearly so, remain well. If it be objected that this method, as was stated in No. 87 of this Journal, "has been hitherto confined to foreign adventurers," I only reply that if this is true and if there is any worth in the treatment, the way to take it out of the hands of such is to treat them ourselves. We all have such patients to deal with, the treatment is one which all skilful practitioners can practise for themselves, and therefore it is

our own fault if we suffer patients, who come to us for aid, to fall into the hands of such persons. My object is not so much to commend this especial mode of treatment, as to give my professional brethren an opportunity of judging for themselves, and to urge upon them that they should do their *best*, whatever that *best* may be, for the relief of a malady which, in the present state of our knowledge, our *very best* still leaves one of the most terrible which flesh is heir to.

In a recent paper read by Dr. Bayes before the British Homœopathic Society, he observes that the value of Hydrastis appears to be evidenced especially in those cases in which the glands only are affected. Our own experience, if I except Case V (in which the diseased condition of the uterus was much bettered), bears out this observation, and I am inclined to agree with him that it is rather through a specific action which it exerts upon the glandular structures than through any specific action upon cancer as such, that the favorable results which often follow its use depend.

SMALLPOX IN LEICESTER IN 1864.

By DR. GUTTERIDGE.

FROM the spring to the end of the year this epidemic was largely prevalent, so much so as to afford an unusually good opportunity for testing the efficacy of homœopathy in its treatment. From the outset I was resolved to give what may be termed the old remedies of our method a fair trial, leaving the newly introduced *specifics* in reserve; whether I was justified in relying throughout on the old and discarding the new must be left for the results to determine.

A brisk demand in all branches of our manufacture led to a very large influx of strangers from all parts of the country, by some of these the epidemic was imported, its spread being favoured by the overcrowding, consequent on the unanticipated addition to our population; and that the disease was not of a worse type nor more generally fatal must be attributed

to the sanitary arrangements and good drainage which have made Leicester as famous as it is for its hosiery, shoes, and elastic fabric.

All ages appeared to have been attacked, my cases ranged from two years old to sixty-five, though by far the greater majority were young persons; from March to October inclusive, rather more than eighty persons of different ages were under my care—of these ten per cent. were *confluent*, only one out of this class unvaccinated, ten per cent. *semi-confluent*, all vaccinated, the remainder *modified*, three of the latter had the initial fever only (or *variola sine eruptione*). Three cases remained vesicular throughout, never reaching the pustular stage.

Treatment.—For the initial fever with pains in the back and nausea, *Aconite*, three drops of the mother tincture to 8 ounces of water, a tablespoonful for a dose every two hours was administered. In the early stage in some few, violent sore throat was the predominant symptom, in one pneumonia, in two others pleurisy, in these exceptional cases the treatment was modified according to the symptoms. As soon as the slightest indication of an eruption was visible—this sometimes occurred first on the chest—*tartar emetic* of the 2nd trituration one or one and a half grains for a dose was alternated every four hours with the *Aconite*, until the pustules matured, which in the worst cases they did in five days, in the slight cases in three days. For the secondary fever with salivation, sore throat, and swelling of the face, where they obtained, *Belladonna*, 3rd dilution, and *Mercurius vivus*, 5th dilution, half drop doses alternately every four hours. These medicines were needed only with the confluent and semi-confluent. The far greater number after the *Aconite* and *Tartar emetic* required only *Thuja* internally in quarter-drop doses every three hours, with olive-oil *ad libitum* smeared over the face with a feather to allay the itching, dry up the pustules, and prevent pitting.

Results.—Of the number referred to above four died, three children of highly strumous habit between two and three years of age, and one young man *æt.* 26, an epileptic, with

disease of the heart, of a very obstinate disposition, who persisted in coming out to see me at night in the month of December, when the smallpox was at its height. He rejected all nursing and did his best to cause his own death.

The average duration of the cases was ten days, many were never confined to their beds, and some who had it moderately severe were at work without a trace in a week.

The confluent cases were all pitted, but not deeply, none of them scarred or seamed, the semi-confluent only where the pustules had been picked off. In all cases, after the initial fever had subsided, a generous but unstimulating diet was ordered, abundance of light, and as much fresh air as possible; the linen changed every day, and where there was any fetor the floor of the room washed over daily with disinfecting fluid.

To this treatment I should be disposed to adhere in all cases of small pox, deviating only from it in cases of a bad type, and administer *Arsenicum*, *Phosphorus*, or *Acid. muriaticum* according to symptoms, claiming for this old plan the greatest possible allaying of the precursory fever, the hastening of the eruption as far as is compatible with safety, the withering away of the eruption, and the prevention of pitting, rendering a disease usually so dreaded of less significance than ordinary scarlet fever.

The success of this plan was well shown in a village six miles from Leicester where smallpox was raging, and a considerable number of all ages, for the size of the place, dying. I sent for the dissenting minister, furnished him with the medicines and some written and verbal directions, promising to come over if I were needed. The minister and his medicines were soon in high request, he had often six applicants at his house at one time, he treated five and twenty cases, not one died, and all recovered in far less time than under allopathic care. The only addition I should be inclined to make in my next case of smallpox would be *Thuja* externally as a lotion, as well as internally.

ON EPILEPSY : ITS CONNECTION WITH DISEASES OF THE TEETH.

By T. H. WILLANS, Esq., L.R.C.S.I., Liverpool.

THE disease on which I am about to make a few observations is scarcely less terrible than those of the same class—tetanus or hydrophobia. Though not attended with the same immediate and urgent peril to life as the others, yet it leads to more misery and distress and is the cause of perpetual anxiety—I mean epilepsy. The object of my choosing this subject for my paper is to give one exciting cause of this malady which I hope may prove interesting, and which I believe is not generally known ; and before enumerating this particular exciting cause I will briefly allude to the time of life and the conjectures of the cause of the fits as laid down by the various authorities. Epilepsy is undoubtedly a *brain* affection, as there is always loss of consciousness during the fits ; and as the brain and spinal cord are most intimately connected, though physiologically distinct, this disease gives us a good example of their distinct nature, for when the latter is acting in a most disorderly manner as well as in an energetic way you have the former influence entirely suspended.

Dr. Marshall Hall's theory of all convulsive diseases being diseases of the spinal cord cannot properly be applied to the convulsions of epilepsy. It is true that in all convulsive diseases the cord is concerned, but that is also the case in any voluntary movement whatever. In tetanus there is no loss of consciousness and therefore its convulsions are solely acted upon by the spinal cord, and it is consequently a pure spinal-cord disease. In epilepsy the brain is acted upon, and in some cases there is no convulsion at all.

Dr. Bright thinks that the most common periods for the first attack of epilepsy are about the age of 7 or 8 years, and often later, in a few cases after 60. But the fits may occur

at any age, and the convulsions of young children not unfrequently end in the disease. In fact in nearly every case where you can trace the disease backwards you will find they have had infantile convulsions. The actual cause of epilepsy is mere conjecture. If we want to know the morbid anatomy of the disease we look for a post-mortem examination of those who have been subject to the fits. What do we find? In many cases nothing whatever to account for death. In some there is, perhaps, a small spiculum of bone projecting from the skull, and in others a small scrofulous tubercle, &c. As M. Foville, a good authority, informs us, we find the membranes, the brain, and the cerebellum are all gorged with blood; but then he goes on to say that this is to be ascribed to the mode of death, that we see the same appearances in persons that have died of any form of apnœa, that they are not peculiar to epilepsy and only point out the way in which it proved fatal, but do not explain the attack. The most common alterations met with in the brain, are induration of the white matter, which frequently presents a dull appearance, besides the hardening a general injection of the white matter, and in some a marked enlargement of the blood-vessels. The consistence of the white matter is diminished in many cases, it is soft, but still the blood-vessels are enlarged. All over the white matter in the brain these changes are seen, the gray matter is found on its surface here and there patched with rose-coloured spots and generally of a different consistence, and often the membranes will stick to the substance of the brain. Such is the post-mortem appearance of those who have died of epilepsy, and as the same changes are met with in insanity complicated with paralysis, it shows the connection of the two diseases, but leaves us only to conjecture the true state of the nervous mass on which the fits of epilepsy depend. There is no doubt that epilepsy is hereditary. Malformation of the cranium is often a cause as well as a scrofulous diathesis, and these two are likely to be handed down from parent to child; but the disease may be propagated when the body, to all appearance, is quite perfect and natural. Among the exciting causes of epilepsy fright is the foremost, and severe

mental emotion is sure to produce the fits where there is a predisposition to the disease, and this alone would show it is not a spinal-cord affection.

Great pain may also act as an exciting cause, also the repulsion of eruptions on the head and cessation of habitual discharges, &c.

But now I come to the exciting cause which has originated this paper—I mean pressure of an exostosed fang of an inferior molar or wisdom tooth on the inferior dental nerve. And in order to show how this excitement may be produced it will be necessary for me (though very briefly) to enter into the anatomy of the nerve and its connection with the brain.

The inferior maxillary nerve is the largest branch of the fifth pair. After its passage from the ganglion, through the foramen ovale, it divides into two branches—the external and internal. It is with the inferior or internal branch we have to treat, it being the sensitive portion. This nerve gives off the auricular, the inferior dental, and the gustatory nerves. The inferior dental separates from the lingual and after sending off some small branches enters the canal in the lower jaw and supplies each tooth with soft delicate twigs. So we have through this branch direct communication with the large nerve itself and so with the brain. It is a well-known fact that if the whole or any part of the nervous system be predisposed to any especial disease, irritation applied to any set of nerves may induce that disease, the degree of this irritation being wholly insufficient to excite the sympathetic malady where there has been no predisposition; therefore diseases of the teeth will produce epilepsy if there is a predisposition to this disease. Illustrations of this may be met with in the works of Hunter, Tomes, Bell, Ashburner, and other writers on diseases of the teeth. And I now proceed to give authenticated cases where epilepsy has been actually cured by the removal of a fang which caused pressure on the inferior dental nerve, which pressure kept up irritation and caused the fits.

CASE I.—A child *æt.* 3 $\frac{1}{4}$, who was brought to a friend of mine to have a tooth extracted. His father (a clergy-

man in one of the midland counties) said he was afflicted with epilepsy from the age of 12 months, the frequency of the fits ranged from six to eight per day. The tooth caused such great pain that this was the father's reason for wishing to have it removed. At this age—viz., 3½ years, the child could neither speak nor walk. It was observed on examination that the teeth were crowded, which is most unusual during first dentition. Some of them overlapped, and in addition some were much decayed, and, as we shall see hereafter, the state of the mouth aggravated the malady. The tooth was extracted. At the end of three months he was again brought, when the satisfactory intelligence was communicated that the fits had entirely disappeared during that period, until the last week, when they again made their appearance.

The corresponding tooth on the other side was then removed and the child was relieved for the same period. Upon the recurrence of the attacks a lower molar tooth was removed which was decayed, and no fit occurred for some weeks, when another took place accompanied by a severe attack of toothache in the opposite tooth to that last extracted. This was then taken out and no fit occurred for some months. He now could walk and talk sufficiently distinct for those who were constantly with him to understand him, and the thumb of the left hand which had become contracted and drawn into the palm became more relaxed. The parents were delighted with the improvement, and began to hope it was permanent, when their fondest wishes were prostrated by his having another relapse. Upon examination of the mouth, although then not more than four years of age, the gum was large and turgid, as though a large molar was pushing its way through at least 2½ years before its time.

The gum was divided by a lancet, and the symptoms abated. They returned in a month after the gum had healed. It was again divided from time to time until the tooth emerged from the gum; from this time no fit occurred, and after a lengthened period the patient was lost sight of. In this case we have clearly an exciting cause for the fits, namely, pres-

sure on the nerve, and as each tooth was removed the symptoms ceased.

CASE II.—A gentleman in a respectable position of life was seized with epilepsy after having a set of false teeth made, and occasioned not only alarm but great distress to his family.

They naturally concluded that the teeth had some connection with the fits, and had his mouth examined by Mr. Snape, of Liverpool, the dental surgeon to whom I am indebted for this case. He found that several exostosed stumps had not been extracted, and the false teeth were worn over them, which, of course, caused much pressure on the stumps, and consequently on the nerve.

The stumps were removed and the fits ceased.

CASE III.—A clerk fell down twice in the street, attacked with epilepsy. He was conveyed home, and the next day, owing to severe pain in an inferior molar, he was brought to the same dental surgeon to have it removed. After its extraction, he had no more recurrence of the fits. The fangs were greatly exostosed. In the last two cases there was no predisposition to the disease.

CASE IV.—Mr. Tomes relates the following in his book on ‘Diseases of the Teeth.’

A farm-labourer from Windsor, was admitted into the Middlesex Hospital, suffering from epilepsy. The usual remedies were tried for some time without benefit; when, at last his mouth was examined, and several of the lower molar teeth were found decayed, and of some of these the fangs only remained. He did not complain of pain in the teeth or in the jaw. The decayed teeth were removed, and the fangs of each were found to be bulbous and enlarged from exostosis.

During eighteen months after the removal of the teeth he had not one single fit, though for many weeks previous to the operation he had two or three per day.

CASE V.—Mr. Tomes also relates the case of a policeman who was afflicted with fits of epilepsy. The common remedies failed to do good, and when the mouth was examined, an inferior wisdom tooth was much decayed. This was removed, and the fits abated. Although convulsions or epilepsy are more common previous to second dentition, yet the cases just related show that even first attacks occur in a later period of life; and I wish to impress on you the necessity of carefully examining the mouth if we meet with cases of epilepsy occurring after second dentition and when our remedies have failed to lessen the fits, and see whether or not mechanical pressure, such as that of a tooth, is not the sole cause of the malady. For, as I have previously stated, in nearly every case of epilepsy the fits can be traced backwards to infantile convulsions.

All spasms originate from irritation applied to nerves.

These nerves may be derived from the cutaneous surface, and proceed through the cerebrum to the internal structure of the alimentary canal, or may associate themselves with other nerves in the brain going to perform their functions among other vital organs; and as the fifth pair are so allied to the great sympathetic, why not suppose that spasm may occur on irritation applied to the inferior dental nerve?

CASE VI.—Dr. Ashburner was called to see a groom in London. The man was early in the morning endeavouring to mount the box of a break and with the reins in his hand fell down in a fit of epilepsy. Fortunately a medical man was near at hand. He was properly treated and consciousness soon returned, but it was found he was paralytic on the left side, and under the same care he was quite restored in a few days; but though he understood all that passed around him he could only answer yes or no to questions put to him. It was observed that he had a supernumerary incisor tooth which appeared to crowd his mouth. Every tooth was tightly wedged against its neighbour. On looking into his mouth there was found to be sad decay of the double teeth. Seven of these were removed under the idea that they might be

acting as irritants to the nerve of the jaw. At the next visit the patient was found to be recovering the use of his speech. Several months after the man was perfectly well and had no return of the fits. In this case it is quite clear that the fits and partial paralysis were due to pressure on the nerve.

Having thus related cases where, beyond doubt, epilepsy has been caused through pressure of the fangs of the teeth on the dental nerve, I will, in conclusion, invite attention to the fact, that when we fail under medicinal treatment to subdue this fearful disease, let us not hesitate to examine the mouth, and see if there is cause to believe that pressure may be keeping up the fits. In many cases of epilepsy that I have treated under *Belladonna*, *Cuprum aceticum*, *Cuprum metallicum*, *Zinc*, and other medicines, I have reduced the fits from three and four per day to one and two per month, and more than probable if the mouth had been made the subject of observation, mechanical pressure might have been perceived, which, when removed, would have ended in complete recovery.

DR. ROTH ON FERMENTS.*

(Continued from page 54.)

IN our last study (the 18th) we made acquaintance with Pasteur's experiments on the subject of spontaneous generation. The extreme ingenuity and accuracy with which these were conducted led to results which may be fairly considered as decisive of this *questio vexata*, in as much as no organised beings were ever produced where the access of vital germs (ova or spores) was rendered absolutely impossible. This was done by the aid of the air-pump and stop-cocked tubes of various shapes, directions, and diameters, so completely under control that no casualty could by any means vitiate

* *Nineteenth Study*, abridged from Clotar Müller's *Homöopathische Vierteljahrsschrift*.

the experiment. In some cases air was excluded, in others admitted after having passed through a platina tube intensely heated. And, as it was objected to this last method that the air was not only cleared of existing vitalities, but unfitted for supporting life, the tubes in connection with the fermentable fluids were twisted into all shapes so as to arrest on their moist sides the floating atoms contained in ordinary air permitted to pass in freely after boiling the fluid, in which case neither fermentation nor living organism appeared, any more than if the air had been, as Roth calls it, "calcined." The presence of organic germs in air, and their proportion at various altitudes, having been detected by careful experiments, they were submitted to minute examination by a very clever device which only recent discoveries have rendered possible. A stream of air was passed by force all day long through a tube stuffed with cotton-wool, which, being previously converted into *gun-cotton*, not only served to arrest every germ, however small, that attempted to pass, but, being soluble in a mixture of alcohol and ether, left the luckless wights at the bottom of a clear fluid, fair game for microscopic observation after any requisite number of washings and desiccations. They were thus separated from the inorganic atoms with which, of course, they were associated and compelled, *nolentes volentes*, to give all the information which such molecules are capable of affording under the most rigid cross-examination. Nothing, therefore, is left for the advocates of spontaneous generation but to persist in saying that we cannot prove it to be *impossible*; and it would be cruel indeed to begrudge them that assertion whilst no alleged instance of its having occurred will stand the test of a sifting inquiry.

Leaving, then, the question of spontaneous generation with the *onus probandi* on our opponents, and noting on the proved fact that certain living beings can be bred, *ad libitum*, by bringing the floating germs of our atmosphere in contact with substances capable of nourishing them, we proceed with Pasteur's labours.

1861. In the 17th study it was proved that the actual

cause of fermentation is a vegetable, a mycoderm. The following experiment sets this fact in a still clearer light.

An ammoniacal crystallized salt having been dissolved in distilled water with loaf-sugar and a phosphate, some traces of the penicillum (a low vegetable) were sown in the fluid. In two or three days it is found full of threads of mycelium (the "spawn" of the fungus) which spread over the surface of the fluid. The employment of ammoniacal salt prevents the development of infusoria, which would hinder the growth of the plant by rapidly consuming the oxygen which the latter cannot dispense with. The penicillum as it grows abstracts from the sugar its carbon, from the ammonia its nitrogen, and from the phosphate its mineral constituent. Thus, in regard to the assimilation of the nitrogen and the phosphate there is a complete analogy between ferments, mucedines (such as penicillum), and the higher vegetable organisms.

The following facts establish this still more positively :

If, in this experiment, any one of the substances dissolved in the fluid be left out, the growth at once ceases. Thus, for instance, if any one supposed that mineral substances were the elements that could most easily be dispensed with, no sooner do the phosphates fail than the growth becomes impossible, whatever quantity of sugar or ammoniacal salt be supplied. The spores begin to germinate under the influence of the infinitesimal quantity of phosphates which the shed spores imbibe, but their growth soon comes to a standstill.

Next, omit the ammoniacal salt and the spores do not come to a perfect development. By means of the albuminous matter which the spores contain a slight germination commences, but it also ceases directly, although the fluid itself as well as the surrounding atmosphere contains free nitrogen in abundance.

Lastly, one may try to do without the carbonaceous item, sugar ; and again the spores do not flourish, although the fluid and the air contain carbonic acid.

In regard to carbon, these cryptogamous mucedines differ totally from phanerogams, they do not consume carbonic

acid nor give out oxygen. On the contrary, the absorption of oxygen and evolution of carbonic acid is a permanent and necessary function of their life.

What then have we learnt from the above-named experiments? First of all, they throw great light on the mode of nutrition of the mucedines on which, excepting Bineau's experiment, we possess no certain data. Secondly, we are furnished with the means of instituting the most delicate experiments on the vital functions of this class, and through these of the higher vegetable organisms.

For the simpler the functions of any given being, the easier it is to draw positive conclusions from it. The structure of these plants is entirely cellular, and it becomes clearer every day that even the most complicated manifestations of life, whether vegetable or animal, must be referred to the development and function of the cells of which the tissues are constituted.

The life, development, and multiplication of these cellular plants depends much on temperature. Duhamel had asserted that corn exposed to 110° had not lost the power of germinating. Spallanzani, in order to ascertain the limit, took the seeds of vetch, lintels, and clover, and found that clover, the least sensitive of these seeds, bore 100° with impunity. As for fungi he says they could, when dipped in water, endure 100° , but, in a dry state, *even a red heat*.

Pasteur, not deterred by difficulties, first repeated Spallanzani's experiment and verified the power possessed by spores of resisting a very high degree of temperature, but below that assigned by him.

The trial with plants such as corn or clover, which grow only where they are sown, is very easy. But it is far otherwise with mucedines, which grow unbidden wherever they find circumstances favorable for their development.

Hence the difficulty of ascertaining that it is actually the *sown* spores that germinate, and not others conveyed accidentally by the air. And to this, no doubt, must be ascribed the errors in Spallanzani's account.

Pasteur's apparatus for securing perfect accuracy is too complicated for a mere verbal description. Suffice it to say, that, by sowing his plants in asbestos in a small glass tube and enclosing this, *moveably*, in a larger one shaped like the letter **U**, and connecting this by a caoutchouc pipe with a metallic tube of a **T**-form, both furnished with stop-cocks, and connected respectively with an air-pump and a red-hot platina tube, a retort filled with fermentable fluid was placed under circumstances that must satisfy the most sceptical as to the accuracy of the result, and then hermetically sealed.

By these and other devices Pasteur arrived at the following results :

The spores of mucédines, heated in dry air or in vacuo, retain the power of germinating up to 120° to 125° endured from a quarter to one hour, but in half an hour they lost it under 127° to 130° .

It is to be remarked, however, as a subject of further discussion, that germs which, under certain conditions, seem dead, may, under altered circumstances, recover their vitality.

We must also remember, in the case of milk, &c., that various fermentable fluids were found to require different degrees of temperature.

Dismissing hypothesis we accept the established fact that the spores of no species will survive even a few minutes exposure to water heated to 120° ; so that it is easily understood why fluids that do contain organic germs do not ferment after being heated to 130° ; and, if the entrance of fresh germs be prevented, remain undisturbed for a whole year, or for ever.

The various products of milk fermentation are well known. Lactic acid, gum, mannite, butyric acid, alcohol, carbonic acid and hydrogen, appear all at once or in succession, in proportions as yet undetermined. Pasteur gradually ascertained that the barm-mycoderm which turns sugar into lactic acid is quite different from the two which produce gum, and that these last, again, cannot produce lactic acid. Also

that another peculiar barm is necessary to the formation of butyric acid, and that this last is an infusorial animalcule.

These infusorial animals can be sown precisely like the barm of beer, and multiply under proper conditions simultaneously with the formation of butyric acid; but, strange to say, require not the smallest quantity of free oxygen. The award of Jeker's prize by the academy must satisfy the reader that this strange fact was established with sufficient accuracy by Pasteur, as to the exclusion of oxygen.

In fact, a still stranger fact is, that atmospheric air is fatal to these marvellous little animals, whilst a stream of carbonic-acid gas passed through the fluid causes them no inconvenience.

Here we have two entirely new facts :

First, that of an animal ferment, viz., the butyric infusoria; second, the said animal existing without free oxygen.

The similarity of this animal's life with that of vegetable ferment is evident, as well as the consequences which we are justified in deducing from the phenomenon, as regards the *cause* of fermentation.

The fact of butter fermentation being due to an animalcule, the sort called vibrio, is as well established as the vegetable of ferments, beer-barm and others.

The question next pressing upon us is, how creatures thus organised bring about fermentation.

Every vibrio hitherto described by naturalists abstracts from the atmosphere a notable amount of oxygen, and gives out carbonic acid: in this respect resembling mucedines, torulaceæ, and mucones. These microscopic vegetables can no more dispense with oxygen than infusorial animals, and neither the one nor the other possesses the character of a ferment. The chemical phenomena which they produce are just the ordinary ones dependent on nutrition. The weight of matter assimilated is always accurately represented by the weight of the tissue which experiences its influence.

Not so the hitherto unknown vibrio of butter fermentation. These may, by some, be considered as plants still; no matter

—suffice it that they can live without air, and are a ferment : two conditions which separate them from the established character of other individuals of the animal and vegetable kingdom.

Putting all this together, we come to the question whether the power of living without oxygen and that of causing fermentation are not intimately connected ; for we see that the butter vibrio, which can dispense with free oxygen, is a ferment, whilst the ordinary vibrios, which cannot, are also incapable of producing fermentation.

The following experiments will give us definite information on the question.

When a very minute quantity of beer-barm is introduced into a retort of fermentable fluid from which air is (as before) ingeniously excluded, the barm-globules multiply very slowly, but the sugar ferments. One part by weight of the barm consumes sixty to eighty parts of sugar. Consequently beer-barm can multiply without free oxygen, though slowly ; and then it distinctly exhibits the character of a ferment.

If the experiment be repeated in a shallow vessel with large surface exposed to the air, and with an apparatus for determining the proportion of oxygen to nitrogen, the barm is developed in a very remarkable manner, and at the same time is found to have robbed the air of a great quantity of oxygen ; and as to the rapidity of its growth, it is not too much to say that it multiplies 100 times as fast in this case as in the other.

Hence the beer-barm can sustain two very different modes of life. Free oxygen may be either entirely wanting, or be present in a certain quantity.

In the latter case it is used up by the plant, whose vitality is thereby wonderfully exalted. The plant then lives the life of the lower plants in general, and differs in no peculiarity from the mucedines as to the assimilation of the carbon, the phosphates, and the nitrogen ; and may therefore, when breathing free oxygen gas, be compared with the lower ranks of both the vegetable and animal kingdoms.

These experiments show that the analogy extends further,

viz., to the *character* of the ferment. For if the fermenting power of the barm be observed when it has opportunity of assimilating oxygen gas, it is found to be almost entirely lost. It seems possible to deprive it entirely of this power, as we have already succeeded in diminishing it from ten to twenty fold. For the fact is that one part of barm, which (as we saw above) is capable of decomposing sixty to eighty parts of sugar when debarred from free oxygen, *can only decompose six to eight parts when free oxygen is admitted.*

Observe, however, that the barm does not permanently *lose* its properties under the latter circumstances, but quite the contrary; for, if the very globules which have been developed in the open air be tried under the opposite condition (as above), fermentation commences again most energetically.

This little plant ordinarily called beer-barm, in short, can grow without free oxygen, and is then a ferment, so it possesses a twofold power by which it is distinguished from other organisms; or else, when assimilating free oxygen, it grows mightily and multiplies abundantly, but loses its fermenting power, in virtue of both which particulars it resembles the rest of the lower organisms, still it resumes the fermenting power when again deprived of oxygen.

May we venture to conclude from these data that the barm which so ravenously devours the oxygen of the air has no more need of it, or quite scorns it and rejects it when it is presented to it not in a free state, but combined in some fermentable substance?

Herein lies the mystery of fermentation. The barm takes up the oxygen, when presented in a free state, with great energy, because it is requisite for its existence; when free oxygen is withdrawn, it must abstract it from the fermentable substances, and at once the mycoderm-plant makes itself known as a sugar-consuming agent. At every respiration of its cells atoms of sugar are consumed, whose oxygen the cells appropriate to themselves. The phenomenon of decomposition—the very character of a ferment—steps forward at once clearly; and, on the other hand, it fails again when the plant is enabled to assimilate free oxygen.

This extraordinary power of extracting oxygen separates ferments, as a class, from all other organised beings.

These resemble the rest of the organic world in so far as they also require oxygen to support their life, and assimilate carbon, nitrogen and phosphorus; but they differ from them, inasmuch as they dispense with *free* oxygen, and have the power of manufacturing it for themselves out of unstable compounds.

Naturalists designate by the name *mycoderma*, the smooth or crumpled pellicles which, under the popular names, wine mould, beer mould, vinegar mould, are seen on the surface of fermenting fluids. One form of these deserves especial notice, viz., that which occurs in vinegar; a pellicle of a brawny material, more or less easily torn; commonly called "*Mother of vinegar.*"

Berzelius describes it as slippery to the feel, and refusing to part with its fluid contents when pressed, and adds, "It is called '*mother,*' because it is erroneously supposed to produce vinegar. In a pure state it is entirely destitute of this property, which belongs exclusively to the vinegar contained in its pores." In 1823, Edmund Davy found a fact which exercised great influence on the theory and practice of vinegar making. He had remarked that spongy platina, when diluted alcohol is poured on it, produces vinegar. On this was founded a new process in the manufacture. Vessels were filled, not too closely packed for air to circulate freely, with shavings of beechwood, and alcoholic fluids were allowed to run into them. The shavings were calculated, as was supposed, to replace the porous platina, porous bodies being said to condense oxygen. Looking closely, we find this fabrication to be purely empirical; they know not how, they know not why the vinegar is produced. Pasteur, by his researches, attained to an explanation of the part which *mycoderms* play in vinegar fermentation; and by direct experiments arrived at the following results:

Of all *mycoderms* *M. vini* and *M. cerevisiæ*, those of wine and beer, are the easiest to rear.

He began with these, and the results were the very opposite to his anticipations. When he developed *M. vini* from

alcoholic fluids, he obtained no vinegar, nay more, after introducing a certain quantity of vinegar into the fluid, he saw it all gradually disappear! These results were not constant; but, be it remembered, were determined by the presence of the mycoderms. We will return to this apparent complication.

Let us first consider the vinegar mould, *M. aceti*. When this is laid, pure and unmixed, on the surface of alcoholic fluids, the phenomena assume a constant character. The alcohol always turns into vinegar, and, meanwhile, a small quantity of aldehyd is formed. This chemical phenomena stands in indisputable connection with the plant.

Now, let the first experiment be repeated in closed vessels, in which, besides the fluid and the plant, a definite quantity of air can be shut in; and let it be so arranged that, at each moment, the analysis of the fluid and of the enclosed air can be effected; and the simplicity of the phenomenon is at once perceived, for we find that oxygen is abstracted from the air by the *M. aceti*, which combines with the alcohol to form vinegar.

How, in like manner, does the *M. vini* also rob the air of oxygen which combines with the alcohol, but *in order to form aqueous vapor and carbonic acid* (not vinegar)?

Further, we find that, when *M. aceti* is placed not on an alcoholic fluid but an acetic, then the plant, as it grows, converts the vinegar into water and carbonic acid. Consequently, when we consider that aldehyd is nothing but alcohol minus hydrogen, and that vinegar is alcohol which has suffered a more complete combustion (oxydation) and that both alcohol and vinegar, when completely burnt (oxydized), are converted into water and carbonic acid, we are justified in concluding that the *M. vini* acts precisely as the *M. aceti*, and that it is merely by the force of circumstances that their activities are exalted. The plant, instead of abstracting from the air two or four atoms of oxygen to combine with one atom of alcohol and form aldehyd or vinegar out of it, seizes upon eight or twelve atoms, and so turns the vinegar into water and carbonic acid. All this goes on powerfully at a considerable temperature, and with a rapidity which the most daring

imagination cannot surpass. Herein lies the explanation of the curious fact that the very same plant which has the power of turning alcohol to vinegar can also destroy again the vinegar which it has made. So the vinegar-maker who talks of "mother of vinegar," speaks correctly, without knowing why; and Berzelius, who denies to this "mother" the power of producing vinegar because she destroys it, made a correct observation, but has interpreted the observation incorrectly.

Another discovery arising from these experiments is the fact that the said mother, when *completely submerged*, can no longer produce vinegar. In order to be effective, it must cover the surface. The sediment which sinks during the manufacture of vinegar and is also (improperly) called mother of vinegar, is quite inert. The whole work is done at the surface. Now for the proof of this.

Suppose a thick firm coating of the mycoderm to cover the fluid, the degree of acidification measured from day to day, and then the film sunk to the bottom with slabs of glass. Instantly the vinegar fermentation comes to a standstill. In three to eight days a new coat is formed, and analysis at once shows that acidification is again at work. This proves that the plant secretes no principle which spreads itself through the fluid; and further, that the cause of the chemical phenomenon which accompanies the development of the plant, must be sought in a peculiar physical condition, quite like that of spongy platina.

That this condition depends on the life of the plant is practically proved as follows:

Wine mould (*M. vini*) is developed on the surface of a fluid containing, especially, albuminoid matter and phosphates, and time allowed for it to cover the surface entirely. Then the fluid is withdrawn by a siphon from under the mycoderm (taking care not to tear it), and replaced by diluted alcohol till the film is raised again from the bottom. In this way no other principle is supplied for the nourishment of the plants than such as they already contain within themselves. Placed in this normal condition, the very same plant which a moment before was consuming both alcohol and vinegar now converts

a part of the alcohol into vinegar. The sick plant thus placed does the very same work as the healthy one, but exerts its functions with less energy.

Let us now turn to the manufacture of vinegar by beech-shavings. It is quite a mistake to suppose that the beech-shavings act as a porous body replacing the spongy platina. They exercise no power whatever, they are merely vehicles of the mycoderm as it develops, especially *M. aceti*. Let diluted alcohol trickle over shavings or along a cord: the drops falling at the end of the cord will contain no trace of vinegar. But repeat the experiment, after dipping the cord in a fluid covered with mycoderm which partly remains hanging on the cord, and *then* let diluted alcohol trickle down in open air over the cord and we obtain acetic acid.

If the mycoderms were nothing more than agents for burning alcohol and vinegar they would deserve our especial notice, but still more when one considers what vast influence they promise to exercise upon organic chemistry, physiology, pathology, and therapeutics.

The mycoderms can impart their power of burning oxygen to a great number of organic substances, as sugar, acids, albuminous matter, &c. This power is peculiar to mucedines and infusorial animalcules in various degrees. By growing a mucedo we can convert a proportionably large quantity of sugar into water and carbonic acid without leaving a trace of sugar in the fluid. Had not these minute creatures been created, the earth would be shortly overfilled with dead organic matter, there remains of plants and animals. It is these creatures that impart to the oxygen its organic converting properties; without them there would be no material for new life; new life could not begin, for the work of death would not be finished.

The chemical and physical existence of an organism ceases not when its vital functions disappear; that physico-chemical existence would go on but for the newly developed microscopic organisms bringing the work of destruction into play. Mycoderms and infusoria kindle the great pile of oxygen, the bonds are loosed, and the proximate principles partly fly up to the sky, partly sink down into the mineral kingdom.

This power which the mycoderms (*vini* and *aceti*) possess of appropriating oxygen Pasteur has utilised in making vinegar by an entirely new method. The industrial utilisation of a physiological discovery is very interesting, but finds no particular application amongst *our* profession. I will not, however, pass this instance over, because it will throw new light upon much that relates to fermentation, which was so long considered as an impenetrable mystery. The process is as follows:—*M. aceti* is sown on the surface of a fluid consisting of water, 2 per cent. of alcohol, 1 of vinegar, and a few $\frac{1}{1000}$ th parts of earthy or alkaline phosphates. The surface soon becomes perfectly covered, and at the same time the alcohol becomes acidified. As soon as the operation is going on well (*i. e.*, say that half the alcohol is turned into vinegar), alcohol, wine, or beer, is supplied daily, until the vinegar attains the strength required for use.

As long as the plant produces vinegar so long is alcohol supplied. As the strength of the plant begins to fail no more fresh alcohol must be added, the acidification of that already in the fluid is left to be completed. The fluid is withdrawn and the coating of mycoderm put aside. It can be washed, and the water, still containing some acid and nitrogen, can be applied to other purposes.

Alcohol must never be refused to the plant, otherwise its power of conveying oxygen ends in converting the vinegar into water and carbonic acid, or the volatile principle of the vinegar escapes and it loses its aroma. Besides, if the plant is short of alcohol it loses the habit of producing vinegar, and there is a difficulty in getting it back into working order, or it works sluggishly. Another needful precaution is not to push the development of the plant too much; for by excessively great activity part of the vinegar will become water and carbonic acid even whilst alcohol is still present.

A tub of one mètre square of surface, containing 50 to 100 litres of fluid, can furnish 5 to 7 litres of vinegar per day. It is best to use round or square flat tubs provided with lids, such as are used in breweries to cool the beer, and with several holes bored through the lid to admit air and to insert

a thermometer and gutta-percha tubes; these tubes, provided with several small holes in their sides, are fastened to the bottom of the tub and project through the holes; they serve to pour in alcohol without removing the lids or tearing the coat of mycoderm.

The phosphates are indispensable in the fluid, to supply mineral nutriment to the plant. Moreover, if a phosphate of ammonia be added, the plant abstracts from the basis all the nitrogen it requires, and thus a complete acidification of the fluid is effected if it contains but $\frac{1}{1000}$ th part of a phosphate of ammonia, potash, or magnesia. The latter are to be dissolved in a small quantity of acetic acid, which at once yields to the plant, with the alcohol, the required carbon.

What now are the advantages of these new methods of vinegar-making?

Let us first mention that the manufacture is conducted in two ways.

1. *The Orleans method.*—In vessels of 200 litres, 100 litres of good vinegar are left with one tenth of vin ordinaire to stand still for six to eight weeks; every eighth or tenth day ten litres of vinegar are drawn off and replaced by ten of wine, and so on for ever.

2. *The German method.*—Here beech shavings and brandy are used. The fluid is allowed to trickle slowly over straw or twine down upon shavings placed in a vat with two bottoms; the fluid collects on the lower one, and is poured on again. The staves of the vat are provided with holes for the passage of the air and shavings. In this process neither wine nor beer are used; and as it is generally bad brandy that is used, the vinegar is far below the French in quality and price. Also, from the perpetual change of air, and the high temperature generated, much of the raw material is lost.

In the Orleans method an extraordinary circumstance is to be noticed, viz., the breeding of the "vinegar eels." All vessels used in the process are tenanted by myriads of such animalcules, which form on the sides a moist layer often several centimètres in thickness. They climb up crawling and wriggling over the surface of the fluid, seeking life, *i. e.*,

seeking air. Scarcely are they born when their deadly enemy the *M. aceti* begins to spread over the fluid, robs the air of all its oxygen for its own use, and excludes the infusoria by a covering which serves as their shroud. Here arises a hard battle, a battle for life and death! The united power of the little creatures is employed to break through the mycodermatous wall that is burying them alive, and to hasten through the breach to the open air above. If they succeed in tearing away large slabs of the vegetable roof, the latter immediately sinks to the bottom and the vinegar fermentation is checked, or, in the phrase of the trade, it "sickens."

The evils inherent in both these methods are avoided by Pasteur's new process, for which he received from the Académie des Sciences a new prize, and was admitted as a regular member.

I cannot but call attention to a similarity between Davy's discovery of the production of vinegar by spongy platina, and Hahnemann's observation that he took a fever after dosing himself with "*China*."

The two phenomena, when seen, led to a right empirical practice; also in both cases the phenomenon was rightly observed, but wrongly interpreted; and in both alike, recourse was had to unproved hypotheses.

Pasteur has revealed the naked phenomenon, inasmuch as he has proved that vinegar fermentation is effected by a mycoderm; he has abolished the hypothetical accessory that the oxygen is *condensed* by a porous body; and he has done justice to the "*mother of vinegar*."

The empiric phenomenon of a fever originating from China (not, however, with the accessory of intermittence, for China acts differently from Quinine, and has never caused *intermittent* fever) will never be explained till we know what fever is, and by what means fever is produced. The experiments relating to this question have gone on now for many years, and are not yet ended.

To this day homœopathy continues to be an empiric method, which, universally employed, does not always succeed;

because many naked phenomena, though ascribed to the medicines, do not at all belong to the experiments that have been made. In my own opinion (which I do not force upon any one, and acknowledge to be of no manner of value until proofs of it are given), the hypotheses of Psora and accessory circumstances have no foundation either in previous experiments or in subsequent practice. They are mere backdoors to creep out at in order to excuse the frequent failures of the empiric method. Like the "mother of vinegar," the purely symptomatic "*Similia similibus curantur*" will one day be duly honoured, and all empty hypotheses of accessory circumstance will utterly vanish.

1863. Pasteur's labours in 1861 brought to light the two facts previously unknown to science, viz., an animal ferment, and an animal that can live without free oxygen.

Such animals form the ferment of butter, which was formerly explained as follows :

Where sugar or lactic acid (said they) undergoes the change into what is called butyric acid, it comes to pass thereby that nitrogenous plastic substances which come in contact with the air are destroyed, and impart to the lactic acid a peculiar internal molecular vibration, which then causes fermentation !

We saw, in Study 17, that this theory is quite untenable ; that no albuminous substance whatever, that can be employed, ever produces fermentation of itself, without the introduction of the vibrio as described.

Having spoken of tartaric-acid fermentation in Study 17, and ascribed it to a mycoderm, we must now show that this, too, is effected by a vibrio which can live without free oxygen, but is distinct from the butter vibrio.

Let us appeal to a decisive experiment.

Tartrate of lime is placed under water, and some $\frac{1}{1000}$ th parts of phosphate of ammonia or some other earthy or alkaline phosphate added. A flat bottomed phial is taken with the neck drawn thin and a bent glass tube soldered to it. Tartrate is then put into the phial, which is filled with water and then raised to boiling heat in a bath of chloride of

calcium, whilst the end of the bent tube is sunk into a vessel full of boiling distilled water, so that all the air is driven out of the solution, the last-named water being also covered with a thick layer of oil. All is then left to cool for twenty-four hours. In this way fermentation is rendered impossible.

If, on the other hand, tartrate of lime is left to spontaneous fermentation, a great quantity of infusoria are produced. Now, if a very small quantity of these animalcules be quickly introduced into the phial in which fermentation could not take place, and then the small quantity of water which is lost during this process be replaced by water deprived of air, the following phenomena will be observed:—The infusoria that have been thus sown in the fluid gradually multiply in the tartrate sediment, and the latter by degrees entirely disappears without a possibility of the contents of the vessel coming in contact with the external air; which can be easily secured if, immediately after introducing the seed animalcules, the bent end of the glass tube which stood in distilled water is plunged into a vessel of mercury.

(More anon of the fermentation of tartrate and lactate of lime—also of the chemical components of the infusoria, and of a sort of fibrine and colouring matter which always accompany them.)

The sediment of tartrate disappears, and in its stead is formed another deposit consisting of dead bodies of infusoria. As long as any of the tartrate sediment remains, one can see the rapid movements of the living vibrios. As soon as the tartrate is gone, their life ceases also—the “still life” of their carcasses alone is present.

We see here infusoria that live and multiply without *free* oxygen. But no sooner is the *combined* oxygen of the tartrate of lime spent, than they, too, come to an end.

A serious objection may be made to this experiment. Whatever care be taken to prevent the access of fresh air, it is all nullified by the fact that, in introducing the seed infusoria, however quickly and cleverly this may be done, the fresh air must inevitably come in contact with the contents

of the phial. We shall, however, at once be convinced that all such precautions are quite exaggerated. The following experiments not only answer the above objection but another that looks more powerful still, viz., how infusoria that live without free oxygen, and that, like the butyric infusoria, perish through contact with fresh air—why, we ask, can these begin life in spontaneous fermentations in fluids exposed to fresh air? Certainly it was from such spontaneous fermentations without any sowing that the seed was taken for the above experiments.

Well, let us take a phial in hand once more, with tartrate of lime and a little phosphate. The tube soldered to the neck of the phial is to be filled with water and plunged into mercury, the said water being distilled and containing air, but *not boiled this time*. Now if the experiment be thus conducted, if the fluid be not exposed to the air, and nothing be sown in it, the tartrate of lime ferments nevertheless and swarms with infusoria, which live without free oxygen! How can this be? How is this explained? Very simply.

Only observe that the very smallest animalcules, Monas, Bacterium termo, are developed in the aerated water, because it contains some ammonia, tartrate of lime and phosphates in solution; and these minute creatures deprive it with incredible rapidity of all its oxygen, which they replace by a somewhat greater volume of carbonic acid. This takes place at a temperature of 25 to 30 (centigrade), in twenty-four or, at furthest, thirty-six hours. It is only after this that arise these ferment infusoria which require no free oxygen. Thus we have here an answer to the above question. These last creatures are not born till after a preceding generation of infusoria, which in a very short time consume a very large amount of oxygen and quite exhaust all that was contained in the fluid.

Hence we can understand why in our experiment with tartrate of lime, the spontaneous fermentation succeeds so easily, although the precaution of keeping the atmospheric germs away be totally neglected; and why the fresh air does not hinder the development of infusoria, provided the layer of

fluid covering the tartrate sediment be deep enough. On the surface those infusoria appear which consume the oxygen, whilst in the sediment and in the midst of the fluid those are developed which can dispense with oxygen, and are protected by the first generation from what would be to them so great an injury.

The water used in these experiments need not be deprived by boiling of its contained air, nor need the external air be artificially kept out. All such precautions are superfluous. The removal of oxygen in all spontaneous fermentations takes place of itself in this way even before the fermentation commences.

The arrangements for promoting this experiment are so far worthy of remark, as thereby the cause of fermentations can be investigated. The old theories of contact and catalysis universally required the aid of albuminous substances to procure fermentation; and so much the more since albumen itself passed for a ferment. But the exact experiments above quoted show that these substances are not essential, but merely useful, inasmuch as they furnish nutriment for certain ferments. The ferments themselves are living organisms requiring for their development and reproduction certain substances which must contain nitrogen and phosphorus, which they find especially in albuminous substances. They are, however, not indispensable, but, as already mentioned, can be replaced by ammoniacal salts mixed with phosphates.

Now, undoubtedly the only nutriment containing carbon that is accessible to the ferment is the tartaric acid. It is, therefore, the carbonic acid that the infusoria chiefly abstract from the fermentable substances.

Setting aside all preconceived ideas regarding the cause of fermentation, there is no doubt that in the position in which we are placed by our experiments, the ferment feeds at the expense of the fermentable matter; and that as long as the life of the infusoria lasts, so long is there a transfer going on from the fermentable substances to that which has caused the fermentation. The hypothesis of catalysis or of contact

can, therefore, no more be admitted than the view above combated, which claims the character of a ferment exclusively for dead albuminoid matter.

The fact that the ferment feeds at the expense of the fluid does not, we allow, as yet explain *why* the vibrio is a ferment. We know, also, that the action of plants and animals on the proximate principles on which they subsist is not determined by the actual fermentation of these principles. But by comparing these newly discovered animals with those previously well known, we observe the extraordinary fact of organized beings existing and multiplying without oxygen !

We have thus succeeded in closely connecting nutrition accompanied by fermentation with nutrition independent of free oxygen. For herein lies the mystery of all the so-called fermentations, and probably of many other normal and abnormal actions of living organisms. It is to be hoped that further experiments which shall be made in reference to this subject will completely remove all possible doubts as to the correctness of these views.

Even already we are warranted in making the assertion that in the lower organisms, two quite different modes of life are found as regards the need of oxygen.

And as to the number of such beings as dispense with it, one may venture, *à priori*, to say that it is *very considerable*, belonging partly to each organic kingdom. We shall soon see that these infusoria which live without free oxygen are also the ferment of putrefaction when it takes place *without the entrance of fresh air*. When the putrefaction appears in contact with the air, there also it is infusoria that effect it ; but infusoria of a different kind, which absorb free oxygen, and have a double task to perform ; on the one hand to "burn" the organic matters ; and, on the other hand, to guard the fermenting infusoria against the entrance of fresh air which is so hurtful to the latter.

The above results, as far as concerns tartrate of lime, refer only to the dextro-tartaric acid. The examination of the three other tartaric fermentations, those of the lævo-tartaric, inactive, and para-tartaric salts of lime, shall be brought forward

somewhat later, as crystallographical knowledge, not generally accessible, is requisite for an exact comprehension of the subject.

We should now turn at once to the examination of the putrefactive fermentation, which, so to speak, includes the above named, viz., the alcoholic, lactic, ammoniacal, tartaric, and acetic, only that we have, as always, something else to add. The commonest daily experience has from the earliest times taught us that both animal and vegetable substances, which after death remain exposed to the open air or buried in the earth, gradually disappear in consequence of several changes that succeed each other.

Fermentation, putrefaction, eremacausis, are names given to the three phenomena which show themselves during the gradual dissolution, and by which the perpetual renovation of all organic matter manifests itself.

As for fermentations, their cause has been established with the greatest possible exactness. The examination of putrefaction can only claim attention here in the way of slight notice. In both alike does organic life play the principal part, a life of a very strange kind, a life which can subsist without oxygen.

The dead matter which ferments and putrefies is no more exclusively subject to the physico-chemical forces than the living matter. All the hypotheses of catalysis and contact, all the mystic movements, tremors, communications, &c., ascribed to plastic nitrogenous substances, must be banished from science, the fermentations which it was fancied were explained by these means are products of living organisms; and even so will "eremacausis," or slow combustion, prove to be brought about by the same agency.

The combination of oxygen with kindred organic substances is called oxydation. Such combinations always produce heat; if the heat is accompanied by light it is called fire, but if the oxydation proceeds at the ordinary temperature, eremacausis.

It is well known that dry solid organic substances are not oxydizable, in accordance with the known law, "*corpora non agunt nisi soluta.*" The fluid form which renders the liberation

of the gases possible, effects the oxydation of organic matter. It is also known that their oxydation depends upon a certain temperature at which the elements can separate from each other in order to enter into new and stronger bonds of affinity. How comes it, then, that, at the ordinary temperature, where the old bonds do not appear to be loosened, new affinities can manifest themselves?

Because, it is said, the chemical affinities are, in respect of their intensity, not constant; they can be weakened or strengthened tenfold; this is said to depend upon the electric conditions to which the substances are exposed. Pure alcohol in open air does not alter; but it oxydizes if an alkali be dissolved in it; then there are formed resins, acetates and formiates; the alkali attracts the affinity of the hydrocarbon elements for the oxygen, and the electric influence of the alkali holds good until the formation of an acid produces neutralization.

The most remarkable fact in such electric modifications is that they continue in force after the cause has ceased. Oxygen acquires such new properties when it is negatively electrified. Oxygen thus modified is named "ozone"; it possesses a much stronger power of combustion, and oxydizes a number of simple bodies on which atmospheric air has no effect. According to Schönbein, the celebrated discoverer of ozone, it is the cause of all eremacausis; and ordinary oxygen is a compound of active negative oxygen (or ozone), and active positive oxygen (or antozone). Oxygen is polarized by electricity. Schönbein has attached importance to this *polarization* of oxygen by proving that, when a substance is oxydized in water, it combines with ozone, and the water with antozone.

This also explains the extraordinary power which some essential oils possess of acting as oxydizers by means of the antozone which they liberate, whilst they oxydize themselves by means of the ozone. Thus, oil of turpentine which has oxydized itself in the air has an undeniable combustive effect on miasmata; it oxydizes mercury when air is excluded, and the blue solution of indigo; and, like nitric acid, turns sugar

into oxalic acid. This polarization of oxygen, which strengthens its affinities, is applied to the phenomenon of eremacausis. Living organisms, be they ever so simple, are said to be especially adapted to effect their polarization, and the capacity for doing so to be a necessary condition of their existence and cessation; nay, it is even pretended that it suffices to restore the balance of polarization in order to re-awaken extinguished life. Thus, M. Quevenne will have it that he restored by electricity its lost power of fermenting to beer-barm.

If, then, up to a certain point, there seems to exist a similarity between chemical and organic processes, still there is no sufficient ground for considering them as actually identical. This only reminds us of the old maxim "*Nihil est in motu vitali quod non prius fuerit in motu communi.*"

Let us not be led astray by any appearance. We hold all to be possible, but wait for exact practical proof before we acknowledge it; and when the question is about proof, exact experiments are at our command, which undeniably show that, where dead matter exposed to the air undergoes eremacausis, this again stands in the most intimate connection with living beings of the lowest rank.

We thus arrive at a view, pregnant with consequences, that "*Life reigns over every phase of death.*" That the three periods, fermentation, eremacausis, and putrefaction are conditions of the development and multiplication of organic beings.

On May 25th, 1860, the tip of a retort containing a sugary albuminous fluid was broken off in the open air in a garden. The retort was, in the way already described, elongated to a point and soldered, after the air had been driven out by boiling. As soon as ever the tip was broken off, and the air admitted hissing into the retort, it was again hermetically sealed with a spirit lamp.

It will be remembered, in previous experiments on germs disseminated in the atmosphere, that, where the strata of air over the open retort contained no germs, the fluid there did not ferment, *i. e.*, no mycoderms or infusoria could be

developed in it. Such was the case in the retort now under consideration; and on January 5th, 1863, when Pasteur opened it and analysed the contained air he found—

Oxygen	18.1
Carbonic acid	1.4
Nitrogen (by difference)	80.5
	<hr/>
	100.0

Thus, in the space of three years sugary water with beer-barm exposed to the ordinary fresh air, but *without germs*, had absorbed 2.7 per cent. of oxygen, and partly replaced it by carbonic acid. Therefore the direct oxydation or eremacausis of these matters is very trifling; though, in the course of these three years, the retort was exposed for three months to a temperature of 25° to 30° in a room.

On March 22nd, 1860, air containing no germs was introduced at a high temperature into a retort of 250 cubic centimètres, containing 60—80 centimètres of boiled urine, exactly as described in the preceding study. In January, 1863, it was still perfectly clear and reddish-brown. A slight powder of uric-acid crystals was deposited on the sides of the retort, there were also present a few clusters of acicular crystals of phosphate of lime. The urine still reacted as acid, and smelt exactly like recently boiled urine. The air in the retort yielded by analysis—

Oxygen	11.4
Carbonic acid	11.5
Nitrogen (by difference)	77.1
	<hr/>
	100.0

Thus after nearly three years, 11 to 12 per cent. of oxygen was still present. What the oxygen had lost by absorption was replaced by carbonic acid, after subtracting the co-efficients of the solubility of the gases in the fluid.

Hence it is evident how slow and difficult a process is the

direct oxydation of urine when the air is placed under circumstances fatal to the development of mycoderms or infusoria.

On June 17th, 1860, a retort of 250 centimètres, cubic, was filled with 60 centimètres of milk heated to 108° for two or three minutes, and air which had passed through a glowing heat. On February 8th, 1863, the milk was examined, and the air in the retort analysed. The milk proved nearly neutral, with a doubtful alkaline tendency. The taste did not differ from that of ordinary milk, but with a slight flavour of tallow; when at rest, the fatty matter separated into little lumps; but if this milk was shaken for some time in the retort it regained the appearance of new milk. It was not curdled. The air in the retort contained—

Oxygen	3·1
Carbonic acid	2·8
Nitrogen (by difference)	94·1
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	100·0

This analysis showed that the fatty matter (stearine) of the milk absorbed a great part of the oxygen. Yet notwithstanding the manifest direct oxydation of the fatty matter, at the end of three years some hundredths of oxygen are found in the retort.

Now, had all these experiments been conducted so as to allow the entrance of atmospheric germs, we should have found all the oxygen in the retort absorbed in a few days, and carbonic acid replaced in variable proportions.

On February 26th, this year (1863), air, freed of all germs by passing through white heat, was admitted into a retort of 250 centimètres, cubic, containing oak sawdust which had been moistened with some cubic centimètres of water at boiling heat. At the end of a month the air in the retort contained—

Oxygen	16·2
Carbonic acid	2·3
Nitrogen	81·5
	<hr/>
	100·0

consequently the sawdust had within a month (the temperature being maintained steadily at 30°), only absorbed a few centimètres, cubic, of oxygen. As a counter-proof, on 21st February, 1863, twenty grammes of wet sawdust were put into a large retort of four litres, without using any means whatever to exclude the germs from the air or to destroy those already present in the sawdust. After fourteen days the air was analysed; it was found that already 300 cubic centimètres of oxygen were consumed, and 7.2 of carbonic acid given out in its stead. What can be the cause of so great a difference as to the absorption of oxygen in the two experiments? At the first glance, one finds nothing to lead to the track of this cause. But by the aid of the microscope the sawdust is found to be covered with the sporules and mycelium of all sorts of mucédines.

Upon the whole we infer from this that the slow combustion of dead organic matter exposed to the open air cannot be a matter of doubt. The strength and rapidity of the direct oxydation that goes by this name (eremacausis) varies with the various nature of the substances. Thus it is that gold and platina are not oxydized by the atmosphere, lead and copper more easily, potassium and sodium very easily. But what most deserves our notice is this fact, that the oxydation of dead organic matter, though it *does* take place, is scarcely perceptible if the surrounding air contains no germs of the lower organisms; whereas, when such matter is allowed to be covered with mucédines, bacteria, and monads, it proceeds with such rapidity that the name "*slow* combustion" is absurd. These little beings are the agents of this combustion; they are possessed of incredible energy, as the adduced instances of alcohol, vinegar, and sugar sufficiently testify.

If one could eliminate from the scale of God's creation those creatures that are the smallest and apparently least necessary, the proximate principles of living bodies would be, so to speak, indestructible. The return to the air and to the mineral kingdom of all that has ceased to live would be prevented and the life of the higher organisms would be impossible.

If the examinations came to a standstill with the above experiments, they would be liable to a severe reproach: viz., that they have all been performed not only with organic matter that has ceased to live, but also exposed to boiling heat previous to the trial, and who would venture to deny that an organic substance exposed to 100° undergoes by that alone the most striking modification?

The experiments must then be repeated with substances that have been taken from organisms still living, and have *not* endured a high temperature.

To this end fresh and highly perishable substances were chosen, such as blood and urine, and were left to undergo *eremacausis* in retorts which, by the contortion of their long necks, admitted the free entrance of air, but (as described in a former "Study") hindered the admission of germs. Such retorts, containing fresh blood just drawn from a living animal, were placed (March 3, 1863) in a stove at 30°. On the 9th of June the blood was still quite fresh. The air in one of these was analysed after standing closed for six weeks. It appeared that only two to three per cent. of oxygen was consumed and replaced by a like volume of carbonic acid.

In retorts in which fresh urine was kept guarded from the entrance of atmospheric germs, it remained after three months' constant exposure to a temperature of 30° as fresh as if it had been newly shed from a healthy animal. There were merely some crystals of uric acid to be seen of the size of a lentil. The direct oxydation of the urea was likewise very inconsiderable. In forty days the analysed air yielded—

Oxygen	.	.	.	.	.	19.2
Carbonic acid	.	.	.	.	.	0.8
Nitrogen	.	.	.	.	.	80.0
						100.0

So that the conclusions drawn from the former series of experiments are applicable to this second series also; and thus to organic substances whether exposed to a high temperature or not. One very curious result more must be adduced: it relates to blood-crystals which at the present day are deemed worthy of special investigation. Under the

above circumstances where fresh blood remains unimpaired when exposed to air free from germs, the blood-crystals form with extraordinary facility. Even on the first day if the blood stands in a warm room, later if at the ordinary temperature, the serum turns dark red. Whilst this gradually takes place the blood-globules disappear and the serum and crassamentum are filled with very distinct red or reddish-brown crystals, and in a few weeks all the globules disappear from both. Every single drop of serum contains thousands of such crystals, and the smallest portion of crassamentum compressed between two glass plates exhibits under the microscope a plastic colourless fibrine covered with myriads of them, whilst not a trace of globules is present.

The explanation or rather the indication of this fact pertains to another series of researches beyond the sphere of our present inquiry.

It still remains for us, as we are occupied with fermentations, to speak further of the putrefactive.

Where animal or vegetable substances decay spontaneously and develop fetid gases during the process, there, say they, has putrefaction commenced. Whether this definition is quite accurately *expressed* or not, does not much concern us, who are not exercising either a dialectic or literary function; it suffices us to know that it is faulty in two directions: it is too narrow, for it associates two phenomena that are totally different; it is too wide, for it separates far asunder phenomena of like origin and like nature.

To learn and precisely establish the various processes which take place in putrefaction has ever been considered a problem as interesting and difficult as it is desirable and useful. It was hoped that by exact experiments on putrefaction we might profit in order to the understanding and cure of the diseases formerly called "putrid fever." It was such a hope that excited the celebrated English physician Pringle to institute different kinds of experiments on septic and antiseptic substances, which, however, in the then state of science could furnish very slender gain. The great difficulties which such complicated phenomena present to

the inquirer as well as the inevitable disgust which accompanies such investigations has prevented the most energetic men from working out this any further. So that one may say without exaggeration that hitherto nothing at all has been done in this field of inquiry, that it lies before us quite fallow, and that what has grown there must be considered as useless weeds.

The necessary prosecution of investigation constrained Pasteur to forget the danger of such an undertaking, to overcome his repugnance and boldly to run the risk. "The welfare of society and general utility," says Lavoisier, "enable the meanest employments."

The point to which Pasteur specially directed his attention was to discover the *cause* of putrefaction. He attained his object. What can here be laid before the reader has no pretensions to be exhaustive: it must be often repeated and verified.

To be plain, Pasteur has found that the cause is an infusorial animacule belonging to the genus *Vibrio*.

Ehrenberg has described six species of *Vibrio*—1. *V. lineola*; 2. *V. tremulans*; 3. *Vibrio subtilis*; 4. *V. rugula*; 5. *V. prolifer*; 6. *V. bacillus*. These may or may not be true species. Let us assume that Ehrenberg's nomenclature is correct, and consider all as different putrefactive ferments.

The relations under which putrefaction takes place produce, by their change, changing distinctions also. If we keep the putrefiable fluid in view whilst it is exposed to the air, two different conditions are apparent.

1. The fluid containing air is left to putrefy in a closed vessel.
2. The vessel is left more or less open. These two cases we will consider in succession.

It is notorious that putrefaction requires a certain time to manifest itself. It does not arise suddenly. This time varies with the difference of temperature, of neutrality, of acid or alkali in the fluid. Under the most favorable circumstances it takes twenty-four hours before the putrefaction can manifest itself by any external sign.

Now as to the putrefaction in closed vessels. During the first or "incubation" stage, all the oxygen is removed and

replaced by carbonic acid. This is the work of infusoria, particularly *Monas crepusculum* and *Bacterium termo*. One may observe slight movements in the fluid which are caused by the animalcules travelling in all directions.

As soon as all the oxygen has disappeared the hungry creatures finding no more food perish, and down go their carcasses to the bottom like any chemical precipitate. If accidentally the fluid contains no other germs to develop, the sediment remains for an indefinite period in *statu quo*, and putrefaction does not take place. Such cases are rare, but several instances are recorded.

Most frequently the second stage of putrefaction commences, *i. e.*, those other vibrios appear which, instead of requiring oxygen, dread and avoid it. The development of these last constitutes putrefaction, which keeping pace with that development increases in extent and power till the examination of a drop under the microscope is rendered a very difficult task by the horrible stench. Now nothing but substances containing sulphur diffuse such an odour as this; with others requiring the albuminoid matter of beer-barm, the smell is more endurable. The same holds good in the case of butyric ferment; which is properly of the putrefactive character, so that, as above said, the sphere usually assigned to putrefaction is too narrow.

It follows from the above that contact with the air is not a necessary condition of the process. Nay, the very oxygen that is present in the fluid would hinder the putrefaction were there not beings created for the express purpose of consuming the oxygen and promoting putrefaction. Not until these have finished their task do the veritable putrefiers come and raise themselves on the corpses of their predecessors.

Now let us turn to putrefaction in *open* vessels. According to what has been said, one would be tempted to believe that putrefaction could not take place in contact with fresh air, since oxygen kills the vibrios. Not so, however; in either case, putrefaction is perfectly accomplished.

Let us just consider our putrefiable fluid from which the air has not been expelled by heat, and see how it will behave

when brought in contact with air in wide open vessels. The infusoria will extract all the contained oxygen as in the case of the closed vessels; the sole difference being that when they have consumed it all they do not perish and sink to the bottom. Driven by hunger, they mount up to the surface and there extract their oxygen from the atmosphere.

Domiciled now on the surface, and bathing in super-abundance of oxygen, they do not stay there idle, but form a thin coat which gradually thickens in consistence, and loses patches which are soon replaced. This coat, which mucors and mucedines co-operate from, prevents any fresh oxygen from entering the fluid, and permits the development of those ferment vibrios which can live without and cannot live with it. For the benefit of these last the vessel is shut off from the outer air by this coat which the upper infusoria have formed, and go on multiplying beneath. The names given to these very distinct classes of vibrios are, respectively, aërobians, and anaërobians. The latter being promoters of fermentation are also called zymic, the former azymic vibrios.

The putrefiable fluid when exposed to the external air, undergoes two different chemical processes which depend on the physiological functions of two different living beings that seek nutriment in it. The azymic vibrios after playing their part with the oxygen dissolved in the fluid do not perish, as they would in a closed vessel, because they have an inexhaustible store in the atmosphere. The zymic vibrios guarded from their enemy, oxygen, by the azymic septum, thrive underneath and produce fermentation, turning the nitrogenous substances into simpler though still complex ones. Bacteria and mucors, on the other hand, consume these products and bring them back into still simpler forms—viz., the binary compounds, water, ammonia, and carbonic acid.

We must still notice the cases where the fluid is exposed in shallow layers in a wide open vessel, with every facility for the access of atmospheric air. It will be demonstrated by experiment that in such cases fermentation and putrefaction can be absolutely prevented, and that the organic matters there alone give rise to oxydation.

But where there is no contact with the air, the products of the decomposition of the putrefiable fluid remain unconsumed. But certainly, as above said, putrefaction *without* exposure to the air is not so complete as *with*, the destruction of the organic matter in the latter case being more decided.

Let us explain by instances. Allow lactate of lime to putrefy, with the air excluded. We expressly use the word putrefy here instead of ferment. The zymic vibrios turn the lactate into various other products, including butyrate of lime. These new combinations are effected by the vibrios. They have, however, no power to destroy again the products they themselves formed, so the putrefaction remains incomplete.

Let us now repeat this operation in the open air. Whilst the ferment vibrios are doing their work inside, the pellicle vibrios at the surface consume slowly, but completely, the butyric salt. If the fermentation is strong in the fluid, the oxydization at the surface comes to a standstill, solely because the carbonic acid gas as it forms on the top *prevents the access of atmospheric air*. If the internal fermentation becomes slower or stops, then carbonic acid is developed less, or not at all; the air gains access to the surface and the oxydization revives.

Such is the case also when sugary fluids are left to ferment in closed vessels. Undecomposable alcohol is formed.

On the contrary, when saccharine fermentation goes on in the open air, it does not stop at the formation of alcohol. The alcoholic forms vinegar, and by further "combustion" turns to water and carbonic acid. Vibrios make their appearance, and after these, when the fluid contains nothing but water and nitrogenous substances, fermentation. Lastly, the series of vibrios and the products of putrefaction come to be consumed by bacteria and mucors. Of these, the last living ones consume their predecessors, and thus the destined restoration of organic matter to the air and the mineral kingdom is accomplished. Let us now turn to the putrefaction of solid substances.

Suppose a dead animal left entire to putrefy, whether in the open air or not; the germs floating in the air cover the whole

surface. In the intestines, and particularly where the excrements collect, there are not only germs, but full-grown vibrios, which revel in the fluids where free oxygen is not let in to harm them. The work of destruction has commenced vigorously. Putrefaction from within proceeds without stay to the outside, and the masterpiece of creation falls to ruin, because the guardians against the incessant attacks of the vibrios, *life* and food, are no longer present.

Here end the communications made by Pasteur up to December, 1863. Much remains to be done; the whole chapter on the putrefactive fermentation can only be considered as introductory to further investigations. From this standpoint the following notices may be offered in conclusion.

What takes place when we try to guard a large piece of meat from putrefaction? Will the flesh retain or lose its previous structure and qualities? It is impossible to prevent at the ordinary temperature those internal reactions which solids as well as fluids practise on each other. Within the mass of flesh certain diastases take place, producing small quantities of new substances, which will alter the taste of the meat.

We have plenty of means at hand if the only object be to protect the *outer* layers from putrefaction. It suffices, for instance, to wrap it up in a cloth soaked in spirit of wine, and then in a closed vessel (with or without air, all one) to take care that the spirit does not all evaporate. No putrefaction will arise, because the alcohol prevents the germs from developing on the surface, but the meat acquires a wild flavour if it is a small piece, whilst a larger quantity becomes mildewed.

This furnishes an instance proving (as above stated), that too much has usually been included under the term fermentation. Putrefaction and gangrene have nothing in common, either in regard to their nature or origin. Gangrene is a condition of an organ or part of an organ whereby, though dead, the substance is *guarded* from putrefaction. *Death does not do away with the reaction of the solids or fluids on each*

other. The physico-chemical life continues, in that condition which we call death.

Suppose all Pasteur's problems are not solved, and that the labours proclaimed for some years in these "Studies" have not as yet formed a perfect series; yet the unfinished attempt is sufficient to be opposed as an insuperable barrier to the growing tendency to refer the action of medicines to catalysis, contact, substitution, affinity, and chemical neutralization!

In my last three studies I have striven to lay before my honoured readers the labours of Pasteur, with all the clearness in my power. That I should not have succeeded in imparting the desirable perspicuity to these statements, or in reporting faultlessly all that I have collected from various sources, need not be a subject of reproach. Many and various errors have I committed, and expect to commit, as my poor head has never worn the tiara of infallibility. If minds of the highest rank, such as Kepler and Claude Bernard, have found peculiar pleasure in counting and classifying errors, surely I am not permitted like them to employ this in order to release out of error the discoveries of new truths, but rather utterly to renounce my own individuality, which shrinks into nothing in the face of such heroes; nay, even to let blunders and failures be imputed to me.

I may be permitted hereafter to remove by correction, mistakes unobserved even by others, when opportunity may occur, not for my own sake, but for the right understanding of the facts I have recorded.

NOTES ON THE "NEW REMEDIES."

By Dr. RICHARD HUGHES.

I FEEL that all British homœopathists are deeply indebted to Dr. Hale for his very valuable contribution to our literature. The provings and the clinical facts he has collected in reference to the indigenous remedies of his country are a mine of wealth, and full of practical suggestiveness. We

shall best show our appreciation of his labour by adding what we can to the edifice he has done so much to raise. Our younger colleagues, who are not yet engrossed in practice, may well fill up the many gaps still left in the provings of the American drugs. Especially do we need provings with minute quantities, by which the expulsive symptoms may be avoided, and the more delicate shades of action brought out. This has been done to some extent with *Æsculus hippocastanum*, *Cimicifuga racemosa*, *Eupatorium perfoliatum*, *Iris versicolor*, *Nuphar lutea*, *Podophyllum peltatum*, and *Rumex crispus*; but the other remedies mentioned in Dr. Hale's work have yet to receive this elicitation of their full action. Those of us who are in full work should test in the field of actual practice the numerous suggestions and indications scattered throughout the book, and report thereon in our journals. A collation of such provings and testings will then make Dr. Hale's second edition, which cannot fail soon to appear, of tenfold value.

As a modest contribution to the clinical testings of the "new remedies," I write these notes. I have used the American medicines pretty largely in my practice for the last three years, and feel that in many of them I possess some of my most trustworthy therapeutic agents. The results of my trials I will briefly note down under the heads of the medicines in question.

Æsculus Hippocastanum.

There are few medicines in the *Materia Medica* which have been more thoroughly proved, at least as to their crude action, than the horse-chestnut. Dr. Hale's article embodies the provings of fourteen persons, of whom four were females. The main action of the drug seems to be on the alimentary canal, and this especially at its upper and lower extremities, the throat and the rectum. If its numerous throat symptoms be set down together, they will present a good picture of a kind of chronic angina not uncommonly met with, and which the standard remedies are not very efficient in curing. I have

such a case now at the Dispensary, in which the dark congested state of the fauces, with its accompanying feeling of fulness and irritation, has quite disappeared in a few weeks under the *Æsculus*. Dr. Lee's proving, in the appendix, might seem to indicate this drug in acute tonsillitis; but I own that the causal connection between his symptoms and the two doses of the third attenuation taken by him is to me very problematical. His attack was such as any one might experience in the month of December without taking *Æsculus*.

The rectal symptoms of *Æsculus* point clearly to its remedial action in hæmorrhoidal affections. My experience with it here has been very satisfactory. It accords with the pathogenetic indications in defining the kind of piles against which *Æsculus* is useful. There is little tendency to hæmorrhage, but much sense of fulness and bearing down, with constipation. It acts best in those cases where the orthodox *Nux* and *Sulphur* seem indicated, but as sometimes happens, fail to cure. I have found it curative in both acute and chronic cases. The following is a good example of the latter. I give the narrative in the patient's own words. She is now about forty-eight years of age:—

“I first began to suffer when thirteen years old. I fancy from being one of a great number of girls, with small accommodation, hence waiting and costiveness, the bowels only relieved once a week or so. I should say that constipation is hereditary on both sides. For a few years I was constantly taking medicine to relieve the bowels. The pain was nothing particular; and there was but a small protrusion. Matters grew worse from the age of twenty-five to that of thirty-four, when I was attacked with the first dreadful, very dreadful pain. I could not sit, stand, or lie, the only possible position was kneeling. This lasted for many weeks in the winter; in the summer it was, as always, better. For about two years the pain was bad off and on. I then used leeches, which eased the severe pain; but still it was bad. The next very severe attack was in 1862; it lasted for weeks, and returned again in 1863. The pain was like a knife sawing backwards and forwards, almost a martyrdom for agony. I took *Belladonna*,

Pulsatilla, Aconite, and Mercurius, with no benefit; was recommended some stuff to apply, which relieved a little. Again in 1864, things became very bad, much pain, the bowels always wanting to be relieved."

In the November of that year I was consulted by this lady. I prescribed the *Æsculus Hippocastanum*, in the second centesimal dilution, three drops to be taken in a wineglassful of water, morning and evening. Her report continues—

"I then took the *Æsculus*. At the end of one week I was a degree better, after another better still, and so on for a month. At the end of this time I was wonderfully better. The medicine seemed to relieve the bowels, and cause the protrusion to be soft. I left it off for a time, and when the pain returned again at all badly, took the medicine and became relieved. I have taken nearly a bottle (two drachms) since November, on and off. I only take it when I am bad, and cannot sleep for pain. The protrusion always remains. I feel so grateful to you for the advice and relief given me."

I have written to recommend this lady to take the medicine regularly, and have every hope of its effecting an entire cure.

I use the *Æsculus* at the second centesimal potency. Both smaller and larger doses have been found successful in piles, as appears from Dr. Hale's records.

It might seem, from Dr. Burt's proving, that the *Æsculus* was indicated in certain cases of frontal headache and backache. But the indication is, I think, delusive; for in all the heroic provings for which we have to thank this gentleman the headache and backache appear. This may be seen in his experiments with *Culophyllum*, *Dioscorea*, *Helonias*, *Hydrastis*, *Iris*, *Leptandria*, and *Phytolacia*. This uniform occurrence leads us to regard Dr. Burt's headache and backache as peculiarities of his constitution when out of health rather than symptoms proper to certain drugs.

Baptisia Tinctoria.

The special interest of this remedy lies in its power over certain kinds of fever. The authorities quoted by Dr. Hale consider it the great specific for all idiopathic fevers of whatever kind. We cannot but agree with him when he says: "It is doubtful if *Baptisia* is indicated in all fevers. It is one of the misfortunes of all schools of medicine, that when a new remedy comes up, it is seized upon by certain enthusiastic members of the profession; and they, losing sight of its specific indications, proceed to laud it in the most extravagant terms, as a panacea in all diseases."

In a former number of this Journal* I have endeavoured to indicate the special form of fever to which the pathogenesis of *Baptisia*, aided by clinical experience, points as its sphere of influence. It is in the first stage of the ordinary endemic fever of this country, known popularly as "gastric," and medically as "typhoid" or "enteric." In the first stage of this disease the patient has a hot dry skin, and a quick full pulse: the tongue is thickly covered with a "whitey-brown" fur; the head aches, and there is at least nocturnal delirium: the appetite is absent, and thirst great: the urine is high coloured, and the bowels generally constipated. Unless the disease is checked in this stage, the true typhoid symptoms supervene, which I need not here describe. The point at which the "gastric" passes into the "typhoid" fever is generally, according to my experience, the change from constipation to diarrhoea.

Now there is nothing improbable in the supposition that if we could find a remedy perfectly homœopathic to the first stage of this malady, we might cure it there and then before the typhoid symptoms supervene. None of our ordinary remedies seem applicable. Aconite is powerless against such fevers; it never reduces the pulse one beat, or relieves the skin by a drop of moisture. Arsenic is suitable only to the later stage of the disorder. Bryonia is the remedy usually

* That for July, 1863.

administered : but, though better than nothing, it is difficult to see anything curative in its action. On the other hand, the pathogenesis of *Baptisia*, brief as it is, exhibits it as properly homœopathic to the condition I have described. And the result of my own experience in its use has been, that in the great majority of cases, it cuts short the fever in this its first stage, freeing the patient from all the dangers of the second. I have never yet been disappointed in it. I give the first decimal dilution, one or two drops every two hours. Its curative action is often exceedingly rapid.

I have treated some cases of remittent fever in children with *Baptisia*, but have not found it to answer as well as *Gelsemium* and *Pulsatilla*.

Cimicifuga (Actæa) Racemosa.

This is evidently one of Dr. Hale's favorite drugs. It has been well proved and largely used. I confess, however, that up to the present time I am disappointed with it ; and know of no forms of disease in which I feel confidence in its administration. I have lately treated a case of rheumatic fever in a puerperal woman with the drug throughout, and considering the dangerous nature of the disease at such a time, with satisfactory results. I gave drop doses of the mother-tincture. The relation of the *Cimicifuga* to rheumatism on the one hand, and to the uterine functions on the other, led me to its choice in this instance.

Eupatorium Perfoliatum.

I only mention this drug to recommend it to relieve one morbid affection : and this is the pains in the bones which accompany influenza. If given in alternation with the remedy specific to the whole condition—*Arsenicum*, *Kali Bichromicum* or *Hydriodicum*, &c.—it dissipates these distressing aching with great rapidity. I generally give it in the 1st dilution : but have found it act fairly in the potencies from the 2nd to the 6th.

Gelseminum Sempervirens.

In the paper before referred to I mentioned three uses of *Gelseminum* in which I had learnt to feel great confidence. The first was "in disturbances of the cerebral circulation, of a congestive character." My friend Dr. Madden sends me from Australia the following case, which comes under this heading :

"A gentleman was sent to me by Dr. Wheeler, of Adelaide. He has had constant, gradually increasing headache for three or four months ; dull heavy pain, extending to the nape of the neck, frequent throbbing in the temples, and vertigo on rapid movement. He was for a long time. subject to constipation, which ceased when the headache began ; and the bowels have been regular ever since. I gave *Gelseminum*, a drop night and morning. For thirty-six hours the headache markedly increased after each dose ; then a sudden throb, like a snap, took place in the centre of his head. The headache at once and entirely ceased, and has not since returned, but the bowels have again become constipated."

The second morbid condition of which I spoke was "painful spasmodic affections of the sexual system, male and female." I continue to derive the most brilliant results from the drug in dysmenorrhœa and after-pains, when these are spasmodic and non-inflammatory. Its power over after-pains is so great, that the lying-in chamber is well-nigh freed from one of its greatest bugbears. But it is antipathic rather than homœopathic to these conditions, and requires to be given in full doses—from three to ten drops of the first decimal dilution. These temporary pains are the very things for which Hahnemann himself has justified the use of antipathic palliatives :*

* "If *Opium* has been found to cure cough, diarrhœa, sickness, spasms, &c. in a few cases, it is only when these symptoms first show themselves in persons previously in good health, and are but slight. In such cases, as, for instance, in a trifling cough caused by a recent chill, the trembling arising from terror, &c., *Opium* will sometimes restore the patient quickly to health ; because, if

and in the present instance we have the further advantage of using a remedy which acts as a special sedative on the affected parts themselves, and not—like Opium—by stupefying the nervous centres.

I mentioned, in the third place, that Gelseminum acted much better than Aconite in the remittent fever of childhood. I continue to find it (in the first centesimal dilution) the best possible febrifuge in this common disorder. It has generally been supplemented by Pulsatilla for the gastric symptoms, and Nitric acid for the cough. The characteristics of the Gelseminum fever appear to be its remittency, the exacerbation occurring towards night, and its passing off without perspiration. In febrile states of adults, presenting these features, I have prescribed the Gelseminum with perfect success.

I have not as yet extended my use of Gelseminum beyond the morbid conditions above described, but Dr. Hale's exhaustive article gives many indications for its wider administration.

Hamamelis Virginiana.

Hamamelis is a remedy whose use illustrates a principle I endeavoured to establish in the last number of this journal; viz., that the true specific sphere of a drug may be determined ex usu in morbis alone. Hamamelis has never been properly proved, nor has it poisoned anybody; yet we know with great accuracy that its remedial sphere lies in the affections of the venous system. Dr. Preston, in some valuable papers in the 'North American Journal of Homœopathy,' was the first to establish this fact; and his reasonings were based almost entirely on clinical experience.

I have the greatest confidence in Hamamelis in phlebitis, in the various forms of varicosis, and in venous hæmorrhage.

these symptoms are at once destroyed, the body is restored to its former condition, and the tendency to their return is suppressed."—Pref. to *Opium*, *Mat. Med. Pur.*

It is not always successful in phlegmasia alba dolens, but there is good reason to believe that in this disorder the mischief is as often in the lymphatics as in the veins. In varicose veins of the leg I conjoin its external with its internal use, laying strips of calico soaked in a weak lotion (one part to twenty) along the enlarged vessels, and supporting all with a bandage. The pain is relieved, and the veins much reduced in size. In "bleeding piles," the first or second dilution of Hamamelis is a most valuable remedy. In passive hæmorrhage from all parts, whether nose, lungs, stomach, or bowels, I have the utmost confidence in its use. I think that the hæmorrhages it cures depend rather on the state of the blood-vessels than on that of the blood. Its value in varicosis, and the absence of any report of its curative action in purpura, point in this direction. The following, moreover, is a case in point :

I was treating a young lady, suffering from a complication of disorders, amongst which were almost daily epistaxis and throbbing headache. To check the epistaxis, I put a few drops of the mother-tincture of Hamamelis into a tumblerful of water, and ordered a dessert-spoonful to be taken alternately with the China which was being administered for the headache. The first dose of Hamamelis was followed by flushing of the face, with most distressing throbbing, aching, and sense of fulness in the head. These symptoms gradually subsided, and the intermediate dose of China was taken without any appreciable result. The second dose of Hamamelis, however, was immediately followed by the same symptoms as at first, the head feeling as if it would burst. I stopped the remedy, and the epistaxis recurred next morning as usual. In a day or two I resumed it, giving it in the third decimal dilution. Again the dilatation of the cerebral vessels took place, though the symptoms were not so severe as on the first occasion. This patient has proved very sensitive to all medicines ; but I see no reason to suppose the effect of Hamamelis upon her to be exceptional otherwise than as regards quantity.

In menorrhagia, I think Hamamelis less often useful than

Ipecacuanha, Sabina, and Secale. In hæmaturia, also, it yields to Terebinthina and Ferrum muriaticum; probably because this hæmorrhage is dependent more frequently on the state of the renal or vesical tissue than upon that of their bloodvessels.

Hydrastis Canadensis.

My chief experience with this drug has been in the treatment of constipation; for which it is a precious remedy, far superior to the Nux Vomica usually prescribed. It is in cases where constipation stands alone, or is itself the cause of the other existing ailments, that I find the Hydrastis so valuable. I have used it in the potencies from the first to the sixth (decimal); the second has seemed to me to act most satisfactorily.

The results I have obtained from Hydrastis in cancer have not been encouraging. I have, however, effected much benefit by its persevering use, externally and internally, in chronic indolent ulcers.

Iris Versicolor.

The article on Iris is one of the best in Dr. Hale's book. It contains one of Dr. Burt's heroic provings with large doses; some provings with dilutions, conducted by Dr. Rowland; two cases of poisoning (in animals), with autopsies; and numerous clinical items. The Iris ought to become one of our most frequently used medicines.

My own experience with it has been gained prior to the appearance of Dr. Hale's work; and has been solely in the directions indicated by Dr. Kitchener, in one of the early volumes of the *North American Journal of Homœopathy*. I have been able to confirm his experience of its great value in "sick-headache." Dr. Hale, I think, is right in saying, "It seems most likely to be indicated in those sick-headaches of a gastric or hepatic origin; in the purely nervous sick-headache, or that variety arising from congestion, other remedies may prove more useful."

But the most valuable property of Iris is that to which its

powerful emetic and purgative action points, viz., its control over acute vomiting and diarrhœa. The summer diarrhœa last year was exceedingly severe among young children. When neglected, symptoms of cerebral exhaustion supervened, which always proved fatal. I lost four cases from this cause. When taken in time, I was always able to cure the acute symptoms; though the action of the China, Veratrum, Mercurius, &c., was not so rapid as with adults similarly affected. As soon as I began to use the Iris, however, the scene was changed. The vomiting never failed to stop, even in the worst cases, after the first dose or two, and the purging soon followed suit. I gave the second and third decimal dilutions. If this severe diarrhœa should recur next summer, I shall feel inclined to give Iris alone, and from the commencement. In English cholera it would probably be an efficient remedy, and might stand near Veratrum in the list of remedies against the epidemic cholera itself.

Phytolacca Decandra.

The interest of this drug lies in three aspects of its operation—first, its power over periosteal rheumatism; second, its specific action upon the mammary glands; and third, its probable efficacy in affections of the throat.

I have not had much experience with it in periosteal rheumatic affections I have occasionally used it instead of Mezereon, of which it seems a striking analogue. It has seemed to act well. In one case it was of much service, as its administration obviated any injury which might have resulted from a necessarily obscure diagnosis. In a baby of a few months old, a succession of restless nights occurred simultaneously with the development of a hard tender swelling about midway between the nipple and the sternum, but nearer the latter than the former. Whether the inflammation was affecting some of the elements of the undeveloped mammary gland, or whether it lay in the periosteum of a rib, seemed doubtful. In any case, however, *Phytolacca* was indicated. I gave it in the sixth dilution, and the malady rapidly disappeared.

I have not yet tried it in acute mammary abscess, for which it bids fair to become the leading remedy; but in two or three instances of non-malignant mammary tumour it has not appeared to exercise any influence. I purpose giving it a fair trial in diphtheria, for which it is strongly recommended. *A priori*, indeed, it is difficult to see what relation a drug like *Phytolacca* can bear to so virulent a blood poison as that of diphtheria. But our means of controlling this terrible disease are as yet so inadequate, that I should gladly test any new remedy with a fair claim to efficacy.*

Podophyllum Peltatum.

My experience with this drug is limited to its action on the alimentary canal and its associated viscera. There is one form of that very vague affection known as "biliousness," in which it is very useful. This is characterised by sickness and giddiness, bitter taste and rising, tendency to bilious vomiting and purging, and dark urine. *Podophyllin*, from the first to the third trituration, has generally rapidly removed these symptoms in my hands. On the other hand, when "biliousness" means dull pain in the right hypochondrium, pale and costive motions, loss of appetite, and depression of spirits, it will resist *Podophyllum*, and yield pretty quickly to the third decimal trituration of *Mercurius solubilis*. I cannot, therefore, agree to the generalisation which styles *Podophyllum* "the vegetable Mercury."

What is the precise nature of the physiological action of *Podophyllum* upon the biliary apparatus seems to me very doubtful. It is certain, however, that it exerts a specific action of an irritant nature upon the alimentary mucous membrane, especially upon that of the small intestine and the rectum. Our provings are confirmed in this particular

* Whilst these sheets are passing through the press I have had an opportunity of treating a case of diphtheria, in an advanced stage, and hitherto under allopathic treatment, with *Phytolacca*. At first it seemed to do good, but only for a short time, for the case terminated fatally four days after I first saw her.

by the experiments of Dr. Anstie on animals, recorded in the *Medical Times and Gazette* for 1863. I have found it act very well in a case of chronic duodenitis. In inflammatory irritation of the jejunum and ileum, it is invaluable, for I know of no potent drug which affects, specifically, this part of the alimentary canal. The influence of Arsenic and Kali bichromicum becomes weaker as the duodenum is passed, to be renewed in the case of the latter at the colon, with the former hardly till we reach the rectum. Mercurius corrosivus affects the large intestine only. Podophyllum might be cautiously tried in the enteric lesion of typhoid fever, with which it has at least a local affinity. The same reason which makes it so valuable in affections of the small intestine renders it unsuitable in ordinary dysentery, which has its seat in the colon. In cases, however, where a dysenteric diarrhoea appears to depend upon inflammatory irritation of the rectum, Podophyllum will give rapid relief. Such a malady is not uncommon in children, and is accompanied with painful prolapse of the rectum at each stool. Here I give Podophyllin at the third trituration; but in the simple prolapsus ani from debility of infancy and childhood, I have almost invariably seen beautiful results from the tincture of Podophyllum in the twelfth dilution. In the same form, following Dr. Jeanes (see Hale, p. 346), I have given it with perfect success in cases where, in children, the stools are too large and frequent, but natural in colour and consistence.

Rumex Crispus.

I would call attention to the remarks of Dr. Carroll Dunham on the action of this substance on the air passages, cited by Dr. Hale at p. 361 of his book. It is a model of delicate application and discriminative comparison. Nor is it fanciful; for I have never seen any curative action so prompt and certain as that of *Rumex crispus* over the cough described by Dr. Dunham. Twice already I have seen an incessant racking cough of days' duration extinguished by one or two doses of the sixth dilution of this drug. I give it thus high, because the provings of the drug which have led to this use of it were instituted with very small doses.

I hope that these few notes may stimulate others towards the clinical verification of the provings of the new remedies, while they serve in themselves as a slight contribution towards this object.

GLEANINGS FROM ALLOPATHIC LITERATURE.

As physicians practising homœopathically, we naturally look to the writings of our homœopathic colleagues for information as to the best mode of curing diseases; but we should not, therefore, neglect what goes on in the old school, as the practice of our allopathic brethren, revolutionised as it has been of late years by the indirect influence of homœopathy—will often give us serviceable hints in the treatment of disease. Indeed, some of the nominal partisans of Hippocratic physic, tread so closely on the heels of the disciples of Hahnemann, that it is difficult to say, on first reading some of their recorded cases, which of the two schools the practitioner swears allegiance to—possibly close investigation would show that he does so to neither.

We avail ourselves of the last *Year Book* of the New Sydenham Society to cast a retrospective glance at some of the most interesting things that have been recorded in the allopathic literature of 1863.

Causes of Continued Fevers.

Dr. C. Murchison remarks with regard to *Typhus*—1. Its tendency to prevail in great epidemics; 2. It prevails most towards the end of winter and least towards the end of summer; 3. Destitution is its most powerful predisposing cause; 4. It is eminently contagious; 5. Defective ventilation and overcrowding exercise a powerful influence on its production and propagation. *Relapsing Fever* is also an epidemic disease. Starvation seems to have most to do with its production. *Enteric Fever*, on the other hand, is an endemic disease. It prevails most in autumn. Its increase is favoured

by warm, but checked by cold and wet weather. It is slightly contagious. Emanations from sewage and certain forms of putrefying animal matter produce it. Dr. Murchison does not believe it to be caused by the presence of the stools of enteric patients in the sewage, and gives a number of facts and experiments in proof of this opinion.

Pathognomonic Signs of Typhoid Fever.

MM. Primavera and Prudenti state that in typhoid fever the chlorides are absent from the urine. The phosphates and urates are also much diminished. When recovery commences the phosphates are first rapidly increased, then the urates and lastly the chlorides, by which time convalescence is established.

Statistics of the Treatment of Continued Fever.

Dr. T. K. Chambers treated at St. Mary's Hospital in twelve years 230 cases of continued fever. Of these 109 were treated with neutral salines three or four times a day, small doses of Hydr. c. Cretâ once or twice a day at first, and afterwards bark, ammonia, and wine. The others were treated with liquid animal food every two hours, and a dose of dilute muriatic acid. Of the first group twenty-one died; of the second three. The mean period of convalescence was shortened $2\frac{1}{4}$ days by the acid treatment.

Sarracenia in Smallpox.

C. J. Renshaw relates three cases of smallpox, not confluent, apparently benefited by decoction of *Sarracenia*. One had not been vaccinated. No pitting in any.

Haldane gave the decoction to six patients unmodified by vaccination and saw no effect.

J. F. Marson tried it in fifteen cases. All died.

Pitting in Smallpox.

F. Bowen practised with success puncturing the vesicles from the fifth to the seventh day with a needle dipped in a

solution of Arg. Nitr. ʒss. to Aq. ʒj. In twenty-four hours the vesicles dried up, leaving no itching or unpleasantness.

Measles produced by Mouldy Flax-seed Meal.

Dr. Kennedy relates that a boy, æt. 15, in perfect health, had a quantity of mouldy flax-seed meal thrown on his face. It got into his eyes and probably down his throat. He was at once seized with smarting, and watering of eyes, running from nose, cough, and dyspnœa. His face soon became very much swollen, eyelids and eyes red, dyspnœa urgent. Great excitement of the system. The following day, except the rash, he appeared like a boy suffering a severe attack of measles. In a former number we mentioned the experience of Dr. Salisbury in the production of measles from the fungi in mouldy straw. Dr. Kennedy found similar fungi in the mouldy flax-seed meal.

Subcutaneous Administration of Quinine in Ague.

W. J. Moore injects subcutaneously a solution of 30 grs. of Quinine to ʒss. of water and ℥ viij—x. of Acid. Sulph. dil. He says 4 to 5 grs. administered in this way are equal in effect to 5 or 6 times that amount given by the stomach.

Hæmostatic Treatment of Cholera, &c.

T. S. Wise advises the application of the tourniquet in the cold stage of ague, choleraic collapse and similar states.

Cobweb in Fevers.

Dr. J. Donaldson tried cobweb in the intermittent, remittent, and continued fevers of India and reports favorably. The dose is 5 grs. in pill, ter die, or oftener. It may be given as well during the paroxysms as the intermissions, and quickly relieves the almost insupportable headache and restlessness of an acute attack. It cured quartans and other inveterate fevers that had resisted the most heroic doses of quinine.

Statistics of the Treatment of Rheumatic Fever.

Of 26 cases treated by Dr. T. K. Chambers with ʒj. of Pot. Nitr., ter die, the mean stay in hospital was 40 days. Of 341 treated with bihoral doses of ʒj. of Pot. Bicarb., the mean stay was 34.3 days. Of 33 treated with smaller doses of the same, 40 days. Of 11 treated without drugs, except an occasional dose of opium, 30 days. Of the 26 treated with Pot. Nitr., 5 were attacked with heart-disease, and 4 died. Of 174 treated with Pot. Bicarb., 9 had inflammation of the heart and none died. Of 63 either bedded in sheets, or who had wilfully thrown off their blankets, 6 contracted newly pericarditis at least, if not endocarditis as well; 3 had a relapse of pericarditis on old cardiac disease; 1 had endocarditis alone: nearly 16 per cent. had inflammation of the heart, and 4 died. Of 180 in blankets, none contracted pericarditis, none died; 1 had a relapse of pericarditis on old cardiac disease; 5 had endocarditis alone (one from an accidental wetting); 1 a relapse of endocarditis on old cardiac disease. Not 4 per cent. had inflammation of the heart. That is to say, that bedding in blankets reduces from 16 to 4 the risk run by patients in rheumatic fever.

Rheumatic fever is one of those diseases the treatment of which even a homœopathic practitioner would like to see improved. Though, as far as our experience goes, the mortality is small and the liability to cardiac inflammation slight under homœopathic treatment, still the disease is often extremely tedious, relapses are by no means unknown, and endo- and pericarditis occur too frequently. Hence, anything that will diminish these accidents must be welcome to any practitioner. The simple expedient of making the patient lie between the blankets in place of the sheets is not too insignificant to be despised by us. We have repeatedly seen the good effects of giving Bicarbonate of Potash in rheumatic fever, and now never hesitate to administer it in alternation with the indicated homœopathic remedy. Rheumatic fever seems to be just one of these diseases where it is advantageous to practise a little chemistry in addition to the specific treatment.

Strychnia in Palsy.

J. R. Reynolds relates a case of incipient wasting palsy cured by strychnia, $\frac{1}{30}$ th of a grain ter die. The patient, æt. 30, had fallen, when skating in the park, on his head, and some weeks afterwards suffered from impaired vision and dilatation of pupil of left eye, and constant pain in head. These symptoms ceased, but nine or ten months after the accident the muscles of left arm and shoulder began to waste. The interrupted current improved the bulk and nutrition of the muscles without removing the paralysis.

Mutual Antidotal Properties of Narcotics.

Brown-Séguard remarks that, in the treatment of meningitis or neuralgia, patients who cannot bear a double dose of belladonna or any other narcotic, will bear very well a full dose of two taken together. Perhaps it would be as well to give one of the medicines in a smaller dose.

Cannabis Indica in Trismus.

Fraser records a case of trismus algidus resulting from exposure to wet and cold, so severe that the jaws could only be separated by considerable force. He gave Ext. Cann. Ind., commencing with $\frac{1}{4}$ gr., o. h., increasing the dose to gr. iij o. h. In seven days 115 grains were taken. He improved gradually and made a good recovery. A similar attack he had had a year previously ceased spontaneously in three weeks.

Test for Alcoholic Poisoning.

Piorry recommends the internal administration of ammonia as a touchstone in all cases of severe nervous disorders occurring in an individual given to alcoholic excess. If the symptoms are owing to the alcohol, they are dissipated under the

use of ammonia with remarkable rapidity; if they persist their cause must be sought elsewhere. Liq. Ammonizæ he considers a certain cure for all symptoms caused by the abuse of alcohol.

Cauterization of the Ear in Sciatica.

Finco has practised this method in 48 cases: in 30 with complete, in 10 with incomplete, and in 8 without any success. No information is given as to the precise part of the ear operated on.

Quinine in Hiccough.

Widal relates the case of a man who, five or six days after drinking too much, was seized with violent hiccough, the incessant spasms of which compelled him to keep his bed, and resisted all antispasmodics. The number of hiccoughs was 55 per minute, and they were so violent that all the members of the body participated in them. There was dyspnœa, short inspiration, red face, white tongue, loathing of all food, pulse small, 80. He got without any success, infusion of orange, ether, laudanum, a blister to epigastrium, sinapisms to extremities, afterwards $\frac{1}{3}$ rd grain of opium every two hours, and the blister was spread with Mur. Morph. Then Ext. Bellad. in large doses, valerianate of zinc, subnit. bismuth, magnesia, aperients, chloroform—all in vain. Lastly quinine 12 grains a dose. Three hours after taking this the hiccough stopped and never returned. It had lasted nineteen days.

Opium in Insanity.

Kontny relates three cases much benefited by what we must call enormous doses of opium. Two of the patients were affected with illusions, the third with acute melancholia. The dose was gradually increased until 12 grains were taken daily. The treatment was continued for two or three months.

Erlenmeyer and Focke surpass Kontny in the quantity of

opium they give in similar cases. The former begins with 1 grain and gradually increases the dose till it reaches 10, 12, or even 16 grains. Focke does not give more than 12 grains for a dose, but then he gives a similar dose every six or twelve hours.

Hydrocyanic Acid in Insanity.

K. McLeod has treated more than 40 patients with Prussic acid with highly satisfactory results. The symptom indicating the drug is "excitement, the manifested excess of cerebral activity which almost invariably accompanies, or assists in constituting most forms of acute insanity however caused or conditioned. This increase of manifested energy may consist in an excessive activity of any or all of the representative faculties—gesture, feature, voice, or an intensified action of the brain itself, resulting in a morbid activity of idealism." As far as can be gathered from this "tall" writing, the author evidently means that the medicine is indicated when much excitement, shown by gesture or speech, is present with the insanity. The effect of the medicine is rapidly sedative—it quiets the patient more or less rapidly according to the greater or less acuteness of the attack. The dose varies from $\mathfrak{m}ij.$ to $\mathfrak{m}vj.$ repeated, if necessary, every $\frac{1}{4}$ hour. Its good effects, however, seem to be rather evanescent.

Digitalis in Insanity.

C. L. Robertson regards digitalis in 3ss doses of tincture two or three times a day as quite specific in general paresis during the second stage that of mental alienation with symptoms of maniacal excitement.

Iodine in Atrophic Muscular Paralysis.

F. Taylor records a case of the kind treated successfully with Pot. Iod. gr. v, ter die, after other means had failed.

Treatment of Ozæna.

Trousseau, who holds syphilis to be the most frequent cause of ozæna, recommends that, after washing away the secretions, an adult patient should snuff up twice or thrice daily one of the following powders:—1. Red or white Precipitate gr. v, Powdered Sugar ζ iv. η ; 2. Subnitrate of Bismuth, Venetian Talc \bar{a} a ζ iv. η ; 3. Chlorate of Potass ζ ss, Powdered Sugar ζ iv. η . For children we should use an injection of yellow wash, chlorate of potash, nitrate of silver, sulphate of copper or zinc. Internally Ol. Morr. for a long time is often useful. Tinct. Iod., or Arsenic at meal times often does good. Still Trousseau confesses the treatment is not very successful.

Arsenic in Phthisis.

A. Leared records 9 cases in which he tried this remedy; 4 with cough and expectoration, 3 were improved, pains of chest removed in 1, night sweats averted in 2, flushing of face much relieved in 1, appetite greatly increased in 1.

The same practitioner speaks highly of the hot-air bath in phthisis.

Acetate of Lead in Pneumonia.

Lendet gave it in 40 cases (31 males, 9 females) of whom 3 died. In all but one the disease was unilateral. Mean age $36\frac{1}{2}$ years. Duration of the use of the medicine from 1 to 15 days, average 6. Total quantity administered from 7 to 80 grains, average 40 grains. No sign of poisoning was produced nor any blue line; no constipation; in half the cases diarrhœa. On the pulse the effect was to diminish the number of pulsations from 100 or 120 to 70, 60, and even 50 or 40 on the 4th day of treatment. Convalescence was rapid.

A Negative Doctor.

Skoda believes we can have *no* certainty as to whether pneumonia is commencing. He has *no* faith in the possibility of arresting it at an early stage. When the disease has declared itself we have *no* sure guide in each case to a successful treatment. He finds that abstinence from blood-letting does *not* now give a favorable rate of mortality (whatever it may have done under Dietl some years ago). The epidemic tendency has *nothing* to do with the fatality of it. Treatment exerts *no* remarkable influence on the mortality on a large scale. There is *no* specific for pneumonia. Tartar emetic affords *no* relief unless it causes vomiting or diarrhœa. Calomel is *not* advisable. Digitalis has produced *no* good results. Nitre and similar salts have *no* influence on pneumonia. The kind of treatment employed has *no* influence over consecutive diseases, especially tuberculosis.

The affirmations to set against these negatives are quite insignificant. Opium is useful as a palliative in those patients who bear it well. Quinine is good for pneumonia associated with intermittent fever, and also in dyspnœa when the action of the heart is irregular, rapid, and ineffectual, owing to exhaustion of nerve-power. Inhalation of ether and chloroform affords momentary relief. Warm applications give relief except when there is great force and oppression, when they cause distress. Cold applications are very useful in traumatic pneumonia. Cold to the head and cold sponging are beneficial.

Paracentesis Thoracis.

Dr. H. J. Bowditch (*American Quart. Jour. of the Med. Sc.*, Jan., 1863) gives a résumé of his experiments for twelve years, with the results of 160 operations on 75 persons. He has ever seen the least *permanent* evil resulting from any operation, and only the slightest *temporary* difficulties, such as pain, slight dyspnœa, cough, &c.

Frequency of the Operation.—One lady was tapped 9 times in $8\frac{1}{2}$ months, commencing when she was $4\frac{1}{2}$ months pregnant, and in whom the orthopnoea was so great that death would have occurred within 24 hours without the operation. An elderly man was tapped 8 times in 6 weeks.

Cases in which the Patient Recovered Wholly.—Twenty-nine out of the 75 patients got wholly well apparently in consequence of the operation.

Character of the Fluid and its Influence on the Prognosis.—In 26 out of the 75 serum was found, and 21 of those got wholly well. If after the first operation the fluid became purulent a fatal prognosis should be made. Six such cases occurred, 4 of them died, 2 of them were lost sight of but when last seen were failing. In 24 cases pus was found at the *first* operation; 7 of these recovered wholly, 7 died, 9 were relieved one or many times, but they had rather a long illness, terminating in phthisis or a fistulous opening, or the result was doubtful. A *sanguinolent fluid* at the first puncture, the author looks upon as a fatal sign, showing malignant disease of lung or pleura; there were 7 such cases; 6 died, the life of the other is doubtful. A sanguinolent fluid at second or any subsequent operation is of comparatively *little* importance to the prognosis. A mixture of bloody purulent fluid at the first operation usually presages a fatal issue; 3 cases occurred, all died. One case of *fætid gangrenous* fluid occurred and the patient, though relieved of orthopnoea, sank in a few days. His pleura was gangrenous. He has operated in pneumo-hydrothorax with temporary relief.

Cases where no Fluid is Obtained.—This sometimes happens in the earliest operations, owing to the trocar being introduced too slowly and pushing the false membrane before it without piercing it. Sometimes an error in diagnosis was the reason; an unexpanded lung and thick false membrane causing the same physical signs as a fluid. Inspection of the chest will distinguish between the two. The intercostal spaces being distinct and depressed with the false membrane; indistinct, level with the ribs, or possibly prominent with the fluid. Bowditch's experience does not confirm Trousseau's remark

that pleurisy on the right side is often or always tuberculous. Of 25 cases, 14 were right side, 11 left. Of the former only 1 had tubercles, and in him the pleurisy was cured and the lungs benefited. Of the 14 right-sided pleurisies, 28·57 per cent. died, 64·28 per cent. were cured, and 7·14 per cent. remained doubtful. Of the 11 left-sided pleurisies, 45·45 per cent. died, 36·36 got well, and 18·18 were doubtful.

When to operate.—We should operate in every case, however recent or chronic may be the attack, provided there is permanent or occasional dyspnoea of a severe character, evidently due to the fluid. There is more hope of doing good when the disease has not been of too long duration, is uncomplicated with phthisis or other disease, and when the fluid seems the direct cause of the trouble.

Where to operate.—The best point for the puncture seems to be in a line let fall from the lower angle of the scapula, and between the ninth and tenth ribs. In selecting the precise intercostal space in the back, Bowditch usually chooses one about an inch and a half higher than the line on a level with the lowest point at which respiratory murmur can be heard in the healthy lung of the other side. He never waits till *pointing* commences, for then pus must be present. If pointing has commenced, he does not necessarily tap at that place, but seeks the most depending point in the chest. Bowditch uses Wyman's instrument and method of tapping the chest, and "with his experience of their efficiency and safety, he affirms that he is as ready to puncture the chest as to draw a tooth or vaccinate a child."

Trichina Disease.

The first epidemic, according to Meissner, which excited general attention, occurred at Plauen, when 25 to 30 persons were attacked; 4 out of 16 treated by Böhler and Königsdorffer were seriously ill; 1 died with prodigious dropsy and obstinate diarrhoea. In 3 patients a portion of muscle taken from the arm contained living trichinæ. The epidemic witnessed by Sandler, which prevailed five summers

(1858-59), and affected 300 persons, is supposed to have been of this kind. A third occurred at Calbe, observed by Simon and Herbst. It affected 38 persons living near one another; 8 died. In one numerous trichinæ were found on dissection. All had their meat from the same butcher, who with his wife and daughter, had the disease; the wife died of it. The disease begins with catarrhal irritation of the gastro-intestinal mucous membrane, with subtyphoid phenomena, a feeling of general illness, dulness, anorexia, nausea and constipation. After a few days œdematous swelling of face suddenly comes on, with feeling of tension, no redness, heat or pain. There is now pyrexia, with thirst, heat, nocturnal restlessness, general pains in limbs, unusual oppression of chest, especially at epigastrium, sometimes increasing paroxysmally for some hours to a deathly anguish, with occasional syncope and intermitting weak pulse. In many grave cases, violent smarting occurs, with an eruption of miliaria. Only occasionally is there nocturnal delirium. After three or five days the swelling of the face mostly subsides, when œdema of the limbs appears, especially of the lower. At the same time remarkable painfulness and stiffness of back and limbs, so that they are kept motionless in a semiflexed position, and even the slightest touch of the skin is painful. The muscles are contracted, swollen, hard, and in a condition similar to rigor mortis. In some cases the patients were completely paralysed. A frequent early symptom was hoarseness or aphonia. Sometimes there was dysphagia, or strabismus, or immobility of the legs. Recovery was very gradual after several weeks. Diarrhœa and sweating continue for a length of time; and pustules break out on the skin, especially of the back, and change into small very painful ulcers, sometimes with gangrenous spots. Desquamation of skin, falling off of nails, glandular inflammations and subcutaneous abscesses sometimes occur. Muscular pains and emaciation of the limbs remain often for weeks after recovery. The treatment recommended is in the first place to clear out the intestines by active purgatives. Kucheumeister recommends calomel and jalap, followed next

day by jalap with powder of male fern. To destroy the trichinæ on their way to the muscles, some recommend *Ol. Tereb.*, others picronitrate of potash which has an intensely bitter taste and stains all the tissues yellow; others deny the utility of this drug. The dose is five grains *ter die*. Trichinæ appear very tenacious of life, having been found in putrid and frozen meat, as well as salt and smoked. Smoked sausages contain a very considerable number of living trichinæ. When ham is properly prepared, most of the trichinæ are destroyed, but even when laid in brine for two days and smoked for three, a small number of trichinæ remain; therefore it should not be eaten raw. Pork salted for ten weeks is quite harmless.

Male-Fern Oil in Tænia.

Ogle gives 24 cases in which this drug caused the death and expulsion of long lengths of the worm, in 2 instances twenty-four and thirty yards. The patients' ages varied from $3\frac{1}{2}$ to 57 years. The head was never expelled, or at least not found. He considers it a better vermifuge for this parasite than Kamela, Kousso, Rottleria tinctoria or Santonine, all of which he has tried.

Nitrate of Silver in Dysentery.

Berger advises in all cases that resist simple treatment [what is simple treatment in the allopathic sense?] or where there are signs of advanced ulceration, injections of Nitrate of Silver, gr. v—x, in ʒij water, together with a few drops of opium, three or four times a day. The diet must be semi-fluid, consisting of barley and rice, jelly and broth. Rest in bed is essential.

Ipecacuanha in Tropical Dysentery.

J. Ewart recommends ipecacuanha (dose not stated), in the congestive, exudative, and ulcerative stages of almost

every form of acute dysentery, as well as in the acute attacks supervening on chronic dysentery. Its advantages are simplicity, safety, certainty compared with other methods; rapidity with which inflammation is stopped, and recovery takes place by resolution, granulation, and cicatrization; conservation of constitutional powers, abbreviation of convalescence; decrease in frequency of chronic dysentery and of abscess of liver; diminution of mortality. He seems to administer it in nauseating doses; the experience of homœopaths will show him that ipecacuanha can cure dysentery in doses incapable of nauseating.

Iodine in Skin Diseases.

Hebra does not approve of the internal use of iodine because it only modifies cutaneous disease when it is given so as to produce disorder of nutrition and anæmia of the skin (rather an undesirable *alterative* action); as the general condition improves, the skin disease returns. Lupus is the only disease in which he approves of it internally. Externally he uses it as tincture or dissolved in glycerine in chloasma, lentigo, and lupus. In acne and sycosis he uses Ung. Sulph. Iodidi. In psoriasis, lichen and ecz. squamos. he uses Ung. Hydr. Iod. and Hydr. Biniod.

Prevention of Pitting in Smallpox.

Piringer, the first day of the eruption brushes the face over with Tr. Iod. ten times a day at half hour intervals. If first seen on the second day of the eruption, he does this twelve times. If not seen till the third day, fourteen to sixteen applications are made. This checks the swelling and eruption, but a few pustules suppurate and form cicatrices.

A large dose of Opium.

A gentleman received a pistol bullet in his last lumbar

vertebra, where it lodged eighteen years. On the third night his agony was so intense that the bedstead trembled with his body; he breathed and spoke through his teeth, and perspired so as to wet through a hair mattress. At 8 p.m. he got forty drops of Tinct. Opii; at 9, ʒij; at 9:45, ʒiij; at 10.30, ʒj; at 12, ʒss; between 8 and 4 a.m., ʒss; in all, ʒxxxiss, when relief was obtained. He had previously been freely bled.

Gunshot Wounds.

A. Neill says, "In the course of treatment of gunshot wounds, diarrhœa and dysentery are very frequently most annoying to the patient, and reduce the strength very rapidly. In these cases I have found nothing so speedily beneficial as powdered charcoal in one ounce doses, five or six times a day. It has invariably checked the diarrhœa. Through the whole course of treatment I have found that the Tinct. Mur. Ferri in small doses twice daily has been of much service, and has changed the appearance of the wound in a few days, after amputation when of an unhealthy look, to a fine healthy aspect, when the consistence of the pus changed materially.

Gonorrhœa.

Zeissl says it is certain that the action of copaiba is purely local, and that it does not cure by the production of any change in the blood. It is the change it causes in the urine that cures the disease. As it is a compound body it was important to determine which of its constituents is the active remedial agent. It contains a volatile oil = $C_{10}H_8$, copaivic acid = $C_{40}H_{32}O_4$, and a neutral resin not yet analysed. Weikert's researches showed that little or none of the volatile oil passed into the urine. A precipitate is formed in the urine of those taking copaiba on the addition of an acid. This is caused thus: copaivic or any other resinous acid unites in the intestines or the blood with potash or soda, and forms a resinous soap (resinate of potash or soda), soluble in

water, and passed off by the urine. When a stronger acid is added, the resin falls as a precipitate. As the copaivic acid is got with difficulty, Zeissl determined to use other resinous acids in combination with an alkali. He first tried abietine, then colophonium (pinic acid) in combination with soda. "His experiments were too few to show a therapeutic effect," which we suppose means that his ingenious invention did not cure the disease. The whole affair seems a fine specimen of allopathic induction. It was first taken for granted that copaiba cures gonorrhœa—which no doubt it does sometimes; then it was assumed that, as it caused no alteration in the blood, it must cure by a local action of one of its constituents on the seat of disease. Examination of the urine told what constituent of copaiba passed away with that excretion, but as this constituent was difficult to obtain, any other chemically similar substance would do just as well. Such a substance, easily obtainable, was pinic acid, which was given to the patient, was duly detected in the urine, and we may infer from the author's confessions did not cure the gonorrhœa as it ought to have done, if only out of consideration for the ingenuity of the whole induction.

Medullary Cancer of the Eyeball.

H. Walton says: "What is to be done when a patient is brought to us with supposed medullary cancer? It is certain that, if the suspected disease be present it will increase, and no general treatment can be available. Are we to operate? It is equally certain that no cure is to be found in removing the eyeball. The invariable result of such attempts has been recurrence of the disease locally, and there are always tumours of the brain or other vital organs, generally called secondary, but frequently incorrectly so. From all that I have seen, and most certainly when the optic nerve is involved, I fully believe that death has occurred sooner than if the disease had been left to run its course. There is not an unequivocal case of recovery on record. The hasty reports given in the journals, a week or two after the operation

as 'successful operations for soft cancer of the eyeball—extirpation of cancer—cure,' and so forth, tend greatly to mislead the medical public." If operation is inadmissible in medullary cancer of the eye, our efforts must be directed to the discovery of some specific for the disease; and the case of Field-Marshal Radetzky, who was cured of something similar by homœopathic remedies, should inspire us with hopes for the radical cure of such diseases.

Cause of Hæmorrhage from the Bowels in Children.

In 1859, Bryant tried to show that this affection was a very certain indication of a polypus in the bowel. Since that time he has met with many cases corroborative of this view. A polypus is generally found in children under ten years old. Sometimes the discharge of blood is constant, and stains the clothes and smears the buttocks of the child with bloody mucus. In these cases the polypus will be found just within or even protruding beyond, the sphincter. In other cases where the hæmorrhage is not constant but almost only when the bowels are relieved, the polypus is seated higher up. The way to discover it is to sweep the finger, passed well into the rectum, completely round the walls of the rectum. The polypus will thus be dragged from its attachment and the pedicle made tense. It is generally easily removed by hooking the finger over the pedicle and breaking it off. If the pedicle be thick and the polypus high up, it should be dragged down by means of forceps or a wire noose, and then ligatured. The removal of the polypus cures the hæmorrhage.

Spermatorrhœa.

T. Clemens says that hyperæsthesia of the urethral mucous membrane is a frequent cause of spermatorrhœa. Washing with cold water and the sitz-bath are of little use. The hyperæsthesia may soon be cured by powerful electric currents (the constant current) passed from the perinæum to

wards the glans, across the pelvis through the rectum and penis; bougies coated with a saturated solution of sulphate of iron may be afterwards used. The diet should be stimulating; red wine and coitus may be directed with advantage. He has traced the hyperæsthesia to affections of the spinal cord and onanism. He uses electric shocks passed through an instrument, of which one pole is in the bladder, the other at the anus.

Schulz says the inductive current is of no use in spermatorrhœa; the constant current on the other hand is very beneficial when transmitted along the vertebral column for one or two minutes, repeated three or four times a week. Twenty to thirty Daniel's elements, of medium size should be used; the positive pole applied to about the fifth dorsal vertebra, the negative to the sacrum or perinæum.

Onanism.

Hilton cures this practice by freely blistering the penis, in order to make it so raw and sore that it cannot be touched without pain.

Urethral Fever.

This term is applied by E. Marx, to the aguish fever that occurs in many individuals after operations on the urethra; even such slight operations as the introduction of a bougie. The fever varies from a slight ague to what the author calls a fulminating attack that rapidly kills the patient. Ricord, who for a long time denied the value of sulphate of quinine in urethral fever, now administers it as a preventive in all cases where he is about to perform an operation on the urethra. He gives it for four or five days before the operation, to the amount of six or seven grains daily. Long recommends the tincture of aconite for this fever—we suppose he got this idea from some member of our school. In serious cases of the fever Marx advises eight grains of quinine to be swallowed immediately after an attack, and the same dose to be given *per anum*. If the attacks recur larger doses should be given by enema.

Polypus of the Uterus.

McClintock says this disease is rarely met with before the age of thirty. Of 34 cases the youngest was twenty-five, the oldest sixty. Their general structure was fibrous or fibro-sarcomatous. The particular structure did not appear to influence the hæmorrhage or other symptoms of a polypus. The fibrous or muscular generally rises from the fundus; the sarcomatous from the upper part of the cervix or lower part of the body; the gelatinous and vascular from the lower part of the cervix. Besides the leading symptom—irregular hæmorrhage—sickness of stomach is often present. The surface of a benign polypus varies in colour from pale pink to purple, it is smooth to the touch. He strongly insists on the removal of the polypus by torsion, or excision by knife, scissors, or *ecraseur* in preference to ligature. Of 34 cases noted by the author, 3 died; all of them had been operated by ligature. Of 59 cases of ligature reported by R. Lee, 9 proved fatal, while out of 35 operated by excision or torsion, none died.

Ovariectomy.

G. Hewitt gives the following statistics of this operation up to September, 1863 :

Operator.	Number of Operations.	Cures.	Deaths.
B. Brown	58	32	26
Bryant	10	6	4
Clay	107	73	34
J. Hutchinson	7	4	3
Lane	11	8	3
T. Smith.....	19	15	4
S. Wells.....	74	49	25

Dysmenorrhœa.

Greenhalgh finds obstinate cases readily yield to division of the os and cervix uteri by the bilateral metrotome. Of 23 cases so operated on, 18 benefited considerably; 20 weremarried, 3 single. Of the married, 5 had children but had been sterile from four to eleven years; 3 have since become pregnant.

Pathogenetic Effects of Sulphuric Acid.

In several cases of poisoning by this substance, a marked symptom was intercostal neuralgia. In one case it was observed from the sixth to the tenth ribs on the right side, on the third day. In another it occurred in the same place in the fourth week. In another case it was bilateral, afterwards affected the lumbar nerves, also was accompanied by hyperæsthesia and gradually followed by extreme sensitiveness of the whole body.

Poisoning by Phosphorus.

Numerous cases have been recorded in the journals showing the resemblance to acute atrophy of the liver, and the rapid occurrence of fatty degeneration of almost all parts of the body. In one case the brain was found in a state of fatty degeneration. In a case of phosphorus poisoning in a girl of thirteen, fat was found in the liver, kidneys, lungs, the muscular fibres of the intestines, the muscles of the heart and the abdominal muscles. A man aged twenty-five, swallowed the substance scraped off three packets of phosphorus matches. Vomiting came on after six hours, and was repeated ten or twelve times. After twelve hours he complained of headache anorexia and thirst, and slight burning down œsophagus to stomach. The throat was red and the stomach tender. On the third day jaundice appeared, with tenderness of hypochondrium and slight enlargement of liver. On the fourth day and afterwards there was blood in the fæces. On the sixth day albumen was found in the urine; biliphæin and uro-erythrin were also present, and the phosphates were in excess. On the seventh day somnolence with incoherent speech. Tongue black and dry, skin hot, at night delirious, requiring restraint. Next morning unconscious, pulse 132, breathing slow. Tonic cramps in legs; later, spasms of arms and trismus; he died convulsed, 190 hours after taking the poison.

Post-mortem appearances.—Extravasation of blood in the connective tissue of neck and mediastinum; ecchymosis of base of heart. Liver small, withered; acini made up of fat-globules of different sizes; few hepatic cells still visible. Spleen unaltered in size, elongated in form; some of its elements converted into aggregates of fatty globules and fatty molecules found clinging to the trabeculæ. Alimentary canal containing a tarry fluid in its upper part. Numerous hæmorrhagic erosions in the pyloric extremity of the stomach. Cortical substance of kidneys swollen, uriniferous tubules filled with fat-granules.

A girl, æt. 25, swallowed the paste from sixty phosphorus matches. She died at the end of seventy-seven hours, with symptoms of irritant poisoning and convulsions, no jaundice. Ecchymoses were found beneath pericardium, in sub-pleural tissue and mediastinum. Liver of normal size, but far gone in fatty degeneration, no cells being visible in a thin section. Cortical substance of kidneys filled with fat-granules; also, though to a less degree, in the pyramids.

A woman died six days after eating a salad in which a packet of matches had lain an hour. She had an icteric tint of skin. The cells at the periphery of the hepatic tubules were loaded with fat. Kidneys slightly affected, the heart very fatty. Fat in muscular fibres of tongue.

Maukopff remarks that the hepatic affection produced by phosphorus ought not to be called a fatty disease, but an acute, diffused, parenchymatous inflammation. It exactly resembles acute yellow atrophy.

Poisoning by Arsenic.

A man and his wife were poisoned by arsenic repeatedly administered in small doses, producing transitory irritant symptoms. After a time both suffered from anæsthesia of the hands and feet so that pricking and pinching produced no sensation. They felt as if their limbs did not belong to them. The man had muscular weakness, rendering it difficult for him to rise from his seat; he walked in a heavy

drowsy manner, as if his feet were loaded with weights. The strength of his hands was also impaired. The woman's muscular actions were less affected.

A girl died fifty hours after taking the poison. She complained of no pain, though suffering from diarrhœa and vomiting. She was pregnant, and when exhumed the fœtus was found lying between the thighs with part of the membrane in the vagina. It is supposed the expulsion took place after the body was placed in the coffin.

One hundred and thirty-eight persons were poisoned by arsenic in consequence of a miller having washed his millstones with a solution of arsenic in vinegar. Only one case was fatal. In many a pustular eruption was observed over the whole body, but especially the face and neck.

The Whitbeck stream in Cumberland contains arsenic in the proportion of .008 grain to a pint.

Poisoning by Copper.

Two boys employed in a copper work had colic with slight constipation; they both had the black line on the gums, and one had his gums swollen and ulcerated at the edges. Both recovered speedily, the only medicine given was milk.

Effects of Thallium.

Laing, while experimenting with this metal, experienced pains accompanied with great lassitude, especially in the lower extremities.

Poisoning by Veratrum Viride.

Edwards relates that a scientific chemist took a drachm of the tincture; soon after which he had a sense of uneasiness, a little later, pain in the lower part of the abdomen, nausea and alarming vomiting. After the contents of the stomach were ejected, glairy mucus and blood were thrown up. Cold sweats came on, the features became sunken, the skin cold,

and the pulse could not be felt. Immense circles of a green colour appeared round the candle, which, as vertigo came on and he closed his eyes, changed to red.

Poisoning by Colchicum.

Warncke relates a case of poisoning by a wine-glass and a half of Vin. Sem. Colch. in a boy of fourteen. He remained well all day, but in the afternoon had no appetite for dinner. Vomiting and purging of rice-water stools then set in, with pains in the limbs and thirst. He did not sleep at night, but had headache, and vomited the water he drank. Next morning he was found by the doctor collapsed, with clammy sweat on the surface of the body. Extremities cold, lips and tongue bluish, face pale and blue. Fingers spasmodically flexed, but in constant movement. Uneasiness at epigastrium. In the afternoon the vomiting ceased, but the cramps continued, which before death became tetanic.

Poisoning by Belladonna.

Hayden records a case of poisoning by the berries in which there occurred early symptoms of excitement with unmeaning laughter and staggering gait, resembling alcoholic intoxication. In spite of emetics, coma came on. After this there was a second period of excitement, with shouting, singing, laughing, crying and trying to get out of bed. Pupils dilated.

Several cases of belladonna poisoning are recorded in which opium was successfully used as an antidote.

Effects of Rhus Toxicodendron.

A gardener who had been destroying some of the young shoots of the tree was attacked with headache, erysipelatous swelling of the face and eyelids, and an eruption of phlyctæna over the whole body.

Manufacture of Aniline.

The workmen in an aniline manufactory were attacked by an eruption chiefly on the hands and feet. It assumed various forms. Herpes, pemphigus, prurigo and ecthyma were associated on the same spot. Slight thirst and constipation or diarrhœa were observed; also the following nervous symptoms: weakness of limbs sometimes amounting to incomplete paralysis, affecting the hands and feet before the legs and arms; anæsthesia or hyperæsthesia, and various perversions of sense, formication, sensation of constriction round limbs, or burning heat or acute pain in them. The cause of the affections was supposed to be the use of arsenic acid in producing the colour from the aniline.

Snake-Bite.

Emanuel gives a case that occurred in India; a quarter of an hour after the bite a well-defined areola of a dark-red colour surrounded the bitten spot. The patient was restless and bathed in clammy perspiration. Stimulants given were immediately vomited. A few minutes later ptosis of both lids occurred, followed by paralysis of deglutition. The skin became colder and more clammy, and after three quarters of an hour the breathing became difficult, rare, and shallow. The patient then became unconscious. Death took place one hour and a half after the bite.

Effects of Bichromate of Potash.

Becourt and Chevallier mention the effects of this substance on those engaged in its manufacture. The preparation of the neutral chromate does not affect the health. But in converting this into the bichromate, the vapour carries off a number of fine particles of the bichromate which enter the nose, cause extreme irritation, increased secretion

of tears and incessant sneezing. This comes on after the workman has been exposed five or six days to the action of the salt. Some portions of the mucous membrane covering the septum become detached and are found in the handkerchief, and after six or eight days the septum itself becomes thin, and at last is destroyed. A hole is formed, and as soon as this is the case, all the symptoms cease. The sense of smell is unaffected. When applied to the uninjured skin it produces no bad effects. But if there be the smallest wound it acts as a caustic, setting up violent inflammation, and destroying all the tissues down to the bone. The pain is much more severe in winter than summer.

Effects of Sulphide of Carbon.

Delpech tells us that the workmen who make the blown-up india-rubber balls suffer from the action of sulphide of carbon employed to soften the caoutchouc. At first a state of excitement is produced, with headache, pains and cramps in the limbs, giddiness and dimness of sight. The mind is also disturbed, there is loquacity, causeless laughter, or weeping; even mania sometimes occurs. Epileptic convulsions were observed in two cases. Menorrhagia occurs in women and great sexual excitement in men. This is followed by a period of depression, characterised by lowness of spirits, somnolence, loss of memory, anæsthesia of the skin, dimness of sight, deafness, impotence, loss of sexual desire. A boy who had been in the workshop from the age of ten, had his testes undeveloped. Women become sterile, and the mammæ atrophic. Another frequent symptom is muscular paralysis in the form of paraplegia. Those who leave the workshops recover.

REVIEWS.

De l'Acide Phénique, &c. Par Dr. JULES LEMAIRE. Paris, 1863. Germer-Ballière. *On Phenic (or Carbolic) Acid.*
By Dr. JULES LEMAIRE.

THE papers on fermentation and putrefaction we have recently given lead appropriately to the consideration of the best mode of arresting these processes, and the practical utility of antiseptics. Since we now know that those phenomena belong to the same category as parasites, it behoves us, as partisans of the doctrine of specifics, to lose no time in shifting the boundary line which marks the applicability of pure dynamic specific or homœopathic treatment, so that we may freely use those auxiliaries which are necessary for complete medical treatment. We have already admitted the necessity for antiparasitic treatment of the entozoa and other diseases depending on the existence of animal and vegetable parasites. It would appear now that all those changes that take place in dead animal products and secretions that are retained, even a few hours, in contact with the living body depend on the development of minute organisms; and, therefore, an agent that will kill them and stop these processes without any chemical or dynamic action on the tissues may be a very useful auxiliary in medicine.

Some go further and think that even now the hypothesis of animated contagion may be admitted as proved, and that thus all miasmata and viruses are nothing but species of animalculæ or microphytes which live and are propagated in the living body, causing in their course the contagious and miasmatic diseases. Our author is sanguine in the prospect that this will soon be admitted among the truths of pathology; but we cannot share his hopes, and think there are difficulties that are, as yet, far from being explained, which prevent us adopting it, though ultimately fresh discoveries may show that the truth lies in that direction.

It is clear that any agent, to be practically applicable as

an antiparasitic, must act with an immense disproportion on the parasite compared to the parent, and this is what has not been found hitherto. For all the agents, such as the hyposulphites, hitherto tried, act still too powerfully on the tissues or the blood to allow enough to be given to destroy a parasite diffused through the blood, as is supposed in hydrophobia, for example, supposing also any known substance had that power. With the bigger parasites, such as the entozoa, we certainly are more successful.

Among the antiseptics the bitumens have long been known as most powerful, and recently attention has been directed to coal tar and its chief constituents, viz., aniline, benzine, and carbolic acid. Of those our author prefers the coal tar in saponinated emulsion and the carbolic acid.

Though the coal tar itself leaves nothing to be desired in its power of destroying fermentation and putrefaction and killing all kinds of insects, yet its physical qualities render its use in medicine, hygiene and agriculture almost impracticable. The invention of the saponinated* emulsion of coal tar is a great step to its useful employment in medicine and hygiene, and in many cases, especially in wounds, &c., it forms still the best preparation. The discovery of carbolic acid, one of the most powerful antiseptics among the constituents of coal tar, and its preparation in a cheap and pure form gives us another agent of the description in question, probably more widely useful owing to its chemical and physical qualities. The carbolic acid† is colourless and

* *De Coal-tar Saponiné*, par Dr. Lemaire. Paris, 1860. We noticed this pamphlet in vol. xix, p. 327, of this Journal. This preparation will probably still be found to be the best for wounds, ulcers, and open sores, while the carbolic acid suits best for dry skin diseases, affections of the mucous membrane, internal use and inhalation. It is to be procured as prepared by Le Beuf the inventor, under the title of *Coal-tar-le Beuf, Emulsion mère au sième*, Pharmacie, No. 3, Rue Réaumur, Paris.—Eds.

† This was the name first given to it by its discoverer Runge in 1834, and is still generally retained by English chemists. But it has subsequently received a variety of appellations among which Dr. Lemaire chooses phenic acid as the most general in his opinion. We shall keep the term carbolic, though in translating passages literally the word phenic may be at times left.

crystallizes in tables or long rhomboidal needles; it melts at about 100° Fahrenheit, and slowly volatilizes at common temperatures. It is soluble in water and liquefies with exposure to humidity. It is very soluble in alcohol, ether, and acetic acid. Also in glycerine, the fixed and volatile oils, and the fatty matters, but these last all modify its properties. With the above properties Dr. Lemaire expresses surprise that it has not been more generally used as yet, granting that it possesses the powerful antiseptic powers of coal tar, and he ascribes this to the general belief that it is insufficiently soluble in water for practical purposes. But Mr. Calvert, of Manchester, who has produced the acid in a pure and cheap form, finds that a solution, useful for many practical purposes, can be made containing 2 to 3 per cent. Dr. Lemaire attributes the former belief in the insolubility of carbolic acid in water to the fact that the experiments had first been made with it obtained in a liquid state, and therefore impure. If the crystallized acid be used and in ascertained purity he finds that water may be made to take up 5 per cent. The solution he calls "eau phéniquée saturée," it coagulates albumen, and is a violent poison to animals and vegetables of the lower grades. It arrests and prevents spontaneous fermentations, and possesses in a high degree the principal properties of the carbolic acid.

The theory of the action of antiseptics held by Dr. Lemaire is that of the physiological as opposed to the chemical school, viz., that they act by simply killing or preventing the development of the organized beings, which are the efficient cause of fermentation and putrefaction. And in the course of his work he adds some experiments and arguments to those of Pasteur and others, with which our readers are already familiar. His mode of proving the animated nature of ferments is to show that in all circumstances the presence of carbolic acid, an agent fatal to these minute organic beings, is likewise a complete obstacle to fermentation; while on the other hand it offers no obstacle at all to the so called fermentations which really take place by purely chemical laws, viz., the sinapic, benzoic, glucosic, pectic, and

fatty fermentations. This he demonstrates by a series of experiments. He then sums up the arguments against the catalytic theory of fermentation of the chemists; shows the impossibility of explaining the well-known phenomena of fermentation and putrefaction by it or any theory which applies equally to the above-named chemical actions called fermentations.

Let us now pass to the practical applications of the phenic or carbolic acid. But, as these are very wide, and though in themselves extremely interesting, we may merely enumerate a few of them before going more into detail in the more purely medical uses of the substance. He first considers the action of the carbolic acid and also of coal-tarred earth in agri- and horticulture, and shows their power of destroying all kinds of vegetable parasites which infest trees and plants. Then as applied to the preservation of all kinds of food from mould and insects. Grain, animal and vegetable jellies, bread, biscuit, &c., may be preserved by rubbing the interior of tin cases with a layer of carbolic acid, or even placing in them an open bottle of the acid. The matters preserved have at first the disagreeable odour of the acid, but this is soon dissipated by exposure to the air. The collection of 15,000 Coleoptera at the Museum was rescued from destruction by mould, by putting tubes filled with carbolic acid into the cases. Common ink is preserved from moulding by the addition of one thousandth part of carbolic acid.

Against parasites belonging to the animal kingdom.—Ants which infest plants or trees may be at once destroyed by watering with a solution of one per cent. of carbolic acid, and this destroys also the eggs, but it must not touch the plant, as this strength might injure it. Bugs are destroyed by the 5 per cent. solution which leaves no mark of its action on the furniture. Worms and larvæ in wood are killed by the same. All kinds of insects are kept at bay from dead animals and vegetables, which it is desired to preserve, and if used in granaries it would save the loss of 20 to 25 per cent., which is now consumed by insects. In short, by the use of such an agent for the destruction of

parasitic animals and plants in agriculture, and the storage of food, a notable addition to the food of man may be made.

Dr. Lemaire next considers the application of carbolic acid to hygiene. The scope of its utility in this field is so wide that we can here only notice a few of the most prominent instances. The putrefaction of organic matters in sewers or manufactories is well known to be the cause of insalubrity, which is now receiving so much attention; but the whole of the disinfectants now most in vogue have many drawbacks. For example, the chloride of lime, sulphate of iron, charcoal, powders prepared with coal tar, dirty or chemically alter the objects they are put in contact with. Others, like chlorine, free or combined with potash or soda, iodine, mineral and vegetable acids, can only be employed in few cases, as they destroy the useful substances they should protect. Further, some only act on the putrid gases, but not on the fermentation, or injure the workmen, or are too dear. The carbolic acid, on the other hand, is cheap and does not dirty or act in any way on the tissues or apparatus with which it is placed in contact. Further, when it has done its part it flies off on exposure of the objects to the air, and leaves nothing but the good it has done. Also it has no deleterious action on the workmen, but, on the contrary, preserves them from many diseases. It likewise acts differently from the disinfectants most in use. Charcoal absorbs the putrid gases. Chlorine decomposes the hydrosulphuret of ammonia, throws down sulphur, and combines with the ammonia. The acids act by depriving these gases of their bases. But the carbolic acid exercises no action on the putrid gases, but it acts on the living germs carried along by those gases, and by killing them stops putrefaction. It therefore strikes at the cause and not the effect, like other disinfectants. The gases disengaged during putrefaction are chiefly ammonia, sulphuretted hydrogen carbonic, acetic, butyric and valerianic acids; besides, at times, azote, deutoxyde of carbon, and hydruret of methyle. Very few of the ordinary disinfectants can destroy all these, especially at common temperatures; their action, therefore, leaves much to be desired. Even charcoal, which absorbs them all,

when once saturated is useless, because it does not stop the fermentation which reproduces them. Therefore the carbolic acid, which stops fermentation, is superior to them all. The following are a few of its uses :

It may be used for preserving fresh meat by what is similar to smoking. Also to prevent the putrefaction of corpses before interment, by sprinkling the corpse with saturated carbolicised water and soaking the cloths with it. In slaughter houses and knackers' yards, it prevents all foul smells. Flies will not settle on flesh impregnated with coal tar ; and thus a source of danger from their propagating the glanders is cut off.

Tan yards, manufactories of glue, leather, parchment, tallow, and other places where dead animal matters are worked in, may be rendered free from smell and wholesome by the use of carbolic acid. Urine and sewage may have the putrefaction arrested and foul smells prevented by adding carbolic acid, which afterwards evaporates, and allows these matters when spread on the land to be most powerful manures. Faecal matters are disinfected in a few moments by water containing one to two thousandths of carbolic acid, which will thus be of great use in the sick-room. In pig-styes, stables, pigeon-houses, and collections of stagnant water, it will be found of great utility. For purifying drinking water from putrefying organic matters, it is quite effectual, though the quantity necessary viz., six drops of carbolic to the quart (litre) gives a smoky taste. This may be of great service in travelling and in campaigns, as bad water is the source of so much disease, and carbolic acid is so portable and cheap.

We come now to the part more immediately bearing on medicine, viz., the destruction of miasms by carbolic acid. He first considers the venoms and gives several experiments in which the stings of bees and inoculation with the venom of the toad were rendered harmless by cauterizing with carbolic acid. But at the same time he goes over the facts connected with venoms, and shows that they are not like the proper ferments, but on the other hand resemble exactly the chemical ferments, diastase, synaptase, &c., which he has already shown

are in no way hindered by carbolic acid in their action. It must, therefore, act in some different way, and he does not attempt to explain it.

The action of phenic acid on viruses.—He found that vaccine matter mixed with equal parts of carbolic acid produced no result when inoculated. Also he found that touching the puncture with carbolic acid immediately after inoculation with pure matter in an infant prevented the formation of the pustule. Hitherto it has been found that cauterization has not prevented the development of the disease, and M. Renault inoculated thirteen horses with glanders, and applied the actual cautery to the spot at different times varying from one hour to four days. All these horses took the glanders and died of it. Also twenty-two sheep were inoculated with the virus of the rot (clavelée) and the spot deeply cauterized with the red-hot iron, at intervals of from five to thirty minutes. All the sheep took the disease. Dr. Clere has also failed to stop the effects of the vaccine by cauterizing with caustic potash within five minutes. The carbolic acid appears, therefore, to have a power of destroying virus superior to the actual cautery and caustic potash. Two cases are reported of cure of glanders by the external and internal use of carbolic-acid preparations.

He then goes into the theory of viruses, bringing together all the points of analogy between them and ferments, which are certainly pretty numerous, and expresses himself convinced that it is sufficiently complete to show that the viruses and miasms are also living beings. As above said, we do not think the evidence as yet sufficient. However this may be in theory, our author asserts that practically it is found that the carbolic acid neutralizes the ill effects of the emanations from crowded living animals. So that the confined air of prisons, hospitals, barracks, &c., may be rendered wholesome by sprinkling the ground with milk of lime prepared with saturated carbolicized water; and by moistening the walls and curtains with carbolicized water containing $\frac{1}{4}$ per cent. of sulphate of zinc. These preparations decompose or absorb

the carbonic acid, azote, and sulphuretted hydrogen, while the carbolic acid set free destroys the miasms.

Before considering any possible effect the carbolic acid may have in destroying miasms thrown off by the body in a state of disease, and its other therapeutic effects, we had better first see what its physiological action is, as far as is known.

Local action.—When a thin layer of the pure acid is painted on the skin, a pretty severe smarting is felt for about an hour. The epidermis wrinkles, and a white coating spreads over the part touched, and gradually disappears, being succeeded by a congestion which lasts twenty days. This offers all the characters of inflammation, but on tearing the raised epidermis no serosity flows out. The epidermis gradually exfoliates, leaving a brown stain for a long time. The whole exactly resembles a burn in the second degree, but which does not go on to suppuration. The mixture of carbolic acid with equal parts of alcohol acts similarly, though somewhat weaker. But this is a more convenient form as a rubefacient, owing to the crystalline nature of pure carbolic acid, while this mixture is liquid. It also causes less smarting and does not leave the above brown stains on the skin. The mixture with glycerine, fixed oils and ether quite destroys this rubefacient action. This must be remembered in prescribing, as no doubt combination takes place and impairs its properties, for olive oil with 5 per cent. of carbolic acid had no power of preventing putrefaction. Acetic acid in equal parts increases the painful action on the skin, as might be expected.

Application of the carbolic acid on the mucous membrane produces smarting, cornification of the epithelium, and milky coloration. The smarting does not last so long, doubtless owing to the secretion carrying off the acid. When inhaled, produced no particular effect on mice. Also thirty grammes of carbolic acid were mixed through a handful of tow and placed in a horse's nose-bag, and the animal exposed to the sun's heat. After thus breathing the vapour for an hour and a half, the horse seemed to experience no inconvenience, and remained perfectly well. Also the workmen are not incom-

moded by the vapour during the making of carbolic acid. Dr. Lemaire says his health has been better than usual since experimenting with it, though after inspiring the vapour he feels dryness of the throat and a little heaviness of the head for about ten minutes. At p. 73, he says, "I have caused phthysical patients in the third stage to inspire four times a day for five minutes at a time the air in a vase, at the bottom of which were put a score of drops of phenic acid. The patients felt the above dryness of the throat, and the smell of the sputa was modified and their quantity diminished, but no other symptoms produced."

Administered internally.—Large quantities forcibly given to dogs caused pain, agitation, and stupor for a time, but went off in about half an hour, and the animals were quite well next day. To a man, æt. 24, with tapeworm, a solution of one gramme of pure acid in a litre (1·7 pint) of water, a glassful at a time, every twenty minutes, in the morning fasting. He declared that he felt no effect whatever from this, nor apparently did the tapeworm, for it had to be expelled with pomegranate bark afterwards. Dr. Lemaire took a litre of a solution containing $\frac{1}{1000}$ th part of carbolic acid every day for eight days, without any symptom except slight heat in the stomach. From these data it seems clear that inwardly it has a very slight action on man and mammals, and that of a transitory nature like alcohol or ether. Locally it is a caustic irritant, and combines with albumen. Upon the infusoria and microphytes and insects it acts as a violent and rapid poison, therefore it is precisely such an agent as we require for an antiseptic and anti-parasitic.

If the contagious and infectious miasms really are germs of organized beings, we may expect this agent to be most effectual in destroying contagions and stopping epidemics. Also it will be useful in preventing ill effects from the fetid emanations from various diseased states. The effect of the saponinated coal tar and phenic acid on suppuration is so remarkable in diminishing the quantity of the secretion that Dr. Lemaire has formed a theory that that process is also a

fermentation and promises a monograph on that subject. But, however this may be, the counteraction of putridity and prevention of purulent infection is a notable effect of these substances.

Dr. Lemaire hopes also to counteract the effect of the marsh miasms by the free employment of carbolic acid about the rooms, clothing, &c.

He also counsels its internal employment to counteract all kinds of miasms. After drinking phenicated waters the gases of respiration show by the smell its passage out of the system by that channel, which is also the one through which miasma commonly enters. The two will thus meet, and the latter probably be destroyed. He recommends a litre a day of "eau pheniquée au millième" mixed with wine or any ordinary beverages. Stronger solutions might be tried when the disease is actually taken.

The animal parasites incident to man—lice, fleas, harvest bugs, and the sarcoptes or acarus of the itch.—Of lice there are three species. The head louse, the body louse, and the crab louse.

The head louse sometimes is developed after certain eruptions, which it then serves to complicate; at other times it precedes those eruptions, and provokes their development.

The body louse gives rise to the disease prurigo pedicularis.

The crab louse excites a pruriginous eruption characterised by red granulations of minute drops of blood hardened on the skin.

A lotion of phenicated water, 1 part in 100, applied with a sponge to the parts infested suffices to kill them, as I have ascertained with several patients.

The facility of application, the cleanliness and harmlessness of this preparation give it the advantage over every other.

Fleas (Pulex vulgaris).—Neither it nor its effects need description. So hateful to this creature is the odour of phenic acid that the smell of the clothes of the manufacturers of it causes them to vanish at once.

Pulex penetrans.—The chigo, a much more formidable animal; North America. The female gets under the skin of the heels and the toe-nails, and grows to the size of a pea by the development of a membranous sac containing eggs. Dangerous ulcers sometimes ensue, unless they are speedily extracted, which requires skill and precaution lest too much force should break off portions of the pulex and leave them to produce ulcerations.

A touch of alcoholized phenic acid instantly kills the animal and renders the extraction easy. By impregnating the insides of the shoes or stockings with saturated phenic-acid water, and placing a little of it in the bed-room, I believe their attacks would be averted.

“*Itch.*”

“I have treated five patients. The first was a shopman, æt. 23. His whole body was attacked. The upper and lower extremities and the penis were literally covered. On the trunk it was more scattered. I never saw a case of itch so severe. Before I commenced the treatment I had the state of the patient verified by M. Bazin.

“The patient was attacked three months before. For some time the itching had deprived him of sleep. On the other four patients the eruption was more scattered.

“In the first case, which was at my own *maison de santé*, I made the application myself, and was able to follow with the greatest care the effect of this new treatment.

“The prescription was the same as I use to cure ringworm (*herpes tonsurans*). The first application was made at bedtime. It consisted in a washing all over the body with a sponge. [In winter the liquid should be warmed.] This at once put an end to the itching, and the poor fellow, who had passed sleepless nights for a good while, slept eight hours without awaking. Two other washings were applied at intervals of twenty-four hours. I extracted several acari and examined them under a lens; they were dead. These three lotions cured the patient effectually. I would have it observed that after the application the papulæ were swollen and red, and remained so for some days. This seemed to be due to the irritant action of the acetic as well as the phenic acid.

“The employment of this remedy produces a slight smart very easily borne.

“The other four applied it themselves. I visited two of them a week after and they told me the itching had completely disappeared after the first washing. The papulæ were prominent and red. No relapse in any of these three cases. Two others, commercial travellers, being informed by the first of the effects of my remedy

asked me by letter to send them the prescription and the mode of application: I did so, and the result was the same.

"Besides this remarkable success, I believe I can report another equally important result. I have used phenic acid to destroy the acari or their ova which always exist in the dress and bed-clothes.

"The liquid that destroys the animals under the epidermis can also be employed wherever it exists. It is enough to impregnate the inside of the dress (shirt, waistcoat, trousers, coat, and even hat, &c.) with the aid of a brush. The mattress, pillow, sheets, and coverlid are treated in the same way. Three of the patients just mentioned wore the same clothes, and did not cease to lie in the same bed. The cures without relapse which I effected in these three cases authorise me to say that these washings applied to the bed-clothes and dress killed the parasite.* Thus the remedy which cures the disease purifies the clothes. Other parasites and their eggs can be destroyed in clothes in the same way.

"It is worth while to remind my readers that in my brochure on *Saponinated Coal-tar*, 1860, I reported a rapid cure of itch with that substance mixed with the acetic acid of the eighth degree (Pyroligneous). It was applied as a lotion. Since then, Dr. Verjus has sent me a notice of itch, cured with saponinated coal-tar without acetic acid. We are thus allowed to believe that phenicated water, 1 part in 100, without pyroligneous acid, suffices to cure the itch.

"These two results, identical with the others just reported, may be ascribed to phenic acid, since I have demonstrated that it is to that acid that saponinated coal-tar owes its chief properties. There would then be seven cures of itch by this substance. We shall see hereafter that itch in the lower animals (mange) is just as rapidly cured by it.

"It follows that phenic acid, prepared and employed as above, is superior to all known remedies for itch. The rapidity of cure, the facility of application, the cleanliness and cheapness of the preparation, and the facility of destroying with it the acari in the bed-clothes and dress must undoubtedly give it the preference.

"M. Parisch in his *Annuaire Pharmaceutique*, 1861, has recommended the use of saturated phenic water for the itch.

"Vegetable Parasites. (Fungi.)

"The discovery of fungi in cutaneous disorders dates thirty years back. Schœnlein first discovered a fungus in Favus, and described it under the name of *Oidium*. MM. Remak, Bennett,

* "The preparation which I employ is as clear and colourless as the purest water, and leaves no trace of its action. It is enough to expose to the air the objects impregnated with it, in order that they may dry and recover their previous condition."

Fuchs, Lebert, Gruby, and Ch. Robin, have since observed and described other fungi which they discovered in other varieties of tinea.

"These fungi, as has been stated before, are considered by certain physicians as the effect, and not the cause of the malady. It is remarkable that chemists thought that the microscopical plants in fermentations existed there in virtue of a chemical change, and that they did not act the part of ferments. This is plainly the same mode of reasoning on another question. I have shown elsewhere that by killing the microphyte with phenic acid, we arrest the fermentation, that the spores of fungi are not developed if we sow them in organic fluids containing 100th of phenic acid, whereas they vegetate rapidly in the same liquids in their natural state and decompose them. We shall presently see similar facts repeated in parasitic maladies, i.e., the affection disappears when the parasite is killed, just as the spontaneous fermentations stop when the fungi are destroyed. My researches demonstrate once more that M. Bazin's doctrine of parasitic maladies rests on well-observed facts. That scientific physician has rendered vast service to cutaneous pathology by showing that a great number of disorders described under different names and considered by authors as distinct species due to specific changes of the humours, really result from the existence of fungi. M. Bazin has wonderfully simplified the history of skin diseases. He distinguishes three species of tinea, each due to a different fungus :

"1. *Favus*, to the *Achorion Schonleini*. 2. *Herpes tonsurans* to the *Trichophyton tonsurans*. 3. *Pelas* to the *Microsporon Audouini*; he establishes varieties of form and seat. Lastly, pityriasis versicolor, *P. nigra*, chloasma, macule hepaticæ, ephelides lenticulares, &c., which constitute for authors so many separate diseases, are due to the *Microsporon furfur* discovered by Eichstedt, which Bazin proposes to call *Epidermophyton*.

"*Applications of phenic acid to the treatment of tinea.*—M. Bazin's demonstrations of the presence of a fungus in the folliculus pilosus at the very tip of the root of the hair has explained to him the resistance of the disease to the action of parasiticide remedies. And this accounts for his advising the extraction of the hair in addition to those remedies. M. Bazin, previous to arriving at this painful operation, tried a great number of such remedies, but always without success. All microphytes on the surface are easily destroyed, but those in the bulb, and especially those which under the microscope are seen hanging at the tip of the root of the hair, have to this day proved unattainable by any parasiticide applications: the malady, though ameliorated at the surface, is not cured.

"The phenic acid has one advantage over its predecessors, it easily penetrates under the epidermis; one can follow with the naked eye its action on the capillary reticulation (*rete mucosum*); and it is interesting to establish that action. My object in adding pyrologinous acid is to facilitate the penetration and absorption of the

liquid. The results which I have attained in itch, and the cures of tinea by the same means, allow me to hope the best results from this new treatment. I do not, however, as yet speak positively, notwithstanding these favorable cases. Tinea is a malady so obstinate in its resistance to all known means that all the faculty will approve of my reserve.

"Let us examine the facts. Independent of the powerful action of phenic acid on mucedines, I have already published observations on parasitic affections cured rapidly by saponinated coal tar. 1st.—A case of gingivitis chronica kept up by microphytes. 2nd.—A case of herpes tonsurans of 3 years' standing which had resisted depilation and several other powerful means. 3rd.—Pityriasis of the lips, of 5 years' standing, which had resisted every means employed. (These last two cases were reported to me by Dr. Verjes). 4th.—Dr. Seneschal, assistant-naturalist to the Museum at Paris, says that the ringworm had been cured at the Bureau de Bienfaisance of the 13th arrondissement by the use of this substance. All the patients had been long treated without success by the ordinary means.

"Thanks to the kindness of M. Bazin I was enabled, late in 1860, at the St. Louis Hospital, to try phenic acid on two children with herpes tonsurans (*Tricophyton tonsurans*). The results were communicated with others to the Académie des Sciences, March 4, 1861. See *Comptes Rendus*, *Journal de l'Institut* especially, and *Cosmos*, March, 1861.

"The mode of application was as follows:—to facilitate penetration of the bulbs, the hairy scalp was covered for half-an-hour with a compress soaked in common vinegar, and then, with the aid of a large camel-hair pencil, impregnated once a day with the solution for tinea which at first contained 40 per cent. of acetic acid, which caused sharp pain for half-an-hour. In two months the patients appeared cured. M. Bazin's assistant, who had promised to furnish observations, forgot to make any. My engagements did not allow me to follow up these cases regularly, so the applications were entrusted to the *Sœur de service*.

"M. Bazin keeps a boy employed in the depilation of all the herpatic patients, and I only lately learnt that these children had been so treated. The employment of depilation renders the two cases less interesting.

"Next, I applied the same solution, but without the previous imbibition of the vinegar, to the head of a girl eight years old at Bagnolet, with the same complaint of at least 12 months' standing, with five patches 1 or 1½ inches in diameter.

"The hair being broken and having fallen off in several places, this appearance and that of the scalp left no doubt of the nature of the complaint; applications of corrosive sublimate, pommas of tar, calomel, and sulphur, had been employed without any satisfactory result. The head was shaved, and I applied the liquid daily with a paint brush, but was obliged to suspend the treatment three times, the skin having become red and painful. During these interruptions

the pains and redness were speedily removed by anointing with axunge. After five weeks, without depilation, the patient was cured, and no relapse occurred for two years. It was this case that led me to state in writing to the Academy, March, 1861, that herpes tonsurans could be cured in forty days.

"I treated two other recent cases; in each there was a patch as large as a crown-piece. One was cured in a month. The treatment of the other being interrupted by various causes, continued more than three months. Both were cured without relapse.

"I communicated these results to M. Bazin, who wished to verify the effects of my treatment afresh. I presented to him 4 patients with herpes tonsurans.*

"Two of these were treated at home; the two others were admitted to St. Louis Hospital, in M. Bazin's ward, where I applied the lotion myself. In all four, besides the diagnosis being verified by the scientific physician of the hospital, the presence of the *Tricophyton tonsurans* was ascertained by the microscope.

"The hospital cases were two sisters, aged six and eight. Both followed for twelve months the advice of a doctor who advertises his curative skill in the newspapers; without, as their father stated, any perceptible improvement. Both are of lymphatic temperament. The scalp of the younger was attacked in eight places. The elder had a patch one and a half inch in diameter in the middle of the scalp and had all her hair cut close with scissors. Twenty applications of the lotion, one each day, cured her, and, after staying several months in the hospital there was no relapse. I have just been to see her again, five months after the end of the treatment, and have shown her to M. Bazin. She is radically cured.

"Her sister, who was worse, has been longer under treatment.

"In the hope of more rapid progress, I tried with the little patient a solution containing 20 per cent. phenic acid. This produced very sharp pain, which was soon subdued by cold water compresses. But all the parts touched with this lotion were like parchment, and remained so for a long time. Nevertheless, the hair grew again healthily. Such a state of skin prevented our judging precisely of the duration of resistance of the malady.

"During three months, I visited the child several times a week, with no reappearance of the disease. I then discontinued my visits for a month.

"This last day or two I am told the disease has returned. I am not convinced this is a relapse, but rather suspect she has caught it again by playing with the little girls in the same ward, who are infected with the disease. What confirms me in this opinion is

* "To describe these in detail would be a mere transcript from the works on the subject. I consider the only essential point to be that there is no doubt as to the diagnosis, the object being to judge of the effect of a new remedy."

the fact that the sister, who has been away for three months, is radically cured. We are going to see two other patients who appeared to be cured by my first applications, and have retaken the disease on returning to the school where they first took it.

"These are two brothers, eight and seven, both lymphatic, who caught it at a school where several boarders were infected. The first appearance of the disease was about a year ago.

"The eldest had a patch on the occiput nearly two inches across. The scalp of the younger was almost entirely diseased, and the hair had fallen off in several places, and was broken in many others.

"After two months' treatment they both seemed to be cured. I left off the lotion, and they returned to school, when the herpes reappeared.

"Now, was this a relapse, or rather a fresh infection? I have mentioned that several of the boarders were diseased, and the masters attached no importance to it; the children often played together. At any rate, the same remedy was resumed, and in two months the two boys seemed cured. I forbade their return to school, and showed them to M. Bazin, who verified their perfect recovery, which has been confirmed now for six months. Their hair has grown everywhere in abundance, and is very fine.

"The younger had, during treatment, an impetiginous eruption. Was this a coincidence? Had the parasiticide lotion anything to do with it?"

Varieties of Herpes produced by Trichophyton Tonsurans.

M. Dubois, house surgeon of the hospital under M. Bazin, communicated the two following facts, one of which concerns him personally.

In June, 1863, he found on his right arm a little eczematous disc, red, prominent, with itching and desquamation. In three or four days it had increased. It was herpes tonsurans naturally contracted from his patients. He plucked the part beyond the limits of the disease, and found the hairs already much altered and *infiltrated with spores*, swollen and knotty.

Corrosive sublimate in solution, left to dry on the spot for twelve days in succession, failed and the spot acquired the size of a franc piece. Other places being attacked he tried solution of phenic acid, 10 per cent., which perfectly succeeded in five days.

Second Observation.—Pasqué René, æt. 51, was attacked with this disease in the beard and neck. He ascribes it to infection at a barber's six months before. The circles are round, sharply limited by vesicular or erythematous rim (bourelet). On the surface of some there was a white farinaceous substance (pityriasis alba). This man was cured in three weeks by Lemaire's prescription, $\frac{1}{10}$ th of phenic acid night and morning. In a fortnight the disease reappeared in some spots whilst in others the cure was permanent. These two cases tell in favour of depilation as more prompt. But the return of the herpes may be due to fresh infection.

Mr. Bazin took in a wretched case of favus all over the scalp, and—

“—let me treat it. I cut the hair and removed the cups (godets) with dilute tincture of *Quillaya saponacea* (Panama wood), each leaving a deep ulceration.

“The solution of phenic acid was first applied much diluted, which quickly dried the tissues and removed the bad odour.”

The patient having borne a lotion with 10 per cent. of the acid, I proposed a stronger solution—viz., 1 part phenic acid, 1 pyroligneous acid, and 3 of alcohol (say 20 per cent. of phenic acid).

“The smart was sharp—amendment was evident, but the patient insisted upon depilation and I gave up the case. She is still in the hospital. No positive evidence from this case.

“For the treatment of favus, I have modified the lotion by adding the Tincture of Quillaya. The rubbing necessary with this to remove the scabs and pellicles, provoked smarting and redness, so I used the two remedies without mixing them; first, the decoction of quillaya, or of the root of saponacea, which contains much saponine. By *wiping* the surface with this it is enabled to bear a stronger solution of phenic acid.

“When, however, one considers that $\frac{1}{1000}$ th of the acid suffices to kill a thick coat of mould it seems certain that strong doses are not indispensable to the cure of tinea. We have just seen that the action of concentrated lotions tans the skin into parchment, and so renders its further impregnation impossible.

“I think 5 per cent. is enough and that it had better be repeated daily until the bulb is penetrated and the fungus destroyed.”

But quillaya or saponacea ought to precede the acid; nothing

so effectually clears the scalp of fatty or epidermic secretions. Still it should be washed away with pure water or else it stiffens the skin.

“M. Bazin advised me never to use this remedy without ascertaining the presence of the fungus by the microscope, to prevent any suspicions against the diagnosis, and so I advise my brethren of the faculty.

“I think it right to subjoin information which I have received, confirmatory of the above *important results*.”

Madame S—, a benevolent lady, in the department d’Orme, had many cases of herpes in her district which could not be cured, and consulted Dr. Malespine who knew of my experiments and advised her to try. After telling her by letter all I knew of the subject, I received the following report from herself:

“We are always satisfied with the use of phenic acid mixed with saponinated coal-tar, whether liquid or in a pomade. We are just now treating twenty-two children, and have quite cured fourteen or sixteen others several months ago.”

Dr. Maupin, physician of the hospital at Bayonne, tried my plan with two patients. After apparent cure, the disease broke out again and the doctor applied to me through M. Beuf. I advised him to attend to the head-dress, pillow, and every article of the toilette, as the malady might be produced by renewed infection.

I will here give him the same advice as in the case of itch, as herpes can be communicated by clothes, &c., all of which should be brushed with the lotion or plunged into it; but without *acetic* acid, which spoils combs and brushes, on which phenic acid, even pure, has no effect. By day I put a compress soaked in the lotion in the crown of the hat or bonnet to keep up a phenic atmosphere on the scalp.

N.B.—The acid turns the epidermis rather white and wrinkles it; many shreds of it are detached as in some exanthem. In the case of herpes tonsurans one must suspect the disease was not cured, from the similarity of the morbid product. I have known the pellicles continue in three cases for

more than a month after cure. This actually perplexed Madame S.'s physician and nurses, and the question they asked me "when to leave off the treatment" is still a poser to me. Microphytes may be even discovered by the microscope after they have ceased to live. They are then, however, not to be feared, being merely foreign bodies which the skin will reject.

The power phenic acid possesses over this obstinate disorder is sufficiently proved. Though M. Bazin has improved on the treatment, yet *it takes nearly twelve months on the average*. The new treatment which I propose, with the results already obtained, may therefore stir up the zeal of the profession. Besides its rapidity, it saves the pain of depilation. In the dressing of wounds also, see my article in *Moniteur des Sciences Médicales*, May and August, 1861, it and saponinated coal tar are positively beneficial.

" Eczema.

" I have used phenic acid in several cases.

" CASE 1.—M. D—, æt. 35, lymphatic, was seized with eczema, which occupied the palms of the hands and the penis, about five years before. Twice, and often thrice, in the year it announced its presence by severe itching. Some vesicles appeared, then fragments of epidermis detached themselves. The skin cracked, bled, and gave him much trouble at his work. The duration of these sufferings was about three months, in spite of the ordinary treatment.

" I advised him to bathe the parts affected night and morning with warm water, and $\frac{1}{1000}$ th of phenic acid for five to ten minutes. He then took internally decoction of the root of saponaria, with one gramme (fifteen grs.) of Bicarb. Soda per litre (1.7 pint). The fits of itching ceased rapidly, and in twenty days the patient was cured.

" CASE 2.—Madame B—, æt. 70, housekeeper, was seized with impetiginous eczema seven years before, covering the whole of her face, ears, and scalp, including also the conjunctiva of the eyelids, which is red and granular. Her strength being diminished considerably, whether from suffering or age, or, perhaps, from insufficient nourishment, I gave the following advice. Syrup of iodide of iron, and cod-liver oil—a table-spoonful night and morning. Tar-water for drink; lotions on all the parts affected, except the eye, with tepid water, containing $\frac{1}{1000}$ th phenic acid.

"The hair had been previously close cut. The scabs fell off very rapidly. The face, which had been hideous, could not be recognised in a week, the improvement was so great. I never saw her again. The observation is incomplete but is nevertheless remarkable.

"CASE 3.—F—, æt. 45, a servant in M. Fremy's laboratory at the Museum, had for about two months eczema covering the wrist, and the back of the left hand. MM. Gratiolet and Terreil saw the patient.

"*Prescription.*—Compresses constantly soaked with water and 10¹/₁₀₀th phenic acid on the part affected. In less than a week the eczema had disappeared, and the skin had nearly recovered its normal appearance.

"This patient, who had taken no internal medicine, is a good instance of the action of phenic acid.

"CASE 4.—M. G—, pharmacien, æt. 64, lymphatic, had suffered for many a long year from rheumatic pain. This patient, whom I had attended incessantly for thirty years, had, at different times, eruptions of eczema on the face, arms, and hands. For two years the disease had become general.

"Almost every part of the body, but principally the ears and limbs, was covered, and a good many places presented impetigo. M. Bazin had seen the patient, who had taken numerous depuratives, alkalines, *intus et extra*, for nearly twelve months with little amendment. Just before he started to spend the summer in the country he ask me to prescribe for him. I told him the results of phenic acid (as above), and pressed him much to try it. November 7th, 1861, he writes, 'I wish to thank you, and tell you the good result of your treatment. I have always taken the ptisan of saponiaca, and on my arrival (in June) I used lotions of water with five grammes (125 grs.) of phenic acid to the litre. The smart being severe, I added a quart of water. At present all goes on well. The diseased parts are rose coloured. Very few cracks remain on the skin. The left thigh is a little painful, but gets better every day.'

"On his return from the country I saw him with very few spots of the disease left.

"During the winter, numerous boils, and even small abscesses appeared one after the other. Poultices answered well for these; as I had not then tried phenic acid internally, I did not venture to advise it in his case, but I urged him to take vegetable tar-water in the morning fasting, and to mix some with his wine at meals to confirm his cure. He is now quite well.

"CASE 5.—Madame X—, æt. 55, housekeeper, was suffering long from eczema. I had repeatedly treated her with the usual remedies. In December, 1862, she consulted me again. Her hands and wrists were all covered with it. The cold had helped to swell them, and the backs were cracked in several places, exhibiting scabs which rendered her hands frightful.

"*Treatment.*—Bathing the parts affected, night and morning, for five minutes in tepid water, with $\frac{1}{2}$ per cent. phenic acid. In a week she came to announce the result. So great was the improvement that her hands were not to be recognised. Most of the scabs were gone, the swelling much diminished, and the cracks nearly closed. Finding herself fit for work, and having no time for nursing, she left off treatment before she was radically cured. I have not seen her for a year.

"This case, though incomplete, proves the efficacy of the phenic acid.

"**CASE 6.**—M. D—, *æt.* 77, gentleman, was attacked with eczema occupying nearly the whole of the scalp and forehead. The dermis was injected, there were plenty of scabs. Many spots on the chest also exhibited the disease. When I was called in the disease had existed three weeks.

"*Treatment.*—Anointing night and morning with $\frac{1}{100}$ th phenic acid in glycerine.

"Ptisane of saponaria root with one gramme of bicarbonate of soda to the litre; two purgatives of forty grammes of sulphate of magnesia.

"In a week the improvement was so great that the patient thought further treatment needless. I continued the ptisanes and anointings another week, when the skin had become clear, smooth, and nearly of normal colour.

"Two of our distinguished Parisian chemists have communicated the following facts:

"M. X—, *æt.* 50, suffered four years from eczema covering the backs of his hands, and several spots on the thighs. Could hardly move his fingers for swelling, cracking, and bleeding. He tried various treatment the whole time without cure.

"M. Terreil, Prof. Fremy's bird-stuffer at the Museum, having witnessed the rapid cure of the servant mentioned above (p. 305), advised him to try phenic acid.

"He anointed the parts affected twice a day with glycerine, and $\frac{1}{100}$ th phenic acid. In a fortnight the improvement was very perceptible; the swelling diminished. After two months' treatment the cure was radical and permanent to this day.

"M. Terreil has also employed phenic acid on one of his relations, aged twenty-seven, attacked for the third time on the hand with an angry tetter. Phenic acid $\frac{1}{100}$ th in water relieved this lady in a few days.

"M. Cloez, teacher of chemistry at the Ecole Polytechnique, used the same dilution for a child with herpes circinatus on the face of a fortnight's standing. The first application (a compress) produced perceptible amelioration. In a few days he was cured. It is worth noticing that M. Cloez had employed mercurial ointment with *extension of the malady.*"

Pemphigus.

M. C., *æt.* 40, timber merchant, was subject to pemphigus from infancy. In spring a full eruption came out on the anterior extremities. I had attended him for fifteen years, using the usual means, divers baths, depuratives, and purgatives, in vain.

Late in 1861 vesicles of various dimensions came out without fever, the upper and lower extremities were covered with them, there were some on the organs of generation and on the face. After a serous discharge scabs formed and some itching commenced.

Treatment.—Anointing night and morning with $\frac{1}{10}$ th phenic acid in glycerine. The effect was so remarkable that in a fortnight the patient thought himself quite cured. Only here and there some spots remained covered with epidermatic products. In another fortnight (Dec. 18th) a little crop of vesicles came out on the limbs. The treatment was resumed, adding 50 centigrammes of phenic acid in $\frac{1}{2}$ litre of water, to be taken daily, half in the morning and half at night. No effect was perceived from this last.

The improvement was still more rapid than on the first employment of phenic acid. The patient was delighted with the result.

End of January.—There came on itching of the face, redness and swelling of that and the scalp, numerous vesicles, intolerable itching, restless nights, but no fever. Left off the acid internally, and tried emollients and purgatives. Still, for a month swelling and redness continued, and in two months the face not yet normal.

April 15.—Going on well ; yet some points diseased between the fingers and on one forearm. Left Paris.

Not seen for eighteen months. This case would prove, if needed, that pemphigus is kept up by diathesis and that the cutaneous symptoms are only symptomatic.

Hence no inference on the effects of the acid on chronic pemphigus. Yet the prompt amelioration should induce specialists to make fresh trials.

“Cancroid of the Forehead.”

“Madame F—, *æt.* 71, gentlewoman, had a sore just over the right eyebrow, for eight years, of regular form, grayish at the bottom and about two millimètres deep. The edges hard, presenting three hardish tubercles. Its greatest diameter is three centimètres. It causes a disagreeable itching.

“The patient had already employed a great many remedies in vain.

“To prevent any doubt as to diagnosis, I sent her to M. Bazin, who agreed with me in pronouncing it cancerous.

“He prescribed—

“1. Five drops of tincture of hemlock in eau sucrée, night and morning.

“2. Dressing night and morning with red-precipitate ointment.

“3. Ptisan of saponaica root.

“This was followed up regularly for about three months without perceptible amendment. I had forewarned the patient that the treatment would be tedious, so she was not disheartened; but seeing hardly any effect she asked me to try something else.

“October 8th, 1861, I prescribed washing the wound night and morning with the phenicated water $\frac{1}{1000}$ th, and to apply a compress soaked with it. In a few days the itching had completely disappeared, and on the 20th of October (twelve days after), she came to announce with joy that the wound was cured. Cicatrization was complete and has continued, excepting that those little tubercles remain, and from time to time bleed. The application of the said eau phéniquée is rapidly inducing their cicatrization too.

“This case needs no comment. It places beyond doubt the power of this acid on suppurating surfaces.

“The following case, in this last respect, is still more remarkable.

“Anthrax.”

“Saponiated coal tar is a precious medicine to combat the special inflammation which determines anthrax. In four years I have tried it on ten cases of extensive anthrax, occupying various parts of the body. Three of these seemed to threaten life. The use of the coal tar rapidly induced calm after suffering and excitement. The sphacelus was promptly stopped; the mortified portions very soon detached themselves, and after the third day the tissues which the sphacelus was threatening to invade became rose-coloured. Granulation was effected and the work of repair was effected with such speed as it would be vain to expect from any other known means.

“By the aid of the microscope in examining sanies collected as near as possible to the tissues not attacked by sphacelation I satisfied

myself that it contained granules in all respects like those which disengage themselves from putrefying substances. These granules undoubtedly possess life, since, if placed under circumstances favorable to their development, they directly induce putrefaction in fresh albumen and give birth to bacteria, vibrios, and spirilla. In this pus I identified Ehrenberg's *Bacterium punctum*, and Müller's *Monas punctum*. I saw them arranged in pairs and executing their oscillatory movements.

"Madame R., æt 77, living at No. 6, Rue des Filles du Calvaire, when recovering from catarrhal pneumonia was seized, last September, with anthrax. It came out on the left subclavicular region, on the spot where a blister had been applied. The swelling induced by it occupied nearly the whole of that region. The part where the skin was completely destroyed was 8 centimètres (3 in.) in diameter. Outside of this breach of continuity were several small sphaclated spots. The disorder was growing worse; it was of ten days' standing. There were sharp pains in the diseased part, and sleeplessness with subdelirium the night preceding the treatment I am going to describe, the pulse small, not quick, complete loss of appetite, prostration very great, face with a very decided cachectic tinge. Her friends considered her case hopeless, and begged of me not to give her useless pain. I ought to say that the aggravation took place in spite of the employment of saponinated coal tar, which had been used pure instead of being diluted with a little water. M. Le Beuf's "émulsion mère" is thick. In that state it acts energetically on the parts it touches, but when the evil is deep-seated water is needed to facilitate penetration. It is to this important item, which has been unnoticed that I ascribe the failure of coal tar in this case; which is confirmed by the fact that it was the surface of the anthrax that benefited, the evil was propagated by the *deep* parts. Be this as it may, the condition of the patient was most serious. I removed with scissors all I could of the mortified parts and impregnated the wound freely with saturated eau phéniquée (5 per cent.); owing to the state of the tissues the smart was not severe. I covered it with a large tuft of lint soaked in the lotion; the very first application calmed the suffering and excitement. She thought I had applied some anodyne, and fell asleep. In three days the swelling was gone; a reparatory process had commenced. The prostration had almost entirely disappeared. The patient was more lively, sleep was re-established, and appetite restored. It was quite a metamorphosis. In a few days the mortified shreds detached themselves, whilst extensive granulations bordered the whole breach of continuity, there was no more pus. Perfect cicatrization followed in three weeks from the first application.

"This case affords a strong proof of the powerful action of phenic acid; and placed along with the results with saponinated coal tar, which many of my medical brethren have verified since with anthrax

and other gangrenous affections, seems to me to place those two substances in the rank of heroic remedies for these complaints, which are often known to end fatally. I cannot sufficiently direct medical attention to the subject.

“ Wounds of various kinds.

“ I have used eau phéniquée $\frac{1}{1000}$ th for dressing traumatic injuries, chancres, and scrofulous ulcers. In such cases phenic acid seemed to me far inferior to the saponinated coal tar. This is no doubt owing to the weakness of the dose, and to the readiness with which the heat of the body evaporates it. On the other hand, when the dose is increased the pain causes many patients to complain severely.

“ M. Adolphe Richard, a professor attached to the Faculté de Paris, was kind enough to try eau phéniquée $\frac{1}{1000}$ th and $\frac{1}{100}$ th; like myself he prefers the coal tar. The opinion of that talented surgeon is the more important, inasmuch as for two years almost all the wounds under his care have been dressed with saponinated coal tar. Several times has he pronounced its eulogy and thanked me for having introduced him to a remedy which has daily rendered him such important services.

“ Venomous Stings and Bites.

“ We have seen that M. Gratiolet, when stung by a bee at the tip of his forefinger, got rid of every inflammatory symptom after touching the wound with pure phenic acid. The incipient pain and swelling disappeared in a few minutes. We have also seen stings inflicted on a Guinea-pig give rise to very serious symptoms, whilst those which have been cauterized with phenic acid became as though they had not happened.

“ Last July one of my servant-women was bitten on the cheek by a fly; the garden where it happened is near a manufactory of ivory black where there lie all the summer long putrefying animal *débris*. The girl could not describe the fly; but her cheek swelled rapidly and turned violet all round the sting. I had advised the house-keeper in case any one was stung to treat the wound with phenic acid; and, as I was absent at the moment, she did so, which at once arrested all ill effects. When the smart of the acid was over the other pain was gone also; and the next day the swelling also. The violet tinge and the rapid swelling seemed to indicate the fly, whatever it was, to be venomous.

“ Last summer the papers reported several deaths from wasps stinging the tongue, and by inoculations of putrid matter by flies. [No doubt la mouche carnassière.]

“ Medical works contain a great number of such facts. If the measures I have elsewhere recommended regarding dead ani-

mals were adopted, we should not have to deplore such fatalities. Several physicians were roused by the cases reported in the *Patrie*, and have recommended means more or less complicated to combat these accidents. Had they known the facts I published in Dr. Quesneville's *Moniteur Scientifique*, Oct. 1862, they would have found that phenic acid is far superior to their remedies; much easier applied and more prompt in its action. We have seen, in fact, that when this acid is applied to stings of bees, to inoculations of putrid animal matter, of toad poison, or of vaccine matter, it has the power of immediately preventing all their effects.

"It would suffice, then, to keep a little of it in a very small bottle that any one could carry in the pocket, to apply this heroic remedy to poisonous stings or bites, by merely impregnating the injured part.

"I have not yet tried experiments with the virus of a mad dog, but the period of *incubation* which is indispensable to the manifestation of its effects is to me a partial proof that it contains germs of living beings. I believe that in order to prevent its effects treatment with phenic acid would be preferable to cauterization with hot iron.

"We have seen that it destroys the properties of poisons and ferments, and that it arrests the circulation of the capillary vessels. All the mayors in the communes and all the country clergy might (my conviction says *should*) have some phenic acid, and make known to the people a means so simple of saving life in certain cases.

"Affections of the Mucous Membranes and Respiratory Organs.

"*Oxæna.* 1st case.—Madame S—, æt. 56, robust, has had frequent rheumatic pains, but never any cutaneous disease, but great vexations have latterly altered her health. She has been seized three months since with a coryza, to which she attached no importance. At present she soils five handkerchiefs per day with a thick tainted humour flowing from the nasal fossæ; but no blood since the disease commenced. The mucous membrane of the nose is very red and slightly swollen. The sense of smell was very weak.

"*Prescriptions.*—Fifty centigrammes of iodide of potassium to be taken daily; injections of saponinated coal tar, $\frac{1}{2}$ th, twice a day; in the interval inhaling air charged with phenic acid for five minutes. To do this it suffices to place twelve drops at the bottom of a long bottle and breathe the air out of it. In three days the discharge had completely ceased; and the odour had ceased in twenty-four hours. The patient left off the treatment in a week as the discharge had ceased. She merely parted with mucus in small quantity, and nearly normal.

"This very prompt result is truly remarkable, and proves that the affection is limited to the mucous membrane.

"2nd case.—R—, æt. 20, lymphatic, a gilder, had frequent

epistaxis. He has almost always had pains in the head. He lost blood three or four times a week with the nasal humour, which was very abundant and tainted. The mucous membrane is much injected, but I saw no ulceration. The disease was of twelve months' standing. The nose presents no deformity nor swelling externally.

"*Treatment.*—Decoction of walnut leaves with syrup of gentian, sugared; 50 centigr. of iodide of potassium daily in a ptisan; inhaling phenicated air for four minutes three times a day. Each inhalation almost entirely banishes the odour. After following this up regularly for a month, the improvement was very great; the liquid secreted had hardly any smell and was reduced to one-fourth. I refrained from injection in order to judge of the effect of inhaling.

"To-day, July 12, 1862, I am adding to the preceding treatment injections of phenicated water $\frac{1000}{100}$ ths twice a day. I have not been to see her again; query, is she cured? This case, though incomplete, proves that inhalations of phenicated air suffice to remove the odour of ozæna.

"In my brochure on *Saponinated Coal Tar*, 1860, I have given a long article on a young girl who was attacked with ozæna since 1855, and had been sent away from school as a nuisance. The improvement produced by saponinated coal tar was so great that I thought her cure quite possible. Her mother avowed to me that she did not attend to her regularly when the amendment was very great. Query, was it negligence that prevented a radical cure, or is it to be attributed to the severity of the malady? However this may be, the girl came back to consult me three years after the first treatment (June, 1863), the nasal discharge had returned in profusion, pretty frequent epistaxis had taken place, the odour was tainted. I discovered the very same symptoms as the patient had presented in 1860.

"Besides the general tonic treatment with iron, I ordered her to inhale phenicated air for five minutes, twice a day (see Obs. 1). Her mother told me that the first time the odour was banished. The discharge was replaced by dry concretions. Epistaxis had ceased.

"The employment of phenic acid for ozæna seems to me to deserve all the attention of the profession, who know that the disgusting affection is often incurable. There is no doubt of the acid banishing in twenty-four hours that odour which is the most disagreeable nuisance to the poor patients and those who are obliged to live with them. Besides its disinfecting properties, and that of stopping and preventing putrid fermentation, it must not be forgotten that phenic acid coagulates the blood; so that this medicine possesses in itself all the properties capable of meeting the different indications presented by ozæna.

"It is probable that with perseverance, by combining general with local treatment, we may learn to cure cases of ozæna which have to this day resisted all remedies.

"Gingivitis chronica.

"I have already published two cases of gingivitis kept up by microphytes.

"All micrologists know that the tartar of the teeth, and the substance that collects between them frequently contain the animalcules bacterium and vibrio.

"In Paris, a great many persons have their gums swollen, and painful, bleeding on the slightest pressure. I have been often consulted this affection. As it is not dangerous I do not often see them a second time.

"In many cases I have regretted not having my microscope to ascertain whether the secreted liquids contained living beings. But in my own case, and two others in my house, I have detected bacteriums and vibrios on the swollen gums around the decayed teeth. A dilution of phenic acid is an excellent remedy for this. It destroys the animalcules, removes the odour, strengthens the gums, and stops their bleeding by its property of coagulating blood.

"If this eau phéniquée be used with saponine for the gums, the latter is an excellent means of cleaning the teeth.

"If it be not the most agreeable of all known dentifrices, it is superior to them as to the health of the mouth, for which I cannot recommend it too highly.

"Muguet. Angine Couenneuse (Diphtheria).

"From the use of saponinated coal-tar I have derived a valuable assistance in the morbid productions of these diseases developed in the fauces. Saponine facilitates the detachment of the false membranes.

"The coal tar seems to me to modify rapidly the state of the mucous membrane, but when the disease invades the digestive and bronchial tubes, the difficulty of reaching these is obvious. In those cases this means becomes impotent. The rapidity with which the false membranes are detached and the modification of the state of the mucous membrane indicate the propriety of trying to inhale saponinated phenic acid in croup. I intend to prescribe it on the next opportunity.

"Caries Dentalis.

"Numerous observations have proved the powerful effect of saponinated coal-tar on caries of the bone. Eau phéniquée with tooth is an excellent preparation for this. To get rid of the foulness of breath, it is enough to impregnate the diseased part every other day. This prevents the progress of decay, and is preferable to creasote, which burns the gums. Any one can apply it without fear. If it touches the gums a slight smart will follow.

"M. Dorvault published in the *Union Pharmaceutique*, September, 1862, communications made to him in England by Mr. Calvert. In consequence of this, Mr. Ransom applied phenic acid to the treatment of ulcers and other purulent affections; and Mr. Thomas Turner wrote to him (Calvert) that it could be employed with advantage, $\frac{1}{10}$ th in water, in treating fetid ulcers of a serious type. He says it changes the action of the vessels, transforming a sanious discharge into simple suppuration, whilst it almost instantaneously destroys the tainted odour.

"In the case of ulcers communicating with carious bone, or necrosis, it also gives good results in a state of dilution (in what proportion?) if injected into the sinus communicating with the bone. In simple caries, or ulceration of the bone, it is curative. If, on the contrary, there be necrosis, it produces exfoliation of the dead portions. In the case of gangrene and persistent ulcers of every kind it destroys all disagreeable smell, hinders putrefaction, and renders the pus quite innocuous to the sound parts in the neighbourhood.

"Lastly, when Mr. Heath uses the acid with forty parts of water as a lotion for gangrenous wounds, he finds that, soon after the application, it entirely stops the progress of gangrene.

"*Ascarides Vermiculares.*

"I have treated with phenic acid three patients from eight to fourteen suffering from these entozoa. They were tormented with severe itching on the circumference of the anus. Two quarts of lavement with the addition of phenic acid administered at an interval of twenty-four hours served the purpose. The first lavement, in these three patient caused the expulsion of a great quantity of the worm (oxyuri), when the injection was retained a quarter of an hour they were dead. Twice out of six times it was returned in a very short time, the ascarides being then also numerous but nearly all living.

"The patient, aged eight, took twenty-five centigrammes of pure acid in 125 grammes of water. The two others took fifty centigrammes in the same quantity of water. They suffered neither from colic nor smarting. One of them suffered a little stupor for a moment. Two lavements sufficed to rid them all three of these unpleasant guests. If the oxyuri are high up in the large intestine, the quantity of liquid should be increased."

[The English reader will find the application of these prescriptions facilitated by observing that the French

Litre	1.760773	pint.
Kilogramme	2.2057	pound.
Gramme	15.4320	grains.
Centigramme	0.1548	"
Mètre	39.37079	inches.
Centimètre	0.39371	"

This table serves also for previous measures.]

Formulae.

Phenic Acid dissolved in Water.

"The proportion may vary from $\frac{1}{1000}$ to $\frac{1}{100}$, according to the indications to be attended to.

Eau Phéniquée au Millième ($\frac{1}{1000}$).

"Take Spring Water 1 litre
Phenic Acid Crystallized 1 gramme

"Employed as a disinfectant and antiseptic.

"I recommend the use of this water as a beverage at the time of epidemics, or in fenny districts, either by itself or mixed with the alcoholic drinks used at meals.

"Dose for adults, one litre per day; for children a quarter or half according to their age. Experience will teach the service it will render under these circumstances.

Antimiasmatic Drink.

"Take Phenic Acid crystallized 1 gramme
Spring Water 1 litre
Cognac or Rum 10 grammes
Sugar 10 "

"This may replace wine, beer, cider, or hydromel at meals.

"Dose, as the last, 1 litre per day.

Saturated Eau Phéniquée; $\frac{1}{100}$ th of the Acid.

"Take Common Water, 950 grammes
Phenic Acid 50 "

"Dissolve without heat.

"This liquid may be used to destroy a great number of little animals troublesome to man, to beasts, and to the crops. Also in dressing virulent wounds it may be employed as an antiseptic, and powerful disinfectant. By adding four parts more of water we obtain the eau phéniquée $\frac{1}{100}$, which is still strong enough for various purposes. In that proportion it may be used for porrigo.

Compound Disinfectant Solution.

"Take Common Water 10 litres
Phenic Acid 100 grammes
Sulphate of Zinc or Iron 80 "

"The phenic acid having no chemical effect on the hydro-sulphate

nor on Carb. Ammon. It is to their spontaneous co-operation that the disinfection is due when the acid is employed alone, but in using this very cheap preparation the disinfection is instantaneous. The sulphate transposes by double decomposition, the hydro-sulphate into sulphur, and the Carb. Ammon. into carbonate of zinc or of iron, and into Sulph. Ammon. All these transformed products are inodorous.

“Eau Phéniquée for the Toilet.

“Take Phenic Acid, crystallized 10 grammes
Essence of Mille Fleurs . . . 1 ”
Tincture Quillaya Saponica 50 ”
Spring Water 1 litre

“This water, which has an agreeable scent, admits of many useful applications to the toilet. The saponine qualifies it to take the place of soap with advantage. It must not be employed pure. Mixed with 10 parts of water it acts as a disinfectant and may be used to prevent contagious diseases. All physicians and veterinary surgeons will do well to use it when their hands have touched tissues or tumours in a state of putrefaction, or patients with contagious diseases. In the latter case the disinfectant fluid may be applied on the hands pure, washing them afterwards with plenty of water.

“Eau Phéniquée as a Dentifrice.

“Take Spring Water 1 litre
Essence of Peppermint . . . 1 gramme
Tincture of Quillaya Saponica 50 ”
Phenic Acid, pure 10 ”

“A teaspoonful of this in half a glass of water, and used with a brush cleans the teeth by virtue of the saponine it contains, without altering them, and removes the tartar. The phenic acid destroys the animalcules which often breed there, removes the bad odour, strengthens the gums and stops their bleeding.

“Solution for Ringworm and Itch.

“Take Acetic Acid, 8 degrees (Pyroligneous) 200 grammes
Pure Phenic Acid 50 ”
Spring Water 750 ”

“Mix the two acids and add the water.

“The acetic acid is added to facilitate the penetration of the epidermia by the phenic. I am not sure that it is indispensable.

“For ringworm (*herpes tonsurans*) apply the liquid once a day to the parts affected with a large brush, taking care to impregnate the skin thoroughly.

“ For itob, lotion all the parts affected with a sponge; once is enough to stop the itching. The dress, the bed clothes, and all matters of the toilet ought to be lotioned to destroy the spores, acari, or ova which they may contain.

“ *Phenicated Lime (Milk of Lime).*

“ Take Milk of Lime 10 litres
Phenic Acid 100 grammes

“ To be sprinkled on the floor and the walls wherever great numbers of men or animals dwell. The lime absorbs the carbonic acid and slowly gives off phenic acid, which destroys the miasmata.

“ *Alcoholic Preparation.—Alcoholized Phenic Acid.*

“ Take Alcohol at 90 degrees of strength 1 part
Crystallized Phenic Acid 1 ”

“ Mix them and keep them in a bottle well corked.

“ The object of this mixture is to fluidify the phenic acid and allow it to be employed instantaneously without the aid of heat. The acid in crystals cannot be distributed uniformly, and, as they do not fuse below the temperature of 35° cent.; this preparation, which preserves all its qualities should be preferred; moreover, as it is more fluid it more easily penetrates the tissues. It may be employed as a powerful modifier of gangrenous wounds, or for stings and bites of venomous animals; and as a means of suppressing the vaccine pustules, acne, and anatomic punctures.

“ *Preparations with Glycerine.*

“ Glycerine, which is considered as a tri-atomic alcohol, modifies the properties of phenic acid. We have always seen this mixture highly beneficial in diseases of the skin.

“ *Phenicated Glycerine.*

“ Take English Glycerine 100 grammes
Phenic Acid 1 ”

“ Employed for impetigo, chronic eczema, lichen, prurigo, and pemphigus.

“ Glycerole of starch may be substituted for the glycerine.

“ *Phenicated Ether.*

“ Take Sulphuric Ether 100 grammes
Phenic Acid 1 ”

“ For catarrh of the Eustachian tube, applied by the aid of an

insufflateur. The rapid co-operation of this mixture admits of charging the atmospheric air which this instrument drives into the Eustachian passage.

"Phenicated Vinegar, Dr. Quesneville.

"Take Common Vinegar 4 parts
Phenic Acid 1 „

"Recommended by Dr. Quesneville instead of the aromatic vinegar so much used for the toilet; half a teaspoonful in one half pint of water is enough to destroy all miasmatic emanations.

"Phenicated Pommade.

"Take Hog's Lard 100 grammes
Phenic Acid 1 „

"We have seen that fatty substances modify the properties of phenic acid. Yet, I believe, this pommade may be serviceable in affections of the skin. But it must not be supposed that 1 gramme dissolved in 100 grammes of water, or incorporated in 100 grammes of lard, will produce the same effects. The one cannot replace the other.

"Coal-Tarred Earth.

"Take Common Earth passed through a sieve 100 parts
Coal Tar 2 „

"Mix them thoroughly.

"Phenic acid, mixed with earth, evaporates rapidly under the influence of the sun. Water also imbibes it very easily. The mixture of which coal tar consists retains it much longer. We have also seen that aniline and benzine possess some of the properties of phenic acid that makes one prefer coal tar earth for certain applications. It is to be used as a disinfectant and to rid plants and trees of certain noxious little animals, and to preserve grain from their attacks underground.

"It is as yet on trial for preserving vines and potatoes from their respective diseases."

"In conclusion, many a reader will be glad to hear that these remedies, coal tar and phenic acid, are available for veterinary purposes, and that our valuable friends the horse, ox, dog, cat, &c., can be rid of their parasites, with cutaneous and other ailments, on easier terms than formerly."

A New and Comprehensive System of Materia Medica and Therapeutics, arranged upon a Physiologico-Pathological basis, for the use of Practitioners and Students of Medicine.

By CHARLES J. HEMPEL, M.D., second edition, revised and considerably enlarged. 2 vols.

The work of Dr. Hempel, whose somewhat ambitious title we have transcribed above, is by this time well known to British homœopathists. The new edition, besides being more convenient in form, presents several improvements. The first volume, which comprises the remedies ranked by Dr. Hempel as polychrests (in some instances, as *Helleborus*, *Opium*, and *Ferrum*, very questionably) is substantially unchanged. But in the second volume there are many additions. Enlargement, more or less considerable, has been made in the articles on *Asafœtida*, *Agaricus*, *Asarum*, *Artemisia*, *Berberis*, *Camphora*, *Capsicum*, *Carbo vegetabilis*, *Cina*, *Crocus*, *Clematis*, *Cyclamen*, *Croton*, *Euphrasia*, *Indigo*, *Kreasote*, *Ledum*, *Magnesia*, *Menyanthes*, *Millefolium*, *Natrum carbonicum* and *sulphuricum*, *Nux Juglans*, *Oleander*, *Ranunculus bulbosus* and *sceleratus*, *Ratanhia*, *Rhododendron*, *Ruta*, *Sabadilla*, *Sambucus*, *Senega*, *Tabacum*, *Taraxacum*, *Terebinthina*, *Thuja*, *Valerian*, *Verbascum*, and *Zincum*. *Copaiba*, *Coccus cactus*, *Coecionella*, *Manganum*, *Iatropha*, *Naja*, *Sambul*, *Thea*, and *Urtica Urens* are treated of for the first time. Three cases of gangrene are cited in the article on *Lachesis*, to which Dr. Hempel formerly denied any curative virtue. Lastly, the index has been much enlarged and serves the function of a repertory to the two volumes. These changes have unquestionably much enhanced the value of the work; and may well induce those who do not already possess it to add it now to their libraries. The faults which, to our thinking, still remain will be discussed further on.

We have no intention, in the following review, of giving any account of the contents of Dr. Hempel's book. But we shall endeavour, to the best of our power, to exhibit its merits, to point out its faults, and to estimate its value on the whole as a contribution to homœopathic literature.

A treatise on *Materia Medica* has hitherto been expected to give four kinds of information regarding the substances used in medicine. The first embraces their natural history, their physical and chemical characters, and so forth. The second treats of their physiological or pathogenetic action, so far as this is known. The third division consists of a history of their uses in medicine, and an estimate of their real value, according to the latest knowledge. The fourth comprises this mode of preparation for medicinal purposes, and the doses of the various forms under which they are administered. Until lately, at least, the physiological portion of the old-school treatises on *Materia Medica* has been the least elaborated of the four, while, on the other hand, the "*Materia Medica*" in the mouth of a homœopathist, means the record of the symptoms produced on the healthy body by the various natural substances, that is, the physiological portion only. Were this record, indeed, exhaustive, it might be fairly argued that we had no need of the third, or clinical portion. The application of the rule "*similia similibus*" would in all cases enable us to select the proper remedy for a given case of disease, without regard to what others have done before us. But since the whole number of existing remedial agents has surely not yet been pressed into the service of medicine, and since, of even those we use we have in most instances but an imperfect knowledge, we are obliged to make large use of clinical observation in our choice of remedies. Even where the indications of pathogenesis are pretty plain, the *usus in morbus* is nevertheless a valuable verification. In many cases it converts the merest hint into a solid fact, and in many more where pathogenesis is silent it is our only guide to the specific employment of our means. So that the clinical must go side by side with the physiological account of the elements of our *Materia Medica* as necessarily, though

in inverse proportions, as it does in that of the prevailing school.

The feeling of this need is evidenced by the writings of Hahnemann himself. The brief therapeutic indications of the introductory remarks prefixed to each drug in the "*Materia Medica Pura*," have expanded into a long list of the symptoms which have been removed by each medicine in the "*Chronic Diseases*." It is seen in the compendiums of Jahr and of Noack and Trinks—the former indicating in his list of symptoms those which have been removed as well as caused by the drug, and inserting many which have merely belonged to the cases it has cured—the latter prefacing the article on each medicine with a catalogue of the forms of disease in which it has proved curative. And it has characterised well nigh all the post-Hahnemannian "provings," few of which have been published without an accompanying narrative of cases treated by the remedy in question.

In some respects, therefore, a homœopathic treatise on *Materia Medica* differs little in form and order from such works as the English of Pereira, the French of Trousseau and Pidoux, the German of Dierbach, and the American of Wood. The disproportionate value, however, which we assign to our physiological portion causes a difference. The record of the pathogenetic effects of our remedies must ever stand alone. In its entire detail it can never form part of a treatise; and, that true homœopathic practice may become perfected, it is better that the materials for the pure application of our practical rule should be unmixed and remain apart. The action of the new American Publishing Society in this direction, is worthy of our best support. If successful, their collection will supersede all existing manuals and symptom-codexes, and only need occasional appendices to be a standing pathogenetic cyclopædia.

Having this, what more do we need? Well, we need a clinical chapter on each drug. Its history as a therapeutic agent must be detailed, and its ancient and modern uses described. A full account should be given of all the recorded experience of its action in the hands of practitioners recogni-

sing the rule of homœopathy. To this should be added any cases in which its successful use in the hands of others has seemed to arise from its dynamic and specific properties. But, besides such a clinical account, we need certain work done in the physiological department of the subject.

First, a catalogue of pathogenetic symptoms, however well arranged, is to a true pharmacology what a description of a given disease is to pathology. The symptoms are only the phenomena; and it is the prerogative of science, and the necessity of the human intellect, to pierce beyond phenomena, to apprehend their meaning, to ascertain the laws and even the causes of their occurrence. Pathology does this with the phenomena presented by the body in disease. Pharmacology must do it with its phenomena while under the influence of drugs. Not otherwise can it form a worthy mate for its fellow-science, and with it produce the goodly offspring—Therapeutic Art. Little has yet been done in this direction; and we cannot credit Dr. Hempel with much addition to our knowledge on the subject. But—

Secondly, there is a work to be done for the *Materia Medica* corresponding with that which the lecturer on the Principles and Practice of Medicine does for disease. We do not turn our students loose into the hospital wards, with no previous acquaintance with the kind of phenomena they are to meet there. We know that they would be burdened and bewildered by the numerous forms of disease, and would probably shrink back in despair from the task of acquiring their knowledge. We bid them in the first instance attend a course of lectures on the subject. They hear therein the phenomena of disease classified and arranged. Certain definite groups of symptoms, of more or less uniform occurrence, are ticketed with nosological names. Other morbid processes of regular order and sequence are referred to the operation of certain morbid poisons. The facts of anatomy and the doctrines of physiology are used to illuminate the workings of disease, and the instruction is completed by an account of the remedial means in use for the various forms of disorder described. If the student stopped here, indeed, he would

make a poor practitioner. But let him now face the interminable phenomena of actual disease, and he will be tenfold better equipped for its understanding than before. He has a clue to the maze; everywhere he sees connections and relationships. The effects of the remedies he sees given throw farther light. He is in a fair way of becoming acquainted with disease.

We do not think that Dr. Hempel will complain of us if we say, that it is just this use which is subserved by his work now before us. Indeed, its form appears to indicate that it was originally delivered in a series of lectures to the *Materia-Medica* class of the Homœopathic Medical College of Pennsylvania. What it was originally, it still remains; it is an introduction to the study of the *Materia Medica*. It endeavours to group and arrange the pathogenetic symptoms of each drug, to make their features plainer by the relation of cases of poisoning and of post-mortem investigations, and to illustrate their bearing upon disease by accounts of their clinical use and suggestions as to their further applications. There is no other work in existence which attempts to do this; and we owe Dr. Hempel a debt of gratitude for his labour to supply this want. His book is indispensable to the student and to the beginner in homœopathic practice, while its collection of cases of poisoning and of clinical experience with the various remedies is useful to all of us. If we go on to speak of its defects, it is in no spirit of carping complaint; but simply that a book which for some years to come must supply our want in this particular should be as perfect as possible. We have found Dr. Hempel's contribution to our knowledge so good, that we cannot but wish and try to make it better. Let him pardon us, then, when we ask him to consider a few matters wherein we think his work capable of improvement.

1. Dr. Hempel's *New System of Materia Medica* purports to be "arranged on a physiologico-pathological basis." We do not agree with those who doubt the possibility or the advisability of so arranging the *materia medica*. But we do feel entitled to demand of one who attempts it that

his physiology should be sound, and his pathology brought down to the latest advances in this science. Now, the first attempt at pharmacological speculation we meet with in Dr. Hempel's pages proceeds upon physiological doctrines which the first year's student must know to be incorrect. We are told that Aconite "is endowed with a specific capacity of inducing a spasmodic torpor of the tissue of the terminal capillaries." Now, the capillaries are mere channels in the tissues; their walls, if they have any, are composed of basement membrane simply. Hence "spasmodic torpor of their tissue," is an impossibility; and the speculation which follows is utterly useless. "The first effect of this spasmodic torpor is to cause arterial capillary engorgements. We have not yet succeeded, in spite of our microscopic investigations, in determining the true character of capillary circulation; but it seems to be generally admitted that the terminal capillaries of the veins inosculate with the capillaries of the arteries, and that the circulation is carried on in this manner. Now, if these capillaries are closed or only contracted, torpid or semi-paralysed, similar to what we may suppose to be the effect of cold, what must be the effect of such capillary stagnation upon the general circulation? The necessary and unavoidable consequence must be to induce, as I have said before, arterial engorgements. The arterial ramifications, as they approach the capillaries, must necessarily swell up in consequence of this efflux of blood, which is deprived of its natural outlets, and we have precisely such a condition as we term congestion or inflammation."

The truth which lies behind this unphysiological speculation seems to be that Aconite influences, through the medium of the vaso-motor nerves, the calibre of the arterial channels generally. Hence its marvellous control over all morbid states in which the balance of the arterial system is disordered. But that it influences generally throughout the body the capillary circulation and the nutrition of the tissues, so as to be able to cause, and hence to cure, true inflammation of any part, is probably what Dr. Hempel means, but what he does not say, and what we see no reason for believing.

Dr. Hempel's pathology seems to be that of the German professor, Schönlein. We have no desire to detract from the merits of this distinguished man; but pathology is a growing science, and what was good for the last age may be obsolete in the present. For instance, what is "neuralgic inflammation," of which we read ever and anon in Dr. Hempel's pages? And is Dr. Hempel responsible for the adoption or the invention of the following extraordinary piece of pathology? After mentioning some of the urinary symptoms of Mercury, he goes on to say: "These symptoms, coupled with the fact that Mercury causes the secretion of increased quantities of a watery urine, far surpassing in quantity the amount of beverage drunk, might lead us to employ Mercury in that distressing malady *Diabetes mellitis* (sic) or *Albuminuria*." We might have hoped that there was a printer's error here, but for its reproduction unchanged in the revised second edition.

2. We find a corresponding deficiency in the pathogenetic and clinical portions of the work before us. Save for a few exceptions, we could fancy that the clock of Dr. Hempel's mind had stopped some ten or fifteen years ago. The later pathogenetic and clinical records of our school seem as little known to him as the physiological researches of Brown-Séguard, or the discoveries in hepatic pathology of Claude Bernard. Thus, in the article on Tartar-Emetic, its power of inflaming the lungs is questioned, and the authority of Pereira is invoked, who says, "In cases of poisoning by this substance, no mention is made of difficulty of breathing, cough, pain, or other symptoms which could lead to the suspicion that the lungs were suffering." Yet in the thesis of M. Manin, of which a full account is given in the sixth volume of this journal, Dr. Hempel will find these very symptoms, together with inflammatory fever, to have been elicited by doses of from one twelfth to one sixth of a grain of the drug, taken by a healthy person for the purpose of proving it. Again, under Arsenic, no mention is made of its supreme reputation in modern old-school practice as a remedy for chronic diseases of the skin. Atropine has a few lines devoted to it at

the end of the article on Belladonna, but no reference is made to the valuable clinical indications which Dr. Caspar has given us for its use. The pathogenesis of Bryonia, is described without any account of Dr. Curie's late experiments with it on animals, or of its re-proving by the Austrian Society. A similar neglect appears in the case of Natrum Muriaticum. Under the heads of Digitalis, Iodine, and Hydrocyanic Acid, some use might have been made of the contributions to our further knowledge of these drugs which have lately appeared in this journal. It is too bad to see the article on Phosphorus transferred unchanged from the first edition to the second, when between the dates of their appearance, Dr. Sorge's exhaustive treatise on this medicine has seen the light. Much the same may be said as regards Bahr's essay on Digitalis. Dr. Curie's experiments on tuberculization with Drosera, whatever be their value, might at least have been noticed *apropos* of that drug. The article on Kali Bichromicum is shamefully short. Here is the best proved drug since Hahnemann's time, proved both in England and in Germany, having an extensive clinical experience in many most important diseases; and Dr. Hempel discusses it in about a page and a half. His prejudice against the serpent poisons might excuse his light regard of Dr. Russell's admirable proving of Naja; but this neglect of the Bichromate of Potash makes us fear that the American political feeling towards the old country has with Dr. Hempel coloured also the scientific prepossessions,—“standing where it ought not.” Another strange instance of neglect is the treatment of Teste's *Materia Medica* in this work. Dr. Hempel himself gave us the translation of Teste's book, and ushered it into the world with a highly commendatory preface. It is one of the most original and suggestive works in our literature; and whatever be the author's errors, no one can have used Ledum and Croton, Kreasote and Corallia, Rhus and Lobelia in the directions indicated by him, without feeling deeply indebted to his labours. But here, were it not for two or three unimportant references, Dr. Hempel appears to ignore Teste's existence. Lastly, a silence almost entire

is preserved regarding those indigenous remedies of Dr. Hempel's own country, which have been of late years so largely used in homœopathic practice. *Cimicifuga Racemosa* even seems known to him only from the thesis of one of his own graduates. In a word, the post-Hahnemannian experience, pathogenetic and clinical, has yet to be worked up by Dr. Hempel into the texture of his book.

3. The third matter in which we desire to see improvement in Dr. Hempel's work has regard to his treatment of the "antipsorics." The ground he takes up in declining to go into the pathogenesis of these substances is fair enough. He disbelieves in any effect being produced upon the healthy body by infinitesimal doses. The provings contained in the *Chronic Diseases* were, in all probability, instituted mainly with the thirtieth dilution. Dr. Hempel, therefore, feels no confidence that the interminable array of symptoms supposed to have been elicited are to be depended upon; and confines himself to an account of the curative virtues of the drugs. Whether he is right or not in taking this course is a fair question; but our cause of complaint against him does not lie in this direction. We complain that he has allowed his prejudice against the provings to prepossess him against the medicines themselves, and that his clinical account of them, which in the absence of pathogenetic knowledge should have been especially full, is, on the contrary, especially scanty. Thus, under *Calcarea*, nothing is said of its power over nasal polypus, chronic diarrhoea, and pulmonary phthisis; and its use in the various forms of scrofula is dismissed in a few lines. *Hepar Sulphuris* has only half a page devoted to it; and even its familiar name is disguised under the title of *Calcarea Sulphurata*. Some amends are made to *Carbo Vegetabilis* in the second edition; but *Lycopodium*, one of the most valuable drugs we have in the treatment of chronic diseases, is credited with little more than its influence in the crude state upon the urinary bladder. *Sepia* is dismissed in a page, (thirty-two pages are assigned to *Agaricus*), and the student would never learn from Dr. Hempel that it stands first among the remedies for leucorrhœa. *Silicea* would have

had hardly more space, but that in the second edition a case is cited from Grauvogl, in which an enchondroma of the hand was cured by the sixth dilution of this remedy. Why should not we have Dr. Dudgeon's case in this Journal, in which it proved so strikingly curative of inflammation of the lachrymal sac, or any other of the numerous instances of its efficacy to be found in our literature?

The remarks we have made upon Dr. Hempel's treatment of the antipsorics extend also to his mode of exhibiting such remedies as Lachesis and Apis. His prejudice against these agents is derived not only from the way in which they have been proved, but also from their supposed incapability of affecting the system when absorbed by the alimentary mucous membrane. So that he unwillingly assigns a good therapeutic virtue to Apis, but in his first edition utterly denied the curative power of Lachesis. In his second edition he a little modifies his tone. He cites three cases of gangrene in which the remedy in question proved efficacious; and, admitting them as "fair illustrations of the curative power of Lachesis in traumatic gangrene," proceeds as follows: "We do not believe that if, instead of endeavouring to foist Lachesis upon the profession as a sort of universal panacea, its advocates had confined its therapeutic use to traumatic gangrene, *which constitutes the legitimate sphere of this poison*, the scepticism which now weighs down its claims as a remedial agent would ever have been excited in the minds of our physicians?" Dr. Hempel must surely be aware that cases quite as good as those he cites can be brought forward to shew the efficacy of Lachesis in malignant angina, in affections of the heart, in inflammation of the cæcum, in chronic headaches, and a variety of other disorders of the blood and the nervous system. And what shall we say to his treatment of Naja Tripudians? No one can read the record of the provings instituted by (we quote Dr. Hempel) "Dr. Rutherford, Russell, and Stokes" (!) without feeling deep interest as in each prover the characteristic symptoms of the head, throat, larynx, heart, and intestines manifest themselves with greater or less intensity. Yet these admirable

experiments "do not" according to Dr. Hempel "seem to have yielded any very marked results." A brief summary of the symptoms elicited by Dr. Stokes is all that is given, and not a word is said of the cases of headache, angina, and heart-disease, in which this drug has proved so valuable.

4. Our last cause of quarrel with Dr. Hempel is this, that in the clinical portion of his book, too little proportionate space is assigned to homœopathic experience. Frank's magazine is cited wholesale; but very little use is made of Rückert and Beauvais. The journals of the old school are ransacked for cases; but the European and American homœopathic periodicals seem to be to Dr. Hempel a sealed book. Now this is not as it should be. We are the last to complain of the free use of old-school experience. In many ways it is of the utmost value. But it is often very questionable whether the curative effects of crude doses represent the true specific action of the drug. There are mechanical and chemical, as well as dynamic actions in most medicinal substances; and the dynamic effects themselves are sometimes indirect rather than immediate. On the other hand, a cure wrought by an attenuated medicine is unquestionably an addition to our knowledge of its use as a homœopathic remedy, and is proportionably more valuable. We think, then, that in such a work as Dr. Hempel's the experience of the old school should be used only in the absence of recorded homœopathic results, or as a confirmation of these when existing. This mode of proceeding is important also as regards the matter of dose. There are some remedies—as Quinine for ague, and Mercury for syphilis, and Opium for lead-colic—which, although perfectly homœopathic to the disease they cure, seem unable to vanquish it except when given in material doses. So long as we have nothing but allopathic experience of the efficacy of other remedies, we have no means of knowing whether they belong to this category, or whether, like most of our medicines, they act best when at least to some extent attenuated.

We ask, then, of Dr. Hempel, should he have another opportunity of revising his work—

1st. To modify the physiology and pathology he learnt as a student in favour of the fuller knowledge of the present day.

2nd. To introduce in their proper places the numerous pathogenetic and clinical records of the last fifteen or twenty years.

3rd. To give a fuller account of the curative results which have been obtained from the antipsorics and the serpent-poisons.

4th. To make a larger proportionate use of homœopathic clinical experience.

Again we say, we point out these deficiencies in no spirit of carping complaint. We have little doubt that, had we ourselves compiled such a work, there would have been as much or more fault to be found with us. We have no sympathy with the spirit which is content to stand idle itself, while it exclaims bitterly against the errors committed by those who stand forward to do the work that must be done. Dr. Hempel's labours, with all their faults, will embalm his memory in ages yet to come when the very names of his detractors will have sunk into oblivion.

MISCELLANEOUS.

A London Life Assurance Office converted to Homœopathy, by the Evidence of Statistics.

(COMMUNICATED.)

The month of December, 1864, marks an epoch in the history of homœopathy, the memory of which will be ardently cherished by every homœopath of the present generation; whilst, to this period will frequent reference hereafter be made, as that from which is to be dated a remarkably rapid growth of the system in public estimation.

On the 16th of December, 1864, there met together at the

Freemasons' Hall, in London, under the presidency of Lord Henry Gordon, a number of individuals—in no respect identified with homœopathy, but simply concerned in the promotion of their own pecuniary interests—to consider the bearing of this system of medical treatment on the health and life of the community. The parties referred to are the Directors and Shareholders of a company, entitled "The General Provident Assurance Company." The object of such institutions, is, we need hardly remark, commercial gain; and one of the principal means employed, is an investigation, conducted with scientific severity, into the duration of human life, with all the concomitant circumstances which tend to affect the health of individuals and classes.

Hitherto the actuaries of these valuable institutions have disregarded—and therefore omitted from their calculations—the very important consideration of *medical treatment*. The keenness of competition, however, which characterises every department of trade in the present day, and stimulates to their utmost extent the intellectual faculties of our men of business, has at length, made itself felt even amongst these very conservative establishments; and, as a consequence, we find, in the case of the general Provident Assurance Company, the actuary directed to make an investigation into the hitherto unexplored region of *comparative medical treatment*—with what result it is scarcely necessary to inform the readers of this Journal.

To *some*, at least, of the Directors of the Provident, this result, no doubt, presented itself in the light of a discovery; to *none* could it be otherwise than gratifying to learn, that their labour had been rewarded by the acquisition of data capable of being turned to very profitable account, in the following well-ascertained facts:—that persons treated by the homœopathic system enjoy more robust health, are less frequently attacked by diseases, and when attacked, recover more rapidly than those treated by any other system; that with respect to the more fatal classes of disease, the mortality under homœopathy is *small* in comparison with that of allopathy; that there are diseases *not curable at all*, under the latter system, which are *perfectly curable* under the former; finally, that the medicines prescribed by homœopaths do not injure the constitution, whereas those employed by allopaths not unfrequently entail the most serious, and, in many instances, fatal consequences.

These data obtained, the Directors had but one duty to perform alike to themselves and to their constituents, which was to summon a meeting of their shareholders, and to lay before them the facts they had collected, and the decision at which they had arrived, viz., "to open a special section for persons treated by the homœopathic system, at a LOWER RATE OF PREMIUM THAN THAT CHARGED ON OTHER LIVES." And without a dissentient voice this proposition of their Directors was adopted by the shareholders of the General Provident Assurance Company.

Here, then, we have a testimony borne to the great practical value of Homœopathy which nothing can gainsay—against which ridicule and abuse, the only weapons by which we have hitherto been attacked, can avail nothing. It is not with "individual opinion" that our opponents have *now* to deal—not even with the opinions of such men as the late Archbishop of Dublin, the late Dr. Gregory, Professor of Chemistry in the University of Edinburgh, or the late Dr. Samuel Brown, a man worthy to rank with the illustrious Faraday—all of whom lived and died in the faith of the truth of Homœopathy—and not to mention a host of other names of men, living and dead, in every department of literature, science, and art. It is not with *individual opinion*, we repeat, that our opponents have *now* to deal. They are *now* confronted with the result of an investigation directed to be made by a body of commercial men, for commercial purposes, conducted with that marvellous precision which has exalted the investigations of the assurance offices of this country to the rank of scientific verities—and endorsed by men whose intellectual faculties, when summoned to decide, must have been in liveliest exercise, seeing that they had to determine on a question in which they were without precedent for a guide, and in which their own pecuniary interests were deeply concerned. Well, the question *has been* decided, so far at least as *one* Assurance Office, with its Actuary, Directors, and Shareholders is concerned; and the fact cannot be concealed. It will not be long, therefore, we may confidently predict, before other offices will follow this example. But, however numerous may hereafter become the adopters of this innovation, let it ever be remembered that to the General Provident Assurance Company belongs the distinguished honour of being the pioneer in this movement. And never let the circumstance be forgotten, which gives life and vigour to the great moral of this narrative, that the decision arrived at was the

result of an investigation suggested by an observation of the ever increasing conquests of homœopathy, especially amongst the highest and best educated classes of society, but cropping out everywhere throughout the world in spite of the adamantine rocks of ancient prejudice, and the alluvial deposits of social and professional influence—and *thereby* forcing itself upon the attention of intellectual men of business, whose avocation it is to avail themselves of every legitimate opening for the augmentation of their revenues, and the elevation in public estimation of that branch of industry with which they may happen to be connected.

The present Epidemic among Horses, with peculiar views on its Nature and Treatment, contained in the following Copy of a Letter from W. C. LORD, M.R.C.V.S., Cavalry Staff. (Late Veterinary Surgeon 5th R. I. Lancers.)

CAVALRY BARRACKS, CANTERBURY ;
January 31st, 1865.

“Sir,—I have the honour to bring to your notice an epidemic which has lately attacked the horses of the cavalry depot, but has been very prevalent for the last two months in this neighbourhood ; and I have been informed attended with great mortality (one farmer alone having lost eleven horses by it). It is essentially a disease of the mucous membrane, attended with fever of an asthenic type, and although I have pursued the ordinary system of naming the disease according to the part of the mucous membrane apparently most implicated, as ‘influenza, catarrh, gastero-enteritis, and gastritis mucosa,’ I believe I should this month have named all such cases—with perhaps one or two exceptions—‘Gastritis Mucosa,’ for we had in them clear evidence of derangement of the stomach ; but a total absence of the most usual catarrhal, as well as influenza symptom—namely, nasal discharge—which I only observed in a very slight degree in six of those cases entered as catarrh in the accompanying monthly return ; which, in order to make more intelligible, it is necessary I should explain by what rule I have been governed this month in classifying the various types of this epidemic. 1st, ‘Influenza’—

where the membrane lining the air passages is affected, attended with cough and sore throat, increase of pulse and respiration, with loss of appetite and depression of spirits, eyes nearly closed, cerebral congestion, great heat and redness of tongue and schneiderian membrane, but no nasal discharge this month. 2nd, 'Catarrh'—symptoms similar, though in a milder form than influenza; and in six cases I observed slight nasal discharge. 3rd, 'Gastro-Enteritis'—where, in addition to the mouth and tongue being very red and accompanied with slimy discharge or great increase of saliva (without sore throat), are found; the *fæces* soft, of a green or light-yellow colour, made frequently, though in small quantities, and covered with a glairy mucus, the flanks tucked up and respiration jerking, though not much quicker than usual; the eyes heavy, but yet with an anxious expression, particularly when pressure is applied to the abdomen; skin dry and unhealthy, and the back and quarters covered with small lumps, like surfeit; he rests his head on the manger and seems to be suffering from headache, sometimes paws the ground and evinces anxiety to lie down, but generally will not do so or will only remain down for a short time, and is very restless; has a craving for lime, continually licking the wall and eating the dried whitewash, thus showing derangement in the digestive organs; he likes to put his mouth, which is very hot, into cold water, but does not drink much, and will not look at food of any kind, yet there is no evidence of sore throat, such as enlargement of parotid glands, or any uneasiness when pressure is applied to them, and as there is no cough, nasal discharge, or any derangement of the respiratory organs, I cannot class such a disease under the head of influenza. 'Gastritis Mucosa' is the name I have given the fourth type of this epidemic and differs from the last-named one in having, usually, no well-marked symptoms of intestinal irritation, such as frequently passing a small quantity of soft slimy *fæces*, or showing any uneasiness when pressure is applied to the abdomen, and instead of an anxious look or expression, the animal seems stupid, and the eyes closed from serous infiltration of the lids; he keeps the neck extended, resting the head on the manger, and is very unwilling to move, and appears to be suffering from cerebral congestion and nausea. The mouth is very hot, has its lining membrane sometimes of a deep red, at others purple, from congestion of its vessels, in some cases dry, but more frequently there is a great increase of saliva; the sides and tip of the tongue red, and its follicles considerably enlarged

looking like pustules, but its dorsum is a dirty yellow colour, foul and usually slimy. At the same time there is no swelling or tenderness of the parotid glands, no discharge from the nostrils, or cough, and the respiratory murmur can be heard in the lungs. The ears and one or two of the legs alternately hot and cold, and the latter are all usually œdematous in severe cases. Pulse from 60 to 70, requires a very delicate pressure of the finger to be felt, being soft and feeble, or oppressed and indicative of congestion more than inflammation. Respiration not increased, is in many cases retarded when there is much cerebral congestion. In some cases they lie down and stretch themselves out at full length, occasionally raising the head and pointing with their nose to the stomach with dolorous expression, but in most cases they remain standing. Bowels usually constipated, the fæces being hard, in small clay-coloured balls, covered with mucus. Debility is, however, the most marked symptom of this epidemic, which is so manifest the day of admission to hospital that the animal walks with his hind legs apart, and slowly drags them after him, and on the second day if brought out he staggers in walking, as if from weakness of the loins; he will not eat anything or drink water, but will in most cases drink gruel, which seems to me to be a peculiarity in this disease. The cause of this epidemic I believe to be atmospheric. The means of prevention which I have taken are keeping the stables airy, at the same time not exposing the horses unnecessarily to the east or north-east wind, and substituting half bran for the oats of delicate horses; and, as the cases are decreasing and the type of disease milder, I do not consider any further means requisite. The treatment which I adopted has been purely Homœopathic, selecting a remedy in specific affinity with the disease, and whose action, when given in overdoses in a state of health, has been to produce similar symptoms; thus, in cases where the prominent symptoms were inflammation of the lining membrane of the larynx and sore throat, with cerebral congestion and closing of the eyes, I gave the *Tincture of Belladonna* in ten-drop doses four times a day, and as they rapidly recovered without mustard or any other application to the throat, I can no longer doubt the truth of 'Similia Similibus Curantur.'

"When the schneiderian membrane appeared to be principally affected, of a deep-red colour, with cough and nasal discharge, but no sore throat, I gave *Pulsatilla*, but was not so well satisfied with its action as with that of belladonna. When the stomach and bowels

were the seat of the disease, without any complication of the respiratory organs and throat, and my diagnosis gastric and cerebral congestion, I gave the *Nux Vomica* alone every fifth hour in ten-drop doses, but when, in addition to the diseased or congested state of the mucous membrane of the stomach, I perceived sore throat and closing of the eyes, I gave alternately *Nux Vomica* and *Belladonna*, and in one or two cases where the fever ran high, *Aconite*. In some cases where there was great debility with oedema of sheath and legs, I gave the *Liquor Arsenicalis* in ten-drop doses, on the principle that in large doses it causes violent inflammation of the stomach, and exercises a most depressing power on the animal economy. The rapid cures which you will perceive by the accompanying return were made in those cases of gastritis mucosa by the tincture of nux vomica, not only prove the correctness of my diagnosis with respect to cerebral gastric congestion, but are beautiful illustrations of the law of similars, for many of us have seen cases of poisoning by that drug or strychnine, where the post-mortem disclosed similar congestions, especially in the spine, causing sudden prostration of strength (and in a case that I witnessed) first of the hind quarters, like this epidemic. The subject of the case of acute laminitis, the property of Lieutenant Mannoek, was so bad the day I first saw it that we could not get it out of the stable, which I wished to do in order to place it in a loose box, and the fever was very high, yet under the influence of *Aconite* and *Arnica*, without even removing the shoes it has perfectly recovered.

“ I have the honor to be, Sir,

“ Your obedient servant,

“ W. C. LORD, *Cavalry Staff.*”

“ To J. WILKINSON, Esq.,

“ *Principal Veterinary Surgeon.*”

CAVALEY DEPOT.—MONTHLY RETURN OF SICK AND LAME HORSES.

CANTERBURY; January 31st, 1866.

Register No.	Age.	Sex.	Class.	DISEASE.	Per last Return.	DAYS OF		Cured.	Believed.	Incurable.	Died.	Destroyed.	Remaining.	REMARKS.
						Admission.	Discharge.							
49	15	M.	16	Seedy foot	1	Dec. 6	...	1	..	..	..	..	..	Doing well.
53	10	M.	1	Influenza	1	" 8	Jan. 4	..	..	..	..	..	..
59	14	G.	14	Punctured foot	1	" 19	" 4	1	..	..	..	..	..
61	9	M.	1	Influenza	1	" 26	" 21	1	..	..	..	..	..
62	5	M.	14	Wound	1	" 26	" 7	1	..	..	..	..	..
63	5	M.	1	Influenza	1	" 28	" 2	1	..	..	..	..	..
64	9	M.	3	Catarrh	1	" 28	" 4	1	..	..	..	..	..
65	11	M.	14	Contusion	1	" 29	" 10	1	..	..	..	..	..
66	10	M.	14	Wound	1	" 30	" 5	1	..	..	..	..	..
67	11	G.	1	Influenza	1	" 31	" 15	1	..	..	..	..	..
68	9	M.	1	Influenza .....	..	Jan. 1	" 3	..	..	..	..	..	..
69	10	G.	1	Influenza .....	..	" 3	" 10	..	..	..	..	..	..
70	9	M.	1	Influenza .....	..	" 3	" 10	1	..	..	..	..	..
71	14	M.	15	Chronic laminitis .....	..	" 4	" 16	..	..	..	..	..	..
72	9	M.	1	Influenza .....	..	" 5	" 14	1	..	..	..	..	..
73	10	M.	2	Pleuritis .....	..	" 5	" 11	1	..	..	..	..	..
74	9	M.	1	Influenza .....	..	" 7	" 24	1	..	..	..	..	..
75	5	M.	3	Catarrh .....	..	" 7	" 7	1	..	..	..	..	..
76	11	M.	14	Wound .....	..	" 7	" 21	..	..	..	..	..	..
77	10	M.	6	Indigestion .....	..	" 7	" 10	1	..	..	..	..	..
78	11	M.	3	Catarrh .....	..	" 8	" 10	1	..	..	..	..	..

Register No.	Age.	Sex.	Class.	DISEASE.	Per last Return.	DATE OF		Cured.	Relieved.	Incurable.	Died.	Destroyed.	Remaining.	REMARKS.
						Admission.	Discharge.							
79	9	G.	1	Influenza	...	9	26	1	...	...	...	...	...
80	9	M.	14	Contusion	...	10	19	1	...	...	...	...	...
81	10	M.	3	Catarrh	...	10	14	1	...	...	...	...	...
82	9	G.	1	Influenza	...	10	16	1	...	...	...	...	...
83	8	M.	6	Gastro enteritis	...	11	15	1	...	...	...	...	...
84	9	M.	3	Catarrh	...	11	16	1	...	...	...	...	...
85	19	M.	14	Sprain	...	14	24	1	...	...	...	...	...
86	12	M.	3	Catarrh	...	15	18	1	...	...	...	...	...
87	5	M.	1	Influenza	...	15	22	1	...	...	...	...	...
88	10	M.	14	Contusion	...	15	23	1	...	...	...	...	...
89	6	M.	6	Gastro enteritis	...	16	21	1	...	...	...	...	...
90	10	G.	3	Catarrh	...	16	25	1	...	...	...	...	...
91	7	M.	6	Gastritis mucosa	...	17	24	1	...	...	...	...	...
92	7	G.	6	Gastritis mucosa	...	17	23	1	...	...	...	...	...
93	10	M.	6	Gastritis mucosa	...	17	30	1	...	...	...	...	...
94	12	G.	1	Influenza	...	18	21	1	...	...	...	...	...
95	8	G.	6	Gastritis mucosa	...	18	21	1	...	...	...	...	...
96	6	M.	6	Gastritis mucosa	...	19	24	1	...	...	...	...	...
97	13	G.	1	Influenza	...	20	29	1	...	...	...	...	...
98	11	M.	3	Catarrh	...	20	26	1	...	...	...	...	...
99	16	M.	1	Influenza	...	21	27	1	...	...	...	...	...
100	10	M.	6	Gastritis mucosa	...	21	29	1	...	...	...	...	...
101	7	M.	3	Catarrh	...	22	31	1	...	...	...	...	...
102	7	M.	3	Catarrh	...	23	26	1	...	...	...	...	...
103	10	M.	1	Influenza	...	24	...	...	...	...	...	...	...
104	10	M.	3	Catarrh	...	24	30	1	...	...	...	...	...
105	5	M.	6	Gastritis mucosa	...	25	28	1	...	...	...	...	...
106	12	O.	3	Catarrh	...	26	31	1	...	...	...	...	...	Convalescent.

107	7	M.	5	Catarrh	26	28	1	..	..	..	1	Nearly well.
108	19	M.	2	Chronic cough	26	..	..	..	..	..	..	Doing well.
109	11	M.	3	Catarrh	26	..	..	..	..	..	..	..
110	5	M.	6	Gastritis mucosa	27	..	..	..	..	..	..	..
111	16	G.	3	Catarrh	28	31	1	..	..	..	..	..
112	11	G.	6	Gastritis mucosa	28	..	..	..	..	..	..	..
113	12	G.	1	Influenza	29	..	..	..	..	..	..	..
114	7	M.	1	Influenza	30	..	1	..	..	..	..	..
57				Totals	47	47	47	..	..	..	10	..

OFFICERS' CHARGERS.

OFFICERS' RANK.	DISEASE.	Date of Admission.	Date of Discharge.	RESULT.	REMARKS.
Captain Brown	Gastro enteritis	January 4	January 7	Cured	These horses have been treated homoeopathically, and consequently returned although not chargers.
Cornet Rutledge	Influenza	" 7	" 24	Cured	
Captain Grews	Catarrh	" 14	" 20	Cured	
Lieutenant Manneck	Acute lammintis	" 19	" 31	Cured	
Totals.....		4	4		

*Gallavardin's Clinical Conversations.**

The use of Lycopodium in cases of contortion of the face, convulsions of the sterno-mastoid and other cervical muscles, and also torticollis.

M. Le De Emery has cured five or six persons affected with that kind of contortion which made them involuntarily carry the head on one side.

In the first instance, I shall quote the case of a young priest, about 30 years of age. His head turned itself aside against his will, and even when he performed mass he was obliged to support the head with one hand in order to keep it towards the median line, in its normal position. This affection had obliged him to resign his priesthood. He was cured almost immediately after having taken Lycopodium 30 for eight or ten days; indeed, he appeared astounded, by his rapid recovery as no good result had followed the administration of other remedies previously given.

Dr. Schelling (see 'Hygea,' vol. iv, p. 85) cured with Lycopodium 23 a contraction of the large right posterior muscles of the head in a delicate female of forty years of age. The contraction appeared at first periodically every evening, then it recurred in the morning, and finally became permanent, and at this stage the malady was treated and cured.

The five or six cases of recovery show from practical experience the specific action of Lycopodium on the sterno-mastoid muscles and on the large right posterior muscles of the head. But this medicine exercises a specific action, not only on these but also on the anterior and posterior muscles of the neck in the healthy individual, as is shown by the following pathogenetic symptoms in Dr. Roth's 'Materia Medica Pura,' vol. iii, p. 428, 430:

1348. Stiffness of one side of the cervical region.

1349. His head involuntarily turns to the left (muscular contraction).

1350. Spasmodic pinching and twitching of both sides of the neck.

1352. Painful trembling in the muscles of the right side of the neck.

1354. Painful stiffness of the muscles of the left side of the neck.

* From *L'Art Médicale*, Janvier, 1865. Translated by Dr. Simmons.

1355. Painful twitching of the muscles of the left side of the neck.
1364. Paralytic weakness of the muscles of the neck ; the head always falls forwards with vertigo lasting six hours, but without desire to lie down.
1365. Involuntary shaking of the head, at first slow, then more and more rapid.
1366. Involuntary shaking of the head from right to left.
1367. Involuntary shaking of the head, which occasions vertigo.
1368. He turns his head involuntarily forwards and backwards.
1369. The muscles of the neck contract and relax involuntarily.
1370. Pain in the nape of the neck on bending the head forwards.
1371. The nape of the neck seems too short in stooping.
1377. Stiffness of the nape of the neck.
1379. Attempts to bend (the neck) with facility are attended with a painful stiffness of the nape.
1380. Tension of muscles of nape of neck.
1381. Trembling and contraction of the nape of the neck, day and night, reaching to the occiput.

These pathogenetic symptoms show that *Lycopodium* exercises a specific action, congestive and convulsive, on the sterno-mastoid, the anterior muscles of the neck, and muscles of the nape of the neck. According to the law of similars, then, this remedy is indicated :

1st. In contortions of the head produced by tonic or clonic convulsions of one or other of these muscles.

2nd. In torticollis, which most frequently affects one of the sterno-mastoids.

3rd. In that trembling of the head, which is frequently observable in aged people.

4th. In certain cases of chorea affecting the cervical muscles.

The Treatment of Hypopion by Senega and other Medicines.

Treatment of Hypopion and of Glaucoma, by Colchicum.

By DR. EMEY.

Two cases of hypopion have been recently cured, one with

Senega 3, the other, equally well, with Senega by Dr. Rodolph Noack, and in both instances the patients were scrofulous.

Senega appeared so efficacious to Dr. Sichel that, in one of his publications on the pathology of ophthalmia, the celebrated oculist considers it the specific for hypopion, particularly in young persons. For this affection he invariably used an infusion of polygala.

Senega is an old traditional remedy in the treatment of hypopion, for in 1777 Murray quotes from Peiffer two cases of hypopion cured by this medicine.

We see, elsewhere, this remedy prescribed for ophthalmia with exudation and suppuration by Dr. Ammon, of Dresden, and against the formation of cataract by Wandt, Hellmuth, Cartheuser and Schmalz.

In attentively reading the pathogenesis of Senega, one can accurately find *à priori*, after the law of similitude, the indications for this remedy in hypopion. Indeed the ocular symptoms, although all subjective, carry with them a weight, an unmistakable signification, since ten experimenters have observed similar effects on the eyes, after having taken quantities of the mother tincture of Senega (from one drop to sixty). Then nine experimenters all experienced a pressure in the globe of the eyes (Dr. De Moor's 'Materia Medica Pura,' vol. i, p. 324—326). One of these on looking down felt a pressure in the eyes as if a liquid were infiltrated in the globe and distended it. Another had the appearance of shades before his eyes. In the third the objects appeared dark. Finally, in others, besides the sensation of pressure in the globe of the eyes, there were deceptions of vision, photophobia, or weakness of the sight. Finally, in a tenth experimenter there was a sensation of distension in the eyes as if the globes were too large for their orbits.

This agreement of effects obtained by ten experimenters seems to prove that Senega produces congestive ophthalmia. But if a stronger dose had been taken, and for a greater length of time, might not this medicine have produced the consequences which follow congestion of the eye, to wit, ophthalmia with suppuration, with hypopion?

This is the point it is difficult to foresee, since the medicine did not produce diseases, but only some symptoms and lesions. Still, it might have been possible to produce actual diseases, had not the provers taken care not to go so far. However, they

deserve credit for having taught us at their expense the initial symptoms of diseases which the remedies cure, and even this information ought to be corrected and corroborated by clinical experiment.

If, however, after accidental poisoning by Senega ophthalmia with hypopion has never been observed, yet this has happened to a child that was poisoned by *Colchicum autumnale*, and died from it in forty-five days.

In his '*Materia Medica Pura*,' vol. ii, p. 253—255, Dr. Roth has related the following ocular symptoms of this poisoning case reported by Dr. Schelling in the '*Medizinische Annalen von Chelius, Puchelt und Nægele*,' vol. iv, chap. iv, p. 591:

Cornea.—A small white circumscribed spot on the cornea is previously quite clear (fourth day).

The spot on the cornea has disappeared, but the cornea is slightly opaque (fifth day).

The spot on the cornea manifests itself anew (forty-second day).

The spot on the cornea has again disappeared; but the cornea has become more protruded, and in the deeper parts of the eye a greenish opacity is observable (forty-fourth day).

Sclerotic.—Sclerotic slightly red (fourth day).

The redness of the sclerotic diminished on the eighth day, but increased again on the eleventh day.

Sclerotic again red (thirty-first day).

The redness of the sclerotic has again disappeared (forty second day).

Anterior and posterior chambers.—In the anterior chamber of the eye a small quantity of purulent fluid is observable, and in the posterior chamber a darkening of the lens and of its capsule of such a kind that the strange phenomenon of the formation of a capsular cataract in some hours presents itself to the observer.

The opaque lens is pushed forward in such a manner that the cornea appears in its turn more convex and more prominent, and the globe of the eye also acquires the appearance as if it had left its orbital cavity (eighth day).

The purulent effusion in the anterior chamber disappears on the seventh day, and the cornea recovers its former transparency.

A yellow flaky membrane moves about (up and down) constantly in the posterior chamber of the eye behind the edge of the iris (eleventh day).

The flaky membrane passes from the posterior chamber to the anterior; when it fixes itself on the floor of the posterior chamber of the eye, there is a cloudiness which appears to remain in the vitreous tumour.

Iris.—The iris discolored, indistinct (eleventh day), the left iris is again discolored (forty-second day).

Pupils.—Exceedingly sensitive to light: right pupil contracted, left pupil dilated (thirty-fourth day).

Right pupil moderately dilated, at length the left is exceedingly contracted (forty-second day).

Lens.—The opaque lens diminishes in size (eleventh day).

The lens becomes green (twelfth day).

The lens on the twenty-second day loses its green colour, and on the twenty-third day its first transparency is restored.

The foregoing symptoms suffice to show that by the law of similars Colchicum is perfectly indicated in severe ophthalmia, hypopion, and even in glaucoma, on account of the green tint produced in the lens and in the bottom of the eye of this poor poisoned child.

On a consideration of the whole of the pathogenesis and the instructions of experience, it would be peculiarly indicated in rheumatism and gout. However, it has not, as far as I know, been used in affections of the eye by the homœopathic school, at least, I have not met with any mention of it in 'Klinische Erfahrungen' of Bueckert. Medical tradition teaches me nothing on this subject save that Locher Balber successfully treated two cases of ophthalmia with the Tincture of Colchicum (*Révue Médicale*, vol. iii, p. 181, 1825). Clinical experience is beginning, then, to confirm the indications of the pathogenesis.

However, in coming forward to announce two remedies in the treatment of hypopion, I have no intention to depreciate the value of six or seven others which the homœopathic school has already proved to be of value in similar instances. Far from that, I shall recall briefly twenty-three cases of cure of hypopion related in the works of Bueckert. Moreover, I will briefly set forth in this paper the therapeutic resources we are able to employ against this disease.

1st. *Observation.*—Arsenicum 4, cured, in five days, a violent ophthalmia with hypopion; there was also employed an ointment of Euphrasia.

2nd Observation.—Hepar 8, followed by Euphrasia 8, cured in five days a hypopion accompanied with abscess between the layers of the cornea, then the remaining phlyctenulæ were cured by Puls. 8.

3rd and 4th Observations.—Hepar cured two cases of hypopion in scrofulous persons, Sulphuric 6 given previously to one of them, had only produced a general amelioration.

5th Observation.—Merc. Sol. 8 cured a case of hypopion with rheumatic ophthalmia.

6th to 16th Observations.—Merc. Sublim. cured six cases of violent strumous ophthalmia presenting the following symptoms : Inflammatory swelling of the eyelids which are indurated, inflammation of the meibomian glands which secrete a mucous fluid. Excessive photophobia, hypopion, abscess in the layers of the cornea, whitish films on the cornea, incipient staphyloma—inflammatory swelling of the cheeks and parts around orbits, which are covered by small pustules, obstruction and induration of cervical glands, cutaneous eruption on the occiput.

Of these ten cases six occurred in children between the ages of two and six, and three between eleven and sixteen years of age. The ophthalmia had existed in some from one to three weeks, in others from one to three months ; in the last instance for two years.

In five cases, a cure was manifest in from four to nine days ; in four cases, in from six to fifteen days. And, lastly, the patient who was affected for two years, recovered in six weeks.

The patients took three or four times a day, two or three drops of a solution containing

Merc. Sub.	25 Milligr.
Water	120 Centigr.

One of the patients only took 100th part of the solution four or five times a day.

In some cases a lotion was applied to the eye formed of

Merc. Sublim.	5 Centigr.
Water	125 Grammes,

17th Observation.—Plumbum 15 has cured an hypopion which had followed iritis. There were at the same time nightly tearing pains in the eyes and forehead, which prevented sleep ; the sight

was so weak that patient could scarcely distinguish day from night.

18th *Observation*.—Acon. 2 and Sulph. 2 cured a violent ophthalmia, with hypopion and abscess in the layers of the cornea, blindness.

19th *Observation*.—Sulphur 6 cured a traumatic ophthalmia, presenting a violent palpebral conjunctivitis; opacity of the cornea; abscess in layers; hypopion. The patient had at first taken Arnica and Senega without success.

20th *Observation*.—Sulphur 8 and Sulphur 3 cured a hypopion with a violent ophthalmia, which appeared to have disorganised all parts of both eyes, after the operation for cataract in a lady of sixty-eight years.

21st *Observation*.—Sulphur 3 cured completely in three weeks, a violent gouty ophthalmia which had existed one year in a lady of sixty-two years, and presented a hypopion with other alterations of parts of the eye.

22nd *Observation*.—Sulphur 1 and Sulphur 30 cured completely a violent ophthalmia with hypopion and abscess in the layer of the cornea, &c.

23rd *Observation*.—Sulphur cured promptly a hypopion resulting from blennorrhagic ophthalmia (Dr. Bummel).

In all these cases the hypopion was rapidly cured in from eight to fifteen days, according to Dr. Rueckert.

Hypopion is ordinarily consecutive to ophthalmia, and this is mostly of a symptomatic character.

Therefore, in order to institute an efficacious treatment in such cases, the practitioner should choose a remedy at once applicable to the disease, to the ophthalmia and to the hypopion, that is to say, to the totality of the past and actual symptoms. Keeping this in view he will succeed in finding among the remedies mentioned in this essay that which is best indicated homoeopathically to the disease under treatment.

Hydrothorax cured by Apocynum Cannabinum.

Mrs. V. R.—Oct. 27th, a weak, nervous and delicate woman, was pregnant with her second child, and expecting every day to be confined. Six days previous to her confinement her feet and

limbs began to bloat, kidneys ceased to act, great dyspnoea, and a dry hacking suffocating cough set in. Regardless of the dropical condition of the lower limbs they mistook the symptoms for asthma, and allowed the disease to continue, expecting every hour the attack would yield. As she steadily grew worse, and the dyspnoea increased, they finally sent for me. I immediately notified them of the error they had made, and informed them of water in the chest. Gave *Ars.* 3 centesimal through the day. The following night she was confined, but contrary to my expectations the accumulation of water continued. She could not breathe in any other but a sitting position, with the head thrown forward. The coughing had increased and was now incessant, great thirst, scanty urine, small weak and quick pulse, and clammy sweat. Continued *Ars.* and added *Aconite* to allay the fever. Next morning found my patient even worse, if possible. The friends were very much alarmed and met me with, "well Doctor, if you can do anything to help her it must be done quickly." I prescribed *Apocynum* cann. five drops every two hours. The result was satisfactory in the extreme. Next morning auscultation and percussion revealed the gratifying fact that the water was diminishing in quantity; and the dyspnoea, cough and anguish rapidly yielded to the magic virtues of the hemp. I commenced its use at a time when every symptom pointed to a fatal and speedy termination of the attack.

I commend its use to the notice of the profession in hydrothorax.

H. M. WARREN.

Am. Hom. Observer, Feb. 1865.

Æsculus Hippocastanum in Hæmorrhoids.

1. Mrs. H., a German woman, mother of four children, constitution impaired by allopathic purgatives and emetics, has had hæmorrhoids for twelve years. *Nux* had given some relief; always troublesome during pregnancy; a small vial of *Æsc. hipp.* cured her.

2. Mrs. W., mother of five children, robust and energetic, thought hæmorrhoids to be *part of her being*, did not even mention them, as she could not sit or lie down with ease, had to be pumped hard before she owned them; when bleeding, had some relief. Cured by *Æsc. hipp.*, two weeks after *Collinsonia* can. I just

saturated the globules with the tincture and ordered four gr. four times the day for a week.—*Am. Hom. Observer*, Feb. 1865.

R. S.

*Case of Phthisis Pulmonalis.**

By W. A. HAWLEY, M.D., SYRACUSE, N.Y.

I suppose every man who has undertaken to practise the art of healing feels at times a want of satisfaction in the use of remedies, and a sense of uncertainty as to the curative action of drugs, such as to lead him sometimes, perhaps often, into a condition of scepticism in regard to medicine which makes his daily labour a weariness to the flesh. Sometimes, however, he is permitted to witness such brilliant and indubitable effects that he gets courage and strength on which he labours for many a common day. And not only does he find encouragement from such cases in his own experience, but it is an aid to his hope and a stimulus to his industry to get authentic reports of such cases in the experience of others. It is this consideration which leads me to give you to-day a report of such a case from the records of my own practice.

On May 5th, 1861, I was called to see E. S—, a little girl of some nine or ten summers. An examination resulted in the following notes.

Great irritation, with excessive paleness and dinginess of the skin; dry hacking cough; dulness on percussion, quite marked over upper part of right lung, complete over the base and slight over upper lobe of left lung. Bronchial respiration in upper part of both lungs very marked in the right, with perfect silence at the base. Respiration hurried and performed entirely by the chest muscles; hectic chill every day followed by considerable fever; most profuse sweat on sleeping, day or night; listlessness with no disposition to play like other children; tongue clean and pale; appetite variable; desire for acids; bowels regular; urine scanty and high-coloured with whitish mucous sediment on standing; pulse 124 and very small; nails hooked; the fingers looking as if terminating in balls, *very marked*. A symptom,

* Read before the Homœopathic Medical Society of Oneida County, N. Y., June 21st, 1864.

by the way, which is always regarded as certainly diagnostic of confirmed phthisis, and which I never before saw cured.

After a considerable study of the case I prescribed Ars. 6 and Phos. 6 in alternation once in two or three hours. The next day the sixth, continued the same. Visiting her again on the seventh and finding no improvement, I gave her Sulph. 30 once in six hours for two days, followed, on the ninth, by China 6 once in two hours for two more days, when the Sulph. 30 was resumed and continued till the fourteenth, when, still getting no positive mitigation of the symptoms and feeling that the indications were, if possible, to control the excessive prostration and sweating, I went back to Ars. 6 once in two hours. This was continued, with a relief from the chills and perhaps a little mitigation of sweating, up to the twentieth, still there was no such improvement as to give me any encouragement, and, with a feeling that the case was almost if not utterly hopeless I carefully restudied it, and concluded to give her a single dose of Sulphur 150, followed by Sac. lact. once in two hours and await the result. In a very few days I had the satisfaction of seeing a most marked improvement. The sweats ceased, the lungs began to be cleared out, and all the symptoms were so much improved that on the twenty-eighth she walked to my office, a distance of at least half a mile, and back. Continued the Sac. lact. till June 1st, when, the improvement seeming to have ceased, she got another dose of Sulph. 150 with Sac. lact. till the sixth, when, complaining of some return of the chills, she had a single dose of Ars. 200, which was repeated on the eleventh and was the last medicine she had. About July 1st she was discharged cured. Her cough gone, her respiration perfect, flesh restored, fingers tapered off nicely, nails straightened, and she is playful as other children of her age. I have frequently seen her since, and to-day she is as healthy looking as any child you may meet.

This case seems to me to illustrate beautifully the wisdom of allowing remedies to exhaust their action before repetition in such chronic cases, as well as to demonstrate the efficacy of high attenuations, even when the lower have failed. It is to such cases as this that one can always look back in hours of despondency and doubt, and find encouragement for renewed application and labour. If it shall give like encouragement to any others, the object of this writing will have been fully accomplished.—*Am. Hom. Rev.*, Sep., 1864.

OBITUARY.

DEATH has removed from among us several distinguished homœopathic practitioners whose loss will be deeply felt and difficult to supply.

DR. C. SYDNEY HANSON died at Brighton on the 25th November, 1864. He was a man of gentlemanly address, and in the early days of homœopathy in England, he did much to spread a knowledge of Hahnemann's system among the aristocratic visitors at Melton Mowbray. He afterwards practised at Leicester and some other places, and was for a short time in London. His health latterly was very bad, and he had to spend some years abroad on account of it. He held peculiar views as to the self-destructive character of homœopathic practice; he used to affirm that the success of homœopathy was so great, that though a practitioner might gain a good clientèle in a provincial town, he soon cured all the existing chronic and acute diseases, and was so successful in checking new diseases that his practice gradually dwindled down to insignificance, and if the supply of new patients were not inexhaustible, as in a metropolis like London, he would soon have to leave the place for lack of patients. These views he used to defend with considerable ability and to illustrate practically by his own experience.

DR. JOHN OZANNE, the amiable and talented representative of homœopathy in Guernsey, died at his residence there on the 18th of December, 1864. His appointment, by Colonel Slade, governor of the island, and an ardent homœopathist, to the post of Staff-surgeon to the Militia excited the violent opposition of the allopathic practitioners of the island, and especially of the other militia surgeons, who threatened resignation in a body and all sorts of evils, unless the obnoxious homœopath were removed. The mode in which our late colleague was assailed and the gallant way in which he withstood the assaults of his furious colleagues excited the contempt of all right-minded people for his assailants and their admiration for the amiable and accomplished defender of homœopathy. Dr. Ozanne was a skilful practitioner, an eloquent and facile writer, and an ardent partizan of the homœopathic

school. The frequent papers he contributed to our pages bear testimony to these qualities. He was the original editor of our contemporary the *Monthly Homœopathic Review*, and when he ceased his connection with that periodical we were anxious to enlist his services as editor of this journal on the resignation of Dr. Russell, but he had other views, and he shortly appeared as editor of the *Medical Observer* to which he contributed many valuable statistical papers. Dr. Ozanne was a thorough gentleman, an attentive and careful practitioner, an excellent observer, and beloved by his patients and friends. His influence on homœopathy extended far beyond the narrow limits of the Channel Islands, where he practised most successfully for twenty years. He was 49 years old at the time of his death.

DR. ROBERT MACLIMONT, whose paper on cancer (in conjunction with Dr. Marston) so recently appeared in our pages, died on the 8th of February last, at the early age of 42, at Bath, of scarlet fever, caught from a patient. He was a native of Glasgow, where he spent his early years and received his preliminary education. When still young he proved to be exceedingly delicate, and, on account of threatened pulmonary disease, had to leave his native town for a more genial climate. The state of his health for many years kept him much abroad, chiefly in Madeira and the Mediterranean. When his health allowed he pursued his medical studies at Quebec, and took his degree at New York in 1852. He adopted the homœopathic method in 1855, and practised in London, Guernsey, Mentone, and lastly in Bath, where he soon got into extensive practice. The papers he contributed to our pages, "On Climate in reference to Pulmonary Consumption," and the one on cancer just alluded to, though not adding much to homœopathic practice, show that he was a careful and diligent observer, and a judicious and skilful practitioner. We understand that he was much beloved by his patients and he has left many sincere friends to mourn his loss.

DR. G. CALVERT HOLLAND, of Sheffield, is the last of our long list of deaths. A ready writer, Dr. Holland was the author of many medical works, some of them bearing on homœopathy; and his fluent tongue was often heard at meetings assembled to do honour to the founder of homœopathy, or to advance the know-

ledge and practice of his system. His philosophical and logical mind at once perceived the truth of Hahnemann's doctrines as soon as he set about inquiring into them, and had health and life been accorded to him, our school would undoubtedly have owed much to his talents seconded as they were by the untiring energy of his spirit. He occupied a conspicuous place in the Town Council of his native town, and the esteem in which he was held by his fellow-townsmen was shown by the attendance at his funeral, on the 14th ultimo, by almost all the inhabitants of Sheffield from the mayor, who was one of his pall-bearers, downwards.

BOOKS RECEIVED.

The Homœopathic Theory and Practice of Medicine, by Drs. E. E. MABCY and F. W. HUNT. New York, 1865. Radde.

Military, Medical, and Surgical Essays, Prepared for the U.S. Sanitary Commission. Edited by Dr. W. A. HAMMOND. Philadelphia, 1864. Lippincott and Co.

Narrative of the Privations and Sufferings of U.S. Officers and Soldiers when Prisoners of War. King and Baird, Philadelphia.

Medical Investigator. No. 5, for February. 1865. Chicago.

Letters on Homœopathy—for and against. Montreal, 1864.

The Indian Daily News. No. for 11th Jan., 1865.

Inhalation the most Natural Treatment for Diseases of the Respiratory Organs, by C. T. SCHMID, M.D., and C. MILNER, M.D. 1865.

New and Comprehensive System of Materia Medica and Therapeutics, by C. J. HEMPEL, M.D. Second Edition, New York, Radde, 1865.

The Monthly Homœopathic Review.

The Homœopathic Observer.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Médico.

Neue Zeitschrift für Hom. Klinik.

The North American Journal of Homœopathy.

The American Homœopathic Observer.

Drs. Marston and MacLimont's (New) Treatment of Cancer Explained by JOHN PATTISON, M.D. London.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

MY CONTRIBUTION TOWARDS THE SOLUTION
OF THE DOSE-QUESTION.

By Dr. CLOTAR MÜLLER.*

If, for a period of about fifteen years, I have not directly interfered with a single word in the almost incessant contest about the superiority of the lower or higher doses of Homœopathic medicines, my silence has not arisen from a diminished interest in the elucidation of this important question. On the contrary, I may say that I have bestowed unremitting attention on the subject, and zealously followed up and considered all that has been published on either side, from various quarters. Even in personal intercourse with medical brethren, whether friends or strangers, I have sought, as often as possible, to moot this point, and to ascertain their views, motives, and experience.

If, then, I have hitherto strictly avoided speaking out on the Dose-question, in spite of many, and sometimes indelicate, provocations, this has been entirely due to a predetermination which has for years been settled, and every year becomes more and more confirmed.

* *Homöopathische Vierteljahrschrift*, vol. xvi, p. 1.

To explain. When, soon after the commencement of my literary labours, the battle of the doses was raging most zealously and violently, in consequence of the discovery of high potencies, it could not be otherwise than that I, having just at that time the reviewing of the *Neues Archiv* committed to my charge, should be drawn into the controversy. I considered it my duty not to keep back my own view, but to maintain it honorably and openly against all opponents. And as I was in those days rather young and sensitive, I probably contributed nothing calculated to prevent the strife from waxing hot, and degenerating into useless and often personal polemics. It did not, however, require great sagacity to discern that such a controversy could have no results either creditable or profitable to Homœopathy; just because, independent of quarrels that were often purely personal, it was conducted for the most part on theoretical and *à priori* grounds, and little value was conceded to the calm sober balancing of facts: or, at least, almost every one of the combatants was only anxious to dish up in the shortest possible time the greatest possible quantity of so-called "experiences." For this reason I shortly withdrew, and soon after, on the establishment of the *Homöopathische Vierteljahrschrift*, announced my resolution not to open its pages to such a fruitless controversy. And to this day, at the end of fifteen years, I can assert that I have kept true to this resolve, as far as it was possible without appearing insensate. I need hardly assure my readers that, in the present treatise, I do not wish to recall that old quarrel. Whoever will take the trouble to read it through will perceive that I cannot be provoking any one, however sensitive and pugnacious, by merely communicating the experience of a course of more than twenty years' practice. I always considered, and still do consider, this the only way to bring about an actual decision regarding the dose-question: but I must confess I wish many more would follow my example, for the experience of a single individual must ever continue defective and unsatisfactory, as it must needs be in every way only worth just so much as the man himself deserves to be trusted and believed.

I hold it to be every homœopath's positive duty to the science to bring his work and results to the proof, and to lay them down as a grateful legacy in contribution towards the solution of difficulties. And I might regard these notes, too, as a legacy, for this reason, that I believe I am in a position to make no further essential alteration, but to be as indifferent and silent towards all remarks as a dead man over his last will and testament.

Thus, in the following pages, simply and without further deductions in regard to all the medicines with which I can hope I have any experience worth speaking of, I shall mention those doses which seem from their results to deserve the preference. I just remark once more that these decisions are only my own individual ones, and are by no means intended to contradict or combat the opposite results of others.

Let others by all means have had and published experiences that are discrepant, and, perhaps, even antagonistic—these must by no means exalt themselves in opposition, or show fight; on the contrary, they may, up to a certain point, be supplementary and even confirmatory. In no case does the dubious stand of our unsettled dose-question become worse than heretofore by means of such publication and comparison of individual experiences. It is true that with one part of my worthy colleagues—happily not very numerous—who quite seriously assert that “there still exists a dose-question only for ignoramuses, but not for those who are thoroughly intimate with the dose-law of nature;” with these, I say, I find myself in an almost insoluble conflict, though I by no means fear to allow myself to be thrown by these gentlemen into the category of “ignoramuses.”

But what will these say, if I not only consider the dose-question far out of the reach of their solution, and not at all ripe or suitable for such a positive decision, but must also assert that, according to my experience, some medicines deserve the preference in very strong, others in very weak doses, nay, even the very same medicine sometimes in stronger sometimes in weaker doses, according to the case in hand? I must leave

these ready ones to solve the contradiction in any way they can, or to throw aside my experiences as irrelevant or unimportant. It is my intention merely to make known the results of my practice, and at least to lay them for comparison with their own before the eyes of those who, like myself, wish the dose-question to be cleared and solved gradually by unfettered facts, and not erased by the stroke of violence.

In fact, I not only employ some medicines (as, for instance, some of the so-called antipsorics) in the thirtieth dilution, and others again in the first or third, but I even prescribe individual medicines sometimes in lower sometimes in higher dilutions; so that, for instance, many a physician visiting the dispensary has heard me prescribe *Sulphur* in the *Mother tincture* and in the 30th soon after each other, and therefore thought me acting strangely. That I do this not out of whim or caprice, surely requires no assurance of mine any more than that I am not following any predetermined theory but mere experience and observation, which have gradually furnished me with certain rules and principles. And on purpose have I exclusively as well as willingly given myself up to observation alone, because I have long been of opinion that the dose-question could only be solved by experience *pur et simple*.

The maxim laid down by many, and as strongly opposed by others, that low dilutions should be preferred for acute, and high for chronic diseases, was never by any means satisfactory to me; and I must at once acknowledge that, in the course of my experience, I have not at all arrived at an unconditional recognition of the maxim, nor can I thoroughly agree to it as a principle, though in individual cases it may often be found correct.

In fine, still less would I, from the beginning, unconditionally trust those who will have the strong doses to be the best, through thick and thin, or those who insist upon high ones, or "high potencies," and in these alone recognise the real essence of Homœopathy.

At the outset, therefore, I decided for no particular direction, and kept giving first low then high dilutions by turns;

the latter, I admit, only when there appeared no danger from delay, and the experiment seemed in no way critical.

I especially selected such cases as were in regard to their frequency and the coincidence of symptoms most appropriate to the comparison and observation of the efficacy of different doses. Upon this, two facts very soon presented themselves which gave me a better hold and a certain system for my further experiments; viz., first I was convinced that some medicines act with more certainty and power in strong doses, whilst, on the contrary, others developed, in high dilutions, a more general and extensive efficacy, which seemed denied to them when unpotentised.

This coincided with the experiences of many others, and simply corroborated them in many particulars. The second observation could not fail to strike me, though it was not new nor unnoticed by others. Almost constantly it appeared, in the case of certain medicines, that for given morbid symptoms and organic diseases, they exhibited a far more certain and powerful curative effect in strong doses than in high dilutions, which last, again, seemed to be more efficacious in other diseases. And, in fact, as already noticed, the difference of these opposite gradations of dose-requiring morbid symptoms consisted by no means alone in their acute or chronic character. Nay, rather, it seems to me (if I may venture so soon to draw general conclusions) to depend on the leading or primary affection of this or that organ or system of organs. Thus, for instance, *Rhus Toxicodendron* acted better for paralysis in the first, and for cutaneous eruptions in the sixth dilution; *Nux vom.* for gastric affections and for constipation in strong, for heart disease in highly-diluted doses; and so on. Thus the difference appeared to be founded on the fact that in one case the spinal cord, stomach, and intestines, in the other, the skin and *par vagum* were idiopathically affected. I venture, however, to assert that, from first to last, no such preconceived view or theory was adequate or influential with me as to the employment of higher or lower dilutions, but that, from time to time, by repeated coincidence of the like circumstances, a kind of sys-

tematic employment of strong and weak doses arose in my practice.

Originally, I only experimented first with high and then with low dilutions; first for this disease, then for that; and it was only as certain differences gradually presented themselves that I was obliged to undertake the consideration of them for the chance of confirming them by further experiments. Therefore, in the special dose-sketches given below I rely exclusively on my own personal experiences, and I admit without hesitation that these are far from being decisive for others; that, proceeding from a single individual, they must of course be still quite disjointed and insufficient, and require complete confirmation from other quarters, before one can venture to frame general conclusions and principles available for all cases.

I merely give separate facts and observations of special value and weight to me in my practice, but for others only to take cognisance of and to test.

The key to the explanation of this varying medicinal action of various dose-gradations in various diseases, would besides, like many another thing, have to be sought and found in our *Materia Medica*. It is quite conceivable that symptoms which occur constantly in all or many provers—or very soon after taking the medicine, or very distinctly and intensely, or only after strong doses, would also be more surely and rapidly cured by definite grades of dose than symptoms which have occurred very sparsely, weakly, or slowly, or after experimenting with high potencies. Accordingly it would also only belong to a more special and deep acquaintance with our provings, and with the power of our medicines in general, to decide upon them finally and to establish special rules *à priori*. As yet one must needs be content in each individual case to take his stand upon pure experience, and to leave the solution of the dose-question to experiment alone.

In conclusion, permit me to communicate just one remark, which, though not immediately to the point, yet at any rate belongs to the category of the dose-question. I only wish

from my heart that this last should be taken up on all sides just as objectively and harmlessly as it is by me—*e. g.*, in the sequel of this article, being simply offered as the result of my own observation. For it seems to me to be a matter of high psychological interest to direct attention occasionally to the influence evidently exercised by the exclusive employment and preference of the so-called “high” and “highest potencies” upon the modes of feeling and thought of this class of Homœopaths. Whoever has followed in any measure our literature for some years, can hardly have failed to see that with one accord there runs through almost every communication of the worshippers of high potencies, like a scarlet thread, a very peculiar exaltation and overvaluation of self, setting forth, as a self-evident fact no longer to be doubted, that the genuine Homœopaths, and especially the true adepts in the *Materia Medica*, are to be found exclusively among the advocates of high potencies. It stands with them as fully demonstrated that, for the employment of high potencies, nothing qualifies a man but an extraordinary knowledge of the *Materia Medica*, or in fact an innate inspiration; whoever is not endowed with this must be content with the lower dilutions which perchance even the ordinary physician and smatterer in the *Materia Medica* learns to administer, with a tolerable result, though of course this cannot be compared with that attained by the devotees of the true Homœopathy.

Most expressly are these initiated ones in possession of the arcanum of the true “simile,” which has nothing in common with the ordinary apprehension and “blundering on” of the million. This “true simile,” amongst other things, especially contributes to those “symptomatic cures” which are the *ne plus ultra* of the science for those “genuine Homœopaths,” whilst to the uninitiated they merely appear as the grasping at one or two striking symptoms which are for the most part secondary and purely accidental. Nay, the exclusive employment of the high potencies gives under all circumstances the privilege and stamp of a genuine disciple of Hahnemann and of Homœopathy, even though he may employ

medicines which have not yet been proved at all, or medicines alternated or even mixed together, and thus directly violate the cardinal rules of Homœopathy *en masse*.

I have perhaps no right to find self-exaltation and self-overrating in the ordinary reasonings of the adherents of high potencies, and particularly in the case where practically their doings and accomplishments correspond to this higher scale, so that their knowledge of remedies and their cures are actually striking and prominent, and their choice of medicines follow as the consequence of the demands of that higher simile. I am far from wishing to put myself forward as a competent judge on the matter, if it were but for this reason, viz., that I have too little personal intercourse with that class of colleagues, and do not keep up intimate connection with the class whose immediate and continued observation and control could furnish the suitable grounds and facts. However, at any rate, the facts which lie before me and others at present are not exactly calculated to make us endorse this boasting.

As to that choice of remedies (so much talked of) which enters into the finest specialities and characteristics, and shudders at all generalization and at taking the name of a disease into account, that stands in woeful contrast with such medicines, for instance, as "Bœnninghausen's Croup Powder," which is prescribed and employed off-hand for that disease. Equally, also, the stereotyped remedies for cataract. Besides, I know from oral communication with many a renowned high potentiary, that not unfrequently the sole indication for a given medicine is the circumstance of its having benefited others in the same disease.

Now a more severe reproach was never made by the extreme orthodox against the specifickers! Where then remains their consistency? or is that by any chance consistency?

Under such circumstances, is it not to be suspected that in reality the continued employment of high potencies exercises a narcotic influence on the faculty of seeing the beam in one's own eye, and that the ascending scale of the dilutions keeps pace with the elevation at which a man views himself and

his performances? Is it not generally admitted that the steeper and more unmeasurable any height is, so much the more easily will one grow giddy that stands thereon. But whether others share my suspicion of this peculiar influence of the high potencies or no, I hope they will at least avoid mistaking this conciliatory and well-meant attempt on my part to make external circumstances, and not the character of the persons, responsible for the errors here considered.

Aconite. — Of this remedy, which of course I have often employed, I have observed in many cases a very decided effect in acute disease; and though I am not quite prepared to call in question its efficacy in high dilutions, yet my experience thoroughly speaks for its employment in strong doses. In conditions purely febrile, in acute catarrhs, in certain inflammations, in croup, &c., I have given it for years only from the 1st to the 3rd dilution.*

In acute rheumatism, in those cases in which I consider this remedy generally indicated, I use it with splendid success, even in the (*Mother*) tincture 1 to 3 drops for a dose. It is only in cases when rather a so-called nervous excitement is present (as, *e. g.*, in a certain sleeplessness, or after violent mental excitement), and in purely chronic cases (*e. g.*, affections of the tongue), have I found that the sixth or ninth dilution thoroughly succeeded, and is probably to be preferred.

Alumina I have often prescribed in dilution 30, according to the directions, for the suitable disease of the spinal cord, but without perceptible effect; and I confess to result no better from the 3rd trituration.

Ammonium carbonicum I used a few times with evident

* We presume the centesimal scale is meant, but we are not certain, and we feel the same difficulty every time we read the works of German authors on Homeopathy. We cannot but think the introduction of another scale, besides that of Hahnemann, was an unfortunate mistake, and the more so as it was quite uncalled for. In this paper Dr. C. Müller specifies the first decimal dilution as used for *Chin. sulph.*, *Fer. mur.*, *Kali hyd.*, *Mur. ac.* and *Spongia*. For *Phosphorus* the centesimal scale is specified, and of *Mercur.* and *Sulph. ac.* he says he varies the strength from the first decimal to the sixth centesimal. —EDS.

effect in certain forms of catarrh, dyspnoea, and asthma, in the 1st and 3rd trituration. I seldom used high dilutions in such cases, and never with success.

Antimonium tartaricum.—In consequence of many years' experience, I still employ this only in trituration 2nd or 3rd, and very often my selection is crowned with decided success.

Apis.—My tolerably numerous experiences have not enlisted me amongst those enthusiastic praisers of this medicine, who descry in it the most brilliant enrichment of our medical store. I must, however, acknowledge that in isolated cases I have attained decided and even extraordinary results. Especially was this the case in an instance already published in the *Vierteljahrschrift*, of malignant pustule poisoning, when *Apisine* 3 averted the threatened fatal termination, and gave the disease an essentially different character; also in several acute affections of the eyes (generally of a scrofulous character) where *Apis*. 6, as well as 30, had a manifest effect.

Argent. nitric. 3 has sometimes shown decided effect in certain forms of gastric disease, as well as pains in the head.

Arnica.—Besides the external employment as a lotion, I have also not unfrequently seen its full efficacy when given internally in dilutions 3 and 6.

Arsenicum.—This medicine belongs to the class which I prescribe in low and high dilutions; and that, too, by very definite rules, according to the condition of disease, and the symptoms for which it is to be employed. In the lower triturations I give it universally, when it is indicated by lupus, carcinoma, psoriasis, rupia, impetigo, ulcers of the feet, intermittent fever, and in some cases in very strong doses, as the 1st and 2nd triturations, and that with the most extraordinary and almost unailing effect.

The most inveterate cases of lupus and psoriasis, which had hitherto defied every other treatment, I have in this way perfectly and permanently cured in a comparatively very short time, without seeing even the slightest secondary sufferings

or sequelæ. On the contrary, if I give *Arsen.* in cases of dropsy, intestinal or gastric catarrh, or phthisis, I generally prescribe the 6th dilution, and often enough with good result, as far as such a result is in general possible in these usually hopeless cases. I have also often learned from the trial that, if the 6th dilution has no diuretic effect in dropsy, the lower dilutions succeed no better. Still higher, namely, in dilution 30, I mostly use this medicine for asthma, spasms of the heart, and chronic inflammation of the eyelids; and I believe I not unfrequently obtain a favorable result thereby.

Aurum.—I have sometimes seen evident effects from *Aurum muriaticum*, 2nd and 3rd triturations, in ozæna, caries, and syphilitic affections of the bones; also once or twice from the first decimal dilution in ascites. On the other hand, the higher dilutions, as well as the other preparations of *Aurum*, have as yet always proved ineffectual in my hands.

Baryta muriatica, too, I have sometimes found efficacious in triturations 2 and 3, for swelling of the glands in the neck; whilst no good ever resulted from higher dilutions or other preparations of baryta.

Belladonna.—This is, above all, the remedy from which I believe I have seen the greatest number of decided and quite indubitable effects, and the most splendid cures; and that, too, mostly in strong doses and very low dilutions. In certain cases of neuralgia, migraine, whooping-cough, inflammation (especially angina, phlebitis, ophthalmia, peritonitis, and oophoritis), calculi, biliary and urinary, inflammatory gastric derangement, and rheumatism, I have almost without exception observed immediate amelioration or cure, not merely temporary palliation; and that without any secondary symptoms or sequelæ. The dilutions were 2 or 1; nay, in peculiar circumstances, even one fourth of a drop, or a whole drop, of the pure tincture was the dose. I have also seen favorable results, though not so uniformly, in suitable cases of erysipelas, dermatitis, scarlatina, congestion, and inflammations of the brain from the 3rd or 6th dilution of this medicine; and am, at the same time, sure that in these cases these medium dilutions succeed as well, if not better, than

those lower ones. Even in dilution 30 I employ *Bell.*, according to my experience, in definite cases; these are individual cases of photophobia without inflammation, and of migraine with high sensitiveness; also experimentally in cases of *acne faciei* and coppery redness of the face and especially the nose, because here other doses and other remedies did little or nothing for me; and I have in a few isolated cases seen good effects from *Bell.* 30.

Bismuth, according to my experience, acts only in strong doses, in about the first decimal trituration, or in the pure substance. Even so low as dilutions 3 and 6, all effect ceased: wherefore I never tried 30.

From *Borax* 6 I have seen rapid effects in stomatitis and aphtha. To say the truth, it is not easy to judge exactly of the power of medicine in such cases.

Bryonia has always shown itself more and more efficacious the lower the dilution given. Especially in rheumatism and pleurisy I employ it as much as possible in dilution 1; in catarrhal and gastric affections, on the contrary, not unfrequently in the 3rd and 8th.

Calcareo acetica 1 and 2 has hardly ever failed to exercise a beneficial influence in certain forms of intestinal catarrh, gastric sufferings, and pain in the head. This result is so evident that in former days I but seldom tried higher dilutions, and for some years gave them up entirely; in fact, they were useless. On the contrary, I pretty often employ *Calc. carbonica* 6 and 30; and the latter particularly where encysted tumours, indurations of the glands, scrofula, disease of the bones, &c., and in general organic malformations or defects have to be remedied. The fact that curative results are not very often observed in such cases is accounted for by the difficulty or impossibility of reaching these diseases. Yet I must acknowledge that now and then a decided effect was produced.

Cannabis seems to me to act in strong doses (1, or *Mother tincture*) always more powerfully and certainly than in three, six, or even thirty. Yet the benefit of this remedy in gonorrhœa is always disproportionately trifling and uncertain.

Cantharis, on the contrary, I have very often known to be undoubtedly beneficial to suitable cases of strangury, chordée, cystitis, and urethritis.

Carbo animalis has been, on the whole, too seldom employed to enable me to give a decisive opinion. It seemed, however, sometimes in the 2nd trituration to have a direct influence in dispersing buboes.

C. vegetabilis, on the contrary, in the 3rd trituration and the 6th dilution, has often shown good and permanent effects for varicose veins and chronic gastric affections. Even in the 30th dilution I sometimes employ this medicine not without benefit for acne faciei and other maculous exanthemata.

Chamomilla I prescribe in the 6th, less frequently in the 3rd dilution in children's diarrhœa, in toothache, and gastric affections. But the curative results were but seldom indubitable.

China.—From this, too, I have seen but very few decided cases, although I have thoroughly tried it from 3 to 30. Latterly I have had good success with dilution 1 in several chlorotic cases.

Chininum sulphuricum has proved efficacious in those rare cases of intermittent fever in which it is indicated according to the law of similitude, and invariably in the first decimal trituration.

Causticum.—Here, too, my results are very unsatisfactory; perhaps only because I very seldom use it (generally in the 30th dilution) or know how to use it.

Cina, on the contrary, has done me good service in the 3rd and 6th dilutions, in decidedly curing intermittent fever, gastric disorders, and sufferings caused by worms.

Cinnabar, according to my ample experience, succeeds beyond a doubt in trituration 1 and 2 (in syphilis), yet of late years I have considerably abridged the use of it, because in ordinary cases *Red precipitate* attains the end far more surely and rapidly. I now retain the *Cinnabar* only in complicated cases (scrofula, or previous mercurial treatment).

Cocculus.—I am indebted to this medicine for very few

indubitable cases, but certainly have not often tried it (dilutions 3 and 30).

Coffea.—I cannot say more in praise of this either. Very seldom have I seen essential improvement in migraine, sleeplessness, &c., and never an undoubted cure. Perhaps, however, the blame of this apparent inefficiency attaches to the circumstance that persons habituated to coffee drinking require stronger dilutions than 30 and 6, which I exclusively employed—a suspicion which is strengthened by the fact that I have undoubtedly observed brilliant effects in some cases of asthma, migraine, and indigestion from *drinking strong coffee*.

Colchicum I give for rheumatism almost exclusively in the 1st dilution or the *Mother tincture*, because I have seen better effects from them than from higher dilutions. For disease of the kidneys, scarlet fever, dropsy, and abdominal suffering, dilution 3 seems to succeed.

Colocynth.—After many trials I have not yet effected, in proportion, many important cures. I gave generally 6 and 3, seldom 30.

Conium has with me always proved ineffectual in 3 and 6 for whooping-cough. On the other hand, I sometimes succeeded with 30 for photophobia and specks on the cornea: also for pains and spots on the extremities, as if from sugillation.

Cuprum belongs to that class of remedies from which in general I have seen none, or at least no curative results, whether I gave 3 or 30. This may be partly because in general I seldom employed it, and in fact do not know how to employ it oftener.

Digitalis.—With this I have got on no better. I have never seen any particular effect or cure from this medicine when employed on Homœopathic grounds in the 1st, 2nd, 3rd, or 30th dilutions; and from the infusion, merely *transient* diuretic action in dropsy, but certainly with tolerable regularity.

Drosera I still give only in the 1st dilution in cases of whooping-cough and affections of the larynx, after higher

dilutions had always remained pretty nearly inert. In general, I am not aware of numerous cures by this medicine.

Dulcamara, same remark as of *Cuprum*. Here, too, defective experience must be taken into account.

Euphrasia.—With dilutions 6 and 3 of this medicine I have not unfrequently succeeded in certain catarrhal inflammations of the eyes. Formerly I often used it as eyewater; six to ten drops of the tincture to one oz. of water, but never saw any remarkable effect.

Ferrum muriaticum I employ in the first dilution ($\frac{1}{10}$) for chlorosis (but on the whole, seldom, because but few cases of chlorosis find their remedy in *Ferrum*). For rheumatism, phthisis, paralysis, &c., I give the 2nd or 3rd dilutions. For certain forms of sycosis I lay the *Mother tincture* on with a brush.

Flix I sometimes employ in dilutions 1 or 6 for sufferings caused by tapeworm, and not very unfrequently with temporary alleviation. Notwithstanding Hahnemann's announcement, 30 has no effect. Actual destruction and expulsion of the worm I have seen but exceptionally after small doses of 1, or the *Mother tincture*.

Graphites is one of the few medicines which produced in my hands no effect in the 2nd or 3rd trituration, notwithstanding frequent early employment of it in eruptions and laryngeal disorders. On the other hand, I believe I have at least in some instances seen decided results from dilution 30 in hydrocele and chronic eruptions.

Hepar sulphuris I employ in 1st, 2nd, and 3rd triturations, and have reason to be satisfied with its effect in catarrh, croup, glandular affections and eruptions.

Hyoscyamus 1 acts remarkably in some forms of cough; in cases where cure is no longer possible, as, *e. g.*, in pulmonary and laryngeal phthisis, I prescribe it even in the *Mother tincture* from half a drop to a drop, with evident result. But for spasmodic conditions, cerebral disease, and mental affections, I employ 3, 6, and even 30.

Ignatia I employ in epilepsy and other long-standing spasmodic conditions in 6 or even 30, with a result which

naturally can be called indubitable only in isolated cases. In other diseases, and especially in acute suffering after mental emotions, I generally give 3 or 6; and here, too, the result is of course still more difficult to establish.

Iodine I prescribe at present only in low dilutions: for stomach disorders and other cases in 3; for croup, and sufferings of the larynx and glands generally in 1, &c., I give *Kali hydriodicum* almost always in 1 or 2 decimal trituration, but for syphilis, even undiluted, to the amount of one or two grains.

Ipec., according to my experience, does all the good it can in one or three.

Kali carbonicum.—As long as I employed this in 6 or 30, I saw little or no benefit. But since I have for many years, by Dr. Gruber's advice, given it in 1 or 2, I have seen better results, especially in some cases of pulmonary tuberculosis. Just so with *Kali nitricum*, which I must now consider to be an excellent remedy, especially for tuberculosis, in 1st or 2nd decimal dilutions.

Kreosote belongs to the class which, like *Cuprum*, *Digitalis*, &c., have never, in any form, shown me special and certain effects. Various forms of disease certainly did often improve during treatment with dilutions 3 and 6; but I was hardly free from doubt whether this was due to the *Kreosote*, because, on the other hand, in perfectly similar cases, it exhibited no amendment, and in general the supposed amendment was slow, tedious, and not to be depended on.

From *Lachesis*, which I have sometimes employed in the reputed 6th, but oftenest in the 30th dilution, I saw in general little or no result. I am not sure whether this was owing to the inefficiency of the preparation or to my inability to find my way through the voluminous and peculiar provings of this medicine. The fact is that, in consequence of many failures, I now for years use *Lach.* very seldom and reluctantly, and then, for the most part, only in cases where I can find nothing better.

Laurocerasus I have often known to act with good effect in certain cases of heart disease,—vertigo, dyspnoea, and conges-

tions, in 3 and 6. On the whole, however, my experiences of this medicine are slight and insufficient, especially in dilution 30.

Ledum 3 and 6 I must uphold as a tolerably sure remedy for certain rheumatic sufferings, especially in the sacrum and the knee.

Lycopodium I seldom know, on the whole, how to bring into play; so I have observed only quite isolated results, and those only from 30 in chronic exanthemata, once, too, in sycosis. I never remember seeing any effect from trituration 3 in urinary affections and exanthemata.

Magnesia carb.—Nothing to report.

Manganum aceticum I have employed almost always in trituration 2 and 3, but must confess that it has not answered my expectations regarding its efficacy, *e. g.*, in sufferings of the larynx and ear, in which the proving promises grand results. I have very seldom seen amendment or cure from it, and even then never indubitable, though it was by no means seldom in use. And I should report the like inefficacy from 30 also, but for the small number of experiments, which by no means invited repetition.

Mercurius, on the contrary, belongs to the class of medicines to which I am indebted for my best and most frequent successes against a great variety of diseases. For years I have employed it almost invariably in so-called "strong doses," because I am convinced by positive experiments that these work more surely and in a more penetrating manner than high dilutions. Yet even here I vary from the first decimal to the sixth centesimal dilution, and that, too, in accordance with definite indications and circumstances. Thus, for syphilis I use the lower dilutions; for primary simple chancre, the second centesimal trituration; for complicated chancre and constitutional syphilis, the second or even first decimal trituration (and in fact, direct and numerous experiments have convinced me of the superiority of strong over weak doses in syphilis). For toothache, angina, panaritium, catarrh, suppuration of glands, ulcers in the legs, inflamed

eyes, I give second or third centesimal trituration; for chronic diseases sometimes the sixth dilution. Also, in regard to the various preparations of mercury, my choice (when it is not settled previously by the special proving-symptoms) is entirely directed by indications derived from clinical experience. Thus, in internal inflammation, toothache, and catarrh, *Mercurius solub. H.* almost always suffices. In syphilis I prefer *Red precipitate*; in ulcers of throat and mouth, *Corros. sublimate*, as also in ulcers of the legs, dysentery, and inflammation of the eyes; in diarrhoea and salivation, *Calomel*; in secondary syphilis, *Mercurius biniodatus*.

Mezereon I employ for disease of the bones, and certain eruptions in dilution 30, because I believe I have seen more effect from it than from lower dilutions, though in general it is only now and then that they seem striking in their action. In those diseased conditions in which painful sensations seem to prevail rather than objective symptoms, I prefer dilutions 3 and 6.

From *Moschus* I have seen good results only in dilutions 1 and 3, in adynamic and spasmodic conditions. On the whole, I have but seldom brought this medicine into use, and naturally still seldomer in high dilutions; no perceptible effect from them.

Muriatic acid I employ in certain typhous conditions, first and second decimal dilution, with effect; but have no experience of higher dilutions.

Natrum sulphuricum I have often employed of late years for leucorrhœa in dilution 3, and had some good results from it.

Nitri acidum, again, belongs to the class from which I have seen, as yet, no good and manifest curative effects. In syphilis its value still seems to me problematical, although I have tried it often enough in all possible dilutions, 3, 6, and 30.

Nux moschata 6 seemed to me to have a good effect several times in chronic gastric affections and hysterical suffering, connected with the breathing and spasms. But my experiences do not suffice to give a definite judgment.

Nux vomica.—This “polychrest,” to which I am indebted for so many cures, I generally employ in dilutions 3 and 6, especially for the various affections of the stomach, and, in fact, experience has shown me that whenever constipation is present and the removal of it is particularly desirable, the third or even first dilution is to be preferred. Again, I give generally the third or sixth in the suitable cases of headache and toothache, or liver complaint, catarrh, intermittent fever, &c. Yet there are also some definite affections for which I almost always give 30, such as a certain nocturnal difficulty of breathing, heart disease of nervous origin, and so-called hysterical and hypochondriac affections, “*sine materia*.”

Opium I have in general employed too seldom to obtain any sure experience, yet I believe I have seen, in some instances of costiveness in children, good effects from dilution 3.

Morphium I have only seen employed antipathically, and then observed that, in every case where there was no previous abuse of it, $\frac{1}{8}$ th to $\frac{1}{16}$ th of a grain had full effect, which was in general not increased by enlarging the dose. In some persons it is true that it has no effect, or else only a confused and contradictory one.

Petroselinum.—The action of this medicine in gonorrhœa was in all degrees (from the mother tincture to 30) pretty nearly *nil*. I cannot venture to give a preference to any dose whatever.

Phosphorus, on the contrary, is another medicine with which I have effected many of my best cures, and respecting the dose of which I for my own part am no longer in doubt. I give it almost exclusively in strong doses in sixth, third, or even first centesimal dilutions. From this last dose I have seen, in some desperate cases of bronchitis infantum and pneumonia, striking effects and cure. For diarrhœa, gastritis, hæmorrhage, purpura hæmorrhagica, and rheumatism, I generally give 3; on the other hand, for tuberculosis 6 is generally sufficient. As for the efficacy of 30, I will by no means deny it, but I have never seen such as can be pronounced to be undeniable testimony for it, and, therefore,

still employ it but seldom, and that in chronic affections of the spinal chord and in paralysis.

Also I give *Phosphoric acid* only in lower dilutions, from 3 to 1, the latter especially in cholera, cholérine, and colliquative diarrhœa.

From *Platina* I have, on the whole, never seen striking results. I generally gave it in 3, and too seldom tried 30 to be able to decide upon it.

Plumbum has hitherto done still less for me. I have prescribed it not unfrequently in 3 and in 30 for paralysis and chronic obstructions; but, it is true, almost always in very hopeless cases.

Prunus spinosa, in one and in mother tincture, formerly exhibited extraordinary results in three or four cases of dropsy caused by defect of the heart and abdominal dropsy. But, unfortunately, of late years, this medicine, in the same dose and in quite similar cases, has pretty often left me completely in the lurch.

From *Psoricum*, which I have used almost exclusively in 30, I have never seen any perceptible effect whatever.

Pulsatilla.—This excellent medicine I employ, according to definite indications, in 3, 6, or 30. The third I generally choose in disease of the stomach and digestion, chlorosis, and catarrh; the sixth in head and toothache, inflammation of the eyes and ears, ulcers of the legs, eczema and varicose veins; 30 seemed to me to be often remarkably efficacious in acne faciei of young growing girls and in chronic deafness. Therefore I employ this remedy exclusively in these high dilutions for these affections, in which, otherwise, great successes are not very frequent.

Rheum has several times done me good service in 2 and 1, as well as in mother tincture, for suitable kinds of diarrhœa, whilst higher dilutions seemed to be inert.

Rhus toxicodendron I employ in 6, 3, and 1. The sixth has for many years rendered me most valuable service in cutaneous diseases, especially rose, tinea capitis, and eruptions of the face. The third I give for rheumatism, and first for paralysis. From thirty I have never yet observed

one indubitable cure, though I have certainly only tried it in cases where the lower dilutions had produced no effect, and yet *Rhus* seemed perfectly suitable.

Sambucus, 1 and 2, has several times done undeniable good for affections of the larynx and trachea.

Secale cornutum, 1 and 2, I have sometimes seen clearly efficacious in hæmorrhages and choleraic conditions. 3 and 6 hitherto ineffectual.

Senega belongs to the class which, notwithstanding frequent trials, have never given a definite result.

Sepia I give in 6 and 30. The sixth I choose especially in the appropriate liver complaints with the peculiar colouring of the skin. I prefer 30 in chronic costiveness and consequent plethora abdominalis.

Silicea.—I believe I have seen from this medicine, in trituration 3 and in dilutions 6 and 30, evident effects in individual cases. Which grade is to be preferred I am not able to decide, and so much the less because the nature of most diseases corresponding with *Silicea* renders a striking effect and cure not very often admissible, but often highly improbable or even impossible. In the case of such failure of effect, it is extremely difficult to decide whether it proceeds from the inaccessible nature of the malady, a wrong choice of medicine, or an unsuitable dose. I have observed curative results beyond all doubt and repeatedly from dilution 6 in hygroma patellare.

Spigelia I prescribe in dilution 6 or 3, and that not unfrequently with good result for heart disease and indigestion.

Spongia, 1st and 2nd decimal dilution, has so often rendered good service in croup, that in this rapidly progressing disease I have not yet ventured to give the dilution which is on many hands prescribed with *éclat*, viz. 30. From 3 and 6, too, I have repeatedly seen good effects in ring-worm.

Stannum has shown visible effects, in trituration 3 and in dilution 6, for certain forms of bronchial catarrh and mucous phtisis.

Staphysagria I have employed mostly in 6, seldomer in 30, especially for ringworm, but in no dilution have I seen results worth speaking of.

Stramonium 6 and also 3 has often produced very decided effects and cure, especially in St. Vitus' dance (chorea). I have also used 18 and 30, sometimes with good effect, for spasms of the œsophagus and cramps in general in children.

Strontian I used some years ago pretty frequently, but never with any visible effect, so that ever since I have quite given it up.

Sulphur.—With this medicine, in mother tincture, I have effected a great number of glorious cures, especially many cases of impetigo, eczema, ulcers of the legs, hepatized lungs, &c., so that the excellent effect of this tincture has long stood apart from all question, and I have but very seldom been induced to give *Sulphur* in a trituration. There are, however, cases where for years I regularly gave 30, and believe I ought to prefer it to the mother tincture; in particular in all those cases where no objective morbid symptoms are present, or where, at least, they are of little account (with the patient), thus the itching and the like in exanthemata. Accordingly, not unfrequently, after the cure of eczema, prurigo, &c., when probably *Sulphur* in the mother tincture has been given, and has acted with full result, I prescribe a few doses of 30, if excessive excitability of the cutaneous nerves and burning of the skin *without any physical cause* remain or commence. This, not unfrequently, occurs in itch, after its cure, *i. e.* after the destruction of the acari. Besides, I select 30 when in acute and chronic diseases of a serious character, after the employment of many medicines, all power of reaction against them seems wanting to the constitution in general and a fatal issue seems to threaten from this cause, as *e. g.*, in typhous pneumonia, inflammation of the brain, &c., and, in fact, I believe I have sometimes seen decided amendment in such desperate cases soon after the administration of *Sulphur* 30. Finally, in certain cases of chronic constipation, I have observed, occasionally, good

effects from *Sulphur* 30, also in weekly alternation with *Calc. carb.* 30, in cases of general scrofulosis.

On the contrary, I give *Acid sulph.* in strong doses only, from first decimal to sixth centesimal dilution; and from dilution 1 and 2 I have almost always had well-marked results in suitable cases of gastric disease, acidity of the stomach, &c., and from spitting or vomiting of blood, congestions, &c. Nor were good effects much less frequent from dilutions 3 and 6, in scorbutus, purpura hæmorrhagica, and palpitation of the heart.

From *Thuja* I can, unfortunately, report no such favorable result. I have but seldom seen good after the employment of this medicine (and, even then, could never be sure of the fact), though I have used it often enough in the strong tincture (internally and externally) in 3, 6, 30, nay in 200; I frankly confess that I have entirely lost courage and confidence in the employment of this medicine, so highly esteemed by others, and for years seldom use it, though I most earnestly wish to be better informed.

Veratrum, 1 and 2, I have all the oftener employed with very decided effect for diarrhœa, choleric, and choleraic sufferings; nay, sometimes the effect was almost instantaneous with quite strong doses. On the contrary, I usually employ 6 for palpitation of the heart, angina, cramp in the legs, gastric affections, mental disorders, &c. For the latter, even higher dilutions (12 and 18) have been of service.

Zincum, in fine, has unhappily done but little for me either in the third trituration, or in the sixth and thirtieth dilution, though I have not unfrequently prescribed it, and particularly for hydrocephalus and actual inflammation of the brain.

THE VALE OF CONWAY SPA.

By JOHN W. HAYWARD, M.D., M.R.C.S., L.S.A.

So many chalybeate springs have been brought under the notice of the profession that it may appear to some almost superfluous to call attention to any more. And this consideration would have deterred me from calling the attention of my professional brethren to the Vale of Conway Spa were I not convinced that it possesses peculiarities of its own, and is superior to any chalybeate water yet described in Great Britain.

It is a strong solution of protosulphate of iron and sulphate of alumina with some sulphate of magnesia and soda, and a little chloride of magnesia, calcium, and nickel. It is very similar to the celebrated spa at Sandrock, in the Isle of Wight, so highly spoken of by Drs. Lempriere, Saunders, Latham senior, Young, Calvert, and Sir Charles Scudamore. And it has already gained great celebrity for the cure of diseases of the nervous system, as paralysis, fits, neuralgias; diseases of the stomach, as dyspepsia, in most of its forms; diseases of women, as chlorosis, menorrhagia, and amenorrhœa; worms; and chronic skin diseases, rheumatism and erysipelas. At times there are not fewer than one hundred patients drinking the water in a day.

The water of the sulphur mine near the summit of *Allt Cae Coch*, not far from Trefriw, in the Vale of Conway, has been used externally from time immemorial for the cure of skin diseases, and with great success; but for the last thirty years, the water of the old mine-cutting near the base of the same mountain has quite superseded it, and become recognised as

THE VALE OF CONWAY SPA;

and is used internally as well as externally.

IRON is a time-honoured medicine, and has been eulogised by physicians of all ages and every shade of opinion; and it

well deserves much of the praise bestowed upon it, for it is a very valuable medicine, as its pathogenesis will show. I need not here relate the many symptoms producible and curable by this potent drug, for they may be found in their proper place, and scattered throughout our literature. It will be sufficient here for me to remark that its two sets of symptoms, primary and secondary, are very marked, and that the diseases corresponding with its secondary action are those for which it is generally prescribed even by homœopathsists, and that it is to these the following observations will apply.

Iron expands its influence especially on the digestive and blood-forming processes. Its operation is primarily excitant and secondarily relaxant. Hence, at first, and when given in small doses, it promotes and increases the formation of blood from the food, especially the red corpuscles; it increases the appetite and digestion, and stimulates the vital operations; it induces a fulness of blood and quickens the circulation, causing congestive feeling about the brain, with flushing of the face, amounting to a kind of feverishness, with perhaps active hæmorrhages; and it dries up the secretions, inducing constipation and general plethora. But, if continued long, or given in large doses, its secondary action supervenes, and it checks and obstructs the digestion and sanguification, producing loss of appetite, indigestion, dyspepsia with distension and flatulence, fetid eructations, spasmodic pain in the stomach and bowels, nausea, vomiting of food, languor, muscular weakness, and general debility; perspiration, palpitation, want of breath on exertion, chilliness, diarrhœa, and anæmia; and it checks the action of the spleen and diminishes its size (and the spleen being one of the organs that assist in the process of sanguification, this may, as Dr. Hempel says, account for its beneficial effects in chlorosis, vide 'Mat. Med.,' p. 478).

Such may be taken as the general operation of iron, but as there are many preparations or combinations of this metal, so there are many shades of this action. Of all the preparations of iron, the sulphate of the protoxide is the most

energetic and intense in its action. All the combinations of iron, however, are so very unstable, that they are very uncertain in their operation. This is a great drawback to the use of the medicine in general practice. Unlike the preparations of arsenic, mercury, sulphur and zinc, the preparations of iron cannot be made so that a supply can be ordered for a patient to take in successive doses, with any degree of confidence except in the first few doses. I speak of its use in those diseases that correspond with its secondary action, where it is required in material doses, not of those that correspond with its primary action, where it may be used in the dilutions.

This rapid deterioration of the preparations of iron renders it desirable that each dose should be taken immediately it is prepared; but this cannot be done in ordinary practice. Hence arises the necessity of sending away to a chalybeate spring the majority of the patients that require iron. To which of the numerous chalybeate springs, then, shall we send our patients? This question involves a consideration both of the locality and the kind of the chalybeate; and necessitates our being familiar with all the chalybeate springs of the country. The most important consideration is the kind of chalybeate. Now, in chalybeate waters the iron is generally in the state of carbonate or sulphate—the carbonate most frequently: but “the sulphate chalybeates,” as Dr. Alexander says, “possess infinitely greater medicinal power than the carbonate.” Of carbonate chalybeate waters there have been discovered and described a great number—not fewer than four to five hundred, of which some twenty to thirty are in Great Britain. Of sulphate chalybeate waters there have been described only about thirty to forty, of which only seven are in Great Britain; these are—at Trefriw, in the Vale of Conway, North Wales; at Horley Green, near Halifax, in Yorkshire; at Gilsland, in Cumberland; at Hartfell, near Moffat, in Scotland; at Sandrock, in the Isle of Wight; and, according to Dr. Alexander, at Vicar’s Bridge; and one somewhere in Buckinghamshire.

I have not been able to ascertain the source or composi-

tion of the water at Vicar's Bridge, or in Buckinghamshire ; but I believe them to be of very little importance. The water at Hartfell is very weak and very uncertain in both quantity and quality, from its being a surface water and exposed to light and air. In dry weather there is scarcely any of it to be got, and in wet weather it can scarcely be got at from its being five miles from the place of lodgings—Moffat. It is therefore usually sent for, or bought at the apothecary's shop, and therefore generally spoiled before it is got. The Gilsland spa, too, is very weak and uncertain. And so is the Horley Green spa, which, though stronger than either the Hartfell or Gilsland, does not contain more than a quarter of a grain of sulphate of iron in the table-spoonful ; and it, too, is uncertain, because it is becoming weaker and weaker, from the shaly slate through which the water percolates becoming exhausted. The Sandrock spa is much stronger and more certain in quality and uniform in quantity than any of the three just noticed, but it is greatly inferior to the Trefriw spa, inasmuch as it contains a smaller proportion of iron and a larger proportion of alum.

The Trefriw spa, too, is easily accessible, abundant and uniform in quantity, and certain and uniform in composition and effects. It is therefore the best of the sulphate chalybeate waters of this country ; and as sulphate chalybeates are the best of all chalybeates, *the Trefriw spa is the finest chalybeate water of Great Britain.* Now, it is a great boon to the inhabitant of the northern and midland counties to have the finest chalybeate of the country near at hand, cheap, and easily to be got at, and situated in one of the most beautiful spots in the kingdom, the scenery of which has both the grand majesty of the Carnarvonshire mountains, and the calm quiet of a lovely valley bisected by a beautiful winding river, and the air of which is not only pure, but soft and mild in the valley, and light, sharp, and invigorating on the mountains, and tempered by sea breezes.

The following is the exact composition of the Trefriw water, as given by David Waldie, Esq., of Londou, in 1844 :

Specific gravity 1·0089, temperature 52° Fahr., reaction powerfully acid.

10,000 fluid grains contain :

Protoxide of iron . . .	25·48	} or {	Protosulphate of iron (dry)	54·55
Peroxide of iron . . .	0·83		Persulphate of iron . . .	2·17
Alumina	3·86		Sulphate of alumina . . .	12·89
Magnesia, with a little soda	4·60		Sulphate of magnesia and	
Lime	1·87		soda	13·33
Oxide of manganese . . .	traces		Chloride of calcium . . .	3·72
Oxide of nickel	traces		Chloride of manganese	
Sulphuric acid	48·10		Chloride of nickel, and	1·04
Chlorine	2·96		loss	
	<hr/> 87·07			<hr/> 87·07

This analysis shows that every 10,000 fluid grains or drops of the water contain eighty-seven grains—nearly one hundredth part—of mineral ingredients, fifty-four grains of which—or more than one half—are soluble sulphate of iron. Therefore, every tablespoonful of this water contains, besides some magnesia, soda, lime, manganese and nickel, two grains and a quarter of crystallized sulphate of iron—green vitriol—copperas, and two grains and a quarter of crystallized alum.

This water issues out of a bed of mixed iron pyrites and alum-slate near the base of the mountain *Allt Cae Coch*, not far from Trefriw, in the Vale of Conway: in the edge of this bed is an old mine-cutting in which the water is collected, forming the Trefriw Mineral Wells. This mountain, indeed all the mountains in this neighbourhood, are composed chiefly of beds of iron pyrites and alum-slate, fractured, dislocated, and thrown up in all directions. Amongst these mountains are a large lake (*Lynn Clwyd*) and its stream. From this lake and stream the water percolates through the fissures in these pyrites rocks, decomposing, and dissolving, and carrying with it some of the constituents of the rocks; and these are sulphur, iron, magnesia, soda, lime, manganese and nickel. During the passage of the water through these rocks the decompositions and recompositions take place; the bisulphuret of iron becomes decomposed, the iron taking oxygen becomes protoxide, and the sulphur taking oxygen becomes sulphuric acid; this acid then unites with the alumina, and oxide of iron, forming sulphate of iron and sulphate of

alumina, which, being soluble, are carried away in the water, forming the Trefriw chalybeate. This explanation also accounts for the great strength, and the uniform temperature, quantity, and quality of the water, which are always the same, winter and summer, wet weather and dry; and being protected from the air and light the iron is preserved in its protoxide state, which is a very great desideratum in this medicine, and scarcely to be found elsewhere.

The water is quite cold, 52° Fahr.; it is destitute of gas. When fresh, it is bright and clear as crystal; has a styptic astringent, sour or acid, rather inky, but not disagreeable taste; but, after a little exposure to the air, it becomes yellowish and somewhat limpid, with a disagreeable, sickly taste, from the decomposition of the sulphate of iron; and it is then quite unfit for use.

Its concentrated strength has been the cause of its producing a great number of pathogenetic symptoms, not only in those who have taken it for a definite purpose, but also in the villagers, and those who have taken it by way of accident, bravado, or experiment. Of these symptoms I have collected a great number from a variety of reliable sources; and I have myself taken it in ounce doses frequently repeated on several occasions. The collected symptoms may be classified as the immediate effects or the effects of *enormous* doses, the effects of *large* doses, and the effects of *small* doses.

I. The effects of doses of about a pint, or even half a pint, are exhibited immediately, especially if the stomach be empty, and they are those of a corrosive irritant poison, viz. nausea with horrible twisting, spasmodic, doubling-up pain in the stomach, with violent vomiting of sour blackish matter, and sometimes of blood, followed by great sensitiveness and irritability and tenderness of the stomach, succeeded by great prostration, no appetite, pulse quick, small and feeble, and the skin covered with a clammy cold sweat.

II. The effects of doses of a wineglassful repeated three or four times a day for a few days are, after a few doses have been taken, gnawing or craving at the stomach, with increase of appetite and warmth, and a feeling of vigour throughout

the system; the pulse becomes quicker and firmer, the eyes brighter, and the skin clearer, the bowels rather confined and the stools drier and black; perhaps a feeling of fulness about the head, a congestive headache which is relieved by exertion; and after a few more doses, and especially if the quantity be increased or taken more frequently, these feelings are replaced by their opposites, and there succeed nausea and vomiting, diarrhœa, and tormenting pain about the stomach and bowels, fetid eructations, with distension of the stomach and bowels, with flatulence; and very soon the symptoms that result from enormous doses follow.

III. The effects of doses of a teaspoonful repeated three or four times a day are, after a few doses have been taken, a feeling of excitement throughout the system with increase of appetite and a feeling of warmth about the stomach, increase of strength, animation, buoyancy and cheerfulness, and pleasure in the duties of life; the pulse increases in frequency and fulness, and gets a kind of bound; the stools become drier, firmer, and dark; there is a kind of fulness about the head with dull headache before meals: and then, under continued and increasing doses, there comes on an uncomfortable oppressed feeling about the stomach, and the appetite begins to fail and the taste less sensitive, with a foulness of the mouth; foul eructations with flatulence and waterbrash, with distension of stomach, worse after eating; the pulse gets slower and jerking; the tongue becomes coated and flabby, and the spirits sink; then a sense of weariness of the limbs, and lassitude and dislike to bodily and mental exertion; easily fatigued and knocked out of breath; the bowels become uncomfortable, with rumbling, distension, and pain, followed by diarrhœa with much fetid flatulence, with gastric and intestinal irritability; then anæmia, jaundice, chlorosis, and general debility. And the following is a special proving by myself; it is characteristic though short.

September 22nd, 1864.—Being in my ordinary health, I took, at 11:30 p.m., one ounce of the Trefriw water; immediately, and for some time afterwards, had a feeling of excitement throughout the system, followed by a congestive feeling

about the anterior part of the brain, with pressure in the temples, and especially the left, and a throbbing of the arteries there. On going to bed at 12 o'clock, found the testicles were drawn up as if by tonic spasm of the cremaster muscles, and had a feeling of generative vigour and general well-being and strength and good spirits; feeling thus I fell asleep, and towards morning had an amorous dream and a copious seminal emission. In the morning on rising had a foul taste as if from the stomach, not in the mouth, and feeling as not to spit it out but belch it up. Missed having customary morning stool.

At 10 a.m., 23rd, took another ounce; shortly afterwards had the before-mentioned feeling of warmth, strength, good spirits and ability for work. During the forenoon had a stupid feeling in the fore part of the head and through the temples, indeed a real pain of a heavy pressing character, as if something were inside deep in the brain making a slight movement. About two hours before dinner time had a gnawing hunger in the stomach, with nausea; the palms of hands were burning, and soles of feet felt dry: half an hour before dinner took another ounce: dinner eaten with relish: all afternoon the same headache, with nausea and gnawing in the stomach—a kind of nauseous hunger: in the evening a bitter taste in the throat and stomach; the headache still present, and always aggravated by being quiet or thinking, and relieved by being occupied and moving about. Slept well, and in the morning was as usual, except a little foulness of mouth and stomach.

DOSE AND MODE OF ADMINISTRATION OF THE TREFRIW WATER.

Internally.—The Trefriw water should be taken at the well immediately as it springs from the rock, and into a stomach empty or nearly so. The fewest number of doses per day should be one, and the greatest five. Two tablespoonfuls, that is, one ounce, is the most excessive dose any one should venture on. The quantity should never exceed one ounce,

nor the frequency five times a day. Let it be remembered, that two tablespoonfuls of this water contain four grains and a half of crystallized sulphate of iron—green vitriol, copperas—the most excessive dose ordered by allopathic physicians. What, then, might be the evil result of taking a tumblerful, that is, fifty-five grains of copperas? Perhaps fatal. Besides, it is universally admitted that medicines in solution in mineral waters act more energetically than when artificially prepared.

The best plan is to take two or three teaspoonfuls for a dose; and for the first week one dose between breakfast and dinner, and another between dinner and tea; for the second week also a dose before breakfast; and for the third week also a dose between tea and supper; and to continue this quantity and frequency for one, two, or three weeks, and then return to the minimum dose by the same degrees. This will form a full "course," and, except in rare instances, it need not be longer, and should very seldom be shorter. And it is also true that if the patient feel worse instead of better at the end of the second week, the water is not the medicine for him, and he should cease taking it. Many persons, I am sorry to have to say, take larger doses than I have mentioned, and less frequently, for instance, a half or whole wineglassful once or twice a day; but I am convinced this is a mistake. The concentrated strength of the water, and the corrosive nature of its constituents, utterly forbid large quantities; not only the very large ones are dangerous, but also the large ones are less likely to be beneficial, because of their astringent, if not corrosive, effect on the mucous lining of the stomach, causing their immediate decomposition, and their rejection, instead of absorption—throwing the iron out of the body by the stools. Three teaspoonfuls three times a day will blacken the stools in three days, from the iron, even in that dose, being excessive, and some of it having to pass away by the bowels unabsorbed: what, therefore, is the use of taking any larger dose? There would only be the more to pass away by the bowels, to say the least of it. A very safe rule is, that the quantity taken shall be just sufficient to *green* the stools, but not to *blacken* them. With this dose the bowels will act

as usual, but if the stools be blackened constipation will supervene. And what Dr. D. O. Roberts says is quite true, viz. that all practical experience in the use of these waters proves that the patients who take the larger doses do not experience the same benefit, nor make the same progress healthward, as those who restrict themselves to the smaller dose.

This water is extremely sensitive to the influence of air and light, and on no account can that be possibly avoided should it be exposed to either before being drunk: it should not even be brought to the mouth of the cave, but drunk at the fountain-head itself, by every patient that can possibly reach that magic spot. I may however observe, for the encouragement of those who cannot possibly reach the natural source, that if bottled at the fountain-head by the mere light of a candle, and the bottles filled up to the cork and corked well whilst fully immersed in the well, that is, under water, and wrapped in paper, it may be carried away and transported to any distance, and kept for some time; but when opened it should be taken immediately, for on the least exposure decomposition takes place, and in a short time the iron becomes peroxidized—changed from the *green* to the *brown* oxide, or rust—and separates, leaving merely a solution of alum and the other salts.

Externally.—The external use of the Trefriw water may be either general or partial bathing, general or partial sponging, general or partial pack, hydropathic compress, or as an ordinary lotion, collyrium, or injection.

The bath must be taken at the spa, and once or twice a day, when the stomach is empty or nearly so, and followed by brisk friction. The immediate effect of the bath is a peculiar glow of very agreeable warmth, with a very pleasant sensation in the skin, and a feeling of freshness and vigour of the whole body; the reaction is remarkably quick and pleasant, and quite out of proportion to the primary shock which, considering the coldness of the water, 52° F., is wonderfully mild and transitory.

The pack may be used at the patient's lodgings, care being
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taken to use sheets, towels, &c., for the purpose, because they will be iron-moulded.

As lotion, collyrium, and injection, whenever convenient, it should be used at the spa; but it may be carried away for that purpose, if done as previously directed.

SEASON FOR VISITING TREFRIW SPA.

The time of the year for visiting Trefriw lasts from the end of April to the end of September; the best months being June, July, and August. Not in March, because it is exposed to the east winds; nor early in April or in October, because the mountains just behind break the clouds brought by the west winds from the Atlantic, and the rain pours down into the valley; nor in November, because of the fogs.

ON EPIDEMIC CEREBRO-SPINAL MENINGITIS.

By Dr. RICHARD HUGHES.

THE popular excitement aroused by the newspaper reports of the "Russian pestilence" has now subsided, but the medical interest remains. This attaches itself, however, not so much to what is going on in Russia, which turns out to be merely an instance of the familiar typhus and relapsing fevers, but to the epidemic affecting Dantzic and north-east Germany. It is my object, in the following paper, to sum up what is known of the history, symptoms, and post-mortem appearances of this formidable disease, and to estimate what has been and may yet be done against it by Homœopathic treatment.

A very full account of the disease was given by the Berlin correspondent of the *Medical Times and Gazette*, in its No. of April 15th. I can hardly do better than transcribe it by way of introduction.

“Epidemic cerebro-spinal meningitis first appeared in Geneva in 1805. A somewhat more extended epidemic occurred from 1837 to 1842 in the south of France, and another also in France from 1846 to 1849. It then appeared in certain places in southern Italy and Sicily, where it was called ‘tifo apoplettico;’ in Algiers, in the United States, in Gibraltar, in Denmark and Sweden, and in some workhouses in Dublin, Belfast, and Edinburgh (1846). In 1859 it again broke out in Norway, and in 1860 among the Dutch troops stationed at Arnheim. At present we have rather alarming accounts of it from the eastern provinces of Prussia, and also from Hesse, Brunswick, and Hanover. The average mortality is from 50 to 60 per cent., and death is preceded by terrible sufferings.

“The disease consists of purulent inflammation of the pia mater of the brain and spinal cord. In some cases there are premonitory symptoms, such as vertigo, headache, weakness, stiffness in the muscles of the neck, and occasional chills; but in others the disease begins quite suddenly with delirium and convulsions, and death ensues within twenty-four hours. In the majority of cases, however, the symptoms are as follows:—A severe rigor sets in towards night, followed by intense heat; the patients complain of severe headache and vomit freely. Then there is a feeling of tension in the nape of the neck, great restlessness, tremor, especially of the extremities, and considerable hyperæsthesia of the skin, so that the merest touch makes the patients scream. They have the appearance of drunken men, with glazed eyes, reddened conjunctiva, contracted pupils; the pulse is sometimes accelerated, sometimes normal. After this condition has lasted for a few hours, tetanic spasms of the trapezius and other muscles of the nape of the neck set in, the head being sometimes placed at a right angle to the trunk. Tetanic convulsions of the extremities occasionally follow, accompanied with delirium, which is succeeded by sopor and coma. The vomiting continues, and in the intervals of consciousness the patients complain of violent pain in the head and the stomach.

“This stage of the distemper generally lasts from twenty-four to thirty-six hours, and is succeeded by one of depression and prostration. The patients do not answer questions, are lying on the back in a state of torpor, the extremities tremble, the pulse is very much retarded, the skin cool, the face pale, the pupils dilated; tetanus of the muscles of the neck and back continues, and eruptions of various kinds take place on the skin. Sometimes these resemble measles, at other times the scarlet rash, or erysipelas, or herpes, the latter being chiefly observed in the face. The coma increases, there is ptosis, strabismus, paraplegia, intermittent pulse, and death closes the scene.

“In other cases there seems to be rapid absorption of the effusion, and the patients quickly recover. Again, in others, all the symptoms gradually vanish, and convalescence sets in, which is, however, very protracted. Secondary diseases are not unfrequently observed during the course of the distemper, viz. catarrh of the intestinal mucous membrane, pleurisy, pericarditis, parotitis, and inflammations of the eye. During the time of the epidemic many people suffer from symptoms resembling those of the first stage of the disorder, but, if carefully treated, they fall into a profuse perspiration and recover. The mild form has the same relation to the more severe one as English cholera to Asiatic cholera.

“The post-mortem appearances are as follows:—The sinuses of the dura mater contain a very large quantity of blood, and sometimes coagula of fibrin: the arachnoid is dry and turbid, the pia mater covered with a purulent effusion, which is occasionally tinged with blood. The quantity of this effusion is sometimes so considerable that the arachnoid and pia are altogether disconnected; in the cerebrum it is chiefly found on the base, about the pons, the optic nerves, and the medulla oblongata; on the spinal cord chiefly about the dorsal and lumbar swelling. The brain is generally swollen or dry; sometimes there are small foci of softening. The changes in the other organs are not constant. There may be appearances of pleurisy and pericarditis, swelling of all the intestinal glands, hyperæmia of the liver and spleen.

In the cavities of the large joints accumulations of purulent matter have not unfrequently been discovered.

"The disease seems to be quite independent of soil and climate, but is certainly most severe where there is dirt, overcrowding, bad air and water. There can be no doubt about the existence of an actual contagion, for in those epidemics which occurred in France the distemper generally stuck to certain regiments, which, when dislocated, carried it with them to other places. Evacuation of ill-ventilated barracks has occasionally checked the spreading of the complaint among the military. In the epidemic which is at present observed in Hanover, Brunswick, and Hesse, it seems chiefly children and young people who suffer. In Einbeck, a small place in Hanover, not less than eighty children and only five adults have been affected since January last. Remedies seemed to be utterly powerless to check the disease."

This account, good as it is, is but general, and is evidently a summary of the phenomena of various epidemics. That we may have a better insight into particular features, I proceed to cite some cases from those which have recently occurred in Germany.

The first is taken from the *Medical Times and Gazette* for May 20th.

"J. M—, æt. 20, previously in good health, had rigors one night, and complained of headache. He vomited a mucous liquid once. In the morning he was almost unconscious, and did not answer questions. The head was drawn backwards, the muscles of the neck very rigid, and slight pressure on the nape of the neck, especially near the vertebræ, made him scream. The abdominal muscles were also rigid, and pressure on the parietes was painful. The patient lay on the side or on the stomach, but not on the back. Mouth firmly closed, considerable force being necessary to open it in order to see the tongue. Roseola over the whole surface of the body, but this disappeared the next day. Chest healthy; no tumour of the spleen; pulse 75 in the morning, 100 in the evening; temperature 103·6; number

of inspirations, 30 ; pulse next morning, 132, in the evening, 92. On the third day the pupils appeared very much contracted, and did not act against light. The patient, who had been delirious during part of the previous day and night, became now very quiet and comatose. There was opisthotonos and great sensitiveness of the back. On the fourth day there appeared inflammation of the orbit, prominence of the eyeball, and œdema of the conjunctiva. The next day there was a bloody motion and bleeding from the nose. On the morning of the sixth day death ensued."

The autopsy showed hyperæmia of the cord, with purulent infiltration of the pia mater, most in the lumbar region, less in the dorsal, and least in the cervical. The whole brain was in like manner affected.

The second case is contained in the *Lancet* of May 6th.

Dr. Sanderson exhibited to the Pathological Society of London "the spinal cord of a child, set. 3½, who died on the eighteenth day of the disease. The illness commenced in the usual way, on the 26th of March, with flushing of the face, intense pain in the head and back of the neck, and obstinate and repeated vomiting, which symptoms were soon followed by unconsciousness. Since the beginning of April there had been strabismus. When first seen by Dr. Sanderson, on April 11th, the patient was lying on her side, with the head retracted and the lower limbs drawn up. The general surface was pale, and the body much emaciated ; the pulse and breathing were rapid, and the latter embarrassed ; the pupils were insensible to light ; the eyes, which were usually open and lustreless, squinted inwards. The patient gave no sign of consciousness when addressed by name, but when she was lifted in bed pitiful cries of pain were uttered, the countenance became distorted, and it was observed that the head remained fixed in its original position of retraction. On the 12th the breathing was more rapid and difficult, and the physical signs of hypostatic congestion of the lungs were ascertained to exist. On the following morning the child died. The principal lesions discovered after death were the following :—The pons varolii was covered with a thick layer

of concrete exudation, consisting entirely of pus corpuscles, which extended forwards to the chiasma, backwards to the anterior surface of the medulla, and laterally to the inferior surface of the cerebellum and into the Sylvian fissures. The ventricles were distended with purulent fluid containing flakes of concrete pus. Under the arachnoid covering the convolutions, on the convexities of both hemispheres, some of the intergyral spaces were occupied with similar concrete exudations. The posterior aspect of the spinal cord was covered with a layer of a similar character, which extended from the cervical swelling to the cauda equina. The anterior surface of the cord was free from exudation. With the exception of collapse, and excessive hyperæmia of the bases of both lungs, the other organs were healthy."

In reply to a question from the President, Dr. Sanderson (who had been sent by Government to the spot) stated that the mucous membrane of the intestines had been healthy, and that during life there had always been constipation; that in most of the cases there had been herpes labialis, and that in only one case had he seen petechiæ on the skin, which, moreover, did not resemble the eruption of typhus. There was no epidemic of fever in the town at the time, and no apparent connection between the epidemic and either typhus or typhoid fever. His observations afforded no ground for believing that the disease was communicable from person to person.

Before speaking of the Homœopathic treatment of the malady I have now described, let us see what the latest improvements in ordinary therapeutics are able to do against it. We have already seen, as regards the present epidemic, that "the average mortality is from 50 to 60 per cent.," and that "remedies seemed to be utterly powerless to check the disease." Not altogether powerless to intensify it, however, if we may judge from the official report Mr. Simon made to the Privy Council. It was originally published in the *Times* and has been reprinted in the June number of the *Monthly Homœopathic Review*. "So far as results have yet been codified," he writes, "medicine seems universally to have

been powerless against the disease, and, perhaps, in some cases, to have lessened the patient's chances of recovery. It is on record that one French practitioner who tried bleeding for the disease lost thirty out of his first thirty-one cases, while a second, using similar treatment, lost twenty-one out of twenty-two. Mercury has been freely tried, and seems to have been at least useless. Opium has been strongly recommended by some French practitioners, and, perhaps, under some circumstances, has been of advantage. In various processes of disease, which resemble meningitis in their nature, the local application of cold, judiciously and skilfully made, has given to modern medicine some very notable successes, and to it, more than to any known resource of the art, I should myself have been disposed to look hopefully in the present instance. Ten years ago, indeed, it was the report of an eminent German writer, that, in epidemic meningitis, that most effective of antiphlogistics could not commonly be borne by the patient. But, more recently, improved means have been found for the medical utilization of cold, and Dr. Thudichum (who has seen something of meningitis on the continent, and has favoured me with a memorandum on the recent epidemics in Bromberg and Ottmachau) tells me that present experience in Germany is in favour of this principle of treatment."

From such therapeutics, uncertain at the best, and often murderous, it is refreshing to turn to the records of practice based upon law, and crowned with success. Such practice is the Homœopathic treatment of the disease before us. We have documents illustrative thereof from French and from American sources.

Our French authority is a work entitled *De la Meningite purulente epidemique qui a regné à Avignon dans l'hiver 1846-7*, par le Dr. J. J. Bechet. Paris, Baillière, 1852. A very full review of the book was given in the eleventh volume of this Journal. There can be no doubt of the epidemic therein described being the same as that now raging in Germany. Post-mortem investigation discovered "the whole of the meninges of the brain and spinal cord bathed in pus"

(p. 316); and among the symptoms we have the characteristic commencing rigor, headache, and vomiting (pp. 310-312), the tetanic spasms (p. 318), the delirium and coma (p. 314), and even the herpes labialis (p. 314). The whole account of the epidemic, and especially the full and minute symptomatology, is well worth perusal. But I am at present specially concerned with the nature and results of the treatment.

The average mortality of those treated allopathically in the military hospitals (the disease was chiefly prevalent among the garrison) was 72 per cent. This corresponds pretty closely with the statistics of the disease in other places. Dr. Bechet treated homœopathically forty-five patients, of whom only ten died, making an average of a little more than 22 per cent.

The medicine found to be the specific remedy for the genius epidemicus was *Ipecacuanha*. It was given in the Mother tincture, and nearly always alternated with some remedy demanded by special symptoms. These other remedies were *Hyoscyamus*, *Opium*, *Belladonna*, *Bryonia*, *Nux Vomica*, *Pulsatilla*, *Aconite*, and *Cina*, in different dilutions. The symptoms indicating their use were those well-known in connection with the various drugs.

Apropos of the beneficial effects of *Ipecacuanha*, it is narrated that "shortly after the publication of the success of the Homœopathic treatment, the medical officer who had the direction of the Hospital announced that he had found *Ipecacuanha* to be almost specific against the disease, and from the moment he began to use it the mortality among the patients diminished in the most extraordinary manner; and he hesitated not to announce publicly, that he believed that by means of this remedy the hitherto terrific scourge was deprived of all its terrors."

The American experience in epidemic cerebro-spinal meningitis is very extensive. A capital summary of it, from Allopathic sources, may be read in the *Medical Times and Gazette* of May 20th. The writings on the subject by members of our own school which have come under my notice are con-

tained in the *North American Journal of Homœopathy* for Nov., 1863, May, 1864, and Nov., 1864, and in the *Western Homœopathic Observer* for January, 1865.

Its first appearance in the United States would seem to have been in the year 1806; since which time it has rarely been absent from some portion of their area. It has always been most prevalent in cold weather. A very full and interesting account of a recent epidemic at and near Philadelphia is given by Dr. B. W. James, in the *North American Journal* for Nov., 1864. If this be accepted as a type of the general American form of the disease, there can be no doubt of the essential identity of the epidemic with that now present in Germany. The prostration, however, would appear to be earlier and more intense; the febrile reaction slighter; and the appearance of petechiæ more constant, so that the malady is popularly known as "spotted fever." *Post-mortem* investigation discloses the same appearances as those met with in Europe. Dr. James warns us against allowing the morbid anatomy to lead us to consider the disorder "an acute inflammation of the meninges of the brain and spinal cord of an ordinary active character, whereas, in point of fact, it is one of the most insidious and dangerous forms of a typhous type of disease that the profession has been called upon to encounter for many years. The cerebral and spinal congestion, and its concomitant symptoms, are merely the effect of this peculiar 'fever,' the same as congestion and enlargement of the spleen and liver are the result of and symptoms of intermittent fever; and the practitioner that treats the malady as a mere active cerebro-spinal meningeal inflammation, without reference to the prostrating, low typhous type of fever that is at the foundation, will find his treatment, in a majority of cases, entirely unavailing or detrimental."

A brief account of the Allopathic treatment of the disease, with some cases, is given in the *Medical Times*. Since the mortality is said to be not much less than 50 or 60 per cent., we had better proceed at once to the description of the really curative treatment as contained in the Homœopathic journals I have named.

1. The paper in the *North American Journal* for November, 1863, is by Dr. B. W. James. He speaks of the commencement of the Philadelphia epidemic, and cites some Homœopathic observations of the disease, but without statistics or details of treatment.

2. A second paper, by the same physician, appears in the same journal for May, 1864. It narrates a typical case of the disease. The disorganization of the blood showed itself in hæmorrhages as well as petechiæ. The main element of the treatment consisted in the administration of deodorized absolute alcohol, half a teaspoonful in water as often as circumstances required. *Arsenicum* and *Rhus* were given for the typhoid symptoms, *Hamamelis* for the hæmorrhage, and *Cocculus Indicus* for the cerebro-spinal mischief. The patient made a good recovery.

3. The number of the same journal for November, 1864, contains three short papers on the disease, besides the elaborate account of the Philadelphia epidemic by Dr. James, from which I have already quoted. Dr. Wolfard, living in Iowa, treated sixty cases, of which he lost only three. *Aconite* was the specific remedy for the first stage; and in the second, *Aconite* again, alternated with *Veratrum Album* or *Arsenicum*. Cold water affusion, with subsequent frictions and fomentations, was also used. Dr. Plainfield, of Illinois, lost no cases, but does not say how many he treated. His remarks, however, savour of considerable experience in the disease. His treatment consisted of *Aconite* 1 or *Gelsemium* ϕ at first, with moist heat to the body and cold to the head. When diaphoresis was established, *Belladonna* 1 was alternated with the remedy formerly in use, and this followed up by *Nux Vomica*, 3rd dec. "In one family of seven children," he writes, "two were under Allopathic treatment, and died; five were treated Homœopathically, and lived. They were all similarly affected." The type of the epidemic in this place was evidently inflammatory rather than typhoid. Dr. Bowen had an attack of the disease in his own person. He treated himself successfully with *Belladonna* 3, followed by *Arsenicum*. 6. The latter remedy he considers of most importance in the

treatment of the malady. The petechial cases were the mildest: these had *Lachesis* 9 alternately with *Rhus* 3. He gives no statistics, mentioning only that in one family seven cases came under his care, of whom one only died. Dr. James also suffered in his own person from the malady. He considers the use of the deodorized alcohol (95 per cent.), as previously described, the most essential thing in the treatment. After commencing the use of this potent stimulant, his mortality was only one in every sixty cases. His dynamic remedies were *Cocculus Indicus* for the spinal symptoms, *Belladonna* for cerebral excitement and *Cuprum Aceticum* for cerebral torpor, and *Bryonia* and *Rhus* where the cases ran into the typhoid state. *Aconite*, *Hyoscyamus*, *Ignatia*, *Stramonium*, *Arsenicum*, *Mercurius Dulcis*, and *Carbo Vegetabilis*, were occasionally given where the symptoms required them.

4. The paper of Dr. Adams, of Springfield, Illinois, in the *Western Homœopathic Observer*, is so interesting that I give it entire:—

“The above disease first made its appearance in this region last March, at which time the first case was in the person of a girl aged about nine years. This case was treated by the late Dr. Lathrope. She died after about thirty-six hours’ sickness. After this quite a number, say eight or ten cases, occurred immediately in this neighbourhood, which is east of this city about three miles. While attending one of these first cases, Dr. Lathrope was seized with the same malady, and died after some five days’ sickness. Since the cases in the above locality, some few have occurred in the town and other directions from town. It was here observed, as I believe other writers have noticed, it almost entirely disappeared on the approach of warm weather, but two or three cases having been seen during the past summer.

“The symptoms, especially in the first attack, have been quite varied; so also as to the intensity of its character. Most generally, however, they complain of pain in the head, and nausea and vomiting soon follow. This vomiting is generally quite persistent, and perhaps is one of the most constant symptoms observed on the invasion of this disease.

Also very commonly we find a great degree of soreness of limbs, and frequently extending over the whole body—so much so, often, that it is with great difficulty children are moved. This tenderness is complained of along the spine; especially is it very painful moving the neck, the cords of the nape of the neck being very sore; hence, we very early find the head thrown back, which very generally continues until the disease is fairly conquered. The hands are frequently thrown up and back to the neck, where pain is complained of constantly. In the onset of this disease we often have a decided chill, followed by a high fever, vomiting soon following. The tongue soon assumes a dry and brownish appearance, similar to the usual typhoid fever cases; and we also see the same difficulty in protruding it. There is generally an itching of the nose and ears, which frequently extends to the eyelids, arms, and labia of girls. The child bores her finger into the nostril and ear, and rubs the eyes and labia almost constantly. In but a few cases have I found these symptoms not present. In the severest cases the hearing seems gone, and speech either entirely lost or very imperfect and difficult. After the disease becomes fairly established, the patient generally lies on the back with the head thrown back, pupils dilated, knees drawn up, the hands frequently thrown up to the nape of the neck, accompanied with groans, which soon subside when the patient lies quiet for a few moments. In some cases which have continued for an unusual length of time, the patient becomes perfectly rigid—the spine bowed backward, the occiput resting on the spine, the knees drawn snugly to the body. In this condition patients have lingered for weeks, to slowly recover, and in others to die. In other cases the violence of the attack has carried the child off within the first twenty-four hours. In some the disease has slowly and gradually made its approach, like many cases of typhoid fever—the patient lying around for many days, chilly, weak, and tired, too languid to move, no appetite, with feverish exacerbations at night and sleeplessness, experiencing more or less severe pain in the occipital region, extending down

the spine. These symptoms continue, until finally the patient takes the bed, and treatment is commenced. As to the spots, which would seem from the more common name given the disease, should be pathognomonic of the disorder, these I have found to vary as much as other symptoms attending the disease, both as to character and constancy—for in many cases we see nothing peculiar in the appearance of the surface, while in others we find distinct petechiæ covering the breast, back, and frequently the limbs. Again, in other cases, we find on the lower limbs, especially between the knees and ankles, an eruption exactly resembling urticaria—the spots generally quite tender to the touch; again, a fine miliary rash, and in other cases a decided petechial eruption is manifested. These various manifestations make their appearance during the first few days of the disease, and within a few days gradually fade and disappear. If the case lingers long, we sometimes witness, from time to time, an imperfect reappearance of the eruption.

“The above, I believe, is a pretty full and correct history of the symptoms of this disease, as exhibited in this region, and as far as I can learn from other physicians near me, they have not varied essentially from the above sketch. Here, as elsewhere, children have been the most general victims, and among these girls have made up nine tenths of the whole number. Most of the children have not been above eight years. A few cases of nursing infants, and also a few adult men, have been the subjects of this malady here. At the first appearance of cold weather this fall, a few more cases appeared, but since the change to a mild atmosphere no new ones have been seen. I doubt not, however, when the cold fairly sets in for winter, we shall have a fresh batch of cases.

“Now for the treatment. I will here premise that I have yet to lose my first case of this fearful disorder. From the beginning I have regarded *Rhus* and *Bryonia* as the two specifics. These I have given universally and persistently. In no case have I changed my course of treatment, except in a case just now dismissed cured, in which I added the

deodorized Alcohol between the doses of the medicines. This I knew would not interfere with the course of medicine, and I wished to try that article as an adjuvant. I think it acted favorably—a warm and salutary perspiration following its use. Excepting this effect, no other perceptible one was seen. Hereafter I intend to make use of the Alcohol, together with the Rhus and Bryonia, from the beginning. I can confidently recommend my brother practitioners to make a trial of this practice; instead of flying from one medicine to another, vainly seeking a remedy fitting one unimportant symptom or another, adhering closely to these remedies, which both pathognomonies and many years' experience have proved capable of removing the essential type of this deadly disease. It is clearly based on some form of blood-poison, thus approaching so near the characteristics of typhus as may be.

“As to the cause of this disorder I wish to say but little. Some have broached the idea that it is identical with the Trichiniasis of Germany—caused by eating diseased pork. Some facts would seem to contradict this proposition, some of which I will state. Nursing infants have taken the disease in its most violent form. The cases which have occurred within my observation have been in families where pork has been used but little, whereas other families in the same vicinity who are constant eaters of pork have escaped. Again, no case, as far as I have learned, has been traced directly to diseased meat. Most of the cases have occurred in families who are good liver, where pork has never been the staple for consumption. Again, although I have submitted a portion of the muscle, and also a portion of the blood of a patient who had been twelve weeks lingering with the disease, and in a hopeless condition, to inspection through two good microscopes, no trichina or other animalcula could be seen. From my observation and reasoning, I have doubted the identity of this disease which we have to contend with, and that formidable one which the Germans have termed Trichiniasis. But however it may be decided, thanks to the exactness of Homœopathy, we

can cure it, and this is just what is of the most importance both to physician and patient, and it is becoming well-known that this is just what the eclectics and allopaths cannot begin to do. They fear and tremble lest a case should fall into their hands, as they have good reason to do, for but two of the cases which occurred in this vicinity, that I have known, have been subjected to these methods of treatment, and they both were speedily consigned to their last resting-place."

Should Great Britain ever be so unfortunate as to be visited with an epidemic of cerebro-spinal meningitis, we of the Homœopathic school have good reason for hopefulness in our encounter with it. In such an event, the material thrown together in the above paper may possibly give light, as it certainly inspires courage.

CASES OF FEVER, WITH REMARKS.

By J. HARMAR SMITH, M.B.C.S., Blackheath.

*Case of Gastric, lapsed into Typhoid Fever, treated by
Baptisia Tinctoria.*

CASE.—V. A—, æt. about 27, City Missionary, Hampstead. Sanguino-bilious temperament.

March 2nd, 1868.—I received an urgent telegraphic message to visit him immediately, as he was very ill of fever. I was not surprised to receive this intelligence, as I was aware that he had been in daily attendance on a poor boy who lived in a low and crowded lodging-house in the immediate neighbourhood of his own dwelling, and who had been dangerously ill of fever. I visited him at once, and found him as had been described in the telegram.

The symptoms were what the old writers would have described as being of a phlogistic character, and Cullen as

marking a synochal type of fever. There was hot, dry skin, flushed face, rapid and full pulse, headache, throbbing of the temporal arteries, &c. &c., for which I prescribed *Aconite* and *Belladonna*. He took *Aconite* until the next day; but I continued the *Belladonna* for several days. There was no material change until the evening of the 5th, except that the inflammatory symptoms were gradually moderated.

6th.—Wife says his symptoms became aggravated late last night; wanted to get out of bed in the night, and had to be held there by force; talked wildly all night; symptoms distinctly typhoid; pulse 100; tongue baked down centre, and yet less thirst than there has been. Diarrhœa frequent and urgent; motions passed in bed; not troubled about it afterwards. *Tinct. Baptisia*, gr. $\frac{1}{8}$ o. horâ; *Arsenicum* 1, p. r. n.

7th.—Diarrhœa continues. Still passes motions in bed, but bowels not moved for two or three hours previous to my visit. Tongue not so dry; quieter; regards you with a stupid stare, and a bewildered expression of countenance. Omit *Arsenicum*, continue *Baptisia*.

9th.—Rose-coloured spots tolerably numerous on trunk, slightly raised, disappear under firm pressure; skin dry and hot; decided improvement in intelligence; complained of feeling as if not at home; asked if he should get better; complains of uneasy feelings in head, not amounting to pain; frequent groaning; scalp hot; face flushed; cold applications to head grateful; pulse 90, soft and compressible. Tongue, thick dark coating; sometimes he has much difficulty in protruding it. Allows fluids given him to run out of his mouth; asked for bread and butter, but could not get it down, and requested his wife to take it out of his mouth. Bowels moved once; motion liquid; asked for bed-pan; micturition free; urine normal in appearance. Continue *Baptisia*.

Evening.—Pulse 84, small and soft; says he feels better; much dysphagia.

10th, 8.30 a.m.—Sleepless night; headache; scalp hot; incoherent talking during a part of the night, but sensible now; constant moaning during night, which kept his wife

awake in next room. Can swallow much more readily, but tongue still protruded with difficulty.

In spite of the amelioration of the symptoms, they were still sufficiently grave to excite some alarm, and some of the relatives of the patient desired him to see an Allopath. This being, however, decidedly objected to by his wife, my friend Dr. Kidd kindly consented to visit him by my request.

4 p.m.—Visited by Dr. Kidd, who noticed that there was a good deal of tenderness in the region of the descending colon, and diagnosed ulceration there. As the *Baptisia* was evidently doing good, he recommended its continuance, with an occasional intercurrent dose of *Belladonna* if there were much delirium; which was only, therefore, given during the subsequent night.

11th.—Dozed several times in the night; excited each time on awaking. Diarrhœa returned in the night; motions passed in bed, although conscious, but unable to restrain them; increased tenderness of abdomen. Tongue moist, furred centre and red margin. Pulse 96, fuller. Head cool; pain gone. Continue *Baptisia*, *Arsenicum* 1, p. r. n.

10.30 p.m.—Slept all evening; awoke quite sensible; pulse 75. Continue medicine.

12th.—Slept all night without moaning. Inquired after family matters for the first time since his illness; intelligence fully returned. Pulse 72; no return of diarrhœa; abdominal tenderness much lessened, and confined to umbilical region. Begins to complain of thirst. Tongue, furred centre and red tip and edges. Omit *Arsenicum*, continue *Baptisia*.

Evening.—Dozed all day; asked for food and drink; bowels moved once.

13th.—Slept well. Tongue dry; great thirst; abdominal tenderness gone; ate part of a chop without my leave; pulse 72. Continue *Baptisia*.

14th.—Slept well. Tongue moist; pulse 72; constant dozing. Continue *Baptisia*.

15th.—Continues to improve. Continue *Baptisia*.

17th.—Further improvement. Omit *Baptisia*. *China ter*

die. Able to leave his bed in a day or two after this report, and called on me on the 28th.

This was clearly a case of typhoid or enteric fever, judging both from the history and symptoms. It was distinctly traceable to infection. The symptoms began a few days after my patient had paid repeated visits to a case of fever. In the earlier stage of the disease the symptoms were what are generally known as gastric fever; which is viewed, I think, by most writers on fever as descriptive of a certain form and stage of typhoid fever, and, though marked by very definite symptoms, yet not as being a distinct disease.

The *Baptisia* I felt, both at the time and subsequently, had a decided influence in mitigating the symptoms, and in conducting the case to a favorable issue. It had been only introduced to my notice by Dr. Hughes on the evening previous to my prescribing it in this case.

If I had then studied its pathogenesis, I should have been aware that it has diarrhoea amongst its symptoms, so that I need not have given intercurrent doses of *Arsenicum* when diarrhoea supervened.

The rapid cure of the symptoms of enteritis, also the rapid decline in the rapidity of the pulse, were very remarkable.

I considered that there was decided amelioration in the symptoms before the case was visited by Dr. Kidd, but I thankfully consented to his being asked to visit it, in consequence of my labouring under great disadvantages in treating it, which his justly earned reputation would, I knew, materially lessen. Not only were all the relatives of the patient, except his wife, decidedly opposed to Homœopathy, but also the more influential members of the City Mission in the neighbourhood, used all their influence with Mrs. A. to induce her to send for their own medical man, using not only the inefficiency of Homœopathy as an argument, but also presenting, as an inducement, that she would have to pay for my attendance, whilst the Society would provide her with an Allopathic Physician at their own expense.

It certainly appears inequitable that a purely religious society like the London City Mission, which no doubt

includes many Homœopathists among its subscribers, should practically come to a decision and take a side in a purely medical question, by providing Allopathic attendance alone for its Missionaries.

Case of Gastric Fever, treated by Baptisia.

G. B.—, clerk, æt, 28, Greenwich. Lymphatic temperament.

December 6th, 1864.—Is clerk at an extensive iron foundry, and thinks he has been made ill by having his meals only half cooked by a contractor. His appearance in general is pale and sickly, and as if possessing little vital power, but is not often ill.

Now—languor, nausea, furred tongue, large ulcer inside lip; anorexia; pulse 65. *Mercurius* 1.

8th.—Nausea; debility; violent eructations which come on about every half hour. *Nux Vomica* 1; omit *Mercurius* 1.

9th.—Eructations less violent, but vomiting has supervened; vomited matters tinged with bile. Bowels not moved for several days. *Ipecac.* 1, *omitting Nux Vomica.* To have an enema of tepid water.

10th.—Constant nausea. Vomiting and eructations both somewhat abated; increased debility; no tenderness on pressure in any part of abdomen; bowels moved by the injection; pulse 70, small and soft. Continue *Ipecac.*

12th.—Much the same as last report. To be allowed ice. *Kreasote* lx, 8tis horis.

13th.—Nausea, vomiting, and eructations less frequent; tongue dry and baked; pulse 100, small, and compressible; little sleep, and much vertigo in the night; finds the ice very grateful. Wife complains that his temper is very irritable. *Belladonna* 1.

14th.—Little sleep; rapid pulse; no vomiting nor retching all night. Received some annoying tidings early this morning and the vomiting and retching immediately supervened, and

have returned repeatedly since. No abdominal tenderness nor hardness.

Evening.—Still vomiting and retching, also diarrhœa; pulse 100, feeble, and small; tongue dry and baked. *Arsenicum 2*, every two hours.

15th.—Frequent eructations, and bilious vomiting in the night, also diarrhœa; tongue dry.

Evening.—Bowels moved five times since morning—once involuntarily and unconsciously; vomiting continues. Delirious and incoherent talking at times—remarking, for example, that “it was no use his wife sitting up with him, so long as she could not keep those big fellows from coming into the room.” Pulse small and compressible; tongue dry and covered with a thick brown crust. *Arsenicum 1*, every two hours.

16th.—Slept better in the night; vomiting ceased. Diarrhœa continues; some of motions still passed involuntarily; tongue covered with a thick brown crust. Took some beef-tea, which the stomach retained; pulse 80; thready. Continue *Arsenicum*.

Evening.—Diarrhœa continues; some vomiting; pulse 100, thready. Has taken a small quantity of wine and beef-tea.

17th.—Restlessness, with incoherency at times; pulse 100, small and feeble. Continue *Arsenicum*.

18th.—A perfectly sleepless night; pulse 100, and thready; much retching; little vomiting; diarrhœa ceased. *Baptisia tinctoria* gr $\frac{1}{2}$ secundis horis. Omit *Arsenicum*.

19th.—Feels better; has slept several hours during the day and night. Has this morning taken several cupfuls of diluted milk with bread for the first time since he began to be ill. No retching, nausea, nor vomiting. Continue *Baptisia*.

Evening.—Continues to take the bread and milk, which causes no unpleasant symptoms. Tongue still baked in centre, but over a smaller surface than heretofore; pulse 95, small, and full. Has slept most of the day.

21st.—No return of sickness. Lives on bread and milk.

Central dry crust on tongue, sides moist; pulse still 95. Continue *Baptisia*.

23rd.—Further improvement. Pulse stronger, but increasing *feeling* of debility; mucous membrane of mouth sore, so that it is painful to eat. Continue *Baptisia*.

24th.—Great languor and anorexia. Lives chiefly on bread and milk. Continue *Baptisia*.

25th.—Still dry crust on centre of tongue. Omit *Baptisia*. *Bryonia* lx, gr $\frac{1}{2}$ every four hours.

26th.—Dry crust on tongue as before. Continue *Bryonia*.

29th.—Much better. Tongue clean and moist; appetite and strength increasing. Sleeps well. Continue *Bryonia* bis die.

January 3rd.—Debility only. *China*.

His convalescence from this time was rapid, and would have been more so had he not delayed it for a few days by taking a supper of toasted cheese, which brought on an attack of vomiting, which was, however, relieved in a day or two by *Ipecac.* and *Nux Vomica*.

The early symptoms in G. B.—'s case illustrate the difficulty of diagnosis in certain cases of fever, whilst in the premonitory stage. I had an excellent opportunity of observing the invasion of the disease, being in attendance on the wife of my patient after her confinement, at the time he was taken ill. My primary impression about the case (and which I entered in my case-book at the time), was that the symptoms were due to acute dyspepsia. This diagnosis was favoured by the patient's own impression of the cause of his illness, referred to above, as well as by the pulse never rising above 70, nor being remarkably deficient in power. The persistence of the vomiting in spite of treatment would have led to the suspicion of malignant disease of the stomach, but for the previous good health of the patient, and the rapid invasion of the symptoms.

After the continuance of the vomiting, &c., for nearly a week had set aside the hypothesis of merely functional derangement of the digestive organs, I feared, until the

occurrence of symptoms pathognomonic of fever, that I had got a case of cerebral disease in the early stage—which Abercromby and other writers have shown to be frequently heralded by nausea and vomiting—no head symptoms (as in this case) at first being present. Although, however, the vomiting was not the precursor of cerebral disease, yet its relation to disordered innervation rather than to primary gastric affection was indicated by its renewal on the 14th of December by mental disquietude.

On the whole, on reviewing the circumstances, I do not see anything in the symptoms of this case, that would have led a more expert or painstaking diagnostician than myself to have foretold, with certainty, the advent of fever. Viewing the case as a whole, it is now clear that the symptoms were the result of blood-poisoning; the rapid recovery was therefore the more remarkable. Even allowing this to be due in part to the elimination of the *materies morbi* by the evacuations, yet I fully believe that the amelioration of the symptoms stood to the medicine not only in the relation of *post* but of *propter*.

“A swallow does not make a summer;” but it must be allowed to be at least a remarkable coincidence, that there should in each of these cases be an immediate improvement in the symptoms after the exhibition of the *Baptisia*, and that in a week from the day on which it was first given, and on which the crisis of the disease was not past, the patient might be justly pronounced out of danger. In the second case, especially, there was considerable reason to believe that the disease was prevented from passing from the gastric into the typhoid phase by the remedy in question. Some of the existing symptoms also were at once ameliorated. There had been a succession of restless nights, which had reached their climax on that previous to the day on which the *Baptisia* was commenced, but it appeared at once to set aside that morbid irritability of the nervous system which prevented sleep—thus acting like a narcotic without its unpleasant concomitants.* Nor was there any renewal of the retching and vomiting, with the exception

* This effect of *Baptisia* especially struck me on the first occasion of my using it.—R. H.

referred to at the conclusion of the notes of the case. The appetite for food, also, which had been absent from the first, was at once excited. The pulse, which had been variable, but generally rapid and always weak since the development of fever, rapidly diminished in frequency and increased in strength. I am inclined to think, since studying the provings of *Baptisia*, that after the 22nd of December the soreness of the mouth and dryness of the tongue, which remained after the cessation of the other symptoms, were due to medicinal aggravation.

I may make a similar observation in reference to this case as to the former one. If I had then been acquainted with the provings of *Baptisia*, and known that it had vomiting, eructations, and diarrhoea, I should have given it two or three days sooner than I did.

I have treated several other cases of gastric fever with *Baptisia tinctoria*, but the notes I have preserved of these are not full enough for publication, although I have notes of some other cases of fever which I think of publishing. If, however, my reference to the subject should induce Dr. Hughes to favour the readers of this journal with some of the cases cured by the remedy in question, and to which he has alluded in former numbers, I shall be much pleased that I have published these cases, limited as I acknowledge my experience in the use of this valuable remedy to have been. I feel, also, that I have laid myself open to the strictures of my readers by my confession of having prescribed a medicine before having an opportunity of acquiring a knowledge of its provings. I was not, however, aware, prior to the publication of the last number of this journal, that the provings of *Baptisia* were to be found anywhere but in the *North American Journal of Homœopathy*, to which I had not access. Still, I felt justified in prescribing this medicine, on Dr. Hughes' warm recommendation, until I could obtain the provings. I had not gained any striking results from other medicines in typhoid fever, and should have supposed that it would have been generally admitted that our resources in reference to it were not so ample as not to render other remedies a desideratum. I am not aware,

however, that Drs. Madden and Hughes' commendation has led to *Baptisia* being tested by British practitioners; and the only reference I have known made to it on the part of our colleagues has been in a sceptical tone. This reminds me of a remark recently made in reference to this very subject by a highly respected colleague, and endorsed by others who were present, viz., that "it was very bad practice to prescribe for a name." When, however, the "name" refers to a definite group of symptoms, as is the case in gastric fever, I must beg to take exception to the dictum in question; and as there is a tendency in the minds of some to take a one-sided view of this most important practical question, I shall take this opportunity of making a few remarks on the subject.

Granted that a large proportion of the cases we have to treat, especially those of a chronic character, cannot be accurately described or distinguished by any nosological term; and both diagnosis and prognosis being involved in greater or less obscurity, that symptoms must be individualised and treated as they arise; yet it is certainly not so with all diseases. Many acute diseases—most, if not all, of the exanthemata—run a more or less definite course, and are characterised by symptoms which, if not absolutely the same, have a greater or less family likeness.

Now, are we practically denying or carrying out—are we traitors or friends to Homœopathy in using and seeking medicines which, in their symptoms, have a resemblance to the disease not in one feature only, but more or less in all? Are we wise to be content with remedies which touch the disease at a single point, or are we not rather to aim at as complete a parallelism as possible? To turn to a department of natural history as an illustration. The great superiority of the botanical system of Jussieu over that of Linnæus is allowed to be, that it respects and represents natural affinities, whilst, in the artificial system of the latter, plants are often placed in juxtaposition, which Nature has most widely severed. Even so it should surely be our aim in therapeutics that the disease and the medicine should be as closely *en rapport* as possible; not only having one point of resemblance,

but that there should be a similitude in the totality, or at least the majority, of the symptoms. As, however, in natural history the natural and artificial systems may, in certain exceptional cases, agree in expressing the relation between individuals which are naturally in close alliance, so in exceptional cases in therapeutics the founding the choice of the medicine on one or two prominent symptoms may possibly guide to a right selection. But such cases, I repeat, are the exception, and not the rule. Habitual success, especially in the treatment of acute and well-defined diseases, can only be secured by prescribing medicines which, in their semeiology, touch the disease not by one or two only, but by many points. Thus there may be established so clear a resemblance between the medicine and the disease, that we may have certain remedies that stand in known and admitted relationship to certain typical forms of disease. Is, then, the use of the one for the treatment of the other to be stigmatised as prescribing for a name? By this process of generalisation, or rather of grouping, it was that the Founder of Homœopathy was enabled to prescribe and recommend with confidence *Belladonna* for "smooth scarlet fever," *Aconite* in purple rash, *Spongia* and *Hepar* in croup, *Drosera* in hooping-cough, *Mercurius corrosivus* in dysentery, *Thuja* in sycosis, &c.*

We may also expect that, as our knowledge increases on the one hand, and the number of our medicines on the other, our treatment will become increasingly simple and successful. For instance, it is only during the last few years that the specific distinctions between typhoid and typhus fever have been understood and recognised. Now, the special applicability of *Baptisia* to the former disease renders it probable that it will not be found curative in the latter; even as Hahnemann has shown that the peculiar adaptation of *Belladonna* to true scarlet fever renders it unsuitable for the treatment of the modification of the disease, which he describes as purple rash. If, however, the distinction between these several diseases had not been understood, the proved inefficacy of the medicine in

* *Vide* Dr. Dudgeon's translation of Hahnemann's 'Lesser Writings,' p. 779.

the one might have led also to its rejection in the other. In this way I think it probable that the labours of the old school in pathology may materially aid us, if we are not less diligent in the study of pathogenesis, and not too soon satisfied with our success in the treatment of any well-marked disease.

As many of my readers may not possess a copy of "Dr. Hale's New Remedies," especially as I find that the supply furnished to the English publishers is at present exhausted, I will transcribe a few short extracts from the provings of *Baptisia tinctoria* bearing upon the treatment of gastric fever. The provings were made by four American physicians.

General Symptoms.—Very disagreeable prostration of the whole system. Felt weak and tremulous, incapable of making any vigorous mental or physical exertion; indescribable sick feeling all over, with great languor.

Nervous System.—Arms and legs tremble; numb sensations all over the body.

Vascular System, fever, &c.—Pulse 90, full and soft; tongue felt dry, and felt sore as if burnt; the excitement of the brain, which is the preliminary of delirium; mental excitement, bordering on delirium; want of power to think; restless night, with frightful dreams; vertigo severe; frontal headache; confusion of sight.

Mouth, Tongue, &c.—Ulcers in mouth; tongue coated yellow along centre; tongue feels dry on rubbing it against roof of mouth; loss of appetite; tongue coated at first white, with reddish papillæ here and there, followed by a yellowish-brown coating in centre, the edges being red and shining; bad taste in mouth, in teeth, and gums feel sore.

Stomach.—Disposition to vomit, with great eructations of flatus; nausea; slight nausea, followed by vomiting; want of appetite, and constant desire for water.

Abdomen, &c.—Pain in abdomen on pressure; vomiting and diarrhœa, with dark stools; stools generally dark, offensive, mucous, and even bloody. Coe says, "in the treatment of ulcerative inflammation of the bowels and stomach, and chronic diarrhœa and dysentery, its use should never be omitted."

THE RIVAL ORGANONS.

THE last edition of the *Organon* given to the world during Hahnemann's life was the fifth. It was published in 1833. For several years past this edition has been out of print. But now we have a sixth edition given to the world by Dr. Arthur Lutze of Coethen, and two more sixth editions announced as about to be published, one by Hahnemann's grandson, Dr. Süß Hahnemann, of London, and another by Hahnemann's widow.

The main qualification of Dr. Lutze for his self-imposed task seems to us to be sheer impudence. He had no acquaintance with Hahnemann during his life; never, we believe, received any medical education, but suddenly sprung from the condition of a post-office clerk, or something of the sort, in Potsdam, to the would-be successor of Hahnemann in Coethen. Where he attained his medical degree is not very clear, perhaps he is merely *M.D. dei gratia*. Notwithstanding his antecedents, he seems to have acquired a certain reputation, which may be chiefly owing to his enormous puffing powers. He built a large homœopathic sanatorium at Coethen, and in due time was created a Sanitätsrath by the reigning power at Coethen. With respect to his scientific acquirements, he has given us the means of judging of them by the publication of certain works. One which is before us is small, but purporting to give the characteristic features of the chief homœopathic medicines, which he tells us was compiled without consulting the *Materia Medica* or provings of any sort. It is, in fact, a description of our remedies evolved from the author's inner consciousness, after the manner of the celebrated German philosopher's camel. Another book he published was a Manual of Homœopathy (*Lehrbuch der Homœopathie*), wherein he promulgated the heresy that medicines might be mingled together by twos and threes in one prescription. But these eccentricities of Herr Lutze would not have excited much attention had he not thrust himself forward as the editor of a new edition of Hahnemann's *Organon*; nor would

even this have called for any animadversion from us had he modestly contented himself with reprinting the last edition without any notes and comments of his own. This, however, the overweening vanity and conceit of the man would not permit him to do. He must needs accompany the text of Hahnemann's work with his comments distributed throughout the volume; and, worse than all, he must needs alter the sacred text of the great Founder of Homœopathy, and add a new paragraph advising the administration of double and treble medicines at a time, in spite of section 272, which he allows to stand, and which says as emphatically as words can say it, "In no case is it necessary for the cure to administer more than *one single simple* medicinal substance at a time." Here is the intercalated paragraph, and the note appended to it in justification of its introduction into the text of the *Organon*:

"Section 274, *b*. There are several compound (complicated) cases of disease in which the administration of a *double remedy* (Doppelmittel) is perfectly homœopathic and truly rational; where, for instance, each of two medicines appears suited for the case of disease, *but each from a different side*; or where the case of disease depends on more than one of the three radical causes of chronic diseases discovered by me, as when, in addition to poora, we have to do with syphilis or sycosis also. Just as in very rapid acute diseases I give two or three of the most appropriate remedies in alternation, *e.g.*, in cholera, *Cuprum* and *Veratrum*; or in croup, *Aconite*, *Hepar sulph.* and *Spongia*; so in chronic diseases I may give together two well-indicated homœopathic remedies acting from different sides, *in the smallest dose*. I must here deprecate most distinctly all thoughtless mixtures or frivolous choice of two medicines, which would be analogous to allopathic polypharmacy. I must also once again particularly insist that such rightly chosen homœopathic double remedies must only be given in the *most highly potentized and attenuated doses*."

So much for the new paragraph, which any one conversant with Hahnemann's works will at once see is at variance with the whole tenor of Hahnemann's teaching. Now for the justifying note:

"This is the paragraph intended by our master for the fifth edition of the *Organon*, but suppressed by the senselessness of others, which I had the good fortune to discover, and which I deem it my duty to give to the world in this place, after having

already published a chapter on the *double remedies* in my *Lehrbuch der Homöopathie*. Dr. Julius Aegidi, at that time physician in ordinary to the Princess Frederica of Prussia in Düsseldorf, sent Hahnemann the reports of 233 cases of cures effected by double remedies, and the reply of this great thinker, dated Coethen, 15th of June, 1833, of which I possess the original, runs thus :

“DEAR FRIEND AND COLLEAGUE,—Do not think that I am capable of rejecting any good thing from prejudice, or because it might cause alterations in my doctrine. My sole desire is for truth, and I believe yours is also. Hence I am delighted that such a happy idea has occurred to you, and that you have kept it within its necessary limits ; ‘ that two medicinal substances (in smallest dose, or by olfaction) should be given together only in a case where both seem equally homœopathically suitable, *but each from a different side.*’ Under such circumstances the procedure is so consonant with the requirements of our art, that nothing can be urged against it, on the contrary, homœopathy must be congratulated on your discovery. I myself will take the first opportunity of putting it in practice, and I have no doubt as to its good effect. I am glad to say that von Bönninghausen is completely of our opinion and acts accordingly. I think too, that both remedies should be given together : just as we give *Sulphur* and *Calcarea* together when we cause our patients to take or smell *Hepar sulph.* ; or *Sulphur* and *Mercury* when they take or smell *Cinnabar*. Permit me then to give your discovery to the world in the fifth edition of the *Organon*, which will soon be published. Until then, however, I beg you to keep all to yourself, and try to get Mr. Jahr, whom I greatly esteem, to do the like. At the same time I there protest and earnestly warn against all abuse of the practice by a frivolous choice of two medicines to be used in combination.

“ Yours sincerely,

“ SAMUEL HAHNEMANN.’

“ After state-councillor Dr. von Bönninghausen, whose name has been several times honorably mentioned in this book, and our master himself had tested this practice and found it good, he wrote the following letter, the original of which I also possess, to Dr. Aegidi, dated 19th July, 1833 :

“ I have devoted a special paragraph in the fifth edition of the *Organon* to your discovery of the administration of double remedies ; I sent the manuscript of it yesterday evening to Arnold and enjoined him to print it soon and put the steel engraving of my portrait as a frontispiece. The race for priority is anxiously pursued. Thirty years ago I was weak enough to contend for it. But for a long time past my only wish is that the

world should gain the best, the most useful truth, let it come from me or from any other.'

"The foregoing paragraph is sanctioned by these expressions of the now enlightened spirit. In the Congress of homœopathic medical men which took place soon afterwards on the 10th of August, 1833, the master brought this new discovery before his disciples, but in place of finding willing listeners he encountered opposition. The narrow-mindedness and ignorance of those men went so far as to compare this true homœopathic discovery to the polypharmacy of allopathy, and they drew such a dismal picture to the hoary master of the harm he would do to his doctrine thereby, that he allowed himself to be persuaded to recal the paragraph he had already sent to the printer, which an eager disciple of not the purest sort undertook to do, and thus the world was for many years deprived of this important discovery."

Herr Lutze then proceeds to give examples where he says two and even three medicines should be given at once; but we need not quote him further.

Every one familiar with the *Organon* will remember how earnestly and decidedly Hahnemann insists on the necessity of giving only one medicine at a time, especially in paragraphs 272, 273, and 274 of the fifth edition; so, when we are told by his new editor that he intended to revoke all his exhortations to give but one medicine at a time, and his solemn warnings against mixing two or more medicines in one prescription, and when, moreover, this startling assertion is supported by letters from Hahnemann to one of his disciples, it behoves us to inquire carefully into the whole case.

We are sorry to say that there can be no doubt as to the genuineness of the letters published by Lutze as Hahnemann's, though we know from the best authority that they were never intended for publication either by Hahnemann or by Dr. Aegidi, to whom they were addressed. Those who are not aware of the genuineness of these letters might think that strong proof of their spuriousness was shown by the fact that the letters bear the dates of the 15th of June and 19th of July, 1833, respectively, whereas the fifth edition of the *Organon*, to which they allude as "forthcoming," is dated 28th March, 1833, *i. e.* three and four months previous to the dates of these letters. This is accounted for by the date of the issue

of the work not corresponding to the period when the preface was written.

The real facts of the case seem to have been these:—Dr. Aegidi first proposed to Hahnemann the administration of a mixture of two highly potentized remedies corresponding each to different portions of a case of disease. The idea was, that in the highly attenuated state, the medicines are incapable of chemical reaction among themselves, and that they would act separately and independently each in its own sphere, when thus mixed together. Dr. Aegidi's recommendation was supported by Dr. von Bönninghausen, and Hahnemann, with a facility which we could hardly have supposed possible in one of his cautious and careful nature, at once adopted the idea and actually proposed it at the Homœopathic Congress held at Coethen on the 10th of August, of the same year. The arguments and remonstrances of his more scientific disciples, however, sufficed to show him the folly of sanctioning a practice which was certain to lead to the polypharmacy of the old school, so he was easily persuaded to cancel the alteration he intended to make in the *Organon*. His own experiments with mixed remedies could not have been very extensive or satisfactory, for it was only on the 15th of June that Aegidi first suggested their use to him.

It is, of course, impossible to account for the readiness with which Hahnemann listened to and suffered himself to be persuaded into adopting a novelty of practice directly contrary to his former teaching, and, indeed, dealing a fatal blow to one of the chief peculiarities and a fundamental principle of his system. We can only exclaim: *nonnunquam bonus dormitat Homerus!* But that he did see his error and not only retract it, but never after in any subsequent publication (and his last work was published in 1839) even allude to it, is undoubted; and it is the height of effrontery in an editor of the *Organon* to raise the recanted error, the offspring of a temporary weakness, to the dignity of a principle, a maxim of homœopathy. We cannot, indeed, defend Hahnemann from the charge of weakness in yielding to the persuasions of Aegidi and Bönninghausen, but at all events we can assert that the

weakness was very transient, and that it was scarcely yielded to before it was retracted.

The further history of this unfortunate suggestion of Aegidi's is curious. Jahr, to whom Hahnemann refers in one of the foregoing letters, did not keep silence on the subject as requested, but, in a note in the preface of his *Manual*, alluded to the new practice of mixing homœopathic remedies, and referred his readers for full particulars to a forthcoming article by Aegidi. The latter, who had been convinced by the arguments of the speakers at the Homœopathic Congress at Coethen, that the practice of mixing medicines was a dangerous error, thought himself called on by this reference of Jahr's to say something on the subject. He accordingly published in the 3rd No. of the *Archiv* for 1834, a very mild paper, in which he suggested, in a deprecating manner, the mixing of medicines; taking good care, however, not to refer to Hahnemann's temporary approval of the practice. He supported his views by an apologetic allusion to the fact that we already gave some compound substances in homœopathy, such as *Hepar sulphuris* and *Cinnabar*.

Aegidi's weak arguments were easily overthrown by Stapf, and the subject was dropped for ever by Hahnemann and his immediate disciples. The heresy has occasionally cropped up in unexpected quarters since that time; some of these are alluded to in Dudgeon's *Lectures*, p. 488. Others may be briefly mentioned. Dr. Mandt, physician to the late Emperor Nicholas, always gave two or three homœopathic medicines at once. Dr. Roth, of Paris, mentions (*Zeitsch. f. Hom. Klin.*, iii, p. 138) having cured a case of colliquative diarrhœa in a woman suffering from fungoid tumour in the abdomen, with *Arsen.* and *Merc. corr.* in combination, though the disease had resisted these medicines given separately. Dr. Lobethal, of Breslau, has a nostrum for phthisis called *essentia anti-phthisica*, which enjoys a great reputation in Germany, which he says (*ibid.*, March, 1854) is a compound of homœopathic medicines. Dr. Humphreys, of Utica, N. Y., recommends (*N. Am. Jour. of Hom.*, vii, p. 269) for the cure of intermittent fever, a preparation of *nuxvomica* triturated with common

salt. He calls it *Nux in sale*. We may mention that Aegidi, the original inventor of mixed homœopathic medicines, about twelve years ago, formally recanted his heresy in the *Allg. Hom. Zeitung*, and since the publication of Lutze's *Organon* he has again solemnly abjured his former views, in that periodical, and also in Hirschel's *Zeitschrift*.

From what we have said, it will be seen that Lutze's introduction of a recommendation of mixed medicines into the *Organon*, as from Hahnemann himself, is quite unauthorised, and should meet with an energetic protest from all who wish to uphold scientific homœopathy and the true and well-grounded maxims of its great Founder.

The German homœopathic journals have recently contained numerous protests by the most distinguished of our German colleagues against Lutze's unauthorised additions to Hahnemann's *Organon*. The first and most important is signed by Drs. Bolle, Hirschel, Meyer, and Cl. Müller, all editors of homœopathic periodicals. The Homœopathic Society of Vienna through its president, Dr. Watzke, has signified its adhesion to the protest, and many others have announced their concurrence.* However, Lutze is himself the editor of a popular bimonthly periodical devoted to the propagation of his peculiar views on homœopathy and medicine, and in this, his organ, he has published a counter-protest against these protesters. The ex-post-office clerk is a master in the art of vituperation, and his protest is a very amusing production. We give a small sample of it: "Who on earth," he says, "gave you the right to sit in judgment on me? If you were true disciples of Hahnemann, which you are not, you would have no right to do so; but, as it is, you should be ashamed of your presumption, giving yourselves out for representatives of the scientific homœopathic press, whilst in your actions you are the very opposite. You, Herr Bolle, as you tell us yourself, pour on the tongue of a patient with toothache several drops of the first, second, or third dilution of a medicine, and if it does not

* We have just received a similar protest from the Faculty of the Homœopathic Medical College of Pennsylvania, U. S.

cure immediately, scarcely five minutes afterwards you give him a second, third, fourth and fifth remedy, until one succeeds. Is that what you call scientific homœopathy? I call it *laienhafteste Manscherei* [whatever that may be—no doubt something as horrible as it is incomprehensible to our finite knowledge of German]. And you Herr Hirschel, Herr Meyer, and Herr Cl. Müller give low dilutions in drops in rapid succession, and prescribe chlorine water in typhus. Do you call that Hahnemannic homœopathy? I call it irresponsible *laienhaftes Manschverfahren* [we are again at a loss for a translation], and a contemning of all that Hahnemann has taught. Fie on you for daring to condemn me, and for calumniously rejecting a mode of practice of which Samuel Hahnemann, our master, himself has said—‘It is so consonant with the requirements of our art, that nothing can be urged against it; on the contrary, homœopathy must be congratulated on this discovery.’ That is what our master says about the double-remedies in a letter I have of his in his own handwriting. And you imbeciles dare to attack me because I honour the master’s words!’ &c.

But though Hahnemann, in a moment of unaccountable weakness, did write these words in a private letter to a disciple, he practically and emphatically recalled them by cancelling the intended recommendation of the practice they allude to in the *Organon*, and in that work and in all his subsequent writings he taught, as a chief maxim of his doctrines, the administration of one single remedy at a time, and this maxim has been accepted and approved by all his most distinguished disciples of every country. Our colleagues in Germany are, therefore, quite justified in protesting loudly against this unauthorised and mischievous falsification of the text of Hahnemann’s *Organon*, and we heartily join with them in stigmatising Herr Lutze’s innovations as an impertinence. Herr Lutze is welcome to teach any doctrines he pleases under his own name, but every true disciple of Hahnemann must feel indignant at the insult he offers to their great master by such a monstrous mutilation of his great work.

Soon after the appearance of this interpolated *Organon*, an advertisement appeared in the German journals of another "improved and enlarged," sixth edition of the *Organon*, under the editorship of his grandson, Dr. Süß Hahnemann. The preface to this new edition is before us. As might naturally be expected, the descendant of the great founder of Homœopathy speaks of the work itself with the greatest veneration, and promises a faithful and unaltered reprint of the original text; though why he announces an "improved and enlarged" edition we cannot imagine. He goes, however, a little further, and in this preface enters on a defence of the chief controverted points, such as the psora theory, and the doctrines of homœopathic aggravation and dynamization, but without offering any fresh proofs in their favour. We are informed that Dr. Süß Hahnemann will publish a reprint of the fourth instead of the fifth edition, in consequence of Hahnemann himself having expressed to one of his children his own preference for the former edition. We forbear to give an opinion on the propriety of this course, but may mention that the fourth edition contains the valuable testimony of old-school physicians, Hahnemann's predecessors, in favour of the homœopathic action of many medicines, which is unaccountably omitted in the fifth edition, though reference is made to it in a foot note.

No sooner was Dr. Süß Hahnemann's edition of the *Organon* announced than the publishers received from Madame Hahnemann, the widow of the founder of Homœopathy, the following letter:

"PARIS; 23rd April, 1865.

"MESSRS. REICHARDT and ZANDER,

"GENTLEMEN,—I perceive from No. 14 of the *Allgemeine Handel Zeitung* of 3rd April, that your firm is about to publish a new edition of Hahnemann's *Organon* edited by Dr. Süß, of London. I beg to inform you that the exclusive right to publish the said work belongs solely to me; and as I possess the manuscript sixth edition of the *Organon*, written by my late husband's own hand, Dr. Süß's work can have no claim whatever to be considered genuine. You, as booksellers, are no doubt aware of

the stringent laws in Germany protecting the copyright of literary works, and, therefore, this notice I hope will be sufficient to warn you against the sale of Dr. Süß's intended edition of the said work.

"I remain, gentlemen,

"Truly yours,

"MELANIE HAHNEMANN.

"PARIS : RUE DU FAUBOURG ST. HONORÉ, No. 54."

In the *Allg. Hom. Zeitung* of 1st May, the following letter from the same lady appeared :

"PARIS ; 21st April, 1865.

"To the Editor of the *Allg. Hom. Zeitung*.

"RESPECTED SIR,—To my great astonishment I perceive in No. 14 of the *Allg. Hom. Zeitung* for April 3rd, that Dr. Lutze and Dr. Süß, of London, announce the publication of a sixth, considerably improved and enlarged, edition of Hahnemann's *Organon*.

"I alone have the right to publish the sixth edition of the *Organon* ; I alone possess the manuscript in my late husband's own handwriting of this important work ; to me alone were communicated all the improvements which the author made in the *Organon*.

"Dr. Lutze never saw Hahnemann, nor was he in any way connected with him.

"Dr. Süß, of London, saw Hahnemann only twice ; the first time when a child of six years of age, and afterwards, when a student in Leipzig, the day before the death of my husband ; it is therefore impossible he can have obtained from him anything new relating to homœopathy.

"Now that it is pretended that something new is known, when it is intended to make a sort of romance of our holy *Organon*, now is the time to publish the genuine and real *Organon*, and I shall send it to press.

"Just as no one dares to improve, take away from or add to the Holy Gospel or the other Holy Scriptures, so no one should dare to make any alterations in the *Organon*, the codex of human health ; it must remain as its author created it, and it should only appear in its pure, unadulterated truth and genuineness.

"I urgently beg you to allow this letter to appear without any alterations in the next number of the *Allg. Hom. Zeitung*.

"Your devotion to the true maxims of our beneficent doctrine and your sense of justice will induce you to grant me this favour, for which I thank you beforehand in my own name and in that of the true disciples of Hahnemann.

“Accept, esteemed doctor, the assurance of my most distinguished consideration.

“M. HAHNEMANN.

“54, FAUBOURG ST. HONORÉ.”

It is curious that though the *Organon* has now been for many years out of print, and a reprint urgently needed, the widow of the illustrious author should never have given the slightest intimation of her intention to bring out a new edition of this important work until an interpolated edition was already published, and another “improved and enlarged edition” announced. This letter, too, is the first hint given to Hahnemann’s numerous disciples of the existence of a sixth edition corrected by Hahnemann himself. Madame Hahnemann has carefully kept the secret of the existence of this new and improved edition for nearly twenty-two years, for what reason we are at a loss to conceive. However, we shall look forward with much curiosity to the appearance of this very last edition of Hahnemann’s great work, and, as soon as it appears, we hope to give an account of it to our readers.

In connection with this subject we subjoin a letter just received from Dr. Süß Hahnemann, who considers himself aggrieved by the statements of his step-grandmother in her letter to the editor of the *Allg. Hom. Zeitung*.

“1, WEST STREET, FINSBURY CIRCUS, LONDON.

“To the Editors of the *British Journal of Homœopathy*.

“GENTLEMEN,—You are no doubt aware that, in consequence of my grandfather’s German works having gone completely out of print, I have considered it my duty, due alike to the memory of my departed great ancestor as to the cause of Homœopathy to commence a re-issue of his literary productions; the *Organon* as the most important work has been taken in hand first, and my publishers in Berlin have announced its publication to be shortly completed.

“Madame Hahnemann seems, however, to have taken great umbrage at my proceedings; not only has she endeavoured to intimidate my publishers by empty threats of legal prosecutions, but she has also published herself in the *Allgemeine Homœopathische*

Zeitung of 1st of May, an article, by which she unmistakably wishes to damage and lower my publication in the estimation of my medical brethren. If the facts stated by her had been correct, I would have remained most willingly silent, as I believe my own age or personal acquaintance with my late grandfather cannot in the least deteriorate the value of the *Organon*, which I have had faithfully reprinted from one of the previous editions, which was considered by Hahnemann himself the most complete (according to my late mother's assertion). In common fairness, Madame Hahnemann should have waited until the work had been published, when it would have been time to criticise its correctness. My aunt, Hahnemann's youngest daughter, is still alive, and in possession of quite as valuable manuscripts as Madame Hahnemann alleges she herself possesses, and being with her on the most affectionate terms of relationship, I have always received her willing and cordial assistance in all my literary pursuits.

"Madame Hahnemann seems particularly anxious to make it known amongst the homœopathic profession, that I saw my grandfather but twice in all my life, once when six years old, and the second time on the eve of his death, strongly insinuating herefrom, that my edition of the *Organon* ought not to be relied upon.

"Madame Hahnemann having had little communication with the family of her late husband, I do not expect her to know much about my humble self; but if she wishes to inform the world of my young days, I might expect her to be truthful and correct in her statements. I was brought up and educated by my late grandfather up to Mademoiselle d' Hervilly's sudden appearance in Cöthen, when I was sent to Halle to school; and at the time of Madame Hahnemann's departure with my grandfather to Paris, I was just eight years old; I was also present at my grandfather's sorrowful leave-taking in Halle from the members of his family who had accompanied him from Cöthen to that place.

"Unfortunately I was only present at the very last dying moments of my grandfather, not even on the eve of his death, although my late mother and I had arrived in Paris already a whole week previous to this sad event taking place; a circumstance Madame Hahnemann seems to have quite forgotten, as she does not mention it at all in her article.

"In spite of our most earnest entreaties, in spite of Hahnemann's own wish to see once more his favourite daughter, Madame Hahnemann resolutely and sternly refused us an interview with our dying parent, when he would have been still able to speak to us, and to bless us. Now, in her eagerness to damage any forthcoming edition of Hahnemann's works, Madame Hahnemann has betrayed a valuable secret by confessing to possess the manuscript sixth edition of the *Organon*. "Out of evil cometh good."

I feel highly gratified that I have thus indirectly rendered a service to the cause of homœopathy; for Madame Hahnemann declares herself after twenty-two years' silence ready to publish this manuscript. I hope she will soon do it; better late than never, although this neglect amounts almost to contempt of the whole homœopathic medical profession.

"I am, Gentlemen,

"Your obedient Servant,

"L. Süß HAHNEMANN.

"30th May, 1865."

CLINICAL OBSERVATIONS.

Silica in suppurations, the purulent diathesis, and what is called purulent infection. By Dr. NOACK, JR.*

THE remarkable properties of *Silica* in suppuration have been frequently noticed; still, the following two cases, selected from among many others, are of such a convincing character, that I do not hesitate to give them *in extenso*.

The action of *Silica* varies according to the doses in which it is employed and the diseases in which it is given. In certain manifestations of scrofula, such as the glandular swelling of the neck and axilla, forming the well known disfiguring tumours, *Silica* only acts in large and repeated doses. In such cases I have seen excellent results from the low triturations. But as soon as suppuration, or the tendency to suppuration is present, the high attenuations and especially the 30th, are always more efficacious and more rapid in their action, whether that be to accelerate the formation of pus, or to produce a favorable modification in the system that produces it. The following history of two of my patients will fully prove the last circumstance.

I shall merely insist, *en passant*, on the utility of the simultaneous employment of the medicine internally and externally according to the formula indicated. I attribute the prompt

* *Art Médical*, March, 1865.

recovery in the two cases in great measure to this combination.

OBSERVATION I.—*Diffused phlegmon of the leg ; threatened purulent infection. Cure by Silica in 16 days.*

M. Pogens, æt. 45, house painter and decorator, of a vigorous constitution, was suddenly attacked without appreciable cause, towards the end of November, 1864, with stiffness of the left knee. Soon erysipelas appeared there, affecting not only the whole leg, but ascending to the bend of the groin, thus gradually invading the whole of the inferior extremity of that side. Violent fever and sharp pains compelled him to keep his bed, and he did not send for medical advice until the disease had already lasted a week. The medical man summoned employed all the means of the old school with great assiduity ; but in spite of these the erysipelas of the leg became rapidly phlegmonous, and the doctor made a dozen incisions in the course of the tibia, separated by bridges of skin, which for about six weeks allowed the escape of an enormous quantity of pus, under which, however, the patient bore up well. But two alarming venous hæmorrhages having occurred and the pains increasing, he resolved to have recourse to homœopathic treatment. I saw him for the first time on the 7th of January, of this year.

The left leg was of considerable size, a venous hæmorrhage having occurred the previous day the swollen tissues were livid ; the punctures in the skin only gave vent to bloody pus, but in spite of that condition, it was easy to observe that all the skin of the internal part of the leg was detached from the ham to the internal malleolus, and to the extent of two thirds of the circumference of the member. The strips of integument opened by the incisions thus covered an immense undermined space, where the pus and extravasated blood collected. It was not till the second visit that I was able to ascertain satisfactorily all the extent of the disease. The thigh still showed red tracks and some remains of cutaneous induration. The general state though not very weak, nevertheless showed

some alarming symptoms. The patient was quite sleepless at night, but during the day he was affected with sopor and raved incessantly. The limbs were the seat of twitches and tremblings, which continued even when he was awake. It was difficult to ascertain the state of the pulse on account of the jerking of the tendons of the forearm. The tongue was red; thirst great; pulse large but very soft, 120, regular; the pains were dull when at rest, sharp when touched.

On account of the general state and the hæmorrhagic tendency, I prescribed *Rhus tox.* 3, two drops; Pure water 100 grammes; a table-spoonful to be taken every hour. Slight compression of the leg by the means of a rolled and moistened bandage; infusion of marsh-mallow flowers for drink; beef-tea.

8th January.—The leg considerably diminished in size, but the suppuration has been very copious, mingled with bubbles of gas, and so foetid that it several times made the patient sick; night disturbed; raving; constant rigors accompanied by chattering of the teeth; thirst very great; tongue dry; pulse 120, large, full. *Prescription, Silica* 30, twenty globs.; Pure water 200 grammes; a table-spoonful every hour. Injections beneath the burrowed skin with water 50 grammes; *Tr. Silic.* 30, six drops. Dressing with lint wetted with this silicated water, covered by a thick layer of coal-tar powder to disinfect the wound; regulated compression. Toast and water with wine in it for drink; soup.

9th.—A good night; deep and refreshing sleep for six hours; no particular pains; pulse 100; tongue less dry; less raving; abundant creamy suppuration, perfectly inodorous. The leg has recovered its normal size, and with the probe I can ascertain the whole extent of the burrows I spoke of above.

Not wishing to unite the twelve punctures into one large incision, I repeatedly injected into each sinus the aqueous solution of *Silica* above mentioned. Two dressings a day being required, I repeated the injection at night. The same medicine internally, and the same diet.

10th.—The amelioration continues; the night was excellent, slept very quietly for eight hours; no particular pains; pulse

90; tongue clean; appetite; suppuration one half of what it was, very thick, without fœtor. Three of the principal sinuses are one half their former size. Same dressing, same prescription.

11th.—The same satisfactory state. Fever lessened; pulse 80, small, weak; skin moist; sleep excellent; no trace of delirium; the state of the leg is good; the quantity of pus has diminished so much, that one dressing a day suffices; of the twelve punctures six alone remain open, the others are completely cicatrized and the skin healed up. Same dressing, same prescription. Bordeaux wine, beefsteaks.

12th, 13th, and 14th.—The amendment progresses so that at the last date there remained but a single suppurating point at the upper part of the leg; elsewhere the cuticle is desquamating; the appetite is excellent; the patient gets up and sleeps as when in health.

22nd.—I take my leave of the patient, who has now neither sinus nor suppuration, only a little stiffness of the knee, for the cure of which I have directed a few gentle movements.

On the 25th February he had already resumed his work for some days, and was in perfect health.

This observation, which is in many respects interesting, shows clearly the marvellous effects of *Silica* on a patient who was rapidly falling into what is called purulent infection; for the very day after commencing the remedy the pain diminished as also the quantity of pus formed. Moreover let the allopathic treatment, which lasted more than six weeks, be compared with the homœopathic, which was not longer than sixteen days, and it will be admitted that in this case our patient profited greatly by the admirable discovery of Hahnemann.

OBSERVATION II.—*Anatomical puncture of the right hand, consequent angio-leucitis and phlegmon of the axilla and arm; threatening of purulent infection. Complete absorption of the abscess of the arm. Cure by Silica 30, in 12 days.*

M. Frontigny, æt. 35, a servant employed in the dissecting-

room of the School of Medicine of Lyons, of a delicate constitution, on the 24th December 1865 scratched himself on the palmar face of the left hand towards the upper part of the thenar eminence with the corner of a zinc table used for carrying the corpses from the dissecting room to the lecture-hall. Though he washed it carefully and squeezed the little wound, he felt on Christmas day pain in the palm of the hand and stiffness throughout the arm; towards morning of the 26th, a well marked angio-leucitis appeared in the anterior and internal aspect of the arm, and produced a painful engorgement of the axillary glands. The patient kept his bed, and kept linseed poultices constantly applied, which in three days removed the inflammation of the lymphatic vessels. But from the 29th December (the fourth day after the anatomical wound) there occurred a pretty large phlegmon in the left subclavicular region, which seemed to terminate at the lower part of the axilla. At the same time there occurred pus, sleeplessness, and shooting pains.

The patient then entered the Hotel Dieu under Dr. Delone when he had frequent applications of mercurial ointment and linseed poultices. As he grew tired of remaining in the hospital, he went out in a few days, but returned a second time a fortnight after his first admission. At that time the phlegmon of the axilla having ended in suppuration, a large incision, followed by the introduction of the finger into the wound, was effected at the level of a line drawn from the nipple to the lateral part of the chest, by Dr. Gayet. Suppuration was sufficiently copious for a fortnight to saturate several cataplasms, at the same time the mercurial frictions were continued.

This state of things continued until the 8th February 1865, when the left arm towards its upper and internal part became the seat of a new phlegmon. This ended in the formation of an abscess which Dr. Gayet decided on opening on the 11th. But as the patient had suffered much from the first operation he refused to allow another; the operation was put off, and Frontigny quitted the hospital the same day, in order to be treated at home. Dr. Gayet had great fears respecting him at

this time, the more so as he had a rigor sufficiently severe to make it be suspected that there was commencing purulent infection.

On the 13th February I was summoned to attend. I found the patient in the following state: The left arm from the fingers up to the axilla is the seat of considerable œdematous swelling. About the middle of the biceps, towards the sheath of the vessels, there was a very painful induration, extending towards the neighbouring regions, especially about the axilla. About this point, a little outside the biceps, a manifest fluctuation was felt, and the pain was much increased by even slight pressure; the skin was very red and showed an erysipelatous blush extending to the side of the thorax. The arm in the vicinity of the abscess was almost one third larger than that on the healthy side. The pectoral region was but slightly painful, but large streams of fetid serous pus escaped from the incision, situated as I have before said at the level of the nipple, and about twenty centimètres to the outside of it; the subjacent tissues were detached up to the clavicle. There was no recurrence of the rigor, but the pulse was 120, small, weak, and irregular; the skin hot, covered with profuse perspiration; the countenance very much emaciated and of a uniform yellow colour. The patient was in a constant state of sopor, and talking nonsense, though he readily and even volubly answered questions. The tongue was whitish, trembling, but the abdomen was soft and there was no great constipation.

Here was evidently a serious case, viz., a suppurating phlegmon of the axilla, induced by an anatomical wound, a fresh abscess of the arm requiring special attention, and a threatened purulent infection in a person debilitated in various ways.

Having more than once witnessed the remarkable properties of silica in extensive suppurations, I did not hesitate to prescribe it for my patient, putting off till the following day the opening of the abscess in the arm.

Prescription.—*Silica*, 30 twenty globs.; Pure water 200 grammes, by table-spoonfuls every hour. Linseed poultices to the arm. Infusion of marsh mallows. Beef-tea.

15th.—No particular change in the patient's state, which is exactly the same as on the 13th. I injected once in the abscess of the axilla, water fifty grammes, *Silica* 3, six drops.

16th.—Night much more calm; no spontaneous pains; the arm is perceptibly better; the redness gone; the induration of the tissues surrounding the biceps less; fluctuation still evident at the upper part; still the abscess does not seem to be larger, I therefore delayed the incisions. The pulse fallen to 100, it has lost its irregularity; the general perspirations have much decreased; the tongue is slightly yellow on its borders, but moist and red at its point and middle. The patient asks for something to eat. One natural stool. Broth. Same prescription.

17th.—Sleep calm; pulse 90, regular; skin moist; all the redness of the arm has disappeared; the indurated tissues are softer; the fluctuation continues, but is less decided. The patient is very cheerful and asks for food. Same prescription. Broth.

18th.—The general state is as satisfactory as possible. The suppuration of the axilla, which had been very copious till now, is less by two thirds, it is still serous, but has lost its fœtor; the tissues are much more adherent. As to the arm, a surprising change has occurred in it, the induration of the biceps is so much less that there is now no difference in level or consistence to the surrounding healthy parts. Fluctuation is hardly perceptible; the pains much less, the œdematous swelling of the arm continues as before.

19th.—The patient's first words at my visit were, "My arm is getting well, I have no more pain." I was unable to detect the slightest fluctuation; all traces of an abscess have disappeared; *it had become completely absorbed.* The axilla also is in a satisfactory state, the suppuration is less and the tissues almost all reunited, for a considerable depression of the skin shows the course followed by the pus. Tongue clean, pulse 80, no more perspiration.

20th and 21st.—Improvement has gone on rapidly; on the latter day the arm is precisely the same as that of the

sound side, and even the œdema is quite gone, suppuration in axilla nearly ceased.

25th.—Cicatrization nearly complete in the axilla, one or two drops of serosity in twenty-four hours; arms easily moved in every direction, except raising the shoulder. The patient has got out of bed for three days past, he keeps his room for caution's sake, but has an appetite such as he never had before.

One of the best methods, methinks, of replying worthily to the incessant attacks made upon homœopathy is to show by facts similar to those I have reported, that the new system is simple in its application; quicker in its results and more convenient for the patients than its elder sister.

Paraplegia Cured by Arsenicum. By Dr. NOACK, Jun.*

M. X—, a student, æt. 17, of nervous temperament and very delicate constitution, had much illness during his infancy and youth. At four years of age he fell and hit himself in the forehead, which caused a cerebral commotion, the effects of which were felt for two months. He recovered slowly, continued very weak, and from sixteen months to eight years of age he had a rachitic curvature of the legs, for which a long treatment was required. During this interval of time, he frequently complained of pains in the knees, sometimes shooting, sometimes dull and continual, which interfered considerably with his walking, and were frequently brought on by doing so. Moreover he was troubled with palpitation, and oppression almost amounting to suffocation; these discomforts were followed by great prostration, increased during digestion, and obliging him to keep his bed. From the age of four he grew very rapidly (nine centimètres in a year), and complained constantly of headaches, latterly accompanied by epistaxis. Finally, when about fifteen years old he became short-sighted.

On the 19th February, 1857, after a catarrhal diarrhœa that lasted two days, he got a very curious cough. In the

* *Art Médical*, May, 1865.

middle of one of his classes he commenced to cough incessantly, so that he could scarcely get his breath. This cough was short, dry, rough, and lasted for fifty-two consecutive hours with the same character. He was treated on this occasion by Drs. Kaiser and Barrier, who prescribed a blister and afterwards a Burgundy-pitch plaster; the fauces were cauterized with ammonia and nitrate of silver; for eight days he was choroformed three times a day without the slightest effect. Then the cough went off suddenly, but the following day he was completely paralysed in his lower extremities. He remained in this state without any change until the 20th April, 1857, the day when my father saw him for the first time. He then found him in the following condition:

His face was red and animated, and there was, as above stated, a red circle round the eyes, extending to the temples, and contrasting so much by its colour with the surrounding parts that this symptom struck every one at first sight; the eyes were brilliant, but not tearful, vision normal; no headache, but noises in the ears (like the flapping of a bird's wings). Pulse quickened, exceeding 100, pretty full, but compressible, regular; a double movement of the heart like a pair of scales; very strong palpitations with great anxiety and panting respiration; nothing abnormal on auscultation. Complete paraplegia; every attempt at voluntary movement fails completely, and increases in a marked manner the beatings of the heart and the turgescence towards the upper parts; slight exercise of the arms immediately brings on these symptoms; the skin of the lower limbs is normal as to temperature and sensibility. Strong pressure upon the lower cervical and upper dorsal vertebræ shows no abnormal sensitiveness, but evidently increases the oppression. Great thirst, tongue red, flaccid; anorexia; epigastric distension, noisy eructations of wind; abdomen inflated; obstinate constipation; difficult micturition, urine cloudy. Sleep disturbed by frightful dreams. Every mental exertion is impossible; the patient constantly wishes for the fresh air in order to be able to breathe more comfortably.

Homœopathic treatment was undertaken as a last resort,

and without any confidence. Different remedies were prescribed during the course of April and May; *Rhus tox.*, *Cocculus*, *Veratrum*, *Spigelia*, *Erythroxyton coca*. *Cocculus* improved the gastric derangement; *Spigelia* did good to the disorders of the circulation; but the paraplegia remained as before.

On the 11th of June, 1857, my father for the first time thought of *Arsenic*, directed to it by the symptom above alluded to—the red circles round the eyes. He prescribed some globules of the 12th dilution in half a tumbler of water, to be taken by tablespoonfuls every three hours.

17th.—The patient complains after every dose of febrile excitement, which always becomes stronger, so that the medicine had to be suspended. *Bryonia* 6 was left as an antidote to be given like the *Arsenicum*.

21st.—General state improved. The *Arsenic* resumed.

July 2nd.—*Bryonia* on account of the vascular excitement.

6th.—*Arsenicum* again, in the same dose.

11th.—Fresh complaints of feverish disturbance. *Arsen.* left off. *Cocc.* 6 and *Bell.* 6 in alternation.

14th.—The patient's state was as follows:—Face animated and congested; the red circles round the eyes and at the root of the nose more evident than ever, and obvious at the first glance; frequent *spasmodic yawning*; *confusion of the head* whenever it is moved; vision indistinct; *palpitations* and dyspnœa; complete *paraplegia*; the slightest spontaneous motion is impossible; skin of the legs cold, soft, and flaccid; whenever he yawns he puts his hand to the pit of the stomach in order to press on it, as he says each time he yawns it feels as if his *stomach were being torn out*; very obstinate *constipation*; urine passed very slowly. As the patient's state pointed so distinctly to *Arsenicum*, my father again prescribed it in the 6th dilution, seven globules dissolved in a tablespoonful of water. A single dose only was given.

15th.—The patient passed a bad night; extraordinary febrile agitation; pulse full, large, above 100; skin very hot and dry; countenance very animated; eyes bright; wander-

ing. This storm was considered by my father as a medicinal aggravation, which, in spite of the weakness of the patient, would probably be followed by a favorable reaction. He therefore did not prescribe *Bryonia*, unless the febrile reaction would not stop of its own accord; and he endeavoured to make the patient and his friends understand its importance. They understood so well that, though much alarmed, they let things go on without interference.

16th.—The night was good; the fever lessened; sleep. General feeling of comfort. The patient was carried out to the garden in his bed; suddenly he asked his mother for his stick that he might walk! And getting off the bed he put one foot before the other to try to walk; then, supported on either side, he made a few steps, and soon went on alone without assistance; the power of moving had returned to his limbs; the paraplegia was suddenly cured! This touching event produced a great impression on those about him, they seemed disposed to regard it as miraculous. My father himself cannot recal it without emotion.

On two different occasions, the 12th and 27th of October, 1857, young X— was seized with yawning, palpitations, and slight weakness of the limbs; the red circle round the eyes returned, after having disappeared after the administration of *Arsenicum*. A single dose of that medicine in the 12th dilution, three drops in 100 grammes of water caused the disappearance of the symptoms.

In November he was as strong on his legs as ever, and had not the slightest trace of the long malady that had kept him confined to his bed for four months and a half.

At present the subject of this history is a distinguished pupil of the Central School of Arts and Manufactures of Paris; his health is perfect; he can bear with impunity the rough labour of the school, and he is preparing himself for the profession he has chosen.

*Cures by Glonoine.**

By Dr. LUDWIG BATTMANN, of Grossenhain.

On reading through the symptoms obtained by proving *Glonoine*, as also those of many other well-proved medicines, we are led to ask how it comes that such promising remedies are so seldom heard of in connection with cures effected by their means? and it were worth while, once for all, to investigate thoroughly the reason of this, for, I believe, many splendid cures might be made with those remedies which have been neglected and unnoticed, and sometimes set aside from mere personal motives. At present I shall give some cures with *Glonoine*.

I had delivered with instruments at 6 a.m. a healthy but weak and thin girl, æt. 17. Nothing singular occurred; nor was the confinement a difficult one. But at 8 o'clock I was hurriedly sent for, as she was in convulsions. I immediately went to the patient and found her again quiet in bed, the face bright red, unconscious, with extraordinary full quick pulse. The convulsion had lasted five minutes. I prescribed *Belladonna* 2, two drops every half hour. I was about to leave when another fit came on. The patient struck about her with her hands and feet, could scarcely be kept in bed, threw herself wildly about, and foamed at the mouth. The eyeballs rolled convulsively about, or stared straight in front, or were drawn upwards. The duration of the fit was again four or five minutes. This state of things went on till 11 o'clock, by which time she had had nine such attacks, and in the intervals turned about restlessly in bed. No consciousness had occurred. As I wished above all things to stop the convulsions, I was induced to give one eighth of a grain of *Acetate of Morphia* every half hour. After taking eight powders things were rather worse than better, as the intervals between the fits were much shorter, and the fits themselves rather more than less severe, only the turning about in the

* *Allg. Hom. Ztg.*, Feb. 13th, 1865.

brief intervals was not so marked. The bystanders had counted twenty-three fits in all.

The extraordinary excitement in the circulation; the quick, full, hard pulse; the violent throbbing of the heart and carotids; the red flushed face; made it desirable, before everything, to allay this febrile storm, and I hoped that with diminished congestion of the head, the convulsive symptoms would cease. The remedy that seemed to meet these indications best was *Glonoine*. The patient got it in the 2nd dilution, two drops every hour, afterwards every two hours. The result was surprising. There only occurred one more short attack, then gradually the vascular system calmed down, so that by the following morning scarcely any excitement of pulse was perceptible, although the patient had had no sleep. She got some sleep during the day. Her consciousness was, however, completely lost, and remained so for three days. The patient then heard when loudly called to, and showed her tongue, but asked for neither food nor drink, and passed fæces and urine unconsciously. It was five weeks before the mental powers gradually returned to the normal state, and then under very interesting circumstances. The patient had to learn everything like a child, which, with her amiability and playfulness, was very droll to see. Thus she did not know how to sew, knit, wash or comb herself, and she did not even know how to peel potatoes until some one taught her, when she peeled them willingly and properly. Her whole former life seemed to be wiped out of her recollection, and for long she would not allow that she had been confined. Of course many other remedies were required in the course of the disease, but the *Glonoine* was the most important, as by allaying the feyer-storm it paved the way for the recovery.

A second example of the extraordinary efficacy of *Glonoine* is the following case:

J. Ouvrier, labourer in an iron-foundry in this town, sent for me in a hurry one evening, in consequence of being affected with frightful headaches, which he had had in a slight degree since yesterday. On my visit to the patient he was running about the room with his head pressed betwixt his

hands, as it felt as though it would burst; sometimes he knocked his head up against the wall. Pulse hard, full, quick. Face red. Occasionally violent shoots in the head causing him to cry out aloud, sometimes jerkings through the body. The patient got every hour *Glonoine 2*; and as the pain and cerebral congestion rapidly subsided, he obtained some sleep in the night, though it was disturbed. The following day he was quite well.

In the storm of the circulation that frequently occurs after cerebral apoplexy, *Glonoine* is the chief remedy; and it best prevents a repetition of the attack when the cerebral congestion persists, as it removes this more rapidly than any other medicine.

I trust these few remarks may suffice to direct the attention of my colleagues to a remedy that seems to be nearly forgotten, like many others, as, for example, *Oleander*, whose action in diarrhœas of different kinds is infinitely superior to that of many other antidiarrhœic remedies, among them the much bepraised *Chamomilla*.

Deafness of the Right Ear. By Professor HOPPE.*

Many cures of diseases of the hearing by *Pulsatilla* have been recorded; the following may be added to them:

Mrs. F—, wife of a clergyman, æt. 35, blond, small, and somewhat disposed to corpulence, had in her childhood lost the hearing of the right ear by a blow on the right side of the head, and the hearing of the left ear was temporarily affected by this blow; but the hearing of the left ear soon became good spontaneously. Twelve years previously cold baths had been prescribed for the deafness on the right side, and during the use of these baths inflammation of the right ear, and discharge therefrom occurred, which lasts till now. During this otorrhœa the patient occasionally had very painful inflammation of the right ear, and now such an affection was present.

* *Allg. Hom. Ztg.*, Feb. 20th, 1865.

August 14th.—The external meatus and whole neighbourhood of the ear swelled, very painful to the touch, and the aural region the seat of very violent pains, pressure as from a plug in the ear, and shoots in the temples. The patient declared she had never had so violent an attack. Her husband had already given her Aconite out of his case, and applied three leeches. I advised her *Pulsatilla* 30.

15th.—Increased pains, very bad night, *Puls.* 12, twelve drops in six doses, and poultices. After this the pains became *less constant*, but were exacerbated every three hours, followed by prostration; rest and sleep followed; the attacks, accompanied by heat, gradually became *weaker* and *shorter*. During the period of remission in the evening the pulse was 76, tongue somewhat furred; she could with difficulty open her mouth on account of pain in the region of the right jaw-joint; and the external meatus and whole surrounding parts of the ear were very sensitive and swollen; the swelling soft. Swallowing gave but little pain. The bowels indolent, the skin dry. *Puls.* 12.

16th.—In the night another violent attack of pains, then sleep, and again about 3 p.m., a slight return of the pain. The local symptoms improved, and the discharge slight.

18th.—The parts surrounding the ear now scarcely tender, occasionally a tight feeling in the right ear. The membrana tympani reddened and perforated; on trying Valsalva's experiment, the air rushed, hissing, through the hole in the membrane. The watch could not be heard when laid upon the right ear; there was no propagation of the sound by the bones. So when she touched her hair, her cap, or her ribbons on the right side, she did not hear the least noise; she only heard those noises on the right side at the top of the head, not lower. Under these circumstances we could only think of curing the discharge and the local state, but not of restoring the hearing. I ordered, as a preliminary measure, the ear to be syringed with warm water, and glycerine to be dropped in.

21st.—Another severe relapse of inflammation; violent pains, which she said were more severe than they had yet

been; and swelling of the external meatus and the parts surrounding the ear. This relapse might have been caused by the chilliness of the weather; but the patient—who had previously syringed the ear only once a day, but since the 18th had done so three times a day, and more violently than before—blamed the operation for the relapse, and she also asserted that the glycerine had caused her pain at each application. And on both points the patient was right. Glycerine is the fashion, and every one thinks that he must drop it into the ear, in place of some mild oil, and yet it causes severe burning on eczematous skin. The patient again applied poultices, which had previously suited her so well, but now she could not bear them; anything warm aggravated her symptoms. She took *Puls.* 30 out of her own case in the night, and about 4 a.m. she fell asleep, but during the day the pains returned severely. I again gave *Puls.* 12, twelve drops in six powders. After the first powder she slept. At noon some pains recurred once more for three quarters of an hour, after which all the pains went off, and in the evening the local symptoms were already much ameliorated.

22nd.—Slept well, and on awaking in the morning *the patient heard again with the right ear.*

23rd.—The patient heard the watch with the right ear at a distance of one foot, but not so distinctly as with the left, also on the right side the conducting power had returned in the bones, but not so clearly as on the left side; the slightest noise on the scalp, on the hair, on the cap, and on the cloth tied on the right ear was now heard on the right side, but less distinctly than on the left. The discharge—which was often foetid—was as it had been for years, and no alteration was perceptible in the membrana tympani. No medicine, and no local remedies.

26th.—In order to cure the discharge, if possible, I directed her to take *Puls.* 30 out of her chest.

30th.—In the night between the 27th and 28th, between 12 and 1 o'clock, aching, shooting pains in the right ear, and every night since then pain at the same time, but every night less; during the pains swelling in the external meatus

and around the ear. During the day no pain, and the swelling also disappeared. Discharge pretty copious, and the hearing on the right side not so good to-day. Was the daily dose of *Puls.* 30 to blame for this? The weather was much colder, and on the 28th of August, at 7 a.m., the temperature was + 6° R.; in the night the pains had recurred, and it was a very cold night, so much so that the patient had the fire lighted in the morning. All treatment left off.

Thus *Pulsatilla* had done much good in an extensive violent inflammation of the membrana tympani, and of the surrounding parts. It was *Puls.* 12, not 30, that did good, and under its use the hearing that had been absent for nearly 30 years, returned. Was the latter an effect of *Pulsatilla*? Or did the inflammatory exudations produce a beneficial loosening or solution? I shall leave this question unanswered, contenting myself with relating the fact.

I would willingly accompany my record of this case with a doubt, if there was any reason for one. That the patient on awakening on the 22nd August, heard again with the deaf right ear, is beyond doubt. To what she owed this result I have not yet given a conjecture, for I would willingly leave this to be found out by our aurists. But I am not quite sure respecting one point. I believe that the patient was not so absolutely deaf with the right ear as she alleged. But when I mentioned my doubts on this subject to the patient, she protested vehemently against them. Between complete deafness, and very much diminished hearing, there is some difference, and the patient might easily have overlooked this difference. However, during the thirty years she had been affected with deafness, the hearing had never once returned, and now the restored hearing continues, and appears to be no transient phenomenon.

Cephalhæmatoma. By Dr. GOULLON.*

Augustus Schmidt, æt. 3 weeks, came under treatment the 21st of June. He is the eighth child of his parents.

* *Allg. Hom. Zig.*, March 6th, 1865.

The confinement was a very quick and easy one; that is to say it went through all its stages except the detachment of the after-birth, which was much delayed. The following day, nothing abnormal was noticed on the child's head; but, the day after, the midwife observed a tumour which she thoughtlessly treated in her own way for three weeks. But as no improvement was noticeable at the end of that time, the parents now had recourse to medical aid. The tumour was on the right parietal bone, was as large as a crown piece in circumference, felt soft, and fluctuated in the centre; at the sides an uneven bony border was perceptible, rising like a wall above the level of the skull. The cutaneous covering showed no alteration, nor was the temperature perceptibly increased. Besides this large tumour there was a similar, but smaller one of the same nature and composition. This affection was what is called cephalhæmatoma of new born children, and often occurs without known external injury. I am inclined to consider it as of the nature of a foetal osteitis or periostitis with exudation of osseous substance (just as peritonitis and peritoneal exudation, and many other inflammatory affections have been observed in the foetus). For this disease we have a truly specific remedy in *Silica*. It is the only remedy indicated in such cases. I prescribed a dose night and morning of the 30th. Four days afterwards the mother brought me her child. It appeared to her that there was no diminution in the tumours, but they had grown smaller. I repeated my prescription. The result was extraordinarily favorable. Before the last of the eight powders was taken, that is to say about the sixth day of using the *Silica*, the cephalhæmatoma was quite gone. I again saw the child three months later and there was no trace of the disease remaining.

A Tape-Worm Removed by Homœopathic Agents.

By CHARLES W. BADCOCK, M.D.*

An article in the previous number of this journal, entitled

* *Am. Hom. Obs.*, April, 1865.

“Pumpkin Seed for Expulsion of Tape-worm,” reminds me of a case that I had three years ago. A lady called on me for consultation, who stated that for the past four years she had been seized with a pain the abdomen as soon as she awoke in the morning, which would subside soon after she arose, yet leave such a sickening sensation that sometimes she could not eat her breakfast. She would also feel the same pain if she awoke at any time during the night. It resembled the colic, but was not always uniform, being only at times severe. This continued without variation for three years, when she began to be attacked with severe griping in the bowels, which would continue three or four hours, abate for a short time, then return with renewed vigor. These paroxysms occurred frequently during the last of the four years previous to my interview with her, and were always preceded by either a diarrhœa, or a feverish indisposition, or a distress at the stomach which took away all appetite for food. She was very costive, and had recourse to cathartics; but the rectum was so swollen and sore, that every evacuation was attended with great pain. In the rectum she often felt an itching and crawling as of worms, and sometimes a motion in the abdomen as from the presence of a living creature. This motion was occasionally violent, and of course distressing to the patient. There was often a pressure in the lower part of the abdomen, as if borne down by a heavy weight. After a while she began to have chills every morning at breakfast, accompanied with a pain in the top of her head, and sometimes a dizziness that amounted to vanishing of the sight. These symptoms invariably commenced as soon as she swallowed the first mouthful, and gradually increased in their duration until they would remain half the day. Her appetite was never craving, yet must be gratified at the moment its demands were felt, or she would be seized with such a weakness and trembling, that she would not be able to do anything, and would be compelled to assume a sitting or recumbent posture until her hunger was appeased. All these symptoms were worse during menstruation.

Some time previous to my interview with the patient, a

friend had made a full statement of her case to an allopathic physician of twenty years' practice, who declared it to be "a female weakness," and made her a prescription, among which was Morphine, but she had too much good sense to follow it. A vial of her urine was then sent to a distinguished uroscopist, who specified some remote difficulties, but gave not even a hint of the real cause of those singular symptoms so manifest in her case. As I was the first and only homœopathic physician that had ever practised in this region, she ventured to consult me, contrary to the advice of her friends. After a careful diagnosis I became satisfied that she was suffering from a tape-worm. It was also apparent that she had a uterine difficulty, as hinted by the physician previously consulted; but an examination *per vaginam* proved it to be retroversion, which the patient herself attributed to the weight of the tape-worm.

At first I did not mention my suspicions of her having a tape-worm, but dismissed her with a prescription, and requested her to call as soon as she had taken the whole.

The prescription was *Mercurius* 6th, and *Sulphur* 3rd, dilutions, in pellets No. 2, thirty of each to be dissolved in separate tumblers half full of water, and two teaspoonfuls taken alternately once an hour during the day. It was not until two weeks afterwards that I saw my patient again, who stated that about twenty-four hours after she commenced taking the medicine she began to feel a distress in the bowels, which continued without abatement until she had taken the whole. At the end of a week, supposing this distress to be the result of costiveness, she used a syringe, when she discovered several long, narrow, thin, white strips among the fæces, which I did not hesitate to inform her were pieces of a tape-worm. The exhibition of remedies then was *Sulphur* as before, but *Mercurius* was exchanged for *Stannum* 6th dilution, and administered like the first. An inspection of the pieces passed in a subsequent evacuation confirmed my diagnosis, and I continued the exhibition of *Stannum* and *Sulphur* except in substituting the third trituration of *Stannum* for the 6th dilution. These agents were not steadily used, for

while taking them she experienced such a gnawing sensation at the stomach and strange feelings in the head, as well as a despondency and irritability equally intolerable, that an occasional suspension was quite necessary. It was only during their use that the pieces of tape-worm were discharged, which would appear as soon as she began to take the remedies and continue for a few days after she had ceased, and then would not be seen again until the agents were resumed. Owing to the feeble condition of the patient, and to successive inflammatory attacks of the lungs, peritoneum and all of the abdominal viscera, which required an intermission of these agents, it was not until the end of six months that the last vestige of the tape-worm was seen in her stools.

According to the estimate of others as well as myself, the whole length of the tape-worm could not be less than fifty feet. The same lady has consulted me twice since for a return of the gnawing in the stomach, pain near the region of the stomach, and motion in different parts of the abdomen, when an exhibition of *Stannum* and *Sulphur*, 3rd potencies, have removed the disquiet, and caused the expulsion of pieces of a tape-worm.

Rhus Venenata. By W. H. BURT, M.D.*

I was called to see a little girl of 5 years with the following symptoms:—For the last two weeks has been very languid, not inclined to play as she used to, but no particular disease showed itself until to-day, when her nose commenced swelling early in the morning; now, 4 p.m., it is very much swollen and of a very red erysipelatous colour, with slight fever. I diagnosed it to be a genuine case of erysipelas, and thought it would be a good case for trial of the *Rhus Venenata*. I put six drops of the 1st dec. into a tumbler three quarters full of water, and ordered it to be given every two hours, one teaspoonful at a dose. Next day I called and found my little patient very much better and ordered the same remedy to be continued. I went home

* *Chicago Med. Invest.*, April, 1865.

feeling very much elated over the effect of the *Rhus V.* Next day I was sent for to see the same patient. I found the erysipelatous swelling of the nose all gone, but her eyes were swollen, half closed, and she was quite feverish. I at once made up my mind that I had given the *Rhus V.* in too low attenuation and the symptoms now were the effects of the remedy. I gave her *Camphor tincture*. Next day I found her very much worse, high fever, pulse 130, soft and weak, face swollen enormously, eyes completely closed, tongue coated white with watery vesicles on the sides of the tongue and in the fauces. She complained most bitterly of her throat being sore; the fauces and tonsils were very much inflamed, her urine was very high coloured, and she said her limbs were so stiff that she could not walk. I gave *Aconite* and *Merc. rub.* in alternation. At night I was sent for to see the child again, who, they said, was dying with the croup. I found that she had a most violent attack of the croup. It commenced about 4 p.m. and continued to get worse until midnight, when it seemed as though she could not live; her head was thrown back, her face was almost black, the cough was very dry and of a deep, hollow, crowing character; respiration was almost impossible; pulse 140, soft and weak; gave *Aconite tincture* in drop doses, with large quantities of hen's-oil internally, and applied it in large quantities to the throat, with warm fomentations; this relieved her a little. In the morning I gave her *Spongia* with the *Aconite* through the day; at night it came on quite hard again, but not so violently as it did the first night. The croupy cough left the next day, but she had a hard dry cough follow for a week, with a good deal of rattling mucus in the lower lobes of both lungs; her eyes remained closed a week and the face was very much swollen, but the colour was natural; she could not open her mouth to eat for two weeks, the tongue was coated thickly of a dark, gray colour, with a very red tip; pulse remained at 130, soft and feeble for a week, then gradually came down to the natural standard in a week; her abdomen and lower limbs became enormously swollen, and it was three weeks before the swelling disappeared, the bowels

were costive and very tympanitic; her legs could not be moved without making her cry, but if not touched she was perfectly easy. I gave her *Merc. rub.* and *Bryonia* for two weeks, when she ceased to take medicine, but it was ten weeks before she became well.

This case is one of great interest to the homœopathic physician, but a sad one to the patient and myself. I did very wrong in giving it so strong, and I hope my colleagues will take warning from it; but I learned three great facts from it: first, that the *Rhus V.* will produce true croup in its worse form; second, that it will produce genuine typhoid fever; and third, that it will produce bronchitis, and I think pneumonia, but the symptoms were not strongly enough marked to justify me in saying that it was true pneumonia. I would most strongly urge a trial of the *Rhus V.* in croup when the case has become desperate and all remedies now known seem to be useless. I regret that I could not open her mouth so that I could have seen her throat, but it was impossible. I have treated three cases of true diphtheria with the *Rhus V.* with excellent success. The air passages were not affected. In scarlatina it must prove one of our best remedies.

Cannabis in Mania. By C. T. HARRIS, M.D.*

Mrs. — and husband were mutes. She was confined with her first child May 24th, had easy labour, child small, but appeared healthy, the after-birth retained, slightly adhered, but was all taken without difficulty; she was very smart, felt cheerful and lively. She had a highly nervous and sanguine temperament. Her husband was absent at the confinement. Herself and friends were cautioned against her over-doing, but, ere her babe was one week old, she was about the house sweeping, &c., and she was calculating on surprising her husband when he should return.

June 4th, she was taken during the night with nervous

* *Chicago Med. Invest.*, March 1865.

excitement and raging delirium ; her mental aberration was of the most varied character, from silliness and laughter to the wildest terror and the ugliest of fighting propensities ; again keen and shrewd in her raillery of those about her. She would describe a flushing from the womb to chest and head, when she would strike at her attendants, kick the clothes from her bed, and endeavour to escape and run. As the delirium grew worse, it took two constantly to hold her. At one time, a cot-bed being moved into the room, she fancying it a demon, and that the legs were horns, the wildest terror ensued. Her delirium was usually of the religious character, she imagined herself an angel, too pure and holy to bear the contact of mortals. She constantly conversed with angels, and refused to be touched by attendants—they being too fleshly for angelic associates, and her attention could be kept only momentarily on any one subject. Her babe had to be weaned and kept from her to prevent her crushing it in her fits of sudden spitefulness, when any one coming in her way was in danger, as the black eyes around her gave evidence. Her milk, however, was suppressed before the child was taken from it. She remembered nothing done in her sterner moods, and when told of them, she would weep and promise amendment. The usual remedies in such cases were tried on her and failed. At this stage, Doctor Burdick, and afterwards Doctor Fish, were called, by the friends, in counsel. Their prescriptions were tried, but the patient only grew worse. The case was submitted to the medical society at a regular meeting, where it was recommended to continue the remedies as they had been used, and await the result. On returning from the society, and while sitting by the bedside of my patient, I was struck with the similitude of her symptoms with the effects of the hashisch of the Arabs, of which I had read some time before, and especially as there was suppression of urine in her case. I said “the *Cannabis* will cure her, it is her remedy.” I gave it, went home and read the provings more closely, and felt sure I was right. Next morning, on visiting her, my first salutation was from a domestic, “Doctor, you shall have a

long feather in your cap, she is better." I learned she had been quiet, slept some and had spoken a few rational words. I continued the *Cannabis* several days. I think it was the 15th of the *Cannabis* that was given. Gave an occasional dose of *Aconite* or *Cocculus* as symptoms seemed to require. On the 29th she was discharged, cured, and has remained well since.

DR. TRINKS' WISHES AND CAUTIONS RESPECTING THE NEW COLLECTIVE WORK ON THE MATERIA MEDICA.*

IN the number for August 1864, of the *Am. Hom. Review*, there is announced the publication of a compendium of all the provings hitherto made. However appropriate in time and object such an undertaking must appear to every Homœopathic practitioner, yet in the same proportion must appear the difficulty of it if all the requirements of science necessary for its proper fulfilment are taken into account; for if this be not done such a work can scarcely attain the end in view, and money, time, and labour will be expended in vain.

Now science demands peremptorily in the construction of such a *Codex medicamentorum*, that all the materials already before us should be subjected to strict sifting and criticism, and that all the false should be thoroughly separated from the true, so that nothing but indisputable positive facts should be admitted. Drs. Roth in Paris, and Langheinz in Darmstadt have already made a very praise- and thank-worthy beginning of the sifting and proving of all the observations quoted by Hahnemann from allopathic works, and have thereby shown that Hahnemann has gone to work in admitting these quotations by no means with diplomatic accuracy. It is therefore necessary that the other quotations of Hahnemann's in the other medi-

* *Neue Zeitschrift für Hom. Klinik*, vol. ix, p. 169.

cines proved by him should be carefully revised and sifted *e.g.* the observations of allopathic physicians respecting *Belladonna*, *Arsenic*, *Cuprum*, *Veratrum Album*, &c., before they can be admitted into the proposed codex. Further, it is only the action of medicines on healthy persons that ought to be admitted; and necessarily all those upon sick persons should be rigidly expunged. Also the provings of medicines on healthy animals of various kinds should be admitted, as the necessary complement of those on the human subject.

On this opportunity must be finally decided the question, on what individuals Hahnemann proved the so-called antipsoric medicines; for during his residence at Leipzig none of his disciples living there, took part in these provings; these latter were only begun after he removed to Coethen; but on what individuals were they made—on healthy or sick?

The late Dr. Theodore Mosdorf, son-in-law of Hahnemann, an honourable and truth-loving man, to whom we owe much information respecting the history of homœopathy and its founder, communicated to me the facts that Hahnemann began the proving of the so-called antipsorics in Coethen, that he treated the whole psora theory as a secret, and that Dr. Mosdorf could never ascertain on whom he (Hahnemann) had instituted those provings. Finally, the observations of allopathic physicians on the actions of many drugs on healthy persons, which have become much more numerous of late, should receive great attention. These materials are scattered through the whole medical periodical literature and must therefore be carefully collected and extracted; as they are of the greatest importance for the completion of the physiological action of each medicine. For in not a few of our already proved medicines they reveal to us several hitherto unknown direct actions on several organs, and also throw a clearer light on the character of their specific effects. We need only allude to *Arsenic*, *Phosphorus*, &c.

It is also our opinion that the working out of such a codex is far beyond the power of any one individual, and the task can only be performed satisfactorily if undertaken by a society of men who have not only all the necessary literary

materials at hand but also contain among them representatives of all the mental requirements needful for such a work.

Subjoined is the announcement of the work alluded to by Dr. Trinks.

Proposal to Publish a Standard Work on Materia Medica.

The original observations on which our materia medica is based, the results of provings as well as the results of practice, are scattered about in our literature. Since Hahnemann gave us his *Arzneimittellehre* in six volumes, and its continuation in the four volumes of his *Chronic Diseases*, no larger work has appeared; and after Hahnemann's death no new edition of any of his works was published.

In the meantime Homœopathy has had a great number of journals, besides hundreds of smaller and larger works; has spread from Germany to France and Italy, to England and Spain, and has particularly been adopted by thousands in America. Provings have been made, and re-provings [nachprüfungen]; but all these valuable observations are scattered about in journals and books. The difficulty which homœopathic practitioners experienced in getting "posted up," increased from year to year until it became an impossibility.

Extracts took the place of the original and complete reports of provings; the period of Jahr, Noack and Trinks, Possart and the period of repertories set in.

The intention of all such books was to enable physicians to find, for each case before them, the nearest corresponding medicine, as the one which would most likely cure. They not only collected what was scattered and inaccessible except to the few, they also shortened and condensed. They aimed to make it easier; but in this the same mistake was made that physicians make in ordering the extract of a pound of flesh, supposing that, if swallowed, it would give the same nourishment as the same pound of flesh properly prepared, cut, chewed, and gradually digested by the stomach. It never will do such a thing, and never has done it. Besides that, the experience of the last twenty-five years has more than suffi-

ciently proved, not only how incomplete and inefficient all such books are, but also, how injurious to our art. The period may have been a necessary one, an intermediate transition state of our art, but it has decidedly not favoured mastery in the *Materia Medica* of our school.

All such books were shorter, and of course ought to have saved time; but, on the contrary, it took more time to find in them what we wanted. A large dictionary, well arranged, saves time; while with a condensed smaller one we lose time by fruitless search.

All such books seemed also cheaper, but still our literature became more and more expensive through them; when editors and publishers made arrangements to save a few dollars in the printing of them—for instance by letting the symptoms run on in the same line, or by a horrible number of abbreviations—our eyes and our minds were tortured by using such books, and we not only lost time, but even our willingness to look over the mass, and to compare and become familiar with what is the most important in our art, *i.e.* with the minutizæ.

Whereas our eyes could glide over the large number of symptoms, if singly printed, with the same ease with which a bird, soaring in the air, views the field and its furrows, we *now* stumble along and totter about, more like turtles ashore or terrapins on ploughed ground; and when once we fall on our back it is hard work to get upon our feet again.

But the worst of all is the dependence in which we are placed. We depend upon the views and notions of the individual who prepared the extract. We are, in this respect, like birds caged in and hung up against the wall, to be fed with whatever our master pleases to let us have.

A homœopathician will never learn to master the *Materia Medica*, overlooking and commanding the whole, as a general does the regiments of his army, as long as he is dependent on such extracts.

Thus it is a large work that we need, containing all that has been obtained thus far, and as complete as it can possibly be made, spaciouly printed, arranged for the eyes, facilitating

the operation of the mind through them, and enabling every one to look over it quickly and with ease, and to find particulars when wanted.

Having been engaged for the last twenty-five years, by daily additions and arrangements, in the preparation of such a work, we presume that the main objection—in fact the only one—to publishing it, might be the high price.

Books for everybody are cheap; books for a minority, and therefore for physicians in general, must bring a higher price; books only for a minority among the physicians, consequently the highest. Thus no publisher could undertake a work of such extent. The only way is to do without a publisher, to have it printed for subscribers, and at their expense, and in order to avoid all risk, the first edition of at least five hundred, if possible one thousand copies, to such only as prepay. This will make it one of the cheapest books of its kind. Thus, under the following

Conditions.—Every subscriber giving his full name and residence, and paying in advance not less than five dollars, receives a check, and for every additional five dollars a separate check. For such checks every agent of the work is bound to give to bearer, at any time when presented, as many sheets of the work as have been printed after the date of said check, for *cost price*, free by mail, in the form of a journal or newspaper. Said *cost price* consists of one per thousand, or in case of a smaller number of subscribers, one and a half or two per thousand of (the cost of) stereotyping the plates for each sheet, and the price of paper and printing, and the mailing of it by sheets. If binding is ordered, the original cost of the same is added. An account of expenses in full is to be given on the cover.

Every subscriber will receive as many sheets as are paid for in advance, and a notification of the period when his subscription runs out. No credit to be given, not even to the publisher himself, who must pay in advance for every copy he wants besides the proof sheets.

No free copies shall be sent to editors or publishers. The trade price afterwards is to be double the cost price, the

plates and copyright becoming the property of the editor. Every subscriber is invited to send by mail, in legible letters, his views, propositions and preferences ; every such letter will be duly acknowledged and answered on the cover.

Additions from trustworthy colaborers are welcome, and will be added ; contributors receive a fee after the publication of the work is secured, by checks for the work, not cash.

The Plan of the Work.—The work will be published in monographs, the main medicines and those most proved each in a separate volume, and the clinical experience given separately.

The smaller, less known medicines are to be given in families and the clinical observations united with the symptoms in the same schema. When the smaller provings make it desirable, the symptoms of several families, with their more or less known drugs shall be placed together in one volume. The main rule shall be to publish what is ready for the press as soon as the money for printing has been advanced. As nearly as possible the order is to be the following :—A chemical drug, a plant and drug of animal origin, alternately, and in each kingdom to follow the natural order.

The whole work will, even in a few years, show, like the map of a newly discovered world, how far our explorations have been extended and what still remains for us to do.

The first number will contain the schema, fully elaborated, in German and English, serving as a key to the whole work and at the same time as a glossary to settle all the difficulties of translation. As the majority of provings thus far were originally written in German, and as now the majority of homœopathic physicians speak the English tongue, it has been thought best to use both languages in opposite columns, facilitating at the same time a familiarity with both languages.

The first volume will contain Sulphur, all the symptoms given by Hahnemann, by the Austrian provers and others, arranged according to the schema, like all other drugs afterwards.

As another series of monographs, which will be separately announced as soon as a sufficient number of colaborers are secured to be able to continue the publication with an equal promptitude to that which can be promised in regard to the first series, a history of each of our proved drugs will be given in the manner first introduced by Dr. Stapf and afterwards adopted by Dr. Franz, Dr. Seidel, Dr. Noack and particularly, by the Austrian provers; a history containing the introduction of the drug into *Materia Medica*, its application according to the different opinions of the older schools, and cases of poisoning, if there are such, etc. To this will be annexed all the day-books of the provers as far as they can possibly be obtained.

Such a work would be a real basis to *Materia Medica*, as a science, in the same measure as our first series will be the basis of our art as an art of healing.

Repertory.—A repertory according to the same schema has also been in preparation for several years, based upon the manuscript of the *Materia Medica*, and shall be printed in parts according to the main division; the first part, containing the mental symptoms, will be arranged by Dr. Raue as the most efficient colaborer in this psychological part, and shall be printed as soon as finished. It will be considered as belonging to the *Materia Medica* and will be sent to all the subscribers without further notice. Notwithstanding the high prices of this moment, the work may be delivered to the first thousand prepaying subscribers, in the large dictionary size, like Allibone's *Biographical Dictionary*, at an approximately (not binding) estimated cost of one sheet for ten or fifteen cents; for five dollars prepaid the subscriber may receive at least thirty, or if the number of subscribers amount to one thousand or if paper becomes cheaper, as many as fifty sheets. Renewing the subscriptions once or twice every year, within a few years every subscriber will be in possession of the completest work on *Materia Medica* which has ever appeared, and of which the trade price may be very nearly one hundred dollars.

A homœopathic practitioner will not be considered as fitted out for his profession without this work.

CONSTANTINE HERING.

PHILADELPHIA; July 4th, 1864.

CHELIDONIUM MAJUS, L.

By Dr. O. BUCHMANN, of Alvensleben.*

CHAPTER I. PHARMACOLOGICAL.—*Chelidonium majus*, L. German names, *Schellkraut*, (not *Schöllkraut*, as it is now often written), *Schwalbenkraut*, *Maikraut*, *Goldwurz*, *Gelbwurz*; in Low German, *Gehlke*.

French, *Eclairé*; Dutch, *Oogen-Klaar*, and *Stinkende Gouw*; English, *Celandine*; Italian, *Cirigogna*; Swedish, *Sval-ört*; Danish, *Svale-urt*; Spanish, *Celidonia*; Polish, *Jascolce ziele wietsze*, *Zlotnik*, *Zologross*; Russian, *Tschistäk bolschori*, *Lastowitschnaja Irawa*.

Polyandria monogynia, *Papaveraceæ*, Linnæus. Jussieu, and Lamarck unite the genus *Glaucium* with *Chelidonium*; Tournefort, Haller, and Cranz would have them separated.

Recent botanists have again separated them; since in *Glaucium* the seeds are imbedded in the spongy septum between the capsules, whilst in *Chelidonium* they are attached to two processes between the capsules.

There are, besides, two species known as yet; one of which grows in Japan, (*Ch. Japonicum*, Thunberg), and one in North America, (*Ch. diphyllum*, Mich.).

The name of the plant has continued the same as that in use among the ancients, for Dioscorides describes it in his *Materia Medica* (Chap. 2, 211) as *χελιδόνιον μέγα* in contradistinction to *χελιδόνιον μικρον* (*Ranunculus ficaria*, L.), which, however, has not the slightest resemblance to the *Celandine*, except the acrid juice of the root.

He holds that the plant is called *Chelidonium*, or swallow-wort, because it begins to flower at the time of their arrival,

* From the *Allg. Hom. Zeitung*, vol. lxx, p. 66.

and goes out of bloom at the departure of that bird, but takes into account also the opinion of some, that the swallows cure the blindness of their young ones by bringing them the plant.

According to Matthioli (*Commentar. in Dioscorid.*, Venetiis, 1559), the chemists called it Cælidonium, not knowing the meaning of the Greek name.

Description.—*Root* cylindrical, reddish-brown, with many fibres; *stem* upright, hairy, branched, one to three feet high. *Leaves* soft, pinnate, netted; bright green above, glaucous beneath; with large trifid terminal lobes. *Tip* oval, sinuate, or crenate. *Petioles* winged, hairy. *Flowers* of four petals, yellow, in four- to nine- flowered axillary cymes, each flower with a peduncle and bract. *Petals* nearly round. *Calyx* of two convex green deciduous, nearly smooth sepals. *Stamens* 20; divergent, equal. *Fruit* a siliquose, many-seeded, knotty capsule, with two carpels. *Seeds* shining, blackish-brown, with little pits. *Duration.* Perennial.

Habitat.—Very common on walls, hedges, brick-fields, rubbish heaps, and hollow trees. The plant belongs to the set that affect the neighbourhood of human habitations, being very seldom found far from them.

Country.—Except the most northern regions, the plant grows in all Europe, North America, and the corresponding parts of Asia.

Varieties.—Formerly many varieties were admitted, which are now reduced to one, *Ch. laciniatum*, (Miller). This is distinguished from *Ch. majus* by the following marks: folioles and leaf-lobes with longer stalks, pinnatifid beyond the middle. *Tip*, longish, incised, crenate, the terminal foliole three to seven lobed. *Petals* often incised, and crenate. *Rare*, about Baden-Baden, Carlsruhe, Baireuth, Eisleben, Frankfurt-on-the-Oder (Koch's *Synopsis*).

Properties.—In the whole of Europe no other plant grows, which, when injured, gives out golden-yellow milk; and from this peculiarity, no plant is so well known to every village child. The milk of the root has a redder tinge than elsewhere.

This fluid is contained in special canals which reticulate over the leaves and opens into main vessels along the ribs. Schultz first made known the movement of the latex called by him Cyclosis (*Über den Kreislauf des Safts im Schellkraut, etc.*, Berlin, 1822.)

If a recently gathered tender leaf be placed under a good microscope, one can see the reticulated canals coloured by the yellow juice, and plainly distinguish the slow movement of the latex, whilst crowds of globules pass through the petioles. If a leaf be torn across, the yellow juice issues in drops out of the larger veins on both sides of the ribs.

On the skin the juice makes yellow spots, which on drying turn brownish-black, and also colours the dried root blackish.

The smell of the recent plant is disagreeable; the taste sharp and bitterish, especially that of the root. On drying, it almost entirely loses the smell. The milk, when dry, tastes more bitter than sharp.

After chewing the plant, the taste remains for several hours, and gives a sensation of heat in the mouth, throat, and stomach. Eight pounds of the fresh plant lose one pound eight ounces by drying in the shade.

Preparations.—(1.) The fresh plant distilled with water yielded a liquid quite colourless, smelling slightly of the plant, and tasting rather acrid. In twelve months it had lost the greater part of the smell, but not of the taste.

(2.) The chopped root took about six days before it fermented properly. The fluid first drawn off was pale yellow, alcoholic, with the acrid smell and taste of the plant. A later draught had a milder taste, but the same smell.

(3.) Out of sixteen ounces of the recent plant about eight ounces of juice were pressed with the hand. This is of a deep green, nearly inodorous, with a herbaceous, rather bitter, and acrid taste.

(4.) Four ounces of the fresh root, dried and pulverized, yielded a reddish-brown decoction of the colour of light "Brown beer" of weak herbaceous taste, and bitter, rather acrid taste. The aqueous extract, rather dry than soft, pre-

pared from this was viscous, blackish-brown, colouring the saliva reddish-brown, inodorous, moderately bitter and acrid; weight 1 oz. 3 dr.

(5.) The residue of the root (2 oz. 3½ dr.) was digested with 1 qu. *Spir. vini*, and yielded a tincture nearly inodorous, with bitter and acrid taste. The extract from it was brittle, blackish-green, inodorous, but intensely bitter and acrid, so as to burn the tongue. It was perfectly soluble in saliva, and coloured it yellowish-brown. Weight 1½ dr.

(6.) The tincture from 4 oz. of the dried and pulverized root with 1 qu. *Spir. vini* had a brown colour, which, when held against the light, was yellowish with a tinge of green; little smell, and a tolerably bitter acrid taste. The extract from it was viscous, pitch-black, colouring the saliva, less bitter, sharp, and burning on the tongue than No. 5; easily soluble in the mouth. Weight 1 oz. 1 dr. 1 scruple.

(7.) The aqueous extract from the decoction of the residue of No. 6 was more viscous than brittle, black, colouring the saliva reddish-brown, still rather bitter and acrid. Weight ½ oz.

(8.) The decoction of 4 oz. of dry leaves and flowering stalks gathered a few days before, had, when held up to the light, a pomegranate-red colour and a milder taste than the decoction of the root. The extract from it was blackish-brown, with traces of yellow; nearly inodorous, more bitter than acrid, milder than the like extract from the root. Weight 1 oz. 2 dr. 1 scruple.

(9.) The tincture from the residuum of No. 8 with 1 qu. *Spir. vini* was, as well as the extract from this tincture, similar to the root treated in the same way. Weight of extract 1 dr.

(10.) The tincture prepared from 4 oz. of recently dried plant with 1 qu. *Spir. vini* was brown with a tinge of green, with weak scent, tasting more acrid than bitter. The extract from this, soluble in saliva, which it stained reddish, tasted more acrid than bitter; yet less so than the extract No. 9. Weight 1 oz. 1 dr.

(11.) The aqueous extract from the residuum of No. 10

was rather brittle, dark greenish-brown, more bitter than acrid. Weight 3 dr. 1 scruple.

The extracts gradually attract moisture from the atmosphere, which softens them.

From the weight of the individual preparations, it appears that the root is somewhat richer than the plant in extractive matter.

(12.) 2 lb. of the dried plant, when burnt, yielded 4 oz. and 64 dr. of ash, from whose lye 6 dr. 85 gr. of salts and kali were obtained by evaporation.

(De Schallern: *Dissertatio, quæ Chelidonii maj. virtus medicas novis observationibus firmatur.* Erlangæ, 1790.)

The tincture prepared according to Hahnemann's prescription (of which the disciples of Rademacher also avail themselves), is clear brownish-yellow, with a tinge of dark green, a disagreeable stupefying smell, and an acrid bitter taste. After keeping the tincture three hours, a fine precipitate, the greenish tinge, is lost, and the smell becomes very like that of opium tincture.

Components.—The principal effect of *Chelidonium* seems to result from the combination of an organic acid with organic bases.

1. *Chelidonic Acid*, $C_{14}H_{20}O_{10}$ 3HO. This, with malic acid, is combined with the organic bases and lime in the plant itself.

It is obtained by acidifying the freshly expressed and clarified juice with diluted nitric acid, and precipitating it with nitrate of lead. The precipitate consists of nitrate of lead and lime.

The acid liberated from this by sulphuretted hydrogen is saturated with chalk, and the calcareous salt is crystallized. This last, when purified, is decomposed by carbonate of ammonia, and the *Chelidonic acid* is separated by hydrochloric acid from the concentrated solution of the ammoniacal salt.

It crystallizes with three atoms of water in colourless acicular crystals with bright facets; effloresces in the air, and loses two atoms of water; out of hot solutions, it crystallizes, when cooled quickly, with two atoms of water.

It dissolves easier in cold than hot water; also in alcohol; it reddens litmus paper; when heated in the open air it burns with slight decrepitation; when heated with concentrated sulphuric acid, it gives a purplish-red solution.

Like meconic acid, it separates, when heated above 200°, into other acids.

With lime-water it gives no precipitate when cold, but does when heated.

It also greatly resembles meconic acid in its relation to bases, as it forms with them bibasic and tribasic salts. The former, as in the case of meconic acid, are white; the latter yellow. It belongs to the class of double [gepaart] acids of uncertain composition.

Zwenger contends that he discovered in the plant the acid which he calls Chelidonic acid, but which Watz considers to be succinic (*Ann. Chem. Pharm.* cxiv, 350; Watz, *Jahresh.*, 1860, 263). Chelidonin, $C_{40} H_{20} N_3 O_6$, Chelerythrin, $C_{37} H_{16}, NO$.

The fresh root is made into an extract with diluted sulphuric acid, and the residue after distilling off the alcohol is precipitated with ammonia. Out of this precipitate ether dissolves the Chelerythrin, whilst the Chelidonine remains undissolved.

Chelidonine forms, with two atoms of water, colourless laminæ of bitter taste. At the temperature of 100° it loses the two atoms of water of crystallization, fuses at 130°; burns with a sooty flame, leaving no ash; is insoluble in water and ether, soluble in alcohol. It is a weak base.

Its salts redden litmus paper, and by evaporation lose partly their acidity.

Chelerythrin has also been called Pyrrhohne, and Sanguinarinæ, and is found not only in Chelidonium, but in *Glauadium luteum* and in *Sanguinaria Canadensis*.

It forms a tasteless yellow powder which provokes sneezing, turns red immediately in acid vapour, is insoluble in water, easily soluble in alcohol and ether. The alcoholic solution tastes bitter and reacts as an alkali. Its salts are red, with a bitter taste, soluble. The acid crystallizes (*Vollständiges*

Taschenbuch der theoretischen Chemie, von Prof. Dr. Lehmann, Leipzig, 1854).

Besides these constituents, Chelidoxanthine deserves notice; a bitter colouring matter which has its name from the property of staining 1000 parts of water yellow.

From the properties of these constituents, it appears that the tincture prepared from the fresh juice contains the active principle undecomposed, whereas in the form of extract a partial decomposition from the co-operation is unavoidable.

In selecting plants for making the tincture, the following precautions should be observed.

1. Gather them at the commencement of flowering, when the vessels are fullest of yellow juice.
2. During a sunny day.
3. Only such as have a healthy root, and grow luxuriantly.
4. Select dry, sunny, elevated situations.
5. The leaves, when chewed, must give an acrid taste, burning like pepper.
6. Avoid injuring the root in digging it up.
7. Make the tincture of the entire plant, fresh.

CHAPTER II. PATHOGENETIC.—Physiological effects according to the observations of the old school.

1. Applied externally on the skin.

The fresh juice repeatedly applied produces inflammation and redness (*Ausführliche Arzneimittellehre*, von Dr. G. A. Richter, Berlin, 1827, ii, 155).

2. On the effects of internal use, Schallern says (loc. cit. p. 21), in Latin, thus translated :

Taken internally, it penetrates the inmost vessels, resolves and attenuates (the fluids). It drives out the perspirable moisture, the sweat, and urine; also, as I experienced more than once after taking the extract at different times of the day or year, it relieves the bowels without inconvenience. It strengthens not only the *primæ viæ* but also the *secundæ*, and extends its tonic influence throughout the whole frame.

Hence it also provokes appetite. As the root and the heel

have the same qualities and same constituents, so they undoubtedly agree in their medicinal virtue, only with this difference, that the root is somewhat more active, which the chemical experiments above related abundantly prove."

According to Voigt's *Lehrbuch der Pharmacodynamik* (Giessen, 1838, ii, 243), it is remarked that after small doses there is a somewhat increased secretion from the outer skin as well as the kidneys, especially a more active circulation of the fluids of the portal system, and in the lymphatic vessels and the abdominal glands; and in general a more active metamorphosis of the vegetative organs of the abdomen, with somewhat increased fluidity. Also, according to more recent observations, this action is not confined to the abdomen, but extends to the whole of the lymphatic and glandular system, and also the membranous organs universally. Unmistakably, there is in this a great affinity with the solvent bitters. Nor should we overlook its acridity, especially that of the fresh juice; in virtue of which it produces great activity of the absorbent and secretive processes; when given in stronger doses it is said to affect powerfully the abdominal organs, causing vomiting and purging followed by diminution of the frequency and strength of the pulse, great depression of muscular power, laborious and difficult breathing, beclouding of the senses, stupefaction of the head, severe perspiration and salivation, sparkling and darkness before the eyes.

Poisoning of Animals.

Orfila made four experiments on dogs:

1st. Three drachms of the aqueous extract of *Chelidonium* were introduced into the stomach of a small feeble dog, and his gullet confined by a ligature. In the course of six minutes the animal began to retch violently. In four hours he lay on his side and breathed deeply. His sensibility and power of locomotion were so diminished that the organs of hearing and sight were no longer sensitive to external impressions, and he could no longer stand up; he died soon after. The

stomach contained a small quantity of excessively viscous brownish fluid. The mucous membrane throughout its length was of a lively red; the intestinal canal was not altered; the lungs were reddish and crepitated, appearing to be but little affected.

2. About three o'clock an opening was made on the inner surface of the leg of a little dog, and one and a half drachm of the aqueous extract of Chelidonium dissolved in a little water was laid on the wound. About five o'clock nothing new was observed. At 9 a.m. next day he was found dead. The alimentary canal exhibited no perceptible lesion. The wound was inflamed, and the lungs were of a brownish-blue.

3rd. About 7 a.m. the same experiment was repeated on a dog of moderate size. By 4 p.m. he was suffering nothing particular. About 10 he was but little sensitive, lay on his side and could no longer move. He died that night. The digestive canal showed no alteration; the lungs were brownish-blue, congested with blood, and crepitated very little. The wounded leg was swollen and inflamed.

4th. Four ounces of freshly prepared Celandine juice were introduced into the stomach of a middle-sized dog, and his œsophagus was tied. The animal strained to vomit, howled, and became insensible. He died ten hours after. The mucous membrane of the stomach was inflamed; the lungs exhibited here and there brownish-blue spots filled with blood (*Allgemeine Toxicologie nach dem Französischen des Herrn Orfila, von Hermbstedt, Berlin, 1818, iii, 7*).

Two goats fed with the herb were soon seized with severe diarrhœa, which continued till their death on the third day. Small quantities do them no harm. Cows and sheep reject the plant in grazing.

MY OWN PHYSIOLOGICAL PROVINGS.

The symptoms adduced by Hahnemann are not sufficient to enable us on the ground of his results to employ Chelidonium in disease. The few symptoms observed by Schönke, and

the equally few by Liedbeck and Lembke failed to establish by any means an extensive employment of it, on account of the brief duration of the proving, and the insensibility of these three provers to the effects of this medicine.

The most recent provings carried out by Teste, certainly present some symptoms of congestion of the lungs, and irritation of the pleuritic and facial nerves, which had never been observed before; they have, however, already incurred blame, because Teste had made his provings mostly with the 6th dilution (*Neue Zeitschrift für hom. Klinik*, v. i, 23), and are too meagre to admit of a hope that *Chelidonium* would ever be a polychrest medicine by means of such provings.

I allow that provings with dilutions of vegetable medicines do not suffice to attain a complete totality of symptoms; yet it seems to me that, in the case of very sensitive provers, provings with dilutions may call forth symptoms which, in experiments with mother tinctures, might, according to physiological laws, not be able to be developed, because of too powerful irritation of individual organs and systems.

Just so in the case of *Chelidonium*, which, under certain circumstances, exhibits such powerful action that Emmanuel König has already warned us against the internal use of it on account of its "horrible symptoms." I therefore considered it sufficient to institute provings with the 6th dilution; principally with a view to satisfy myself whether one could rely on Teste's provings, of which I also at first had my doubts. Now I have *no* doubts, after my own provings, that *Chelidonium*, even in the 6th decimal dilution calls forth symptoms in sensitive provers.

I have also, during the medicinal employment of dilution 6, observed aggravations which I could only ascribe to the action of *Chelidonium*. Frequent small doses produce, on an average, a greater multiplicity of symptoms than *one* larger dose could, as is sufficiently clear from the following protocols of provings.

I have kept an eye upon the provers, as far as the engagements of my calling allowed, and selected only such provers as undertook the thing for love of it. Not one of them knew

the medicine beforehand. Symptoms inaccurately reported I struck out, unless the provers were able to describe them more accurately; and in general, I sought to avoid everything by which the truthful picture of the physiological action could possibly be distorted or effaced. Lastly, I set before the provers the importance of watching themselves accurately at least eight days before the provings, and noticing, respecting every symptom, and also those occurring amongst the sufferers during provings, to see whether a symptom has been ever observed before; and in general always to put down the symptoms immediately after observing them, *i. e.* under the first impression.

In order to make subsequent provings unnecessary, I have neglected no means of procuring all symptoms that *Chelidonium* can call forth. Above all, it seemed to me necessary to continue the provings very long, in order to see whether certain symptoms would be brought on more at one or at another season of the year; so I continued the provings, with the aid of the unwearied provers of both sexes, for more than nine months, so that I could not expect to obtain any essentially new symptoms by longer continued provings.

I have always kept in view the influence of change of weather when possible.

As for epidemics prevalent during the proving time, no influence on the symptoms can be supposed, as only ordinary sporadic sicknesses occurred here and there, and no generally extended maladies were observed. At the outset of the provings there were some cases of typhus; and up to the beginning of winter inflammation of the lungs showed itself.

In February influenza set in for a short time without attacking any great number, since which no epidemic prevailed till the beginning of August, when hooping-cough set in.

I have experimented on both sexes and also on children, for which purpose I could only avail myself of my own, to enable me the better to observe the objective symptoms. In all, eighteen persons. I thought I ought not to take fewer, because it was to be foreseen that one or the other would

give but few symptoms, or would lose patience for continuing the proving.

The *Chelidonium* provings on animals I should gladly have carried on through a longer period, and in a more extended sphere. Circumstances however, were not sufficiently favorable; want of time, the difficulty of selecting suitable animals, the refusal of the owners of those that were appropriate to allow us to experiment upon them (because in consequence of the provings hindrance easily occurred to the use of domestic animals!) obliged me to abstain from further researches.

(To be continued.)

PROFESSOR OWEN AT ST. MARY'S.

WHAT! at St. Mary's, Cambridge? Not quite. What then? not at St. Mary's, Oxford, surely? Ah, no. The Professor *has* once figured at Exeter Hall, where, to a certain extent, he instructed in a most salutary strain a certain class of would-be or soi-disant savans. But his hearers then sat under an unordained minister; nor is he, to this day, "the Rev. Richard Owen;" and neither of our Universities has as yet opened her pulpit to lay preachers, though they listen to some sermons vastly inferior, in doctrine as well as talent, to those with which Richard Owen Esq. could favour them. The "remarkable oration" with which (according to the *Medical Times and Gazette*, June 10th, p. 606) he edified the medical students of St. Mary's, Paddington, was one which none of them can ever forget, and which some of the faculty can never forgive; though, in reality, they have to thank him for trying to open their eyes to the sad reality of their chronic *status in quo*. "It is sometimes asked," quoth he, "Is medicine a science?" What a question! regarding a branch of knowledge (or learned ignorance) which has been growing up—if such an expression is applicable to the life of such

"permanent tadpoles" as the Mexican Axolotl and poor old Medicina—ever since the days of Hippocrates, passing through the fostering hands of some of the keenest observers, the most patient investigators, and most accurate generalisers the world has ever produced. Yet, says the Oration of last month, "Is medicine a science?" After ages of such cultivation, the simple answer, Yes, is simply impossible. Professor Owen, with his wonted urbanity—*quæ ejus est humanitas*—courteously avoids the other (ugly) monosyllable, No; and then, after conveying the fullest force of it by a most mortifying comparison with the real sciences, chemistry and palæontology, tells his ge-pflohred and pflabbergagastet hearers,—

"The great question for *you* is, Can medicine become a science?" Now, as his odious comparison might have been borrowed from the late Mr. Everest's excellent pamphlet, so his answer to his own question "Can medicine become a science," is a quasi-echo of our own literature from Hahnemann's *Organon* to the last brochure on homœopathy. We give the Professor's reply verbatim from the *Med. Times*.

"From every analogy of the progress of human intellectual endeavours to raise, by observation and experiment, a body of facts and phenomena to the status of true science, the reply to the latter question would be emphatically, Yes!

"Anatomy; physiology; pathology, or a knowledge of deterioration of structures, to the minutest degree in which the microscope can show such changes for the worse, in the fluids and elementary tissues of organs; chemistry, especially organic; the nature and powers of medicines—in short, all three bodies of doctrine worthy of the name of sciences must be cultivated—if possible mastered—as the indispensable basis on which a lasting superstructure of a true science of Medicine can be raised. Medicine can only become science by and through the subservient bodies of doctrine that have become science—the unknown must be reached by the known."

This last brief sentence perhaps conveys the most severe chastisement that was ever inflicted upon Medical Science by either foe or friend. "The unknown"—hear this ye

knowing ones!"—"must be reached by the known!" Anatomy, physiology, pathology are in the a, b, c category; whilst poor old Medicine is still represented as an *unknown* quantity x, y, or z. Vive l'Algèbre! there never was a more adequate notation. As one part of "the indispensable basis on which a lasting superstructure of a true science of medicine can be raised," Professor Owen mentions "the nature and powers of medicines." Now, we beg to assure him that these are investigated, by the homœopathic school *alone*, in the true spirit of Baconian induction and with a self-denying perseverance, by which our "medicine-provers" have earned and are earning the gratitude of the latest posterity. To their self-inflicted sufferings is due the considerable amount of actual knowledge which *we* already possess of the "nature and powers" of an extensive and growing Pharmacopœia; whilst the old school have to rely, in aid of their *experiments on the sick*, on poisoning cases, or *the involuntary sufferings of patients who pay them in the hope of getting cured!* And we may safely say that, whilst the discovery and *abundant* confirmation of the LAW OF SIMILITUDE *has* raised Medicine to the rank of a Science in the hands of those who accept and follow that law, she *never can* become a science where Bacon's lessons are set aside; where the example of "Wells on Dew," is despised, and experiments on the specific action of medicines are confined to cases in which a simple answer to the "Interrogation of Nature" is absolutely impossible; viz. cases of persons already exhibiting morbid symptoms—their own poor unfortunate patients! "It *is*," as Prof. Owen observes, "interesting to consider how a public ignorant of, and careless about, the grounds and proofs of an established science, does in time come to believe in and trust it." And our science has long since come to be trusted, on the strength of "previsions" and "fulfilments," which are indisputable as facts, by thousands who are so utterly ignorant of our philosophy that they seriously injure the cause by the nonsense they talk in its praise!

When the worthy Professor, in another part of his oration, ridicules the homœopathist and the infinitesimal globules, he

is, first, indulging in a stale joke, repeatedly answered in earnest in a way that would command his respect if he would condescend to inform himself of the *facts* of our history and practice.

Secondly, he is shooting beside the mark ; since it is notoriously the choice of a suitable remedy, and not the amount of the dose, that is really *the* point at issue between the old and new schools.

Thirdly, being assuredly an honest man, he must be *extremely ignorant of the subject* to speak of it as he does.

Fourthly, it would be still *more* honest to go to school for the removal of that ignorance, before he lends the weight of his name to the persecuting opposition which "the Faculty" are carrying on in England against their successful rivals.

As it is not Hellebore that Prof. Owen requires, we venture to suggest that he should consent, for the good of science and his own reformation, to assist in the "proving" of *Chelidonium majus*, just now before the Homœopathic public as a polychrest remedial agent (see page 455 of this Journal). It has already numbered amongst its symptoms "Steifigkeit im Nacken. Schauer über den ganzen Körper, mehrmals hinter einander worauf sich die Eingenommenheit des Kopfes verliert."—He will not be the first ill bairn that has been the better of a guid shaking.

O. P.

REVIEWS.

Memoria sobre la especialidad de las aguas minero-medicinales de Segura, par el D. ANASTASIO GARCIA LOPEZ, Zaragoza, 1865.

DR. LOPEZ'S memoir on the minero-medicinal waters of Segura, in the province of Zaragoza, read before the Spanish medical congress, held in Madrid the 26th day of September last, contains the chemical analysis, and a series of clinical cases of various eye affections.

Dr. Lopez says he was the first medical man who discovered the *special* action of this therapeutic agent on the organs of sight.

The chemical composition of the mineral waters, according to Dr. Lopez, is as follows :

One *litre* of water, which is equal to 1·760 English pints, contains the following ingredients :

				Grammes.*
Bicarb. of lime	...	...	...	0·095
„ magnesia	...	...	...	0·041
„ soda	...	...	...	0·031
Sulph. of lime	...	...	...	0·025
„ soda	...	...	...	0·007
„ strontia	...	...	...	0·005
Chloride of lime	...	...	...	0·010
„ magnesia	...	...	...	0·005
Silicate of lime	...	...	...	0·002
				—
				0·221

Carbonic acid gas, azote, and oxygen, with a constant temperature of 19° R.

Its specific gravity is in the proportion of 1· to 1·06 which is almost equal to distilled water.

* A gramme being equal to 15,434 grains.

The ophthalmic ailments in which Dr. Lopez has found the waters to be most beneficial, are blepharitis, and simple conjunctivitis, from scrofula; ulcerated conjunctivitis, with or without iritis or hypopyon; granular conjunctivitis; spots in the cornea; cataracts, particularly from rheumatic origin; amblyopia; amaurosis, glaucoma, and hemeralopia.

He ascribes the cures and ameliorations described in several clinical histories exclusively to the special action of the mineral waters, and endeavours to prove it by clinical experience only; but he forgets the use he made of other remedial agents, Atropine particularly; wherefore it is open to doubt whether those cures and ameliorations, obtained by the mixed treatment, were effected by the specific powers of the waters exclusively. No pathogenetic provings are adduced to confirm his assertions, except a few ophthalmic symptoms manifested in some persons who took the waters internally in large quantities; and he describes its action on the different organs of others who drank it freely. He administered the waters, in ophthalmic ailments, externally in local and general baths.

The mineral springs of Segura, which are situated about forty-five miles from Zaragoza, the capital of the province of the same name, in Spain, is rather too far for us to undertake the task of verifying Dr. Lopez's assertions; and we shall be pleased to learn that the author of the memoir before us will at some future day devote part of his spare time to institute systematic provings of that therapeutic agent, in order to render himself more useful to the cause which he has embraced, and to the numerous ophthalmic patients who continually flock to the establishment which the government of Spain has placed under his care. At the same time, it is to be hoped that he will administer the waters without adjuvants of any kind.

The treatment of Rheumatism, Epilepsy, Asthma, and Fever ; being clinical lectures delivered at the London Homœopathic Hospital. By DR. J. R. RUSSELL. London : Leath and Ross.

WE have lately read with great interest Dr. Handfield Jones's *Clinical Lectures on Diseases of the Nervous System*. In these we have a good example of the newest tendency of therapeutic progress, and one which is mainly brought about by the influence of homœopathy. They are, in fact, very similar to the practical observations of those of our school who draw the indications of the medicine mainly from clinical experience, guided by the more general physiological action of the medicines, *i.e.*, those called *specifickers* by the more complete homœopaths, who keep in view the finer shades of the pathogenesis. There is the same heedful minute analysis of the fundamental varieties of morbid states and the correspondence of these to certain individual medicines which are thus given alone in doses not much differing from ours ; and, in fact, a great many of Handfield Jones's cases have their counterparts in our literature. If any one will look back to Sydenham's complex prescriptions, and compare them with those of physicians of our day, he will find a much greater difference between the two ; than between the latter and ours. And with H. Jones and Dr. Laycock, he will find positively no difference at all between some cases of these and the *specifickers* of our school. We may make the same remark about Dr. Laycock's papers in recent years, as about Dr. Handfield Jones's, and we, as homœopaths, have read them with pleasure and instruction. But having gone thus far, the thought is continually forced upon us, why do they not go further in this road to the true philosophy of therapeutics ? They evidently apprehend that that lies in the relation of the specific physiological effects of medicines to their therapeutic effects. But they dare not follow to the end and hear from pure experiment alone the

answer what that is, for fear it should be what we term homœopathic. Their intellectual efforts are thus continually distorted and cramped, and they are forced to restrict their knowledge of the physiological action of medicines to the most general properties, often expressed in vague and theoretical terms, such as excitants and stimulants to particular nerves and systems, sedatives, narcotics, evacuants, and the like. It is, in fact, melancholy to see the best and most inquiring minds of our generation thus fettered and warped in their investigation of what is, after all, the ultimate aim of all medical science, viz., therapeutics, by an unfortunate blunder in prematurely rejecting the homœopathic hypothesis; only admit that as a legitimate hypothesis, and the horizon is perpetually fixed, and the true philosopher may follow the lead of experiment where it guides, and can hope ultimately to arrive at the truth. Shut that out and he becomes a mere sectarian. He is obliged to confine himself as much as possible to vague generalities about the physiological action of medicines; and when certain facts will crop up and force themselves on his notice, which plainly show the homœopathic action of specifics, what miserable shifts and perversions of reason is he not driven to to explain them away. Just like the opponents of Harvey in his day. And yet do not the commonplace men of our day smirk and chuckle with self-congratulation over the benighted ignoramus who could not see a truth to them so plain after being taught? We confess we fail to see any superiority, and, in fact, Cæsar and Pompey seem to us very much alike; and, we take it, the twentieth century will look upon the nineteenth and seventeenth centuries as much the same in these matters. At present we do not hesitate to assert boldly that the rational homœopaths stand alone in the true position from which therapeutics can be investigated philosophically, and ultimately elevated into a science. Guided by the homœopathic principle as a perfectly legitimate hypothesis, we yet neglect no other speculations founded on experiments; and in the work presently to be alluded to, the reader will find quite as much freedom of reasoning and theorising as is desirable; while in practice we

give the homœopathic specific method the preference solely on the grounds of its merits, and show our willingness to adopt all other therapeutic plans as auxiliary when necessary, and not incompatible with the main treatment, or by themselves wherever the homœopathic specific mode is inapplicable. These are the true signs of cultivating therapeutics as a science, and they belong to the rationale of our school alone. For, on the other hand, the so-called allopathists, while professing to advance our therapeutics to the rank of a science, by interrogating nature through experiment, at the same time declare they will receive her answers in every way *except one*. Such a plain and even ridiculous dereliction from all rules of sound philosophy, must strike the better minds among medical men ere long in its true light. The proper test of the homœopathic theory, is to see it in practice in an hospital; and yet when Professor Henderson showed his intention of trying homœopathy in the clinical wards over which it was his right and duty to preside, he was soon displaced by university intrigues. Such has hitherto been the fate of putting homœopathy to the test of clinical experience in this country. Since then the exertions of our body have opened, and now for some time maintained, hospital accommodation in London for the treatment of a sufficient number of patients homœopathically to enable those who will to go and judge for themselves. It is the duty of those who stand at the head of scientific medical men, to visit this hospital and judge of the matter; many difficulties, however, are in the way; but when a proper report becomes accessible there remains no excuse, and such a report, if a good and faithful picture of the actual state of homœopathic practice, ought to receive the attention due to any other clinical experience. Now, we can with confidence say, the book above announced by our friend and former colleague in the editorship of this journal, is just such a picture of homœopathic clinical practice and teaching as we could wish put into the hands of our allopathic brethren. And we claim for this, and all similar contributions of our school, the same consideration from the general medical public as is given to other clinical lecturers

and hospital practitioners, viz. to be judged solely on their merits, without prejudice. We ask nothing more and shall be satisfied with nothing less; nor will the non-medical public, who must always be to a great extent dependent on the judgment and authority of the technically educated in regard to any novelty. The time is surely come when the earnest and philosophic among medical men should blush for the treatment hitherto accorded to homœopathy in this country, and should refuse to be any longer trammelled by the vulgar prejudices of the *Lancet*, and other organs of the drug-vending part of the profession.

The Homœopathic Theory and Practice of Medicine. By E. E. MARCY, M.D., and F. W. HUNT, M.D. 2 vols. New York, Radde; London, Turner.

It is only fair that the authors of this very extensive undertaking should be allowed to speak for themselves as to their object and method. This they do in the following preface :

“The authors present this work to the profession with a hope that it may afford some aid to the medical man in the midst of his arduous and, sometimes, perplexing practical duties, as well as to the neophite (*sic*) who has just entered the portals of the temple of medicine.

“While we have endeavoured to present the results of our personal experience respecting the causes, nature, and treatment of diseases, we have not failed to collate, condense, and illustrate the discoveries of other reputable physicians touching medicine and the collateral sciences. We have freely quoted from the writings of other reputable physicians, with a view of presenting to the profession all the varieties and shades of opinion in the homœopathic school. These views have been arranged and introduced in proper order under the various topics discussed; and it is proper in

this place to remark that many of these opinions do not accord with our own. But as we are advocates of the largest liberty in all that pertains to medical thought and medical progress, we have deemed it expedient to furnish as complete a *tableaux (sic)* of the field of homœopathic literature as possible.

“Our object throughout has been to present to the medical profession and the friends of homœopathy a comprehensive and intelligible view of the principles and practice of our school, as it is now represented by our best writers and practitioners; to embody, as far as our wide range of subjects permitted, the latest opinions and theories of investigators of every school on pathology and collateral sciences connected with medicine; and to give to all inquirers after advanced scientific truth the opportunity to investigate our principles, and to see them tested by facts, as illustrated in the clinical experience of a large number of reliable observers. From all accumulated materials we have aimed to sift the true from the false, and to condense within as small a compass as possible, all reliable facts bearing on the subject discussed.

“Medical science is yet in its infancy. Our knowledge of the functions of the intricate organs of the human body, of the causes and nature of diseases, and of the effects of medicines in health and disease, is still limited, although progressive. If we have added a mite to the general advancement, and have contributed something to the general sum of medical knowledge, we are content.”

When we add that, in pursuance of these objects, Drs. Marcy and Hunt have given us two closely printed royal octavo volumes, each containing about 950 pages, we cannot but give them, in the name of British Homœopaths, our very cordial thanks. A collection of homœopathic experiences at large, arranged under the heading of the several maladies to which they belong, can hardly fail to be of service to us all. And such a collection is contained in the volume before us.

We are compelled, nevertheless, to repeat the dissent from a work of this character which we expressed in noticing the former edition of Dr. Marcy's book (see *British Journal of Homœopathy*, vol. ix). In the first place, there is the obvious

and trite objection that homœopathic therapeutics cannot be arranged under nosological headings. There are very few diseases which in the grouping and sequence of their symptoms conform always to a definite type; and of these diseases only can we define beforehand the correct homœopathic treatment. The great majority of the cases which come before us have to be individualised, and treated on their own merits. The best homœopathic practice of physic is a well-digested view of the *Materia Medica*. It would be the ruin of our therapeutic system if we practised it according to the directions of a text-book.

And even in the sphere which a work of this kind may legitimately occupy—a description of the treatment of certain well-recognised types of disease—we could not encourage any one or two writers to attempt an exhaustive treatise. Few physicians have had sufficient experience to speak of all diseases with the weight of personal knowledge; and the few who are in this position have little leisure for authorship. When it is farther expected that a work of this kind shall give a full account of modern pathology, and devote a large portion of its space to the description of the symptoms, post-mortem appearances, causes, and probable nature of the diseases of which it treats, the difficulty becomes greater still. British Allopathy is exhausted when it has brought forth its Watson and its Aitken. American homœopathy is hardly likely to rival the experience of the one or the erudition of the other.

What we ourselves desiderate for homœopathic literature—and the thing seems to us as practicable as it is desirable—is a collection of monographs on the leading types of disease, each written by a physician whose opportunities have brought him into much personal contact with his subject. We have had such monographs from time to time in this Journal; and we venture to affirm that were a collection of these made, with such revisions or additions as might be needful from the advance of knowledge, and the gaps in the series filled up by competent writers, the whole would form a most invaluable guide to the student and young practitioner. We do not despair of seeing this done some day. In the meantime we

must be thankful for what we can get, and in this spirit will now proceed to review the work of Drs. Marcy and Hunt. We shall give a brief sketch of its contents, embodying therein a critical estimate of its several portions.

The first 200 pages of the first volume are introductory; they are made up of a "History of Medicine," very meagre, save in the life of Hahnemann; and a discussion upon the "General Principles of Medical Science," in the course of which Hahnemann's celebrated "three modes of treating disease" are developed and applied, and the various questions arising out of the reduction of the homœopathic law to practice are considered. We are somewhat surprised, from Dr. Marcy's antecedents, to find the tendency of the present work to be in favour of low dilutions, and to meet with a decided advocacy of the practice of attenuation. The section of "Semeiology" contains a good summary of the leading signs afforded by the tongue, skin, &c. But we already feel one of the great defects of the book. Many facts are brought together, but they are not well-digested. We are reading the contents of Drs. Marcy and Hunt's note-book, rather than the independent work of their well-stored minds.

We come now to diseases themselves; and have first a chapter on their classification. They are divided into six classes, as follows :

- I. Diseases of the digestive function.
- II. Diseases of the respiratory function.
- III. Diseases of the circulatory function.
- IV. Diseases of the nervous function.
- V. Diseases of the reproductive function.
- VI. Diseases of the secretory function.

We have no particular fault to find with this arrangement except that which it has in common with all attempts at systematic classification of diseases. But we do object to most of the barbarous names which have been coined or adopted to characterise the species and genera. "Copostatris" for constipation, "collatitious (!) viscera" to describe the liver and portal system, "enecia" for continued fevers, "empysis" and

“empyesis” for such disorders as varicella and variola respectively—are terms as unnecessary as they are unpleasant. The usual absurdities and inconsistencies inherent in systematic arrangements also meet us. Local inflammations are sometimes to be found in the class to which their seat belongs, and sometimes among a group of inflammations classed as diseases of the circulatory function. Club-foot is ranked with leucorrhœa among diseases of the reproductive function, and Class VI includes, as disorders of the secernent functions, such strange bed-fellows as dropsy, calculus, diabetes, rachitis, and cutaneous eruptions! Not that Drs. Marcy and Hunt are incapable of special felicities of their own. Thus “ronchus” (*sic*) is classed as one of the genera of Class II, side by side with coryza, polypus narium, aphonia, hoarseness, and stammering. While erysipelas forms with “periostosis,” sprains, and malignant pustule, a species of the genus “apostema.” An index is fortunately given; or our attempts to find any special form of disease would have been almost hopelessly vague and uncertain. In the Class “Diseases of the Digestive Function” we have an outline of the process of digestion, a good deal of miscellaneous information about the teeth and their diseases, and a good article on diseases of the maxillary bones. Then come sections under the following headings: ptyalism; dysphagia; morbid thirst; and derangements of digestion—including anorexia, bulimia, abstinencia (which means starvation), depraved appetite, cardialgia, flatulence, water-brash, gastrodynia, nausea and vomiting, dyspepsia from deficient secretion of gastric juice, with its results in fermentation and sarcinæ, with, lastly, sympathetic affections of the stomach. For the treatment of chronic idiopathic ptyalism high praise is given to *Mercurius corrosivus*, two grains of the 2nd trituration dissolved in a pint of water, and used as a wash for the mouth. The indications for the leading remedies of dyspepsia are very fully and carefully given. Much stress is laid upon the free imbibition of cold water in chronic cases of this malady. Passing now from the stomach to the abdomen, we have articles on colic, constipation (including intussusception, internal hernia, and

other intestinal obstructions), diarrhœa, cholera, intestinal concretions, worms, hæmorrhoids, and prolapsus ani. Under constipation we have some striking cases of the efficacy of graphites, when, with this condition of the bowels, dry cutaneous eruptions are present. The article on cholera is extended, but the facts are put forward in a most confused jumble. The obsolete notion that worms originate within the body is still maintained; yet the paragraph on treatment speaks of little else than the usual anthelmintics. The "Functional Derangements of the Collatitious viscera," which conclude the first class consists of articles on jaundice, portal plethora, and hæmatemesis. The account of jaundice is by no means brought down to our latest knowledge on the subject.

We have given this detailed account of Drs. Marcy and Hunt's treatment of their first class of diseases, as a specimen of their work in general. It already appears that their chief merit lies in industrious collection of facts. Their mode of presenting the same facts cannot be deemed satisfactory. It is crude, confused, and unimpressive. The facts seem outside them, not digested and assimilated to the texture of their minds. They write as editors rather than as authors. And as to their style, it is rarely better than that of their preface; which is about the worst bit of English (?) we ever had the pleasure of reading.

We must notice only the salient points of the remainder of the work.

The article on hooping-cough is disappointingly short, and the paragraph on its treatment needs complete rewriting. Asthma has a fuller discussion. Apropos of the homœopaths' city of Lobelia to this disease, Jarvin's lines are aptly cited:

" And fell Lobelia's *suffocating* breath
Loads the damp pinion of the gale with death."

The points of distinction between typhus and typhoid are put in a very telling manner. The treatment recommended for urticaria is so vague and hesitating that the reader feels sure none of the medicines mentioned really cure the disease. Have Drs. Marcy and Hunt ever tried *Apis*? which is not

even mentioned. Considerable space is devoted to the pathology of inflammation. Here, as elsewhere, much use is made of papers which have appeared in this Journal. To such use we have no manner of objection, but rather the reverse. Only we would beg that the quotations may be made carefully, and with due acknowledgment. At present the inverted commas are inserted or omitted with charming impartiality; and too often, in what purports to be an extract, the original English is translated into American. The treatment of laryngitis, acute and chronic, is confined to a bare list of its supposed remedies. Diphtheria is discussed at considerable length. The authors' own experience in this disease is unique, and deserves citing in full.

"We have treated more than 200 cases, including many of the malignant type, and our losses have not been 1 per cent. We make this observation for the purpose of impressing upon the medical man the vast importance of selecting and continuing the very few really specific medicines at our command for the cure. The two great remedies are *Kali bichromicum* and *Mercurius hydriodicum* (*sic*). The first triturations of both drugs should be employed; the first dissolved in water so as to tinge the water yellow, and the other to be taken dry on the tongue. These medicines, repeated every hour or two in alternation, will suffice to cure nearly every case. We have used the biniodide of mercury in place of the hydriodate with the same good results."

We can simply express our astonishment at the above statement. British homœopathists have no such success to boast of, though no remedies have been more thoroughly tried than the iodides of mercury and the bichromate of potash.

The article on Bright's disease is very elaborate. Nitrate of potash and iodide of mercury are added to our standard remedies for this malady,—the former in the higher the latter in the lower attenuations. No notice is taken of the contracted kidney of chronic desquamative nephritis; indeed, the term "desquamative" is incorrectly applied to the form of the disease in which enlargement of the kidney obtains. The symptoms and pathology of diseases of the

supra-renal capsules are avowedly given from the writings of Addison and Hutchinson; and yet we find the following remarkable statement: "the most efficient remedies hitherto employed are *Apis*, *Arsenicum*, *Bryonia*, *Mercurius corrosivus*, *Terebinthina*, *Apocynum*, *Hellebore*, *Kali hydriod.*, *Cantharis*, *Thuja*, *Buchu*, *Uva-ursi*, *Cubebs*, *Cuprum aceticum*, *Gallic acid*. The best effects have been observed from the lower attenuations of these medicines, repeated at long intervals." Are these conclusions drawn from the authors' own experience? We are not aware of the record of any case of Addison's disease in homœopathic literature.

In the chapter devoted to diseases of the eye, we notice that the treatment of simple catarrhal ophthalmia is put in a very uncertain manner; and too much favour is shown to such local applications as the sulphates of zinc and copper. Altogether, the ophthalmic portion of the book is not well done; and would convey an impression of the homœopathic treatment of eye-diseases far less favorable than it merits.

We perceive that Latin as well as English becomes modified on the other side of the Atlantic. Our old friend *Oleum Jecoris Aselli*, is twice recommended for pulmonary phthisis, the first time as "*Jecoris Aselli*," and the second, for variety's sake, as "*Asellum Jecoris*."

The remedies prescribed for "Sick Headache" are new to us; they are *Sanguinaria*, *Veratrum viride*, *Ferrum aceticum*, and *Nitric acid* and *Ferrum* in alternate weeks. We were going to add the expression of our surprise that *Stannum* is absent from this list; but we refrain from indulging, even exceptionally, in this style of criticism. We regret to see it so largely practised in reviews of this and similar books. It is very tempting, very easy, and thoroughly vicious. The critic should never import his private self into his moral *ex cathedra* judgments. If, in a book on homœopathic practice, any generally received remedy for a disease is left out, he is bound, in the general interest, to notice the omission. But the limits of such generally received remedies are very narrow; and beyond these, a man's favourite medicines for a

given disease depend almost entirely upon the forms of the disease which have fallen in his way, and the drugs of which he happens to have had experience. It is therefore absurd for one practitioner to criticise, save in an individual case, the treatment adopted by another. Now a reviewer, in spite of the mysterious dignity conferred by anonymousness and plurality, is, nevertheless, but an individual practitioner. And if his criticism of a practical work turn mainly upon the difference of his experience from that of the author, he had better drop the "we," and affix his name. His remarks cease to have the weight of general criticism; and depend for their value on the worth of their author.

We find nothing to notice in the remaining 400 pages of the second volume, but that asparagus is highly commended, both as food and as medicine, in all forms of dropsy. And so we take leave of Drs. Marcy and Hunt, with a feeling, on the whole, of disappointment. In many ways they have done well, but they might have done so much better. They have made good use of homœopathic literature, both early and recent. But their own descriptions and suggestions lack that savour of personal experience which gives such charm to the practical works of Teste, Hartmann, and our own Yeldham. Perhaps in another twelve years another new edition of their book may be called for. If so, an unsparing revision may bring out greater unity, infuse a more practical tone, and improve the literary style. Were this done, our objections to a homœopathic "Practice of Physic" would not prevent our welcoming the work as an addition of permanent value to homœopathic literature.

Gastritis Mucosa; or the Present Epidemic among Horses.

By W. C. LORD, F.R.P.S., &c. London: Longmans, 1865.

In our last number we gave a report by Mr. Lord of his homœopathic treatment of this disease, which he calls gas-

tritis mucosa, and he has now published a little volume containing more detailed accounts of this epidemic disease, which he believes to have its origin in a primary affection of the pneumogastric nerves. Mr. Lord seems to be an eclectic practitioner of the most unprejudiced sort—for while in the first part of this little book he recommends an exclusively homœopathic treatment of gastritis mucosa, in the latter part he counsels a decidedly allopathic treatment of gastro-enteritis—bloodletting, to the extent of eighteen quarts in twelve hours, being held up to us for imitation.

As Mr. Lord's treatment of gastritis mucosa with homœopathic remedies was so signally successful we would strongly advise him to adopt the homœopathic method in gastro-enteritis also, and we promise him he will be satisfied with the result.

Physiology and Medical Jurisprudence, a Contribution to the Prospective Reformation of several erroneous doctrines in relation to Human Reproduction. By JOHN N. CASANOVA, C.M.D. London; Headland, 1865.

THIS little book is written on a subject that does not properly come within the domain of our criticism, but we may call to it the attention of those of our body who are interested in medico-legal investigation. Dr. Casanova expresses opinions on various subjects relating to medical jurisprudence, contrary to the received doctrines of our chief medical legists, but we cannot, from our own knowledge, undertake to decide on which side the truth lies. Our chief reason for calling attention to the work is that its author is a well-known homœopathic physician, who, though retired from active professional pursuits, still takes a great interest in all that relates to medicine. The book itself contains a great variety of very curious information on several matters connected with the reproductive function, and much of it is from the author's own personal experience and observation.

MISCELLANEOUS.

Æsculus Hippocastanum in Hæmorrhoids. By Dr. R. HUGHES.

In the last number of this journal, I narrated a case in which *Æsculus* had gone far to cure a case of painful hæmorrhoids of many years' standing. Since the publication of the above, I have heard again from the patient. She writes, "I have now taken the *Æsculus* as before," three drops of the 2nd dilution in water twice daily, "for another month, and may fairly call myself well. I have no pain; and the protrusion is nothing but a flabby piece of skin. Should the symptoms ever return, I shall fly to the medicine, but I hope never to require it."

The two following cases illustrate its efficacy in the acute form of the disease.

1. Richard S—, æt. 20, called upon me one day, stating that he had been suffering from piles for a week. The bowels were rather costive; but there was no bleeding. His health is good. I gave him nine drops of *Æsculus* 3, in three ounces of water, a dessert-spoonful to be taken three times a day. By the time he had taken half the bottle (*i. e.* in about thirty-six hours) all symptoms of piles had vanished, and he discontinued the medicine.

2. Mrs. F—, æt. 60. Years ago was a martyr to hæmorrhoids. Each attack would last from six to ten months, during which time she could rarely leave the recumbent posture. Since adopting homœopathy, the bowels had acted with much greater regularity, and the hæmorrhoidal attacks had been absent. On May 22nd I was called to see her. I found her in bed, suffering intensely from several large piles, which seemed quite to block up the rectum. The bowels had been confined for several days in the preceding week; and on the 20th the old hæmorrhoidal symptoms had supervened, and were increasing in intensity. There was little or no bleeding. She anticipated many weeks of suffering. I gave her a drop of *Æsculus* 3, every four hours. Next morning there was improvement rather than the reverse. On the 24th she was decidedly better. She said, "Are you giving

me an aperient? my bowels are acting so comfortably." On the 25th she was well and about the house; and I took my leave.

These cases illustrate also the precise form of the disease for which *Æsculus* is specific. When the piles are only secondary to existing portal or other intra-abdominal congestion, it will probably be inferior to Nux and Sulphur. When they are associated with symptoms of varicosis elsewhere, and bleed much, *Hamamelis* will be a better remedy. But when the only connected symptoms or appreciable cause is constipation, and there is much pain but little bleeding, *Æsculus* seems pretty likely to cure.

Broussais a Homœopathist.

It has been frequently said that before his death Broussais expressed his belief in the homœopathic law of therapeutics, but beyond the report of some conversation he held with one of his friends on the subject, hitherto no proof of his conversion has been given.

In a work recently published in Paris entitled *Études de Matière Médicale et de Thérapeutique*, by the late Dr. Petroz, edited by Dr. Cretin, we find the copy of an opinion by Broussais respecting a case, which was given to Dr. Petroz by the patient, and which reads very like the ideas of a homœopathic physician.

"The skin disease Mr. — is affected with, is not easy to characterise, as nothing precisely analogous to it has been observed before. At all events, its seat is in the sanguineous capillary system of the skin, and there is no sign that that of any other parts of the body is menaced by it. An altered state of the blood has been suspected; but supposing that was the case, how should we account for the perfectly healthy state of the most sanguineous organs, such as the lungs, the spleen, the liver, and all the visceral apparatus, as also the cellular and areolar tissues which serve as their connecting medium? In fact we find no ecchymosis, no hæmorrhages, no chlorosis, no loss of muscular contractility, no trace of alteration of the fluids in the secretions.

"The skin alone is diseased, and the affection that is now spreading over it seems to have remained circumscribed for

several years. Now, cutaneous diseases rapidly spread from one point to the rest without our being able to infer an alteration of the fluids, unless they may have been contaminated by the absorption of the secretions of the skin.

“The opinion of the undersigned is, therefore, that the medicinal action should be directed specially on the skin, and that no medicine should be given internally except to effect a reaction in the integument; and, above all, that the digestive system should not be irritated, whereby a state of chronic inflammation might be produced; for this is what often causes a failure in the treatment of cutaneous diseases.

“The difficulty is to determine what are the means that can exercise a favorable action on the skin, whether applied externally or given internally. It is difficult to act rationally in this case, and we are compelled to have recourse to empirical practice, and to try the various medicines which are known to have an action on the skin; but we must act with caution, in case of carrying the irritation too far, when we should have to regret a too active medication, causing duodenitis, hepatitis, enteritis or even a morbid irritability of the stomach, affections which are not present, but which are almost inevitable if we persevere obstinately in the use of stimulants in large doses. I would even advise that Mr. — should prepare himself for the treatment by a preliminary venesection to the extent of fourteen to sixteen ounces.

“At the head of the remedies that exercise a modifying power on the skin most energetically and beneficially, in the chronic affections to which it is liable, are sulphur and its various preparations. We may, therefore, employ the artificial Barèges baths in the doses of three drachms of sulphuret of potassium to half a drachm of sulphuric acid per bath. The patient will, at the same time, take internally every morning half a glass of pure distilled water to each bottle of which a drop of tincture of sulphur quite free from acid has been added.

“Secondly, if those first remedies do not succeed, he may try pure nitric acid. Mr. — will take it internally in the dose of two drops to half a bottle of distilled water, of which he will drink two table-spoonfuls every morning. At the same time he will take, every third day, a bath at 26° C. to which half a drachm of the same acid has been added. He must try this like the preceding remedy for ten, twelve, or fifteen days in order to judge if some good effect is to be hoped from it.

“Thirdly, arsenic seems to be worth a trial, but it must only be used internally and in very minute doses, for I believe that the heroic medicines may be very much subdivided with advantage, without, however, attenuating them so much as the homœopaths do. I should, therefore, advise the fiftieth part of a drop of Fowler's solution in a pint of water, of which half a wine-glass is to be taken every morning for ten days; the effect will be seen, and it costs nothing. If baths are used, they must be prepared with bran merely in order to maintain the softness of the skin. These baths may also be alternated with the medicinal baths prescribed above; but he must not take them more than once or twice a week; generally twice at all events. Mr. — likes to take baths at 24° or 26° C. at most; that temperature is suitable.

“Fourthly, *Clematis erecta* acts on the skin. I would try an infusion of one leaf (two grains of the fresh plant, or rather of the tops of it) in a glass of boiling water, to be taken in the morning mixed with milk. This infusion may modify the sanguineous capillaries. The infusion to be taken in bed.

“Fifthly and lastly, if all this is ineffectual, I would have recourse to the preparation called the *soluble mercury of Hahnemann*. I would triturate one grain of it with twenty grains of pure sugar, to be taken in the dose of one grain every morning washed down with a cup of milk.

“All these doses are small, but no risk is run in trying them; and if any effect is observed from them that would make a starting point for new prescriptions; for there are other useful medicines still, which can act on the skin, but we must be guided by analogy and the results.

“The diet should be simple and nutritious, without being heating, good meat soup, butcher's meat, and poultry, with some tender vegetables and fresh eggs; no shellfish, mushrooms, truffles, game, &c.; no coffee, tea, pepper, spices, or acids, except those prescribed; milk for breakfast; claret and water for drink; moderate exercise.

“BROUSSAIS.

“PARIS; *May 13th, 1838.*”

(*Art Médical, April, 1835.*)

Hahnemann a Poet.

The *Allg. Hom. Ztg.* of 18th February last, gives us the following ode, which was composed by Hahnemann in his twentieth year. It is addressed to the distinguished philologist Professor Zeune :

“ M. Joanni Carolo Zeunio
Professori recens creato
Vota faciunt
tres ejus auditorum
Mich. Christ. Justus Eschenbach
Johannes Fridericus Eschenbach
Christianus Fridericus Samuel Hahnemann, *Autor.*

Quid cessas hilari Pieridum choro
Misceri, Philyræ docta cohors? Age!
Celebrate modis hancee diem bonam.
Digni Calliope diem

Alumni; titulos qui debitos diu
Jam tandem senior (nobilis o pudor!)
Admittit, Caput nostræ Academiæ
Non ignobilium Decus.

Penna Fama, volans usque agit integra
Te Zeuni! Pietas cujus et ingeni
Dotes perpoliunt perpoliereque
Nostrum nive animum rudem.

Tu recludens opes et Latissæ bonus
Et Grajæ, juvenum languida melleo
Minervæ recreans munere pectora,
Formas et Patriæ et Deo.

A.D., XI Septembris, MDCCLXXV:
Lepsiæ.
Ex officina Büttneria.

On the use of Hot Water as a Remedy for Profuse Perspiration.

By ROBERT DEWITT, M.B.C.P. Lond., &c.

I wish to call the attention of my professional brethren to the use of hot water as a remedy for profuse perspiration.

If a part of the body that is perspiring be bathed with quite hot water till it becomes decidedly hot and red, the skin will become dry, and will continue so for a greater or less period of time.

If cold water be used the part remains cool for some time and then becomes gradually warm or glowing; if tepid, it is usually made unpleasantly chilly and flabby; if warm, it is left perspiring; if hot, it is left hot, red, and dry.

The terms cold, tepid, warm, and hot, are merely relative; what would be warm to one would be lukewarm to another person; but when I say hot water for our present purpose I mean water as hot as can be borne without pain. It may be used by sponging or immersion, and must be continued till the parts treated are hot, red, and tingling with heat—almost scalded, in fact. A good wipe with water at 130° is easily borne; for immersion the heat must be less; but the feelings are the only guide.

The circumstance which led me to recommend this remedy was the observation of the painful dryness of a hot skin in feverish attacks, and of the dryness produced by using too hot water in a bath, and by the clumsy use of the lamp-bath, which may make the skin dry instead of moist, if not well managed.

The cases in which I have recommended it with benefit are—first, those of general tendency to perspire to a distressing degree in hot weather, the patient being in good health. If a man who has thoroughly used a cold bath in the morning be obliged to change his shirt in the middle of the day, for example, he will keep his skin comfortably dry for a certain time by a good wash with very hot water.

The next class of cases are those in which, with or without tendency to perspire over the body generally, but most probably without, there is a tendency to distressing perspiration of some particular part; as the axillæ, hands, feet, &c. Patients who seek relief for this are generally young persons from 18 to 20,

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and they often endure great misery and persecution in consequence of this symptom, which really admits of easy medical treatment. The health is sure to be improved by free purgation, and by quinine, air, exercise, &c. But the distressing local symptom may be got rid of for hours at a time by the thorough application of the hottest water to the offending part until it is red, hot, and tingling as if scalded.

Thirdly, there are the cases of true hectic; diurnal shiverings, followed by heat, and drenching perspiration of an earthy, sickly odour, and depending (as we suppose) on absorption of decaying pus from some internal organ, probably lung, &c. In these cases I have tried every remedy I know of without result. I have caused profuse perspiration by the lamp-bath in the afternoon without preventing the access of hectic and perspiration in the evening; and confess my remedy inert—or next to it—in these cases.

But there is a fourth variety—the ordinary night sweat of the phthisical, not preceded by regular hectic paroxysm, but induced by all that relaxes, lessened by all that strengthens, and coming on when the patient falls asleep. For many of these cases the hot water gives relief, to a certain extent, especially if the perspiration begin, as it often does, on one special part of the body by preference, as the chest, hands, or feet. In such cases I have the testimony of patients that the hot water greatly helps to control the sweat. The way is, when the patient goes to bed, to have the chest reddened with hot water, and wiped dry. One patient, whom I see daily, and who is confined to his bed, calls out for it so soon as he perceives the dampness beginning, and has it used to chest, hands, and feet, and by this means often, not always, passes a night without being obliged to shift his linen.

In conclusion, let me say that I only offer this as a contribution towards the relief of an unpleasant symptom, and not as a cure for a disease; and that whoever uses it must recollect that it is not *warm*, but *hot* water, just below scalding point, that is to be employed.—*Medical Times and Gazette.*

Coffea in Odontalgia.

By E. M. HALE, M.D., CHICAGO, ILL.

I have lately had occasion to verify a curious clinical fact in relation to *Coffea*, and deem it of sufficient importance to give it to the profession.

When I was a student of medicine in the office of Dr. Blair, of Ohio, a man came to consult him for a severe pain in a decayed tooth. He stated that he had ridden about twelve miles since the pain commenced, and the only relief he got was from holding cold water in the mouth. The instant the water became warm, the pain was renewed! He had carried a jug of water with him during his drive, replenishing it at farm houses along the route.

Dr. Blair prescribed a single dose of *Coffea* 3 (centesimal dilution) a single drop. In twenty or thirty minutes the pain abated, and in less than an hour had ceased altogether, and the patient left the office blessing Homœopathy.

The incident left a lasting impression on my mind, and I treasured it up for future use. Six years afterwards I was called to see a lady suffering from prosopalgia, which extended to the molar teeth of the right side (it might have originated in the teeth). She was very irritable, sensitive, and moaning from the distressing pain. She held in her hand a bowl of crushed ice and was engaged in eating small pieces, stating that she felt relief from the pain only when the ice was in contact with the painful teeth.

I remembered the case above alluded to, and gave her a spoonful of a solution of a few pellets of *Coffea* 3 in half a glass of ice water. In about half an hour the pain had nearly left her, and in an hour she fell asleep.

The second case which came under my treatment was that of an old lady in feeble health, whom I was treating for climacteric difficulties. She sent for me one evening, stating, upon my arrival, that she was suffering intensely from pains in the right molar (upper and under) teeth, the pain extending to the head and ears. She obtained momentary relief by holding in her mouth the coldest water she could procure. The pain had lasted all day. Here, I thought, was a good opportunity for testing the high po-

tencies. I dissolved a few pellets of Coffea 200 (Lehrmann's) in half a glass of water, and ordered a spoonful every half hour until the pain ceased. The next morning the patient stated to me that after the first dose the pain was slightly ameliorated; after the second, considerably relieved; and after the third, ceased altogether.

It will be admitted that the above are notable cases, in which the symptom "relieved by cold water" was the characteristic indication. But the strangest part of the matter is that this symptom is *not* found in any pathogenesis of Coffea. Even the symptom "pains relieved by cold applications" is not to be found. Coffea has proved curative in "*toothache with restlessness, anguish, and whining mood, especially at night and after a meal,*" and "*jerking in the teeth, also with tearing.*" Is it possible that Coffea cured the above cases by reason of other indication? Was the peculiar symptom alluded to of no importance?—*Am. Hom. Rev., October, 1864.*

*Pterygium Crassum, cured by a Single Remedy in a High Potency.**

By CARROL DUNHAM, M.D., New York.

The following case is thought worthy of special notice for several reasons. It presents an instance of a diseased condition which, being on the surface of the eye, may be made the subject of constant observation.

Such a condition has never, so far as my knowledge goes, been produced by any remedy. It is not contained in any proving. A homœopathic prescription for it must therefore be based upon the general characteristic symptoms which the patient may present, and to which corresponding symptoms may be found in some drug-proving.

The writer had never treated a case before, and does not recall any record of a cure made by homœopathic remedies. He was not, consequently, influenced in the selection of a remedy by any knowledge *ex usu in morbis*.

* Read before the Homœopathic Medical Society of Cayuga County, N. Y., June 22nd, 1864.

The patient was not encouraged to expect a cure, but looked forward to a surgical operation as a matter of necessity. There can be no ground, then, for ascribing the cure to faith, the last resort of the credulous incredulous, to whom it is easier to believe that a grave and material disease can be cured by imagination, the intangible, than by a high potency, the imponderable!

The cure was effected by a single remedy, in a high potency, the 200th—(prepared by myself).

J. N. S—, a farmer, *æt.* 55 years, generally in good health, has had for three years a pterygium upon each eye. Starting from the inner angle of the eye, this morbid growth, which was thick, opaque, and richly supplied with large blood-vessels, and much resembled a strong muscle, extended over the sclerotic, had invaded the cornea with a thick, broad extremity, and now covered more than one half of the pupil, rendering the patient nearly blind.

The conjunctiva of the remaining portion was deeply injected. The eyes were filled in the morning with a muco-purulent secretion.

The patient was unable to endure artificial light, and compelled to carefully protect the eyes during the day-time. Reading was out of the question at all times.

Within the last six months the growth of the pterygium had been very rapid.

The eyes were very painful especially in the evening and at night. The pain was in the inner angle of the eye, a pricking, smarting pain, seeming to be situated deep in the globe. Dust in the atmosphere greatly aggravated the pain. In addition there was a very severe pressure *at the root of the nose* and across the supra-orbital region. There was considerable lachrymation, especially in the evening.

The effect of this disease was to entirely incapacitate the patient for every kind of business.

In this condition the patient placed himself under my care about the 1st of July, 1863. He had been advised that an operation for the removal of the pterygium was the only thing to which he could look for relief, but had also been told that in the present inflamed condition of the eyes, and at the unfavorable season of midsummer, the operation would expose him to no inconsiderable danger of sequelæ that might be very disastrous. He had been

counselled to endure his present symptoms until the weather should become colder and more favorable for the operation.

His motive, therefore, in coming to me was to get some palliation of his suffering, some temporary relief, that the summer months might be made more tolerable to him.

I gave him no encouragement to believe that I could do more than slightly palliate his sufferings; for, as has been already remarked, I had never treated a pterygium, and never heard of a homœopathic cure of one.

Seeking a homœopathic remedy for the case, as it has been stated, I could get no light from the objective symptoms, since no proving contains anything like them. Nothing remained but the subjective symptoms. Of these, the pain, smarting, and pricking, and which was singularly confined to the inner angle of the eye and seemed deep-seated, the pushing pain at the root of the nose, the marked aggravation in the evening—these symptoms together suggested *Zincum metallicum*.

In the proving of *Zincum* we find (symptoms 194, 197, 205, 209) biting, pricking and soreness in the inner angle of the eyes; lachrymation, especially in the evening; inflammation and redness of the conjunctiva, suppuration of the inner angle with soreness—many of these symptoms being aggravated in the evening; symptom 248, "Pressure on the root of the nose, as if it would be pressed into the head, almost intolerable," together with 249-251 of a like significance.

The other symptoms of the patient being well covered by those of *Zincum*, I concluded to give this remedy.

I felt the more hope of some benefit from it, from the fact that my (allopathic) preceptor, who had much experience and success in the treatment of diseases of the eye, had often said that sulphate of zinc, applied externally, had a more beneficial effect in pterygium than any other astringent or caustic application.

Now as sulphate of zinc is by no means so powerful an astringent or caustic as many other substances that are commonly used as applications in such cases, certainly the superiority of zinc could not be attributable to its mere possession of these properties, which it has in common with other collyria, as, for example, nitrate of silver, sulphate of copper, &c. It must be due, then, to some specific quality of the zinc. In passing, let me venture the remark, that in clinical observations like the above, made by

sagacious allopathic observers, we may often find valuable hints to supplement our pathogenetic knowledge of drugs.

To return to the case, I determined to give the 200th potency of zinc, the case being, as it seemed to me, a very fine one for experiment with a high potency.

I gave four powders of sugar of milk, each containing three globules of zincum metallicum 200, and ten additional powders containing nothing but sugar of milk—a powder to be taken, dry on the tongue, every night on retiring; the patient to report on the fourteenth day. No change to be made in diet, regimen, or occupation. No external applications to be made.

July 15th.—The patient presented himself and stated that on the third day after he began to take the powders he began to feel much better, and that now he was entirely free from pain and discomfort and from lachrymation. The morning secretion was much less. I thought the eye appeared less inflamed, but beyond this there was no change in its physical condition. I gave sugar of milk and requested a report in a fortnight, or sooner, in case the pains should return.

August 1st.—No return of pain. The pterygium has certainly diminished in size; it is not so thick and luxuriant as formerly. Sugar of milk.

10th.—The patient came to apprise me of a return of the pains to moderate extent. I gave three powders of Zincum met. 200 to be taken every night on retiring.

20th.—The pains disappeared after the first powder and have not returned. The pterygium is evidently decreasing.

Twice again the pains returned, and on each occasion I gave a powder of the Zincum 200. By the end of October, the time fixed for the operation, the pterygium had diminished so far that it was only a little colourless ridge in the extreme inner angle of the eye, the sight was entirely restored, the patient could use his eyes freely both by day and in the evening; there was no longer any thought of the operation; in fact, it would have been hard to find anything to operate upon.

At the present date there is no trace of the pterygium remaining upon the left eye. In the inner angle of the right eye there is a small speck yet visible.—*Am. Hom. Rev., August, 1864.*

Extraordinary case of Ovariotomy.

By S. D. JONES, M. D.

Mrs. C—, æt 31, of Alton, Ill., after consulting many of the best physicians of our country, and finding but little encouragement of being cured, in 1856 placed herself under my care. In the year 1847, upon the return of her menses after the birth of her first child, she experienced pain in the region of the right ovary, which continued to recur monthly, growing gradually more painful. A tumour was soon discovered, which rapidly increased; her suffering grew more frequent, until she was seldom free from pain. The pains were somewhat intermittent, simulating labour-pains, severest at the monthly period, continuing for several days. On partial subsidence of these severest paroxysms, a jelly-like substance, of a chocolate colour, would be discharged for several days from the vagina.

Upon examination during the pains I found a large tumour forcing itself down into the pelvic cavity, lying behind and to the right of the uterus, and could be elevated but very little by pressure on it by the fingers in the vagina. There was no encroachment on the lung, consequently but little difficulty in breathing was experienced. The uterus was crowded over to the left iliac fossa, and its cavity apparently obliterated by the right lateral pressure it sustained from the tumour. The tumour was undoubtedly involved in the substance of the uterus and broad ligaments too much to admit of its easy removal by an operation. During the absence of pain the tumour did not descend so low down in the pelvic cavity, the upper end rising up as high as the umbilicus. I could not offer the patient much encouragement, but at her earnest solicitation I resolved to try an experiment with a hope that it might at least afford temporary relief. When the expulsive pains were on and the tumour forced low down, I introduced a trocar into the tumour through the walls of the vagina. I inserted the instrument about two and a half inches; removed the trocar, and left the canula, but no fluid followed. I then undertook to remove the canula, but the fibrous structure of the tumour grasped it so firmly that it required considerable force to extract it. I continued probing it (the tumour) every two or three days for a month or six weeks, when I succeeded in exciting

suppuration. A soft spot was perceived. I made an incision into this soft point through the walls of the vagina, when a large amount of jelly-like substance, I think a quart, was discharged. She then rapidly recovered, and remained quite well for three years, when she became pregnant, and had fair health during gestation. After her delivery and the return of her menses, the tumour again made its appearance in the same place, attended with similar symptoms. Since that time she has suffered intensely all the time, remitting somewhat occasionally. Her pains are similar to and as hard as those of natural labour. The tumour is about seven inches long and three in diameter. In May, 1862, she again returned and placed herself under my care, with a determination to have an operation performed, and the tumour removed by an incision through the abdominal walls. At this last request of the patient and her husband, the nature of the case was explained, and the operation discouraged. Although it might not succeed, yet it was the only hope of a cure or permanent benefit; that it was the last resort of our art, attended with great danger to the patient, and responsibility to the surgeon; that the operation might be commenced with a fair prospect of success, and, after the incision was made, it might be found necessary to abandon it on account of the nature of its attachments or adhesions to other organs; that if all things were most favorable, and the operation completed, she might still die in consequence of hemorrhage, peritoneal inflammation, or tetanus. Notwithstanding all these discouragements, the patient and her husband determined to have the operation performed, feeling that she could live but a short time in her present condition. The patient was under treatment, with a careful and restricted diet, preparatory to the operation, for about four weeks. The operation being determined upon, and all things being ready, the patient was brought under the influence of an anæsthetic, viz., one part chloroform and three of ether; with the assistance of Dr. Miles and Prof. D. McCarthy, an incision was made, commencing about an inch below the umbilicus, in the right linea alba, and extending to near the pubis, about five inches in length. The peritoneum was then snipped at the upper end of the incision, and divided on a director. The omentum was found extending over the tumour and adherent to the abdominal wall. This was removed, and the tumour exposed to view; having a small one about the size of a hen's egg on its outer side involved in the meshes of the omentum, which was at once

torn loose and removed. The large tumour was then found to consist of two large portions, constricted in the middle, and could not be said to have any pedicle, as this smaller central portion was composed of the right ovary, broad and round ligament, and the right posterior surface of the uterus. It was now evident, from the extensive adhesions, that it could not be removed, and it was deemed best not to remove any portion of it, as the incision and laceration would involve so much injury as to render the case most certainly fatal. It was therefore returned to its place; the abdominal wound closed by three hare-lip sutures, with interrupted sutures between each two, and adhesive strips covering all. Then a compress was adjusted over the wound, and broad bandage around the body, like a binder after labour. She was then permitted to recover gradually from the influence of the anæsthetic, without the use of stimulants. In one hour she had pretty well recovered from the anæsthesia, and vomited a large quantity of bile. She was restless through the night, frequently vomiting bilious matter.

First day after the operation at 12 a.m., pulse 120 with great thirst; gave a spoonful of ice water every few minutes, *Aconite* 3d dil. every two hours. 5 p.m., pulse 96 and faltering; surface of body hot; vomited once since 12 o'clock; complains of feet burning.

Second day.—6 a.m., pulse 90; less thirst for the last twelve hours; has been free from nausea and vomiting; has had frequent spells of sleep during the night; 12 a.m., pulse 90, full and regular; patient has taken some nourishment, wound healing by first intention.

Third day.—6 a.m., pulse 84, tongue covered with a whitish coat; slept calmly during the night, and is much refreshed; no suffering.

Fourth day.—Pulse 78; slept well during the night; takes her food regularly; wound healed; no swelling or inflammation.

Fifth day.—6 a.m., pulse 75, slept all night.

Sixth day.—6 a.m., pulse regular; had no sleep, owing to a pain in the side from coughing; appetite good.

Seventh day.—Slept badly, in consequence of pain in right hip and leg; removed pins and stitches from wound; wound entirely healed, not a particle of suppuration. The bowels were kept free by enemata of warm water.

Ten days from the operation, the patient was entirely con-

valescent so far as the operation was concerned. At this point her old trouble commenced, in almost its full force. The pains commenced in regular paroxysms, coming on in the evening and lasting all night.

I would say here that the small tumour before mentioned as having been removed, was filled with a substance of the appearance of ordinary feces but having no odour.

Two weeks after the operation, the patient was able to take her walks and rides as usual, although her sufferings had become as severe as at any former period, and assuming the same general character, returning regularly every day and lasting from six to ten hours.

The hope of relieving my patient by any ordinary processes of surgery was not very flattering. In this condition she could not live long; my patient was not yet willing to give up without further efforts, and at her and her husband's earnest solicitation, I determined to make one more effort to relieve her sufferings, and, if possible, save life. The only way presented to my mind, which offered the least hope of relief, was to pass a tube through the wall of the vagina into the tumour, so that the contents might escape through it. I procured a small silver tube two inches in length and one and a quarter in calibre, with a flange or head on one end large enough to prevent it from passing through the orifice for the body of the tube. I placed this on a trocar or probe with the flange next to the handle of the instrument. I took the instrument thus armed and placed the point on the most prominent part of the tumour (which by the expulsive uterine pains had been forced well down in the pelvic cavity). I then forced the probe with the tube through the walls of the vagina into the tumour, placing the flange of the tube close against the wall of the vagina. The dense and fibrous structure of the tumour rendered it difficult to force the instrument through. The trocar or probe was removed, leaving the tube remaining in its place, thereby making an external opening or channel for the contents of the tumour to flow into the vagina. At first the discharge was slight, owing to the consistency of the contents of the tumour. This discharge gradually increased, until the contents were removed. After a lapse of twenty-four hours, the paroxysm of pain entirely subsided. In this condition, with the tube in place, she returned to her room and continued in the enjoyment of good health for four months, when the tube became closed up.

and the contents of the sac began to fill up, and a return of paroxysm of pain as before, only this time more severe and protracted. She continued to suffer on in this condition, confined the most of the time to her bed; and almost despairing of ever being relieved of her great suffering, except by death. In May, 1863, she again returned to me for advice and treatment. I now determined to make one more trial, by injecting into the tumour caustics and destroy the sac or walls of the tumour. I procured a large trocar with silver canula. I forced this into the tumour through the vagina during one of her severe paroxysms of expulsive pains, removing the trocar and leaving the canula; through this I injected a mild solution of sesquicarbonate of potash. The contents of the tumour were soon removed through this tube. I continued to inject the tumour, gradually making the solution stronger, until an acute inflammatory action set in; this inflammatory action extended to the entire abdominal viscera for about one week, endangering the patient's life. *Aconite* 3 was given every hour, cool compresses to abdomen and the patient allowed to take small quantities of ice-water very frequently. During this inflammatory period, the tumour was injected with tepid water. Suppuration of the tumour now took place, and large quantities of pus and offensive matter were discharged. The discharge became so offensive, that it was almost impossible for a nurse to remain with her, although disinfectants were freely used.

The canula was now removed and the matter continued to discharge for about three weeks, when it ceased and the patient convalesced rapidly and returned to her home. Her menses returned at their regular period and have continued ever since.

A few days since—seventeen months after returning home the last time, I received the following letter from her:

"I have enjoyed most excellent health for the last year, my hair all came out and has grown in again curly and black, so that you would not know me from a young girl."—*Am. Hom. Obs.*, Feb., 1865.

Destruction of Parasites.

We ought not to be satisfied with taking note of the name of a new medical agent, but should closely watch its applications,

and test its properties by direct experiment. We stated in a recent number, that petroleum oil has been recommended by M. Decaisne for the cure of scabies. M. Bouchut relates in the *Gazette des Hôpitaux*, several cases illustrative of the efficacy of this substance, and it may not be uninteresting briefly to advert to his remarks on the subject.

Four children, who had for some time been affected with psora, were treated by external applications of oil of petroleum in his wards at the hospital. Mary M., aged ten, had for two years suffered from the itch; sulphurous baths and lotions had been unavailingly resorted to, but a complete cure was effected in the course of three days by a daily friction with petroleum oil. The same treatment was adopted with equal success in the case of her sister. Another girl, aged fourteen, and her brother, aged seven, had for three months been affected with the itch. Frictions with black soap, Helmerich's pomade, and sulphurous baths had failed in destroying the acari. Both were promptly cured by the external application of petroleum oil.

The *modus faciendi* was exactly similar to that recommended by Dr. Decaisne, and requires no further notice.

M. Bouchut also adduces two cases in which the oil was used with entire success for the destruction of *Pediculi capitis*. One friction was sufficient; and no other remedial agent is now used in the professor's wards for the removal of these inconvenient parasites.—*Med. Circ.*, May 31st, 1865.

Homœopathy in India.

From the following spirited letter which we take from an Indian paper, it will be seen that Homœopathy is not without its champion in the far East.

TO THE EDITOR OF THE INDIAN DAILY NEWS.

Sir,—In order to do justice to the cause of medical progress, of which I believe I have been a champion for some fifteen years, it would require more space than your columns can afford, and perhaps you would be disposed to give to it. However, as you have committed yourself by denouncing the rising school of medicine, you cannot, with any show of justice as a liberal journalist, deny

that space which will be necessary to overthrow your method of ratiocination on medical philosophy, and thereby to vindicate the good sense of a growing number of the Indian community, among whom may be reckoned His Excellency the Viceroy, and several members of the council.

I am thankful to you for the opportunity you have thus opened out by your article of the 29th ult., for agitating this neglected, though all-important, subject; and, with your permission, I take up the gauntlet for the defence of Homœopathy and Hydropathy, both of which you have attacked, evidently without a sufficient knowledge of their merits.

Sir, with all due regard to your character and liberal influence, it is incumbent upon me to tell you that a greater cause than you can conceive is at stake when you assail Homœopathy, now numbering five thousand duly qualified practitioners, formerly Allopaths, successfully and conscientiously practising it; which presupposes that several thousands are now trusting their lives to the new system in all forms of acute and chronic diseases. You have put your finger in a bee-hive by your inconsiderate article, grossly misrepresenting the doctrine alluded to. Popular enlightenment for the best mode of medical treatment cannot be assisted by such procedure, and I will attempt to prove that your utter ignorance of the subject is quite palpable. If I fail to expose your fallacy I will declare myself a presumptuous critic.

Fortunately for your credit your scientific denunciation is amply compensated for and rectified by the noble appeal you make to public attention for the investigation of the practice of medicine. If this initiative be encouraged, you will have one day merited the honour of accelerating the triumph of truth over falsehood; and if the doctrine I shall defend do not come victorious out of the contest, I shall surely acknowledge you as a benefactor and true friend of humanity. As the subject stands before the public, Homœopathy is either a great boon or a growing and gross delusion. The evidence in favour of the first judgment proceeds from those who have tested its practical value, and the supporters of the latter conclusion are those who have not tested it, and who, as yourself, evince a prejudiced conception of its principles. Who is to be believed? Unless you do know all things, and many other things besides, you will not be able by your condemnatory dictum to stem the current of reason which is the guiding star of the nineteenth century.

First, about your knowledge of the condition of medicine in Europe, I beg to rectify certain statements which are necessary for my premises, in order to show why and how so many Allopathic practitioners, as myself, have deserted the beaten tracks of the old school to follow the yet unpopular system of medicine. Your statement that there are on the continent five schools of medicine, and two in England, is rather inaccurate. Since the days of Hippocrates, there have been as many methods of treatment as professors, at least in medical colleges; and as many orthodoxes as presumptuous medical chieftains who attempted to raise themselves to notoriety by their respective systems or hobbies; but no method did ever constitute a school, permanently surviving its promoter. Homœopathy is the only school that ever troubled medical conventionalism; it disturbs its rival to such a degree that the Allopathic press in England is giving signs of apprehension in the following very unscientific manner:—“*We warn the man that is inclined to investigate, against experimenting on the subject, which will be almost sure to end in his adopting the delusion.*” (Homœopathy!) The late Sir John Forbes said, “We have surely a most powerful argument in favour of the admission, that an average amount of recoveries takes place under this system, in the fact that no public outcry has been raised on the score of inefficacy, and yet more of greater mortality.” Sir Benjamin Brodie confessed, that “the habit of resorting to homœopathic treatment, which has prevailed in some part of society (the nobility) has occasioned much dissatisfaction among the mass of medical practitioners . . . they must be content to let the thing take its course, and they will best consult their own dignity, by saying as little as possible about it.” In France, the Editor of a publication (*L'Union Médicale*) laments the threatening disaster of dosing medicine, and gives warning to the dislocated craft in the following sentimental and touching language:—“My dear brethren, Homœopathy gains ground, the waters rise visibly; it is even in the train of the young and beautiful Empress, in the palace of Cæsar. From time to time our medical societies see members separating themselves from the old stock; even last month one of the societies was pained by receiving a letter of resignation, caused by a desertion to Homœopathy, and addressed by a brother who had given proof of much talent. Where! where! are we going?” &c. Your onslaught on Homœopathy denotes truly a great lack of recent information on the present state of

medicine in Europe and America. What do you mean by "*The science of medicine, or medicine as a science?*" One must come to India to hear of such a science, of the application or misapplication of laws, imperfectly ascertained in various departments of nature, which govern and regulate human health. It is long ago settled in the minds of learned physicians and surgeons, that there is not such a science, even in an embryonic condition of existence. The characteristics of a science are:—perfect harmony as far as human experience goes; uniformity and demonstrability of the ascertained discoveries; a science while susceptible of progression is the sum total of positive human knowledge in any department of nature. It commences at zero knowledge, accumulates facts, and deduces the first immutable unchangeable principle, and goes on *ad infinitum*. If mathematics, as the science of numbers, had gone no further than to discover and demonstrate that one and one make two, such a science would be one step in advance of your pseudo-science—"the science of medicine;" for there is not yet a single principle unanimously acknowledged as a fixed immutable scientific basis. Every medical opinion, as regards the treatment of any disease, rests upon human authority, which often dieth with its parent. But is it so of every discovery in navigation, chemistry, mechanics—and does the law of gravitation rest upon the individual testimony of Isaac Newton, or on the everyday occurrence of the fact of the falling of a heavy body towards the earth, when suspension is removed? Can you mention a single fact in the practice of medicine which is similarly beyond dispute among the old school practitioners? The practice of medicine cannot be more a science, *sui generis*, than the performance of an instrumentalist is a science. They are both the application, as best it can be, of various sciences; the former, the skilful application of some of the forces that govern the human system, and the latter the clever appreciation of the laws of harmony and acoustics. A medical practitioner is an artist, and the greatest of all the instrumentalists, his instruments being the human organisms. Only to tune this instrument from disease into health, *tuto, cito, et jucunde*, necessitates some knowledge of the laws that govern it, viz., mechanic, dynamic, organic, chemical, physiological, therapeutical, hygienic, and many other laws, not yet thought of by any medical faculty, such as meteorological, geological, moral, spiritual, psychological, &c. The world has not yet known a true physician, adequate to solve every problem of

human vital derangement, and indicate its best practical remedy. Such a man would present the phenomenon of comprehensive penetration in the *modus operandi* of all the laws of the universe, which influence more or less every living creature on earth. Such fictitious perfection is your model of the true scientific practitioner, but unfortunately it will recede far away from you as you will approach to reach him; nor has the world ever known a theologian, competent to comprehend fully the character and divine attributes of the Deity, and yet how many do take the dignified name of physician, to administer to our diseased bodies, and that of theologian to afford consolation to our perturbed and feeble minds? This sweeping proposition that medicine is not a science, though new to you, and perhaps to our Indian practitioners, is not a mere assertion, but a *fait accompli*, as may be seen by the testimony of the following authorities on Allopathic medicine.

The author of a book, *Our Schools of Medicine*, a man of great medical erudition, makes the following comment upon Dr. Forbes' statement, that things are so bad in the medical profession that they must end or mend. "The murder is coming out at last, thousands had long suspected it, hundreds have long known it, but if Sir John Forbes had not spoken quite so plainly, it might possibly have kept dark a little longer; the rotten ship of medicine might have staggered on a while under sail," &c. Dr. Inman remarks in his book:—"From the period of my reading the first book on the theory and practice of medicine, I have been struck with the absence of all trustworthy principle." The same author further informs us of the circumstance of the venerable Provost of Magdalene College, who stated that "when he started in practice he thought he had twenty remedies for every disease; but since he grew old, he found he had twenty diseases for which he had no remedy." If we go to France, where the Faculty has a low estimate of the English practitioners, the discouragement is alike; for instance, at the Academy of Medicine, M. Marshall de Calis once said, "In Medicine there is not, nor has there been, either principle, faith or law; we built a tower of Babel, or rather, we are not so advanced; we are in a vast plain, where a multitude of people pass backwards and forwards, some carry bricks, others pebbles, but no one dreams of cement. The mass of labour and facts is enormous, and a number of labourers consider and re-consider particular questions on pathology and therapeutics, but no one has a general doctrine; the most general doctrine that exists,

is the doctrine of Homœopathy. This is strange and lamentable, a disgrace to Medicine, but such is the fact." At the same Academy Professor Malgagne once exclaimed "that the actual state of medicine is a complete absence of scientific doctrine; absence of principles in the application of the healing art, empiricism everywhere. Woe to modern physic which seeks to get its indication for treatment from pathological anatomy, for, without being the least aware of it, its therapeutics are nothing but a confused mass of most contradictory things that the speculative spirit of the age has accumulated, and the consequence is, that in an Hospital it shows worse results than are obtained by Homœopathy." On the very well known subject of rheumatic fever, the same learned body once spent three months to investigate its nature, with a view to recommend the best treatment, and the subject was of course left where it was found. There were as many opinions given at variance with each other, as members participating in the discussion. M. Martin Solon highly recommended fly blisters, and M. Rochaud rose to condemn them. M. Bouilland exalted the efficacy of bloodletting, and another academician denounced it as mischievous; in fact a regular cacophonious concert of inharmonious instrumentalists playing their favorite tune in the orchestra of human credulity, as an overture to the tragico-burlesque play of medical speculation. Another deplorable condition of the state of medicine is, that blunders, failures, and delusions, are more easily explained away than acknowledged by medical delinquents guilty of malpractices. For instance, I was once present at a consultation held by two medical celebrities of Paris, one was a disciple of Broussais, and believed in repeated bloodletting; his decided opinion was, that unless the patient was bled three times successively (*coup sur coup*), he would die. The other practitioner, whose hobby was not venesection, answered, that if he was bled more than once, he could not recover. But by compromise, the consultation ended by two copious bleedings *only*. The next morning, these two sons of Esculapius were informed, that the patient sank during the night, and immediately the gory practitioner exclaimed: "Oh, you see what I first said, that unless bled three times he would die," and the other answered, "and what did I say? that if you bled more than once, he could not recover," and they are yet to agree to this day I suppose. In speaking of setons, Professor Malgagne said, "They are good when we don't know what else to do." Professor

Grisolle recommends them, on the ground that "they act powerfully upon the imagination of the patient, and produce a moral effect." There are at the present date, about 1800 various Allopathic prescriptions, highly recommended for cholera, throughout civilisation; yet this disease stalks as much as ever it did, the mortality being 60 per 100, and often more, and yet you call Allopathy a science, and stigmatise Homœopathy as quackery, while Homœopathy, that has no specific to recommend or boast of, can cure by its therapeutics 84 per 100, and often more. These statistical reports being made under Allopathic supervision mock cheap contradiction, and to charge honest men with falsifying these reports, for the sake of their *pathy*, indicates a very suspicious state of moral development. We Homœopaths have a better opinion of the morals of Allopathic practitioners. We believe the love of truth throbs as strongly in their, as in our hearts, and when they will show us superior statistics we shall repudiate our doctrine, and join them at once. We do not profess to have yet reached the great desideratum of medical reform, complete success; but we believe that facts and figures being in our favour, they indicate that our doctrine, if not a science, is progressing towards the right direction. Homœopathy combined with Hydropathy, Mesmerism, Physiology, and Hygiene, constitutes the most successful interpretation of the healing art; but this healing art will not remain satisfied with a partial progress. The light which Samuel Hahnemann has brought to bear upon it is immortal, while his errors are losing their hold upon the minds of his disciples every day. The healing art knows no *pathy* nor *ism*, and sometimes it is in the domain of a mechanic, moralist, or philosopher, to remove the malady which will baffle all known systems of medicine. The true object of the Hahnemannian spirit of medicine is simply to reform the incongruous therapeutics of the old school, and has the same relation to it, as Chemistry to Alchemy, as facts to appearances, and principles to dogmatism,—a mission it is as sure to fulfil as it is sure that God will speed the reign of truth upon earth, through innumerable processes of gradual progression.

Having shown the unsatisfactory and uncertain state of the various systems of the old school, I do not profess thereby to have demonstrated the positive merits of Homœopathy, but I trust you will permit me to dwell upon its intrinsic value in a subsequent communication.

T. BERIGNY, M.D.

Homœopathy in the French Senate.

Some sensation has been excited in Parisian Medical circles by the presentation of a petition to the Senate, nominally on the part of five *ouvriers*, demanding that homœopathy should be introduced into the Hospitals. In that august body such a demand will, doubtless, as it would among our own legislators, meet with many sympathisers, and a committee has been appointed to report upon it. Senator Dumas, the distinguished chemist, has been chosen as the Reporter, and although the fact of his being a Physician certainly did not procure him the post he holds in the assembly, it will enable him to discharge the present duty with advantage to the community. The committee, before coming to its decision, has also appealed to the Administration of Public Assistance for its advice, and M. Husson, the Director of this, is said to have transmitted an extensive and decisive memoir on the subject. The Professional view of such a demand will, therefore, probably be satisfactorily developed; but we are somewhat surprised to find a writer usually characterised by great rectitude of views, M. Latour, maintaining in the *Union Médicale* that the proper mode of meeting the advances of homœopathy is to admit its pretensions, secure that in the long run, whether as teachers or practitioners, its votaries will exhibit their nothingness. "To bring discredit on their procedures, admit them freely to your chairs and your Hospitals; while if you wish to increase their importance, submit them to martyrdom and persecution." We had thought that a sufficiently long trial had, in various parts of the world, been accorded, and that the verdict returned was well-nigh unanimous; and however little compassion we may feel for any of the consequences ensuing upon the vagaries of fashionable frivolity in Medicine, we must protest against those who have in their hands the grave responsibility of providing for the wants of the poor and ignorant trifling with this and coolly handing them over to a set of visionaries, as if the result were a mere matter of speculative curiosity in place of being always a question of health and strength, and often of life itself. (*Medical Times and Gasette*, June 17th, 1865.)

Our opponents seem to have dropped their allusions to the "convincing trials of homœopathy by M. Andral," especially since

M. Andral himself has repudiated these trials as being in any way convincing. They now prefer to deal in safe generalities like the author of the above, and speak about trials of homœopathy in various parts of the world. Perhaps the editor of the *Medical Times and Gazette* will kindly favour us with the names of the "various parts of the world" where the long trial of homœopathy has been accorded, with a well-nigh unanimous verdict. We know that a long trial of homœopathy has been awarded in various hospitals in Austria and Hungary, that in Paris Dr. Tessier gave it a pretty long trial in the various Hospitals he was connected with, that several Hospitals in America, not to mention the special Homœopathic Hospitals in London, Manchester, Doncaster, and Bath, have all awarded it a trial of greater or less length, and we likewise know that not only a well-nigh, but an absolutely unanimous verdict has been pronounced by these various institutions in favour of homœopathy. But these trials and this verdict are probably not what the writer alludes to. If he knows of any other trials issuing in any other verdict, now is the time to produce them, and we call upon him to do so. We need hardly say that we quite agree with Dr. Latour in wishing the petition of the five *ouvriers* granted, though we are confident that the result of granting the petition will be exactly the opposite of what the worthy doctor expects to happen and that no discredit will be brought on our procedures thereby.

On the value of Chloroform in the treatment of Asthma.

By HYDE SALTER, M.D., F.R.S., F.R.C.P.

At a time when the attention of the profession has been so much directed, by the labours of the "Chloroform Committee" of the Medico-Chirurgical Society, to the subject of the employment and action of chloroform, a contribution on my part of what I have found to be its value and effects in the treatment of asthma may not be without interest, especially as my observations have a general and physiological bearing.

The inhalation of chloroform is, beyond doubt, one of the most powerful methods of the treatment of the asthmatic paroxysm that we possess, as it is also, necessarily, one of the most recent. Many

patients have an objection to it, and there is the practical difficulty of the necessity, or the supposed necessity, of the presence of the medical attendant for its safe administration; and therefore in a great many of my cases patients have preferred using other remedies, and have not tried it. But I have notes of thirteen cases in which I have watched its employment, in none of which was it inoperative; in twelve it did good, in one it did positive harm. But I believe this last case is extremely rare, and that not in one case in fifty or a hundred would chloroform increase the asthmatic spasm; of all the cases in which I have known or heard of its being given, I have never heard, except in this case, of its increasing the asthma.

A more common fault of it, and a very serious fault, is that the relief which it gives is transient, and in many cases merely coextensive with the insensibility that is produced. Indeed, it is the *rule* for the beneficial effect of the chloroform to pass off, in a greater or less degree, with the insensibility. This, however, is not always the case, for in some instances when the insensibility passes off the asthma does not re-appear; in some the relief is produced without any insensibility whatever; and in some a very small dose is sufficient to give relief, the patient immediately passing into a tranquil sleep, which may continue for hours, and from which he will wake with the asthma gone, although the original dose was far short of enough to produce the true chloroform-sleep.

There can be no doubt, I think, that chloroform dissipates the asthmatic spasm by relaxing muscular contraction, just as it will dissipate hysterical contraction of the *rectus abdominis*, and thus disperse a phantom tumour, and that it acts through the general nervous system. But I have seen one case, which I shall relate, in which it seemed to act directly on the bronchial muscle. I conclude this to have been so because I think the effect was too immediate for it too have taken place *via* the circulation and the general nervous system; the first act of inspiration would be accompanied with a sensible relief long before the blood charged with the chloroform could have reached the nervous centres.

Patients and their friends have often asked me if there was not danger in giving such an agent as chloroform in the height of an asthmatic paroxysm. And truly, looking at the alarming state of semi-asphyxia to which the asthmatic paroxysm often amounts—the turgid face, the small pulse, the struggling respiratory muscles, the almost absolute standstill to which both respiration and circulation are brought—one would be apt to think that it would take very

little more to stop both the one and the other, and that it was not exactly the condition for which to administer a drug having so depressing an influence on both these functions. I can only say, however, that I have given chloroform in the very agony of the worst attacks; that so far from fearing it under such circumstances, it has been to relieve the intensest asthma—that which nothing else would reach—that I have most given it, and that I have never seen any bad effects from it. Indeed, the immediate and direct effect of the chloroform is to remove that which is the whole cause of the asphyxial stoppage—the bronchial spasm,—and to set the pulmonary circulation free. No sooner does it enable the patient to fill his lungs than the loaded right heart disburdens itself, the lividity and venous turgescence disappear, and the pulse regains its normal volume. The intensity of asthmatic asphyxia, so far from being a reason against the administration of chloroform, is the great reason for its immediate employment. I grant that if the same amount of lung-stoppage depended on any other cause than bronchial spasm (at least on any cause that chloroform would not relieve) its administration would be highly dangerous.

I may add that my experience does not induce me to believe that the presence of valvular disease, or muscular weakness of heart, adds anything to the danger of chloroform, unless these conditions exist to such an extent as materially to affect the circulation. I believe that chloroform may be as safely given to a man with an aortic bruit as to one without one, provided there be no *symptoms* proper. I believe the circumstance that determines whether chloroform shall exercise a fatal influence on the heart's action is, not the presence or absence of organic heart-disease, but some idiosyncrasy of nervous organization.

CASE 1.—F. E.—, *æt.* 63, engaged in the practice of the law, a sufferer from asthma of many years' standing, first began to take chloroform at the end of 1861, two years and three quarters ago, most probably at my suggestion, to relieve the violent attacks from which he then suffered. The dose in the first instance was small, and the effect always satisfactory and immediate. Not more than fifty minims was given on each occasion, and probably it was some time before that dose was reached. It never failed. One effect noticed then, which has been remarked ever since whenever the chloroform is given in full doses, was that it always made him feel chilly when recovering from its influence. It was applied on a handkerchief twisted into a hollow cone, into which the chloroform

was dropped. The time at which it was exhibited depended entirely on the time at which the asthma was sufficiently bad to require it, and that was generally in some part of the night. The effect was then, as it has been ever since, and is now, immediate; after a breath or two had been drawn the spasm was felt to be giving way, and within a minute it was gone; and consciousness was gone too.

At this time the effect was not only immediate but final; the asthma was over for that bout, and the quantity necessary to finish it off was never more, as has been stated, than fifty drops, probably not more than thirty. After having had an attack of asthma cured by chloroform, he was in the habit of considering himself "good for a week."

Since that time the asthma has gradually changed its character, and the attacks, instead of occurring in paroxysms of great severity at long intervals, have occurred more and more frequently and in a milder and milder form. As a result of this the chloroform has been more and more frequently called into requisition, and, again, as a result of this, has gradually lost its power. Thus the dose required to relieve the spasm has continually increased.

The quantity required at different times would be very various; sometimes ten minims would produce a complete and marvellous effect—completely stop the asthma, and send him off in a tranquil sleep for two hours; at other times dose upon dose would produce no effect, or next to none. On one occasion he took three ounces of chloroform between one o'clock in the morning and nine o'clock in the evening. The reason of the difference at different times seemed quite inscrutable. I have observed it in other cases.

From the beginning, the taking of chloroform was followed, many hours afterwards, by two symptoms—nausea, and a copious secretion of viscid saliva from the mouth. If, for instance, he took the chloroform at the usual time, say four o'clock in the morning, he would have no nausea at the time, nor in the morning on taking his breakfast, which was generally a most substantial one, nor at chambers. But almost immediately after leaving chambers at half-past four p.m., as soon as his mind was relieved from the preoccupation of his duties, he became conscious of the nausea. On his way home it would become very troublesome, accompanied by this profuse secretion of saliva, which was so great that, to his infinite disgust, he had constantly to get rid of it in the streets. It was frothy and viscous, so that sometimes he had great difficulty in getting his lips clear of

it. On reaching home the nausea was sometimes so bad that he could take no dinner; generally he could and did, and usually found that the act of taking food relieved the sensation. Sometimes, however, after having taken a good dinner it all came up again. For the rest of the evening he was *hors de combat*—could do nothing, sat in his arm chair in a state of exhaustion with a basin by his side; and this would continue till it drove him early to bed at eight or nine o'clock. The next morning on waking, supposing he had no asthma or chloroform, he would still feel the nausea, but in a diminished degree, often, however, so much that he could take no breakfast. On reaching chambers all sense of nausea would vanish, and would not be felt till business was over; then it would be felt again, but in a still less degree. And so it would go on till the second or third day, the flow of saliva and the nausea both gradually decreasing, when they would both finally cease. If, however, he took chloroform the second night, the nausea at breakfast-time the next morning would be still stronger, and would last longer—go on an additional day.

Besides these effects of the chloroform, which may be called the primary and immediate ones, certain more remote results gradually developed themselves in proportion to the length of time that the habit had existed and the increased quantity taken on each occasion. These secondary effects of the prolonged use of chloroform, as shown in this case, were—

1. Insomnia.
2. Deafness.
3. Apathy.
4. Tremulousness of hands.
5. An increase of the asthmatic tendency.

The most strongly marked and the most distressing of all was the insomnia. It came on very gradually, and for a long time the cause of it was not suspected. The patient was habitually a good sleeper, and the wakefulness that gradually showed itself was a strange and unaccustomed thing. In spite of all he could do, the hour at which he fell asleep became later and later—two, three, four o'clock, till at last it was six or seven. Indeed, he may be said ultimately to have had no sleep at all; two or three hours in a week was all he would get, and it became a wonder both to him and to me how he could exist with so little sleep, and not only exist, but pursue professional labours involving a great deal of close attention

and mental wear and tear. When he went to bed he lay perfectly tranquil; there was not the slightest restlessness, but it seemed as if all tendency to sleep was abolished, as if he had no sleep in him, and never should want to sleep again; he was tranquilly wide awake. Finding sleep hopeless, he spent the chief part of his nights reading. Everthing that could be thought of in the shape of a sedative was tried. At one time it was thought that Indian hemp was giving him sleep, but it turned out afterwards that it was the remission of the chloroform that *allowed* him to sleep, and not the Indian hemp that was *making* him sleep. The dependence of the insomnia upon the chloroform was discovered in this wise: The first exhibition of the Indian hemp was accompanied by a remission of the asthma, and therefore with a cessation of the chloroform. After it had been given a night or two, it was observed that the patient was sleeping a little towards morning, and night by night the time at which he fell asleep became earlier and earlier, till at last he would be so sleepy at ten o'clock, (or even nine I think) that he could not keep himself awake, but was obliged to go straight to bed. The Indian hemp had been given early, at seven o'clock, in order that its influence might come on the sooner; it was now, therefore, given later, just before bedtime, but so great did its soporific effect appear to be, so immediately did an irresistible sleepiness come on, that the dose was reduced, and great was the credit that the "bang" received as an invaluable hypnotic. The sleep was everything that could be wished, and the neck of the insomnia was supposed to be broken; the Indian hemp had done its work, and was left off. But now came asthma, and with it chloroform, and within a few days the insomnia difficulty reappeared; sleep came on later and later. The "bang" was again resorted to with confidence, but this time without success; the sleeplessness became worse and worse, till it was as bad as it had been before the hemp was given. The murder was now out; it was clear that it was the chloroform that produced the insomnia; that its former cure had depended on the remission of the chloroform, and not on the administration of the Indian hemp, and that now that the chloroform was keeping it up, the hemp was powerless. It was very curious to see, as the chloroform continued to be given, the gradual way in which the time that sleep would come on was postponed, just as previously, when the chloroform was left off, the time at which sleep supervened was a little earlier each night. I may here mention that, in confirmation of this view, the return of

sleep has again followed the remission of the chloroform. My patient has now, at the time I am writing these notes, left off the chloroform for twelve days, and he has, in the same gradual way as before, recovered his power of sleep, and this time without the use of the Indian hemp. I am not aware that this tendency of the protracted use of chloroform to produce insomnia has ever been noticed before.

Another effect was *deafness*. My patient has long been a little deaf, but after he had taken the chloroform for some time this deafness was greatly aggravated, and became a matter of much inconvenience to himself and his friends. His mind also seemed to be affected; his intellectual powers were as good as ever, but he seemed to have lost the disposition to use them, and he would sit for hours in a sort of apathy, neither writing, nor reading, nor conversing, although naturally a man of great mental energy. He noticed, too, that his hands were tremulous, and that he had not his customary steadiness in delicate manipulations with them.

There cannot be a doubt, too, I think, that although the chloroform never failed to relieve the asthma at the time, it tended to increase the asthmatic tendency in the long run, and this probably by rendering the nervous system more susceptible, shaky, and irritable. Certain it is that the longer the chloroform was given, the more frequent and obstinate did the asthma become, and the more transient was the control that the chloroform exerted over it. Slighter things, too, would bring it on; the patient has told me that he is sure that an attack of cough which, now that he has left off the chloroform, has no power to bring on the asthma, would infallibly have done so at the time he was taking it in such quantities. At that time, too, phlegm coming away would secure no immunity. A good deal of this "induced" asthma, however, was not "the genuine article" but a spurious imitation. I was sent for one night in great haste to see him, and was told of the immense quantity of chloroform that had been taken, and the persistent recurrence of the asthma in spite of it. But on closely watching my patient I soon discovered that what he was suffering from was not true asthma at all; there was no real distress about the breathing, and I believe no narrowing of the bronchial tubes. The differences between this "induced" and true asthma are, that it is rather a rapid and panting than a tight constricted breathing; that though loud, it is unaccompanied with wheezing; that it will suddenly cease spontaneously, remain absent from two and a half to

three minutes, and then suddenly reappear; that whenever he speaks it ceases, or whenever anything emotionally excites his attention. On the occasion in question I refused to give any more chloroform for the mitigation of this spurious dyspnoea, and in a quarter of an hour it was gone. I believe that by keeping up the chloroform condition it might have been indefinitely protracted. From that time my patient and his attendants have been able to recognise the difference between true asthma and this spurious dyspnoea. And the recognition of the difference is practically important; as the chloroform, although so effectual in relieving the true asthma, is not only useless against the spurious form, but inevitably keeps it up.

Such, in this interesting case, were the secondary results of the prolonged use of chloroform. They are such as, I think, offer a very serious bar to the further use of the drug. It was impossible to observe the shattered condition of my patient, and not feel that the further pushing of the remedy would entail a worse condition than the asthma; that of the two evils, it would be the choice of the greater. And, with this case in view, I should, on any future occasion on which I might advise the use of chloroform, look forward to the possibility of having to prohibit its further employment, lest a worse thing than asthma come upon my patient. Chloroform-taking like other dram-drinking, gains the same hold upon the patient, and leads to the same results. Indeed, it is impossible not to see, in the case that I have related, a very close resemblance between the symptoms and those of chronic alcoholism—the vomiting, the hand tremor, the mental enervation, the insomnia. It is a good rule, and of universal application, that we should be slow in ordering the habitual use of any remedy whose ultimate effects are deleterious, especially in cases in which the dose is likely to become large. And just as I should be chary of commencing the habitual use of alcohol or opium in any case of a chronic nature, so should I that of chloroform.

CASE 2.—L. B—, a lady, æt. 49, who has long been a victim to asthma, is accustomed to get relief from her symptoms in the following way:—About seven or eight o'clock in the evening, when she feels she could go to sleep, she pours ten drops of chloroform on a pocket-handkerchief, and inhales it. In two minutes her asthma is gone, and, partly probably from the cessation of the fatiguing efforts of breathing, and partly from the effects of the chloroform, she is sound asleep; sleeps, perhaps, for six hours, and wakes

breathing quite freely. On one occasion, when I was called to see her in a very bad attack, knowing that so small a dose of chloroform as ten minims would stop an attack in the way I have described, I determined on administering it, in the confident expectation of giving her immediate relief. What was my surprise, however, to find that, although each dose that I administered gave her temporary ease, as soon as the effect of the chloroform passed off the asthma returned. I continued dosing her for about an hour, having given her in that time three or four drachms; and, when the effect of the last dose passed off, her asthma returned as severely as before I had administered any. It was quite clear that I was gaining nothing, and that for permanent relief the chloroform was worthless. I therefore desisted.

Subsequent experience has cleared up the mystery, and shown that chloroform only gives her permanent relief when it sends her into a continuous sleep; and that it only sends her into a continuous sleep when she takes it at such a time as she would, if free from her asthma, be likely to sleep continuously—as, for example, near her ordinary bed-time. Given at any other time, it produces just as much momentary relief; but the state of sleep being transient—the chloroform sleep not passing into natural sleep—the asthma returns with consciousness. This curious fact is consistent with another fact in this lady's case, and probably depends upon it—that she never has asthma when she is asleep, and that if she has asthma and can in any way get to sleep her asthma is sure to cease; so, on the other hand, she is never awoken by asthma, like other asthmatics, but wakes free, her morning asthma appearing *immediately after* she is awake, and the time that it comes on depending entirely upon the time she wakes. The correct interpretation, therefore, of the cure of this lady's asthma by ten minims of chloroform is, that the chloroform temporarily relieves the asthma and sends her to sleep, and the sleep prevents the recurrence of the asthma.

I have repeated the chloroform experiment in this case on several occasions, and always with the same result. Any quantity is valueless to give more than a transient relief, unless given just at the time when sleep is disposed to supervene; but given then, ten minims is just as potent to cure an attack now as it was formerly.

The incompatibility of sleep and asthma which characterizes this case is quite peculiar; indeed, it is the very reverse of what one ordinarily sees, sleep being commonly one of the most powerful predisposing conditions of asthma. However, it is a peculiarity that

is very fortunate for the possessor of it, for it evidently imparts to chloroform, in her case, a power that it would not otherwise possess.

CASE 3.—The following short notes of the effect of chloroform in one of the most distressing and intractable cases of asthma I ever saw I received only a day or two ago:—"And now about chloroform. I can hardly tell you much about it, as I have tried none since I left Surrey-street; and there, and elsewhere before, I only tried it once or twice at a time. It struck me, however, that its bad after-effects were greatly in excess of the short relief I obtained by the stoppage of the paroxysm. Latterly, I inhaled from half a drachm to forty minims during the height of a paroxysm. In a few minutes I began to feel queer, but a delightful sort of queerishness; the paroxysm disappeared, and I could lie back half asleep, and breathing, as it appeared, naturally. But this effect wore off in half an hour or so, and the paroxysm would begin again, aggravated by a very distressing sort of feeling. I have not tried it in repeated doses the first after-effects being so bad; in fact, it acts very like any preparation of opium does on me, but quicker, and the relief does not continue so long; the paroxysm returns sooner, and the distress is greater than after opium; but it does not make me so unwell the next day."

CASE 4.—A medical man, formerly a patient of mine, and in whose case chloroform was the only thing that gave any relief, thus describes, in notes that he sent me, the effect that it produced on him, and the method of its administration:—"The effect of the chloroform was not immediate in subduing the paroxysm, but was instantaneous in giving temporary relief by relaxing the spasm of the muscles of the bronchial tubes; but if I ceased its inhalation the symptoms returned in unmitigated force. As to the time I had to continue its use, that depended upon the severity of the paroxysm; and as to the quantity, I can scarcely give you a correct estimate, as Mrs. H— poured about a teaspoonful upon a handkerchief, and this was repeated as soon as the chloroform had evaporated, and continued until the urgency of the symptoms was removed. The effects were always accompanied by an acceleration of the pulse; and after the dyspnoea was relieved I usually went off to sleep."

I might multiply such narratives as these to a great extent, but I have given enough to show the value and efficacy of the remedy, and to illustrate some points of its physiological action.

On the whole, my experience of chloroform induces me to conclude—

That it holds a high place amongst the remedies of asthma; that there is probably no one agent that relieves in so large a number of cases.

That it operates with very various completeness in different case.

That even where it does not cure, it is of great value by affording a temporary respite.

That no amount of asthmatic dyspnoea or asphyxia is any bar to its use.

That if given constantly, however, in large doses for a long period, a state of things arises which does, in my opinion, constitute a bar to its continuance.—(*Medical Times and Gazette.*)

On two new Specific Remedies for Gonorrhœa.

By THOMAS B. HENDERSON, M.D., F.F.P., and S. Glasg.

A contribution to the practice of medicine such as we have before us for the title of this paper needs little or no introduction. The paucity of remedies for gonorrhœa has been regretted, I believe, by almost every general practitioner.

This complaint, from its occasionally intractable character, has sometimes proved, or threatened to prove, an *opprobrium chirurgorum*. Without doubt, ingenuity in prescribing the two specifics known to the profession has been attended with great success. But even with the greatest skill and ingenuity they occasionally fail. Too often they sicken or nauseate the patient, and in delicate constitutions, if given in doses large enough to have a curative action, they always produce inconvenience and disorder. I believe, in consequence of these effects, many practitioners dispense, or endeavour to dispense, with the use of specific remedies, treating their cases principally by local measures. The variety of these applications surely indicates a general want of proper remedies, each of the agents used being useful in a few instances only. Does it not seem strange that no addition has been made to the specific remedies known to the pro-

fession since the re-introduction of Cubeb pepper by the late Sir Astley Cooper, now probably forty years ago, so graphically described in his *Lectures on Surgery*, 3rd edit., p. 467-8.

The first of the medicines I have to introduce to professional notice is the oil of yellow sandal wood. It is obtained by distillation from the wood of the tree *Sirium myrtifolium*, of the genus *Santalum*. It grows in the East Indies. One pound of the wood yields two drachms of the oil. Lindley writes: "This oil is said to be used to adulterate the oil of roses." Professor Redwood, in his supplement to the Pharmacopœia, on the authority of Dr. O'Shaughnessy, writes, "Sandal wood in powder is given by the native physicians in ardent remitting fevers. With milk it is also prescribed in gonorrhœa." I have ransacked many works on *Materia Medica* and have not found even the name of yellow sandal wood.

In my experiments with this drug I have found it perfectly innocuous even in large doses. From twenty to forty minims three times a day, diluted with three parts of rectified spirit, and flavoured with *Ol. cassiæ* or *Ol. cinnam.*, is the ordinary formula I employ; water and a confection after. In cases of the disease at the first, second, or third stage, in susceptible persons, I have often seen the most marked suppression of the discharge within forty-eight hours. It has the great advantage of being a pleasant medicine, not liable to cause sickness, agreeable to the taste, and grateful to the stomach. It is a medicine as to efficacy, in my opinion, equal, and frequently superior, to *Bals. Copaib.* or *Cubeb pepper*. I have often succeeded with it when both had been fairly tried and failed. Besides, it is convenient and portable; and if the patient is delicate, or in bad health, or the system disordered, the possession of a remedy which will act as a stomachic medicine and cure the disease is, I think, to be highly valued. I have used it in many cases during the past five years. I have no theory to offer as to its mode of acting. My experiments have been numerous, but entirely of a practical character. The odour of the drug is slightly perceptible in the urine. Its action on the urethra is observed, in susceptible cases, within a few days after beginning its use. Almost every druggist keeps it for perfumery purposes.

The other remedy I have experimented on is the gurjun or gurgina balsam, or wood oil. It is the product of the *Dipterocarpus turbinatus*, an immense tree growing in different parts

of India. Incisions are made and heat by fire is applied to the root. One tree yields about forty gallons in a season; distilled with water it yields 35 per cent. of volatile oil. Wood oil is a liquid of the consistence of olive oil, of a dark reddish colour and slight odour. Pereira gives a good account of this medicine when speaking of the adulterations of Bals. Copaib. In the new edition of Royle's *Materia Medica*, p. 819, it has the honour of occupying one line. Referring to the products of the *dipterocarpæ*, it is written, "There is a wood oil which contains a principle analogous to copaiba." In the other works of *Materia Medica* it is either not mentioned or only slightly noticed. The description of this medicine which caused me to try it for myself is contained in the valuable *Manual of Practical Therapeutics*, by Edward John Waring, of the East India Company's Service, first edition, 1854, pp. 200, from which I beg to make the following extract:

"Gurjun or wood-oil tree is found at Chitagong, Pegu, the Tenasserim Provinces, &c. It is found abundantly in all the bazaars of India. By distillation it yields an essential oil, which in all its medicinal properties and actions closely resembles copaiba. Dr. O'Shaughnessy employed it in numerous cases of gonorrhœa and gleet; and the results seem perfectly conclusive, that in the treatment of these and other affections of the genito-urinary system the essential oil of gurjun is nearly equal in efficacy to copaiba. It generally causes a sensation of warmth in the epigastrium, eructations, and sometimes slight purging. It generally increases the quantity of the urine, which has a terebinthinate odour. Dr. O'Shaughnessy found that some obstinate cases of gonorrhœa and gleet, which had long resisted copaiba and cubebs, were cured by this remedy. E. J. Waring writes: 'In the few cases I have had an opportunity of trying it, the results have been uniformly satisfactory. It might be advantageously introduced into English practice as a cheap and efficient substitute for copaiba. The dose is 10 to 15 drops thrice daily.'"

It is now several years since I commenced to experiment with wood oil. I have only used it in cases where copaiba had been fully tried and failed. In every case it was successful within a week. No symptoms of inconvenience in any of the cases were produced. I gave it in what may be called large doses—a teaspoonful two or three times a day, uncombined. I have not been

able to investigate its action further, as my supply became exhausted, and it is not easily procured in this country. I am thoroughly convinced it is an excellent medicine. I think it is probable this oil was introduced into England without there being a demand for it, and those holding it tried to get quit of it by mixing it with copaiba. Being detected, the cry has gone against its use in that way, and very properly so, fulfilling the old saying, "Give a dog a bad name," &c. That it can be procured abundantly at a moderate price I have no doubt; for at the International Exhibition, London, 1862, I observed several specimens, such as the following:

INDIA—CLASS IV.

Sub-class Vegetable Substances used in Manufactures.

Gurjun Oil.	Wood Oil.	Wood Oil.
Chitagong.	Mangalore.	Capave.
	P. P. Coelho.	Moulmain.
5702	10,750	5692

It is not necessary for me to lengthen this paper by giving cases in which there was nothing remarkable further than the favorable result I have described. And I hope enough has been said to induce the profession to make these two medicines the subject of their observation on fitting opportunities presenting themselves.—*Med. Times and Gaz.*, June 8, 1865.

Odium Medicum.

THE world, political and medical, has recently been amused by a correspondence, published first in the *Lancet* and afterwards in the daily papers, between Dr. Tweedie, and the Hon. Captain Robert Grosvenor, one of the candidates for the representation of Westminster. The doctor, who was on the captain's committee, having heard reports that the candidate was a believer in the "heresy of homœopathy," wrote to the latter to inquire into the truth of these reports. Deeming the answer he received "equivocal," he withdrew his name from Captain Grosvenor's committee-list. For this spirited conduct, the *Lancet* assures us, Dr. Tweedie deserves "the cordial thanks of the medical pro-

profession." Be that as it may, the homœopathic part of the profession must feel greatly indebted to Dr. Tweedie, as his silly attempt to impose a medical test on a candidate for parliament, elicited from many of the leading newspapers excellent articles, showing the absurdity of such bigoted conduct, and advocating perfect freedom of medical belief. Our space does not permit us to give here the leading articles from the *Post*, *Star*, and *Spectator* on the subject; but we cannot resist quoting the following amusing parody of a popular song that appeared in the *Owl*:

THE CANDIDATE'S DOCTOR.

Not half a mile from Vestminstier
 There lived an orthodox Doctor,
 And no varmer friend had the Capting bold
 Than this famous draught concocter;
 His father made pills, and he sold squills,
 All round about that quarter,
 And his patients all allegiance swore,
 To his pretty little pestle and mortar.
 Tweedie dum, Tweedie dee, di dum Tweedie dee.

Now the Capting bold both rich and poor
 Had promised their support to,
 While at SMITH and MILL he turned up his nose,
 As a gallant Capting ought to;
 But there were some coves sold lily vite globes,
 In HAHNEMANN'S net had caught him,
 And he fell-over head and ears in love
 With the tinctures and pills they brought him.
 Tweedie dum, &c.

So lily white globes so ran in his 'ead
 On the last committee night, oh!
 He forgot as he'd got a long speech, and instead
 Cried, "D'ye vant any aconite" oh!
 The Doctor, amazed, first thought him crazed,
 Then he axed him on his honour
 To say in the *Times* if, among his crimes,
 He believed in "Bella donna."

Tweedie dum, &c.

The voters all, both great and small,
 When the Doctor his test proposes,
 Laugh loud to think that this test should be
 "Nux vomica" or black doses,
 The medical inquest on him sot,
 And, equivocal voting his letter,
 Resolved that the Capting should go to pot,
 And an orthodox cove was better.

Tweedie dum, &c.

Ven the Capting bold he 'eard the news
 His mouth gaped wide vith vunder ;
 Says 'e "A joke I dearly love,
 But blow me if I knock under."
 So he thrust his fist through a pane of glass,
 And he threw the *Lancet* arter,
 And there was an end to the medical ass,
 While BOB stuck to his globules and water.

Tweedie dum, &c.

The following epigram also appeared in the same number of the *Owl*.

"WHO SHALL DECIDE WHEN DOCTORS DISAGREE."

THE political doctor a prejudice hath
 'Gainst his heretic brother the homœopath :
 Homœopathy's wrong, but you'll only advance it
 By trying to bleed it to death with the *Lancet*.

Gout.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Let me record a recent "experience" in gout for the benefit of fellow sufferers:—After a long interval, and many flying pains in the knee, ankle, foot; attacks of palpitation, of sudden headache, indigestion, &c., I was awakened with the same kind of pain and swelling of the instep which has ushered in my three previous fits. I was not too lame to walk, nor have I ever been so until the third day. Not having yet found any medicine of service, I determined to put a current theory to the test of

experiment. If, I said to myself, gout is due to a *materies morbi* accumulating in the system—if that *materies morbi* be allied to any of the products excreted by the kidneys, a diuretic ought to be of service. Again, I said, there are few martyrs to gout who are not sent to some “waters” for an alleviation or a cure for their sufferings; now, water, if you take plenty of it, is a very certain diuretic, and it can be made diaphoretic too; besides, water can do no harm, as colchicum or other drugs may do if used in excess. Well, then, I resolved to drink water, and manfully began my treatment with a tumblerful of tepid water every twenty minutes for three hours after breakfast, my breakfast being a single cup of tea; my dinner at one o'clock was a plain Irish stew, with abundance of potatoes; a basin of soup, a bit of toasted cheese, and a pint of sparkling hock was my supper. The pain in the foot abated after dinner, and disappeared by night, but it was replaced first by pain in the knee, then in the “nucha.”

Next day I awoke free from pain, but continued my plan of treatment; during the day flying pains in the back, the neck, the knee, and the sole of the foot, kept me alive to a sense of the danger of an imminent attack, and I was very weak.

The third day all the pains abated, and none deserved the epithet of severe till towards bedtime. The treatment was continued. The weakness at night was increased.

The fourth day all had disappeared entirely, and the exhaustion at night was reduced.

On the fifth day I returned to my ordinary manner of living and to my ordinary state of health.

Now, I do not say I am cured, but I do feel as if I had staved off a fit of the gout, and without having paid heavily for it. I will merely add that the water acted both by the skin and kidneys, and that beyond increase in quantity there was nothing very conspicuous in the state of the urine, either before or after the treatment.

I am, &c.

AN HOSPITAL PHYSICIAN.

Midland Homœopathic Medical Society.

A large and influential meeting of physicians and surgeons practising homœopathy in the midland counties, was held at the

Stork Hotel, Birmingham, on Thursday last, at which it was resolved to establish an association of legally-qualified medical men under the above distinctive title. Dr. Sharp, F.R.S., of Rugby, was unanimously called to the chair. Many able and eloquent speeches were delivered on the occasion by the chairman and other gentlemen present, all bearing earnestly and warmly upon the existing aspect of professional questions—homœopathic, hydropathic, and allopathic—and the urgent necessity that had arisen, when medical arrangements for the future were pressing upon the attention of the legislature, to arouse a more cordial and fraternal co-operation, with a friendly and Christian spirit that must result in public and professional benefit. Dr. Hitchman, of Liverpool, repeatedly addressed his colleagues on the great advantages that must inevitably accrue to each section of the faculty by cultivating a truly eclectic and philosophical method in the study of the medical sciences. Grateful for all knowledge which Providence might vouchsafe to shed over their path, no matter by what name it may be called, and that they should never forget that irrational deference to constituted authority, slavish respect for custom and subjection to prejudice, together with that egregious selfishness which induced men to reject as worthless, or despise as quackish, every species of knowledge which they did not themselves possess, had always formed the chosen barriers to the reception of new truths in science, as in ethics, both in ancient and modern times; that the domain of physical investigation must be kept wholly free from the contagious disorder of intolerance; that there must be no department of medicine within which experimental philosophy is not untrammelled, however much bigoted orthodoxy or heterodoxy may gratuitously usurp the throne of reason and judgment, or professional animus store up or explode its thunderbolts of anathema; the known being small indeed compared with the knowable, and that our homœopathic light, brilliant as it was when contrasted with the darkness it had just dispersed, penetrated but a short way into the region of that vast unknown and glorious future which, under the divine government of God, shall yet be revealed as a reward to man's genius and talent of discovery.—The assembly declined, however, by a large majority, to adopt any other designation than that of "Homœopathic." A committee was then appointed to frame rules and regulations, the members to consist of Dr. Sharp, F.R.S.; Dr. Hitchman, F.L.S.; Dr. Blake, M.D., London;

Dr. Ayerst, surgeon B.N. ; Dr. Moore, L.R.C.P., London ; and Messrs. Lawrence, Robertson, and Clifton, surgeons, with Dr. Wynne Thomas, M.B., London, as honorary secretary. Mr. Hitchman, Leamington ; Dr. Ayerst, Malvern ; Drs. Blake and Thomas, Messrs. Lawrence, Robertson, Irwin, Wallis, Birmingham ; Dr. Moore, Stoke-upon-Trent ; Dr. Gutteridge, Leicester ; Dr. Sutherland, Leamington ; Mr. Clifton, Northampton ; Mr. Cartwright, Shrewsbury ; Dr. Eadon, Banbury ; and Mr. Blake, Wolverhampton, severally took an energetic part in the proceedings of the day. After which the whole company dined together at the same hotel, celebrated for the preparation of sumptuous banquets, enjoying a most pleasant and profitable reunion, amid a "feast of reason and flow of soul."—(*Birmingham Paper.*)

BOOKS RECEIVED.

Memoria sobre la especialidad de los aguas minero-medicinales de Segura en varios padecimientos de la vista, por el D. ANASTASIO GARCIA LOPEZ. Zaragoza, 1865.

Febris Recurrens dessen Verhütung und Heilung, von Dr. JOSEPH BUCHNER. München, 1865.

Gastritis Mucosa ; or the Present Epidemic among Horses, by W. C. LORD, F.R.P.S. London, 1865.

Physiology and Medical Jurisprudence, by JOHN N. CASANOVA, M.D. London: Headland, 1865.

An Appeal unto Cæsar, by GEO. E. SHIPMAN, M.D. Chicago, 1865.

On the Motions of the Human Feet, by JAMES DOWIE. London: Hardwicke, 1865.

What is Homœopathy? by WM. H. HOLCOMBE, M.D. New Orleans, 1864.

The Monthly Homœopathic Review.

The Homœopathic Observer.

L'Art Médical.

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El Criterio Medico.

Neue Zeitschrift für Hom. Klinik.

The North American Journal of Homœopathy.

The American Homœopathic Review.

The American Homœopathic Observer.

The Chicago Medical Investigator.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THOUGHTS ON DYNAMIZATION.

By Dr. HENRY R. MADDEN.

IN an article on Homœopathic Pharmacy in the 5th volume of this Journal there occurs the following sentence, "Dr Schmid points out very clearly the difference between *the possession of power* (kraftwermögen) and *the exhibition of power* (kraftäuserung), and expresses the opinion, in which we fully concur, that it is impossible by any mode of preparation to put a substance in possession of a power which was not previously inherent in it; while we are frequently enabled to make a substance exhibit, after preparation, a power which remained completely latent in the crude article. This is all that we believe is effected by trituration; since we remove by its means the physical obstruction to its absorption, which excluded it altogether from the sphere of action." This was my opinion in 1848 and for many years after; and the question of dilution has always been regarded by me altogether distinct from the doctrines of dynamization, in which I had no belief at all beyond the mechanical theory expressed in the article quoted from above. Within the last three or four years, however, facts and observations have been gradually

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accumulating which require our serious consideration, and give rise to a suspicion at least that the above conclusion is altogether too simple and limited. Before the period referred to the tendency of homœopathic practitioners, especially in England and America, had been to employ lower and lower dilutions, and in many instances the crude article itself; and I, for one, long believed that the chief caution required was to keep the dose within the limits of pathogenetic action, and that beyond this no care was required. One of the first little items which attracted my attention was the following:—I found that I had gradually given up entirely the use of *Chamomilla*, even in children's complaints; and when parents told me of this and that little nursery disturbance quelled by a few globules of *Cham.* I smiled in my sleeve and put it down as one of the many instances of recovery after, but not in consequence of, the dose administered. It happened, however, that on certain occasions when I was myself attending a child, I found that, after my medicines had been given unsuccessfully, *Cham.* was tried and the symptoms at once yielded. This at once fixed my attention, and the following fact came out. I had been in the habit of prescribing *Cham.* 1, and had given it up because it had so often disappointed my expectations. My patients had taken *Cham.* 6 or 12, and found it very useful. From this time forward I resumed the use of *Chamomilla* in the 6th and 12th dilutions and have been thoroughly satisfied with the result. Not long after this I learned a very similar lesson regarding *Mercurius* in fluent coryza. The 3rd decimal trituration had long been my favorite preparation, and it had so often disappointed me in its influence over this disease that I had latterly seldom ordered it, but I accidentally learned, about two and a half years ago, that *Merc.* 6 is one of our very best remedies for this simple but troublesome affection. Once more, I learned about the same time that *Puls.* 6 much more readily restored the absent menses than my usual dilutions 3 and 3x; while *Puls.* 12 has in my hands had more effect on the pains of varicosis than any other potency.

My mind being thus fully directed to the subject, I have

since that time watched carefully all that has been written on the question of the dose, and have been particularly interested in Dr. Bayes' articles in the *Monthly Homœopathic Review*, and my object in this paper is to throw loosely together the results of my observations and the thoughts to which they have given rise.

1. There has appeared of late a manifest tendency towards the use of higher potencies by men who for years confined themselves to the lower dilutions, or to the crude substance; and this tendency can only be accounted for by supposing that these practitioners have found the higher potencies more useful than they had formerly imagined them to be.

2. Many of those homœopathists who limit themselves to the largest doses have most decidedly dealt more with auxiliaries and non-homœopathic appliances, than the generality of homœopathic practitioners; thus affording ground for the surmise that this method of treatment needed frequent help *ab externo*.

3. I have very repeatedly noticed that low and high dilutionists do not employ the same remedies for the same diseases. This is a most important point, and I believe will be found to explain very much of the contradictory experiences in relation to the dose; since it is easily conceivable that the 80th of one remedy and the crude tincture of another may equally cure a case which would not have yielded to the same remedies in the reverse doses. I have already stated my views on this subject in the *British Journal of Homœopathy*, Vol. XIX, p. 306, and further experience convinces me of the importance of the facts there adduced.

4. I have practically ascertained that the same remedy proves much more successful in certain potencies than in others, and that the potency varies with the disease; *e. g.*, I find the laryngeal symptoms which indicate *Nitric acid* yield most readily to the 1st and 1st decimal dilution, whereas the violent pains in the rectum and fissure of the anus have, in my experience, been much more benefited by the 12th and 30th than by the low dilutions. Again, I have already referred to *Pulsatilla*, and spoken of the cases in which 6th and 12th

dilutions have served me best, but in the affections of the mucous membrane of the bladder, I find the 1st and 1st decimal much more useful than the higher dilutions; while, again, in gout, where 3x and 1 did no good, I have derived great benefit from 12 and 30. Of course, in all these cases I only use the remedy when indicated by the whole picture of the case, not empirically for the general nosological condition.

5. On the other hand, I have not unfrequently met with the following circumstances:—In one and the same condition one practitioner finds great benefit from the crude article, and another from the 30th potency, while another is quite disappointed with the action of the 3rd.

Now, all these apparent anomalies must have a meaning, and it is far better to set to work earnestly to endeavour to reconcile them, rather than hastily to include the whole under the title of “errors in observation.” The facts have become far too numerous to be thus set aside, and I cannot help thinking that some thread may be found to unite them harmoniously together.

Let us search a little for analogies.

Much has been written of late years regarding the correlation of forces, and in the researches connected with this subject two series of phenomena have been observed; the one proving the truth of the correlation has shown the convertibility of one force into another, while the second series has demonstrated the analogy which apparently exists between the laws which regulate the phenomena belonging to several forces, *e.g.*, the laws of reflection and refraction apply similarly to light, heat, and sound, &c., &c.; in fact, so close an analogy has been found to exist among certain forces, that when any new phenomena are observed connected with one force, similar ones are looked for in relation to others.

Later experience has shown that what are usually called “vital forces” must take their place among the correlated forces manifested by inorganic matter. Nay more, so many resemblances have been traced between electricity and one

of the vital forces, viz., nerve force, that many have believed in their identity.

Among the many *forces* operating upon organized beings that possessed by drugs must ever find its place. The dynamic action of all medicines is fully admitted by all homœopaths, and is carefully distinguished by them from the chemical and physical effects which many drugs are capable of producing. This medicinal or pathogenetic force might with propriety be termed a *modifying force*, seeing that it manifests its power by modifying the vital forces of the living material which it influences. The question may now be asked, Does there exist any analogy between the "modifying force of drugs" and any of the well known correlated forces of nature, and will such analogy throw any light upon the question under examination?

Let us take Galvanism, and let us examine a few of its physiological effects—viz., its power to produce muscular contraction and to cause pain.

1st. Are these effects of galvanism found to be dependent upon the quantity or the peculiar condition of the forces? Undoubtedly not upon the *quantity* but upon the *tension*. Let us describe an experiment. *a*. A single cell of a Grove's battery is set in action by an acid solution of given strength, and the conductors are placed in the hands of the operator so that the current passes continuously through his body from hand to hand. *b*. The active cell is now connected with the primary coil of an electro-galvanic machine and an interrupted current is passed through the body in the same way. In both these cases no perceptible effect is produced, no contraction of muscles, and no sensation. *c*. An induction coil is now placed over the primary coil and the conductors are connected with it, and the induced current is made to pass through the hands as before, when a series of strong contractions of the muscles at once commences and sharp pains are experienced. But when we measure the quantity of the so-called galvanic fluid which has in each case passed through the arms, we find that in experiment *a* the greatest amount passed, in *b* rather less passed, seeing the current was interrupted, and

in *c* infinitely less passed, and yet the *modifying force* manifested was infinitely greater. Hence the action depends upon *tension* not on quantity.

2nd. How has this tension been produced? Again let us illustrate by experiment. *a.* A pound of copper is rolled out into 100 feet of wire, is carefully covered with silk and wound round a bobbin. *b.* A pound of the same copper is rolled out into 10,000 feet of wire, insulated by silk as before and wound round a second bobbin. *c.* A third pound of copper is rolled out into 1,000,000 feet of extremely fine wire and treated in the same way. If, now, these three bobbins are employed as induction coils, energised by the same primary coil and the same cell, the physiological effect of No. 1 will be the least, perhaps scarcely producing any muscular contraction at all; whereas the third bobbin will cause the most violent and almost unendurable effects.

3rd. Is there not an analogy between *tension* and *potency*? We are told that *tension* is directly proportioned to the number of convolutions and inversely proportioned to the thickness of the wire; or, in other words, *the fewer the points of contact between the particles of copper, and the greater the amount of non-conducting material existing in a coil, the higher is the tension of the current and the greater is its modifying force.* Surely this is very similar to the effects of trituration and succession. We subdivide the active material as much as possible, and we add to the amount of passive matter in our preparations, and this produces a *high degree of tension in the modifying force*; and as we find that the marked pathogenic effects of the galvanic current are in proportion not to its quantity but to its state of tension, so we need not be surprised if an analogous condition of things is found to exist in drug forces.

But galvanism is capable of producing other effects upon the living body besides muscular contraction and pain, and experiments have shown in regard to these that *quantity* and not *tension* is the agent at work. For example, the cauterizing effects of the galvanic current can only be produced by passing a *very large quantity* through a given spot, and the

amount of effect will be directly proportioned to the quantity employed. Here, then, we have an analogue to the poisonous effects of the crude drug; and I may remark also that pain and muscular contraction will be caused in this latter case if the quantity be very large. Thus we can with galvanism produce an exact analogy to the series of facts noted in paragraph 5. For example, one operator can produce full muscular contraction by the large quantitative current (the crude article), another is equally successful in causing contraction by a very small quantity at a very high tension (the 30th potency), while a third cannot make the muscles contract at all when using a short thick coil (the 3rd dilution). Of course, like all analogies, this resemblance must not be pushed too far. Drug force differs in many respects so essentially from galvanism that we need not be surprised at finding they are not governed by precisely the same laws; still I think I have shown sufficient analogy between them to illustrate the reasonableness of the theory of dynamization.

Let us now view it from a different point. Chemists have investigated two most interesting series of phenomena, which they have classified under the titles of *Isomerism* and *Allotropism*. In the first are collected those compounds which differ essentially in their chemical, physical, and other medicinal properties, and yet all yield by analysis precisely the same number of atoms of the same element. For example, oil of turpentine, oil of lemons, oil of juniper, oil of rosemary, oil of copaiva, and many others, are composed of exactly the same number of atoms of carbon and hydrogen. The highly prized scent—the crystallized otto of roses—and the offensive coal gas are another isomeric couple, which certainly test our faith in the truthfulness of the analyst who assures us of their identity of composition.

The allotropic series, however, is still more interesting; here the same element in a simple uncombined state exhibits the power of assuming forms differing essentially in chemical, physical, and medicinal properties. For example, oxygen and ozone, ordinary and amorphous phosphorus. The latter instance is very remarkable, the amorphous phosphorus

retains no single one of the properties of the original substance ; it has no smell, no taste, no incandescence in the dark, no poisonous effects when swallowed, and undergoes no change on exposure to air ; and yet a mass of ordinary phosphorus can be converted into the allotropic form and reconverted into ordinary phosphorus as often as you please. When chemists are asked to explain these phenomena, the only rational conjecture they can make is that the ultimate atoms composing the various isomeric compounds or allotropic forms are differently arranged in each instance, and that this change in arrangement is sufficient to cause all the diverse phenomena observed in the resulting masses. Surely it is no great stretch of the imagination to conclude that in our high potencies the original arrangement of the ultimate atoms may be sufficiently altered to effect a change in the properties of the resulting mixture analogous to the allotropic and isomeric changes ; and that, in consequence, the *modifying force* of a high potency may, in certain instances, be greater than that of a low dilution !

Let me not be misunderstood. I do not consider that the above line of reasoning *proves* anything. Still less does it show that the high dilutions are superior to the low. All I contend for is that the series of recorded facts which at first sight appeared contradictory and inexplicable may be shown to have their analogies among the well-ascertained phenomena of chemistry and physics, and from this I conclude that it is only reasonable to acknowledge that they may depend upon similar laws. The practical deduction from the whole investigation is this—that we should carefully note the potency as well as the remedy used in every case of cure ; and that in following any practitioner's treatment of disease, we should employ not only the same remedy but in precisely the same dose. And as a corollary to this, all who are anxious to obtain the largest amount of good from the practical application of the homœopathic law must hold themselves free to employ the whole scale of preparations, from the crude drug up to the highest potency. How strangely we are influenced in our opinions by a mere name ! If we speak of *dilutions*, we

associate the term naturally with reduction of power ; if we call our preparations *potencies*, we cavil at the theory and doubt the accuracy of the observations concerning this power ; but if we use the term *tension*, we at once think of the analogy with electric and galvanic phenomena and are quite prepared to expect that the highest tension may manifest the greatest power. Once more, if we consider our preparations to represent various degrees of tension we need not be surprised at only certain potencies being in use ; the difference in tension caused by adding a few hundred feet to a coil is practically inappreciable when using coils of great length ; hence it is natural that in the lower potencies we change our dose by gradual steps, viz. : 1x. 1. 3x. 2. &c., while in the higher we leap from 6 to 12 and then to 18 or 30, and thence to 100 or 200, because the differences in the intervening potencies could hardly be perceived.

Before concluding, I should wish to direct attention to a question which has been much discussed, and upon which there still exists a great difference of opinion. I mean the alternation of medicines. Has it ever struck the disputants on this point, that those who oppose the plan are, as a rule, high dilutionists, whereas those who employ alternate remedies use low potencies ? And may not this account for the different experiences of the contending parties ? May not alternations prove useful when low potencies are given ; and may not the high potencies absolutely require to be left undisturbed in their action ? Jahr in his *Klinische Anweisungen*, 1854, compares dynamization to the prolongation of the radii of a circle, and says that in the low dilutions various allied remedies approach nearer to each other, and can be substituted one for another, whereas in the higher attenuations their finer shades of difference come out, and hence substitution becomes more difficult. May not this explain what I have said above respecting the alternations of low dilutions, viz., that the nearer you approach the crude article the less is it liable to be disturbed in its action by other medicinal influences ?

FIBROID TUMOURS OF THE UTERUS.

By WM. TOD HELMUTH, M.D., St. Louis, Mi.

Read before the American Institute of Homœopathy at its last Meeting
in June, 1865.

GENTLEMEN OF THE INSTITUTE,—When we consider the time that has elapsed since this body has been called together,* it should be, not only with feelings of pleasure at this re-organization, but with minds prepared for fresh exertion in behalf of Homœopathy that we here assemble.

I think the fact is not generally known, or at least is not sufficiently appreciated, that in no department of medical science is the beneficent action of Homœopathic medicine more apparent than in surgery. Any medical gentleman who has given attention to this subject, or who has carefully observed and studied the Allopathic treatment of surgical diseases, must be aware of the great advantages possessed by the Homœopathic surgeon, not only in alleviating suffering, but in preventing in many instances both deformity and death. The introduction of *Arnica* and *Calendula* alone has been productive of great results, but I candidly believe no surgeon of the old school can conceive the amount of good that is experienced from the appropriate administration of such medicines as *Aconite*, *Belladonna*, or *Mezereum* in the neuralgias which often follow the use of the knife; of *Bella.*, *Apis mel.*, *Rhus tox.*, and *Puls.* in erysipelas; of *Apis*, *Digit.*, *Apocy.*, or *Helleborus* in dropsies; of *Arsen.*, *Carbo veg.*, *Silic.*, *Hepar*, and *Sulph.*, in ulcers, and a host of other medicines well known to you all in the treatment of surgical diseases, that render the homœopathic surgeon so much in advance of his brothers of the “regular” school.

Still, as a general rule, those who profess Homœopathy do

* During the late war the meetings of the American Institute have been suspended on account of the political feelings existing in different sections of the United States.

not give that attention to surgical science which its importance demands, and probably from the knowledge of the fact that the efficacy of internal medicine exhibited according to the homœopathic law in a measure does away with operative procedure. Yet operative surgery must still hold a high place in the science; operations must, at certain times, and under certain circumstances, be performed. And as it has been my pleasure to devote a portion of my time to the *science* of surgery, as exemplified in the application of homœopathic medicine to disorders commonly known as "surgical diseases," and to the *art*, in the performance of operations, I propose at this time to offer for your consideration a few remarks on fibrous tumours of the uterus; and if the time allows to detail the results of a case of extirpation of the inferior maxillary bone, a resection of the tibia, and an amputation of the tongue.

It is but rarely that we are enabled to observe side by side the three varieties of fibroid tumours of the uterus described and classified by Rokitansky, and I have great pleasure in producing them on this occasion, because they present in so marked a degree the characteristic features of each.

In specimen No. 83,* you will perceive the first variety, which is distinguishable—

- 1st. By its smallness.
- 2nd. By its spherical shape.
- 3rd. By its density.
- 4th. By its hardness.
- 5th. By its poverty of vessels.

Specimens 82 and 84 are very beautiful examples of the second variety of the classification. These tumours may be recognised—

1st. By a concentric arrangement of fibres, which is always much more discernible before their immersion in spirits.

2nd. By an accumulation of softer tissue in the interstices,

* Accompanying this paper were four drawings illustrating these specimens, but we are sorry to say the art displayed was so rude that our engraver confessed his inability to make presentable woodcuts from them.

and their resemblance either to a coarse-grained salivary gland, or to a soft mammary gland.

3rd. By a peculiarly soft, doughy, elastic "feel."

4th. By a somewhat rounded and nodulated exterior. It is this variety that attains the largest size.

The third variety, or true fibroid polypus, is well illustrated in specimen No. 85.

Its characteristics are—

1st. Its *distinctly* lobulated surface.

2nd. Its expansion of fibres, leaving

3rd. Internal cavities of considerable size.

4th. Its flattened shape.

5th. Its close adherence to the uterine parenchyma.

6th. Its great vascularity.

7th. Its congested and reddened appearance.

By bearing in mind these peculiar characteristic appearances it will not be a very difficult matter to diagnose the variety of uterine tumour that may be encountered by the physician; excepting that peculiarly distressing and fatal affection known as *cauliflower excrescence*, of which I have had the opportunity of seeing and *endeavouring* to treat one case. I trust I never shall be called upon again in a similar service, for there is certainly no disease more intractable, none that is more exhausting, none that gives more intense suffering than the malignant, cancerous, readily bleeding fungous growth, that resists all efforts at cure and terminates by slow torture the miserable life of the patient. The physical characteristics of the three varieties of tumour are in themselves very well marked, indeed sufficiently so, in the majority of cases, to enable the practitioner to make a diagnosis. The first variety being the smallest, hardest, and most spherical. The second being soft, doughy, and attaining the largest magnitude. The third being congested, lobulated, vascular, and containing internal cavities of greater or lesser dimensions.

There have been many classifications of tumours of the uterus attempted by different physicians, but many of them include the large variety of cancerous growths, which present

very different appearances in different stages of their development. Of these latter it is not our desire to speak in this paper, but simply to call attention to the *fibrous* outgrowths from the uterus.

Dr. Bedford* divides these tumours into sub-mucous, sub-peritoneal, or interstitial, according to their seat and the manner of their development. M. Malgaigne† makes five divisions of the *polypus*. 1st, the vesicular; 2nd, the cellulo-vascular; 3rd, the polypus from hypertrophy; 4th, the moliform; and 5th, the fibrous polypus. Colembat appears to divide them into pediculated and non-pediculated, the former being the true polypus, the latter the fibroid tumour. Other physicians recognise the glandular, the cellular, and the fibrous polypus; but decidedly the best and most simple classification is the one arrived at by Rokitansky, and of which we have condensed the main features and given as concisely as possible. With reference to the frequency of their appearance, we may be allowed to quote a single passage from Colembat:—
“The fibrous tumours, properly so called, that are developed under the same influences as those that produce the pediculated sort, are far more frequent than the latter. Boyle estimates at one fifth the number of women beyond thirty-five years of age in whom he met with samples of one or more fibrous tumours. Patal found a still larger proportion, since in twenty wombs he examined in 1770 there were thirteen exhibiting the fibrous excrescence. Lastly, according to Dupuytren, there are almost no specimens of the womb in aged women that are unaffected with tumours of the kind in question.

As I have enjoyed the opportunity of treating these varieties of tumour, and as I now have under my care two similar cases, I have been very particular in noting the progressive manifestations. And, as it is the intention to render this paper as practical as possible, I would prefer to state the symptoms as I have observed them, rather than be guided

* ‘Diseases of Women and Children,’ p. 219.

† Colembat ‘On Females,’ p. 390.

by any of the many works that may be consulted on the subject.

In the first place, then, a fibroid tumour of the uterus may attain the size of an almond before any special symptoms are noted. I have now under medical treatment a lady who for two years has had, projecting from the os uteri, a fibroid tumour of the second variety, which gives her but little inconvenience, excepting by the occasional discharge, which is mucous and bloody in character; she is now, and has been for some time, taking *Calcareo carb.* 6th, and for some months at least there has been no perceptible increase in the growth.

In general, however, from the very beginning of the disorder the patient experiences a sense of weight and fullness about the uterus, very often accompanied with frequent desire to urinate, which disagreeable sensations always are aggravated at the menstrual period.

In two cases I have observed a reflex nervous action upon the stomach causing constant nausea, and in one of these *vomiting* was quite a persistent symptom. The discharges are not always bloody, although in many cases, particularly in the third variety (that of the true polypus) the hæmorrhages may be so exhausting as to endanger the life of a patient. In the majority of instances, however, there is a bloody mucus discharged from time to time which renders the patient more comfortable for several weeks after it has been thrown off.

If the tumour be large it may so press upon the rectum as to cause constipation, or produce strangury, and, strange as it may appear, these tumours may grow to a considerable size without the patient's general health being affected in any manner whatsoever.

In No. 88, you perceive a fibroid tumour which came under my observation some time since. There was no pain or inconvenience, excepting a slight pressure downward after a long walk or other undue exercise. This tumour was within the cervix with a pedicle or base extending to the fundus. By seizing it with a pair of clawed forceps (having previously introduced a lens speculum) the mass could be

drawn without the uterus. This case underwent no medical treatment whatsoever, the patient would not permit it; she came from the country to be operated upon, and could not delay to receive medical treatment, as she had undergone allopathic drugging for a length of time. The operation consisted in forcibly extracting the tumour, applying two waxen ligatures by means of a strong curved needle, and dividing the base with a curved bistoury. She was sent to her home with directions to take *Calc. carb.* every other night, and *Ferrum* should any hæmorrhage supervene—she took neither, but has now been perfectly cured for over three years.

No. 82, the second variety, came from a patient who was under the professional care of a brother physician. This woman suffered from severe hæmorrhage, with excessive pains in the back and hips, together with constant uterine tenesmus, constipation, and most severe suffering during coitus. She also resided in the country, and the husband for several months had applied to the physician for medicines to arrest "*hæmorrhage.*" All the usual remedies were unavailingly tried, until my friend insisted that she should be brought to the city for a careful and critical examination. No sooner was this attempted than the tumour was found lying on the posterior wall of the vagina, with a pedicle extending into the cervix, and presenting the soft doughy "*feel*" before mentioned. She was in a high degree of nervous excitement, and worn down from the repeated floodings. An operation was at once decided upon, which I was called upon to perform. She was brought to the edge of the bed, her thighs as widely extended as possible, a pillow placed under her legs, and chloroform administered. The larger extremity of a lens speculum was then introduced under the pubis, and having been drawn well up, was given in charge of an assistant; then with a pair of vulsellum forceps (having buried the claws thereof deeply into the substance of the excrescence), it was drawn to the mouth of the vagina; a strongly waxed ligature placed around the pedicle within the cervix, and with a curved probe-pointed bistoury the stem of the tumour was divided. No hæmorrhage followed. The patient returned

home, and has enjoyed perfect health ever since, this being two years ago.

No. 85 is a most interesting case. This lady, whom I had attended for some time, informed me that she was enceinte, that she had thrice passed over the menstrual period, and that she suffered intensely from morning sickness—vomiting occurring each day with excessive headache in the frontal region; the sensation being that of a nail pressing into the head, together with a high degree of nervous excitement. I had no reason whatever for doubting her statement, and prescribed for her *Nux vomica*, with an occasional dose of *Coffea*, with the most gratifying results. The medicines always appeared to have the desired effect. In several weeks she informed me that she was afraid all was not right, and though her figure was undergoing change, yet that it was so uneven that it gave rise to considerable anxiety. On both her own and her husband's account, I immediately suggested the propriety of a careful examination.

Per vaginam I could detect nothing but the usual appearances presented by the os uteri of a woman who had borne children and who was again pregnant; but when an examination of the abdomen was instituted, I found a round uneven surface high up upon the *right* side which was hard, not sensitive, and slightly movable. The abdomen was enlarged somewhat throughout its whole extent, but more particularly on the right side, and there was occasional discharge of bloody mucus from the vagina. I suspected an ovarian tumour, indeed for a time such was the diagnosis. These symptoms continued for several months, when I was called in haste one morning and found the patient with a very profuse uterine hæmorrhage, accompanied with regular contractions of the matrix. The prescription was five drops of the tincture of *Secale cornutum* every fifteen minutes, and in about four hours the discharge had lessened considerably, the pains were much less frequent and less severe, and the enlarged abdomen had diminished considerably in size, excepting on the right side of the uterus, where the tumour could be distinctly discerned. It was at this time that the diagnosis

was that of *polypus uteri*, and the patient was ordered to take *Calc. carb.* and *Ferr. mur.*, each twice daily. A very liberal diet allowed her, but any undue exertion positively prohibited. She soon rallied, and recovered for a month or two her usual health, with the exception, however, of an occasional bloody discharge from the vagina, and the appearance on her face of large *macule* of a dark-brown hue. She was occasionally given a dose of *Sepia* and *Merc. corr.*, and from time to time the preparations of *Potash*. All symptoms and appearances progressed very favorably for some weeks, when at midnight I was hastily summoned to her hotel: I found her apparently lifeless from excessive loss of blood, with that ghastliness of countenance, blanched lips, and almost imperceptible thread at the wrist, with which every physician is acquainted. She had retired as usual in the evening, and feeling an inclination to urinate had arisen during the night for that purpose, when suddenly, with a most severe expulsive effort, she felt the passage of some foreign substance from the uterus into the vagina and from thence into the vessel, and then commenced a tremendous hæmorrhage. She was placed immediately upon her back, her hips elevated and her head depressed, and large doses of *Secale* administered at short intervals to cause uterine contractions, and I immediately introduced into the vagina a tampon saturated with a strong solution of the *Liquor Ferri-persulphatis*. Brandy and water was also given and she soon began to revive and recovered steadily but slowly, until she was enabled to visit the sea-shore, when her health appeared fully recovered. The "Moth spots," as they are improperly called, left her face, and she appeared, in every respect, fully and perfectly restored. The tumour which passed is seen in No. 85. But the convalescence did not long continue, an exactly similar condition of things appeared in a few months, and in the course of a year, during which time she was absent, another polypus formed and was discharged with profuse hæmorrhage. Again she appeared to regain her wonted health and strength, but symptoms again were noticed soon after return to my care, which were too well remembered as

diagnostic of a return of the disease. She was placed under rigid treatment, and I am glad to be able to state that she is now passing, with but comparatively slight hæmorrhage, large masses of formation exactly similar in form, construction, and appearance to those which had previously been expelled. So soon as the symptoms of expulsion are noticed, she immediately resorts to Ergot, either in powder or in tincture, which invariably produces good results; and during the intervals, the medicines administered are chiefly *Calc. carb.* and *Kali hydriodicum*.

Such, then, is the record of one of the most interesting cases of polypus that I have yet seen. Of the treatment we will say a few words after the details of one other case is given to the society. The large polypus of the second variety weighed over eighteen ounces avoirdupois when first removed, and the history of the case is simply as follows:— Mrs. S— was brought to me by Dr. W. B. Bolton, of Rushville, to be examined and treated for tumour of the uterus which had been growing for nearly fifteen years. For better nursing and convenience I placed her at the Good Samaritan (Homœopathic) Hospital, and instituted an examination. Upon separating the thighs the smaller end of the tumour projected from the labiæ, and was excoriated on one side from the friction produced by walking. Upon passing my finger behind this mass and pushing it backward, it came in contact with another enlargement, and I could not by any means in my power discover the os uteri. The offending substance was not sensitive and appeared fleshy, or, to give a better idea, resembled, both to the eye and to the touch, a part of the human stomach after it has been removed from the body, emptied of its contents, and allowed to macerate a few hours in water. At first I believed this to be a regular *inversion* of the uterus; the peculiar shape, the enlargement within the vagina, and its resemblance to the viscera, and the apparent absence of the os uteri, all rather tended to this conclusion. To make, however, a still more careful exploration, I forcibly drew down the substance, and you may judge of my surprise when I saw the labia distend and the

large end of the fibroid pass from the vulva. There was slight hæmorrhage during this procedure, but nothing of moment.

Passing then the forefinger of the right hand along the tumour, I found the os uteri, the anterior lip being perfectly discernible, but the posterior one being continuous with the pedicle of this large mass. With difficulty I succeeded in replacing it within the vagina, but decided at once to remove it the next day. At the appointed time she was placed under the influence of chloroform; the tumour drawn without the vagina as far as possible; the chain of the écraseur passed as high up as practicable around the pedicle, and with gentle movement of the screw the mass was removed in about ten minutes. The patient rallied well, had but slight hæmorrhage after the operation, was sitting up on the fourth day, and on the tenth day returned to her home.

I have been thus explicit in detailing the history of these cases, because the symptoms and difficulties of diagnosis are much more plainly marked than by giving a long list of isolated symptoms.

The question now arises, Can such tumours be removed by the administration of internal medicine? and was the expulsion of the polypus as related in the third case caused by the proper administration of homœopathic remedial agents? From my own experience I would say that in the earlier stages of the disease, when the outgrowths are small, that it is *possible* to remove them by the exhibition of drugs, but as there are yet, so far as our knowledge extends, no medicines that will produce a fibrous uterine tumour, or, at least, the provings of such have not been so far extended, it is *an absolute waste of time* to attempt to remove the larger growths by any other means than operative procedure. Dr. Kidd, in the *British Journal of Homœopathy** states, that though *Sabina*, *Ferrum mur.*, and *Secale* may be homœopathic to the symptoms produced by these tumours, "yet that their use is only *palliative* and in no way *curative* to the disease." He relates four cases, one of which is reported as successful, the others

* 'Fibroid Tumours of the Uterus,' No. LXXIX, p. 52.

not at all so. Dr. Sampson* reports in like manner. But that the proper administrative use of homœopathic medicine will alleviate the symptoms produced by such abnormal formations, there can be no shadow of doubt.

For the expulsion, or to cause the resorption of the very small tumours, *Calc. carb.*, *Kali hydriod.*, *Merc. corr. sub.*, and *Silicea* may be tried; but if after their employment for a number of weeks no diminution in the size of the growth is discovered, *the sooner it is removed by mechanical means the better*. For the hæmorrhages which supervene I have been better satisfied with the action of *Secale* and *Ferrum* in low potencies, than with any other remedies; *Ham. virg.*, *Cinnamon*, *Crocus*, *Sabina*, and many others, known to all practitioners, have been employed with more or less benefit; but the two first mentioned are generally sufficiently efficacious. The topical application of the preparations of iron, particularly the perchloride, and persulphates, are also very serviceable.

In the third case I am rather disposed to believe that the expulsion of the polypus was spontaneous, and that the medicines exhibited had only a beneficial action so far as they palliated symptoms. It is a well-known fact that the third variety of fibroid tumour, according to Rokitansky,† viz., the fibrous polypus, is frequently spontaneously expelled.

Quite a number of such cases are upon record, but those instances in which the growth returned are not nearly so numerous. While, therefore, we are disposed to believe in the powerful action of medicines administered according to the homœopathic law in arresting hæmorrhage, alleviating concomitant symptoms, assisting in the expulsion of the foreign body, we must also remember that patients have been relieved by nature and perfectly recovered without the use of any medication whatsoever. Dr. Meigs relates a case of this kind in his edition of *Colembat*. The patient was a coloured woman and the polypus was expelled with violent labour-pains and profuse hæmorrhage.

* *United States Journal of Homœopathy*, No. vi, p. 255.

† 'Pathological Anatomy,' vol. ii, p. 221.

There yet remains to be described a variety of polypus of which the most complete description is given by Dupuytren. It is what he terms "the cellular and vascular polypus;" the symptoms are said to resemble those of cancer, and to "escape by their minuteness the most careful search. They force both physician and patient to despair. * * * Let the finger be conducted to the os uterus and within its circuit we shall find one, two, or more small elongated pediculated bodies implanted in the lower part of the canal of the cervix; they vary in size from that of a pea to that of a kidney bean, they bleed at the slightest touch; and if, instead of trusting to the touch alone, we examine them with a speculum, we find the neck and mouth of the womb red, dilated, and filled with reddish bodies, elongated, pediculated and implanted upon the neck. There is *no disease with which this malady has not been confounded.*" It is to the latter portion of the quotation that especial attention should be directed, for there can be no doubt that very many such cases have escaped the diagnosis of acute physicians; and therefore the most rigid examination should be instituted in all cases of those obscure uterine affections which develop in the patient a thousand ever-varying symptoms of greater or less severity. The best instrument for the eradication of polypi is certainly the écraseur; care, however, must be taken to place the chain as high up as possible, and, to prevent undue hæmorrhage, to turn the screw very slowly, and frequently allowing it to remain at rest for a moment or two during the course of the operation.

There have been invented at different times a very great variety of canulæ, knot-tyers, polypi-forceps, &c., for the strangulation of the base or pedicles of uterine tumours: the écraseur does away with all these, and the pamphlets and essays which have been published from time to time, each extolling a certain contrivance, generally more or less complicated, for placing a ligature around the neck of the tumour. Very many authors have recommended the gradual strangulation of the polypus, by tightening the ligature each day, but if the ligature is used we agree with Mr. Brown* that it

* 'On some Diseases of Women admitting of Surgical Treatment.'

is better to draw the thread or the wire closely around the pedicle, and divide it with a sharp curved bistoury.

CHELIDONIUM MAJUS, L.

By Dr. O. BUCHMANN, of Alvensleben.

(Continued from p. 466.)

I. *Physiological provings on the human subject.*—I had, eight years ago, prepared the tincture for provings from equal parts of freshly expressed juice and spirits of wine. The provings in the spring and summer, 1862, were made with recently prepared tincture.

I. EXPERIMENT ON MYSELF.

Aged 43. Temperament, sanguineo-nervous; hair, very fair; figure, powerful muscular system, with tendency to corpulence; digestion, appetite good. Fruit in every form causes slight acidity of stomach, especially after meals, so does light wine, as Rhenish and Moselle. Coffee only agrees well "with plenty of cream and sugar;" after acid food it causes flatulency.

Anamnesis: catarrh and toothache after catching cold. Excepting the eyes, all the senses very acute. Tendency to soft stools. Spirituous drinks cause slight headache, weariness, ebullition of the blood, yet are a necessity after bodily and mental exertion. No particular predisposition to any disease. The approach of change of weather produces languor, indisposition to work, and low spirits.

1861, Oct. 27th, 9 a.m., took 10 drops of *Mother tincture*. In 10 minutes pain in the left meatus auditorius externus; ears as if stopped; drawing pain in the upper and under molars of the left side; burning in the mucous membrane of the nose towards the tip, as if after catching cold; drawing pain in the left leg from the hip to the foot; tensive pain from the upper part of the left pectoralis up to the

neck; stitch through the left upper jaw; pressive pain on the left side in the ribs, and in the cervical muscles of the left side; then between the ribs and hip bone on the left. When the pain commences in a new place it ceases in the previous place. Itching of the anus; sensation of heat in the left half of the head, beginning from the left ear; drawing pain from the left shoulder down to the fourth finger. In half an hour pain in the ribs, right and left, on bending the thorax to that side; paralytic sensation in the left leg; pricking pain in the left hip-joint; tearing pain over the left eye; burning in the intestines on the left, close to the navel, and also in the left hypochondrium; weeping; repeated quivering and blinking of the eyelids; pressure in the hind part of the right temporal bone; drawing pain in the left shoulder-blade, and from thence to the left side of the chest; feeling of cold in the abdomen; burning and itching on a part of the skin of the head that had been pierced by a thorn; tension in front of the chest; pain between sixth and seventh ribs on the right side on moving the chest towards the opposite side; sudden strong inclination to urinate; burning pain in the skin over the left corner of the mouth. After dinner the sufferings ceased.

3 p.m.—Pain again in the left side of the chest; sensation of paralysis and cold in the leg till evening.

28th.—After rising pain on the outside of the left arm above the elbow.

9.15 a.m.—Took 30 drops. In 5 minutes drawing pain through the teeth of the upper jaw; pain above and behind the right ear; pressure on the left side of the chest.

9.30 a.m.—Burning in the eyelids; quivering and blinking of the eyelids, with tears; pain on the outer edge of the left shoulder-blade; tearing pain over the left eye.

10 a.m.—Sensation of stopping in the ears; dull stitch through the left hypochondrium; frequent irritation.

10.15 a.m.—Pain over the left ear; drawing through the upper molars of that side; pain as if bruised in the left side of the chest and left hypochondrium, aggravated by movement; pain over the left eye. The pains are not violent, last

only a short time, change their place, and return to the former places, till mid-day.

Nov. 5th, 9.30 a.m.—Took 90 drops. In two minutes drawing pain through all the teeth; intoxication, with vertigo; drawing in the muscles of the nape; pain in the *ala nasi*; stiffness in the neck; heaviness in the head; rumbling in the bowels; confusion in the head, as if after spirituous liquor; constriction in the throat; pressure on the chest; inclination to cough, followed by repeated short fits; pain through both hypochondria, and in the right shoulder-blade.

9.45 a.m.—Burning pain about the navel, in the intestines, soon passing off; hands swollen through prominence of the superficial veins; drawing pain through the right shin-bone to the instep; blinking of the eyelids; stitch through the inner side of the left forearm; continued drawing through the upper jaw and teeth; shivering; sleepiness. In writing, the letters run into each other and are more legible when further from the eyes.

10.30 a.m.—Nausea; sudden call to urinate; burning in the urethra, near the glans; pain in the temporal bone behind the ear; pressive pain close under the left shoulder-blade, and in the ribs of the left side, on moving.

11 a.m.—The back, on moving, as if bruised; feet cold; fluctuating pain in the left side of the chest; pricking pain through the abdomen; paralytic feeling and heaviness of the arms, as if weights were hung on them; pains in the knees as if after a long walk; pricking and drawing pains in the left forefinger, and on the under side of the left great toe, and the lower extremity of the left ulna—the skin, on these parts, smarts as if burnt; uncomfortable feel all over; stiffness in the neck; drawing pain through the vertebral column forwards to the chest and from thence to the abdominal integuments as far as the navel; cold shivering all over, frequently repeated, upon which the confusion of the head ceases, though the pains in the chest and spine continue; pains close over the left elbow; itching in the terminal phalanx of the right middle finger at the bend of the joint; pain in the right kneecap; helplessness of the hand in

writing; unusual hunger before meals; in walking, powerlessness of the lower extremities, especially below the knee; no suffering for a whole hour after dinner.

2 p.m.—Drawing pain in the spermatic cords; pain at every step under the left heel and under the right inner malleolus; the pains in the chest, neck, and spine, return as in the forenoon, and last till evening.

6 p.m.—Pressive pain in the occiput, drawing round to the forehead; paralytic drawing in the knees and legs; tensive and pressive pain in the whole of the back, aggravated by stooping, and drawing round towards the chest.

8.30—Pricking pain in the meatus externus of the right ear; pressive pain on the left instep.

6th.—Unusual awaking at 4 a.m. with slight twitching of the muscles here and there; the third and fourth fingers on each hand "asleep;" pressure in the stomach with accumulation of wind; pain in the back, as if after excessive muscular exertion, on turning in bed; pressure in the upper eyelid; soon fell asleep again, but in a short time awoke again, in a gentle perspiration all over; felt the friction of the upper eyelid on the eyeball on moving both; itching of the anus; chilliness; pressure on the front of the chest with difficulty of breathing.

8 a.m.—Great weariness and sleepiness on awaking; hands and feet cold; drawing pain through the muscles of the chest, quite to the umbilical region, varying in intensity; pain close over the left elbow, then in the right shoulder, in the left side, and in the right forearm, drawing from one part to the other; a feeling in the muscles of the neck as if the neck were bandaged with a towel. On going into another room to fetch a book had to spend some minutes in thinking what he had come for.

No symptoms all day; but two hours after supper pain in the fore part of the parietal bones. In the thorax and extremities pains drawing all about as before. About 11 p.m., on going home, whilst making water, a sudden fit of asthma; can only breathe quickly and with exertion, as if he must choke with anguish; thereupon, nausea, alleviated by eruc-

tation. Difficulty of breathing continues still after going to bed.

7th.—Immediately after midnight awoke with oppression of the chest and short breathing; itching on the left instep; violent pain for half a minute in the left arm, drawing down from the shoulder to the outside of it. In half an hour sound asleep till 4.45 a.m. Awoke with gentle perspiration all over; violent itching over the scrotum; pain in the head, as the evening before; drawing pain through the upper teeth on the left, in the left shoulder blade, and through the left arm; chilliness; paralytic pain in the thigh, close above the knee; drawing pain through the whole back.

8 a.m.—Four lax stools in quick succession, of ordinary colour; moist catarrh for two hours with hawking of mucus; quite well all the rest of the day. Great inclination for wine; drinking it brings on neither determination of blood to the head nor headache, both which, at other times, followed from taking the same quantity.

8th.—On waking in the morning, heaviness in the head; dull headache in the forehead all day; stiffness in the neck.

4 p.m.—Drawing pain in the back, and tensive pain in the sides of the chest; drawing pain over the navel; pain in the right shoulder; anguish and oppression of the chest; difficulty of breathing; longing for fresh air, in order to breathe more easily; increased feel of heat over the whole body. Pulse 90 (usually 60—65). Serious indisposition; heat in the head; the hand trembles in writing; feeling all over as in influenza (having once had it formerly). Towards evening gradual disappearing of the symptoms, even including the confusion of the head.

9th, 4 a.m.—On waking, gentle perspiration all over, with normal pulse; slight, merely tearing pain in the head over the left eye, and in it; the bed of each eye agglutinated with dry mucus, and can only be opened by a strong effort; pain like a wound in the last lumbar vertebra, as if it were dislocated or broken; stomach-ache for an hour,

with eructation, and relieved by lying on the left side with legs extended (this symptom has shewn itself before, after eating shortly before bedtime); tonic cramp in the flexors of the fingers; the closed hand can only be opened with difficulty, whereupon no more cramp occurs; immediately on awaking frequent stretching and yawning, with pain in the throat, as in catarrh; frequent dry cough. Sound sleep from 5.30 to 8. At breakfast the remarkably yellow tinge of the face was observed, especially on the forehead, nose, and cheeks. Looked in the face like a jaundiced person, the white of the eye being dingy yellow; the red of the cheeks has a dark tinge from the mixture of yellow; stool thin, pappy, bright yellow, as in infants. Quite well all day except some pain in the right testicle.

10th.—At 4.30 a.m., on awaking, gentle perspiration all over; pains in the lowest lumbar vertebra; pressive stomach-ache, relieved by eructation, for one hour; then yawning and stretching, with cessation of the pain after discharge of flatus. A sleep of three and a half hours till about 8 o'clock. The yellow colour of the face is only slightly perceptible.

6 p.m.—Pressive headache all over; drawing pain in the occiput, through the upper molars on the right side, and through the two middle incisors of the lower jaw, over the left eye, and in the right fourth finger; stitch in the left side as far as the shoulder-blade; tensive pain in the whole thorax; pain in the right hip on rising from stool; the toothache extends high up into the right temple; drawing pains in the left middle finger, and in front of the chest towards the abdomen down to the navel; all day long itching in the inner corner of the left eye. Stool pappy, clear yellow.

11th.—Awoke as usual about 7. Skin less moist; shivering; drawing pain in the testicles and spermatic cords; pressure in the abdomen close over the pubes; tension and pressure in the brim of the pelvis; pressure in the eyeball, and burning in the lids; drawing pain on the inside of the right tendo Achillis. After rising, drawing

pain through the abdomen and left forearm; pressure in the nape. In writing, the letters run into each other. Pain on the outer side of the left wrist. No more suffering after 9 o'clock. Colour of the face normal; stool clear yellow, pappy.

12th.—On rising, about 4.30 a.m., skin somewhat moist; drawing, pressive, tensive pain in the testicles and cordæ seminales, with pressive pain in the occiput for a quarter of an hour; then, drawing pain in the under part of the rectus femoris, and from there to the knees, especially in the knee-pan, upon which it gradually ceases; eyelids heavy, perceptible friction of the lids with the eyeballs on opening them. At 8 a.m. pappy dark-brown stool.

13th, 14th, 15th, 16th, and 17th.—No symptoms. All this time, inclination for wine and dislike to cheese.

During the proving, he was obliged to make a heartier breakfast, to avoid the sensation of exhaustion and craving hunger, which sufferings otherwise came on.

Spirits from 13th to 17th lively.

Weather from November 5 to 17 west and south-west, with moist air; some rain in the interim; sky generally cloudy, and barometer low.

17th.—Barometer rose in the evening; sky clear; dry north-west wind. Barometer 2° below zero, Reaumur = 30° Fahrenheit.

18th.—Awoke about 4.30 a.m. with painful stiffness of the cervical muscles on the right side; stitch in the left meatus auditorius (externus); passive, tensive pain in the head over the forehead; drawing pain in the occiput; tightness of the chest; asthma; drawing pain in the parietes of the thorax, and thence to the abdomen; pain close above the left elbow; drawing pain through the whole of the vertebral column; pain in the neck aggravated by turning and bending the head back; frequent dry cough; frequent yawning; itching on the occiput. He stands up to notice the symptoms immediately. In writing, the letters seem to fly into each other; weariness; the pains in the neck grow more violent. About 5 he lies on the bed till 8. Chilly

weather, with clear sky. Pain in the cervical muscles on the right side on moving the head all day.

6 p.m.—Pressive pain in the forehead quite to the crown of the head; tensive pain all over the thorax, off and on; continual pain in the knee-joint, as if after a hard day's march, especially in the posterior surface of the patella, aggravated by walking; drawing pain in the hips; paralytic pain in the leg, aggravated by walking; repeated strong yawning, after which the pain in the forehead ceases; painful drawing in the inner side of the left leg; pain in the left knee more violent. In the evening in bed, pain in the lowest lumbar vertebra on moving.

19th.—Felt well all day. Chilly weather, with clear sky; towards evening the sky lowered again; the barometer fell; thermometer rose above zero (Reaumur); a storm south-west. Awoke towards midnight with drawing pain in the forepart of the chest, and asthma; pressive headache on the upper part of the forehead; a dry sensation in the throat on swallowing; violent pain in the left knee; stitch in the left meatus auditorius; pressure on the eyelids. Fell asleep again in half an hour.

20th, 8 a.m.—Drawing pain in the chest and scrobiculus cordis, and on the inner side of the right fourth finger. No further symptoms.

Dec. 3rd, 10 p.m.—Took two drops of the *Mother tincture* in water. In five minutes burning in the left nostril; drawing pain in the upper incisors on the left, and from thence to the upper and lower molars on the left; drawing pain in the right leg, through the lower part of left leg, on the inner side of the right thigh, and into the whole of the spine; stitch in the tip of the tongue on the left; a sensation as if the skin of the forehead was contracted over the left eye; burning on that part; on rubbing it, a sensation as if one were pressing a spot which had been violently bruised the day before; stoppage of the throat as if it were compressed; short fit of coughing; swollen feel of the left hand; sensation of heat on the back of the hand; veins of both hands prominent; the left hand feels heavier on

lifting it; drawing through the left side of the occiput. In bed, drawing pain behind and above the right ear.

4th.—Slept well. Much flatus at the usual stool in the morning; stool of brighter colour than usual; tormenting pricking itching of a small spot of skin on the outside of the left arm, close over the wrist.

10 a.m.—Took two spoonfuls of a solution of ten drops of tincture in a glass of water. Drawing pain on the outer edge of the left shoulder-blade; frequent yawning.

Spirits lively. The more exact observations were interrupted by a journey into the country. One hour after dinner, great sleepiness. Pressure on the under side of the glans and the orifice of the urethra. On awaking from a *siesta* of two hours (at other times sometimes half hour), dryness of the throat, remarked on accidental empty swallowing, which disappeared after one deglutition; drawing in the lower extremities; pressure on the occiput. In the evening, drawing in the spine, and in front in the lower half of the thorax, with difficulty of breathing, and pressure in the throat as if it were compressed; pain in the patellæ on walking. About 12, just before bedtime, three drops of the *Mother tincture*. The weariness disappears again, so that he spent half an hour longer reading in bed without being tired, although what he reads does not much interest him. In half an hour after the dose, painful and tormenting sensation in the glans, similar to what I have felt after strong erections; burning in the orifice of the urethra for a quarter of an hour, followed by a discharge of a drop of fluid. In the morning, pain in the deltoid and biceps of the left arm on moving it, so that he cannot put his coat on without help; distraction of thoughts. I forget to pull on my drawers, and in shaving I rise from the chair before my lips and chin are shaven. Pain in the arm all day.

5th.—At 8 p.m. took five drops in water. In ten minutes confusion of the head; piercing pain over the left eye, in the molars of the left side; burning in the intestines around the navel; (inertia, indisposition to labour); burning in the left upper eyelid. In writing, the letters seem less

distinct, as if the lamp did not burn bright enough ; (inclination to lie down). (The bracketed symptoms occur also when there is a threat of change of weather). The same sensitiveness in the glans and urethra as the day before, but not so much. At night, frequent sudden starting out of sleep, with violent pains in the left upper molars ; the teeth seem too long, and the pain is aggravated by chewing ; nostrils surprisingly dry, as if stopped up ; the eyelids can only be opened with difficulty, as if they were swollen, and smart when this is attempted, as if sand were in them ; burning in the upper lid, left eye ; nausea ; cutting in the intestines ; on repeatedly waking, pressure on the chest and constriction. He cannot draw in enough of breath at each inspiration, and therefore soon expels the air to inspire more ; a few very deep inspirations relieve the distress. Towards morning, gentle perspiration all over ; pains in the left side, drawing from thence to the back, aggravated by movement.

6th.—Pain in the last two upper molars on the left side, which prevents chewing all day (the farthest tooth being sound) ; drawing pains here and there in the left side and back. The pains in the left side gone.

7th.—Toothache in the last two upper molars on the left all day, also at night, waking him out of sleep. Does not know whether the pain is in the upper or lower jaw ; only the two upper teeth painful to the touch.

8th.—Just as December 7th.

9th.—The two teeth are only sensitive when touched.

10th.—Twelve o'clock at night, five drops of *Mother tincture* shortly before bedtime. Before going to sleep, a sensation of warmth all over the body, with oppression ; drawing through the upper incisors. Restless sleep, frequently awaking, when he had dreams of various symptoms, of which he had no recollection in the morning.

11th.—On awaking, burning itching in the eyelids ; gentle perspiration all over ; stoppage of the left nostril ; drawing in the back ; weariness.

12th.—At 10 a.m. ten drops of *Mother tincture*. In one

hour and a half drawing pain in the teeth; burning in the nostrils; drawing pain through the abdomen; cutting pain through the epigastrium; nausea, diminished by eructation; nipping in the intestines sometimes before stool; spirits lively; increased briskness; pressure on the eyelids on awaking in the night; paralytic symptoms in the limbs, especially in the lower part of the legs; drawing pain in the left forearm and on the back of the hand; pressure and tension in the brim of the pelvis.

13th, Morning.—Drawing in the back, and on the outer edge of the left shoulder-blade; tension and pressure in the perineum, drawing in the nape; cold in the lower part of legs.

Tuesday, March 13, 1862, 10 a.m.—I chewed a small leaf of the vernal shoot and swallowed the juice. It coloured the saliva sulphur-yellow; taste disagreeable, rather sweetish bitter, much more acrid than the leaves of the plant when flowering, with slightly acid after-taste; burning in the whole cavity of the mouth, as if after Cayenne pepper; burning of the lips; most of all on the tip of the tongue, with a feeling of heat in the mouth; burning down the œsophagus quite into the stomach. In ten minutes a sensation of swelling on the larynx, with pressure on it and the trachea; nausea; sense of fulness in the abdomen; grumbling in the intestines; vertigo and reeling. In half an hour unusual urgency to urinate, with no discharge; clonic spasms in the eyelids; on trying to keep them open they are forcibly closed; loss of power in walking; pressive pain in the middle of the right thigh in the rectus femoris; hot feel in the teeth; confined respiration after dinner; weariness, and sound sleep half an hour. In the afternoon till 4, great weariness and indisposition to exertion, about 5 a very hot cup of coffee was taken eagerly, upon which, at once, the high temperature of the beverage was beneficial; pressive pain over the left eye; burning in the left eyelids till bedtime; pressive, drawing pains in the left side of the occiput, and also over the mastoid process of the same side; periodic pricking pain in the left parietal bone; paralytic pain in the

left shoulder and the whole of the arm; stiffness in the back and between the shoulders; drawing pain in the left forefinger; frequent fits of coughing; sense of stoppage in the ears, with singing in them; burning pain in the skin on the cheeks near the ears; cutting in the intestines close over the navel; frequent yawning. Just before bedtime itching burning close under the nape of neck. In the night he was awakened by his wife, who was disturbed by his loud-toned, rapid, whistling respirations; he had just dreamt that he had escaped in a deadhouse from a naked corpse, who sprang from the bench and seized him with his hands by the neck to throttle him; though he was not wont to dream at other times, nor had anything happened which could excite such a dream. Besides, he could not remember that in the dream he had suffered any anguish.

After awaking, a sensation as if the trachea and larynx were narrowed by a tumour, with tickling in the larynx and short, dry cough; difficulty of breathing, with great calmness; slight shivering; a sourish taste in the gullet, as if after chewing liquorice or dulcamara; perspiration, especially in the palms of the hands; frequent discharge of flatus; sensation as if the eyelids were swollen, with sand in them. In the morning itching, on a small spot in the middle of the forehead; a red, inflamed, elevated, spot there, with a central tubercle, as when a small pustule is forming; in a few hours it disappeared.

Friday, 14th March, 10 a.m.—I chewed a bit of the peeled root, having just previously chewed a little leaf. The root, of the colour of carrot, had also at first a carrotty taste; soon after very bitter, much bitterer than the plant; and afterwards, like the plant, acrid. The symptoms of the mouth were the same as the day before, to which was added a painful drawing in the teeth. In a quarter of an hour, on fetching a deep breath, painful tension all around on the inner side of the thorax at its base. Some minutes after, a stitch, first in the left, then the right of the thorax; eructation; fit of coughing.

2 a.m.—Drawing pressure in the back all the way to the

sides of the chest, in the left molar, the left temple, and left parietal bone; sensation of heat in the left side of the head, the left cheek, and right meatus auditorius.

24th.—Took five drops of the fresh tincture at 10 a.m. The tincture burns more on the tongue than that prepared in the flowering time; directly after, nausea, and a sense of emptiness in the stomach, as in bulimia; obliged to eat white bread to remove the nausea; anguish and oppression; sense of heat all over; griping in the intestines above the navel; drawing in the teeth; stitch in the left parietal bone; feeling of determination of blood towards the chest; giddiness in the head. In a quarter of an hour, cold feel on the inside of the right calf in the skin, extending to the thigh, as if these parts were stripped of clothing; cold feel in the toes; sensation of heat and swelling in the hands; prominence of superficial veins of the hands; feeling of stiffness in the nape. The burning on the tongue has ceased, and instead of it the sensation is as if one had tasted vinegar some time before. In half an hour, burning in the left cheek with sensation of heat there; drawing in the back and sensation of heat in the intestines below the navel; feeling of heat in the left eye, and pricking in the inner cornea; cold feeling in the knees; nausea; vomiting up from the stomach commenced again; pricking on the left cheek; itching in the anus; burning itching on the right cheek, near the ear; sensation of heat in the stomach; cold in the lower part of the leg; sense of stiffness in the left knee with burning in the joint; severe fit of coughing without expectoration; collections of water in the mouth; pricking in the left side of the lower lip repeatedly; pricking in the orifice of the urethra; pressure in the occiput; hollow feel in the stomach; burning of the skin in the temple towards the left eye; pressure in the root of the nose; itching on the scrotum, and then in concha of the right ear.

April 6th.—In order to try how the effects of the plant proved when further developed, I chewed bits of leaves from plants in different habitats. The stem was beginning to

grow. In regard to the taste, the following facts were established :

1. The young leaves taste more acrid than the older.

2. The plants in moist hedges have hardly any acidity, even when exposed to the sun.

3. The plants on the sunny side of a high wall immediately after chewing (at 10 a.m.) cause burning in the tongue, nausea, and a scraping sensation in the throat; upon which I spat out the chewed leaf. In five minutes, determination of blood to the head; sense of empty hollowness in the stomach, like that in bulimia, with exhaustion of the strength in walking; oppression of the chest and difficult inspirations; stitch in the left kidney on taking a deep breath; pain in the left shoulder-blade on the lower angle, and in the left axilla; stitch in the left hypochondria; collection of water in the mouth; tensive pain in the scrobiculus cordis on deep inspiration. In a quarter of an hour, tearing in the forehead over the right eye; fit of coughing without expectoration and without any provocation; sense of heat in the bronchial tubes; eructation; burning in the upper lip; pain on the inner side of the right knee; itching of the anus. In half an hour after, all sufferings ceased.

8th, 9 a.m.—I took about one drop of the milk flowing from the plucked leaf-stalk of a strong plant on my tongue. It caused a burning corroding sensation on the tongue, followed by nausea and sense of fulness in the abdomen. In five minutes a sense of heat in the teeth; pressure like that of a ribbon on the forehead and temporal region, and the anterior lobes of the brain, inside the cranium; stitch in the border of the ribs on the left in the cardiac region; violent itching on the back of the right hand near the joint of the third finger; fit of coughing without expectoration or previous provocation. In half an hour itching pricking sensation in the inner corner of the left eye; transient tearing over the left eyebrow, and then over the right, in a diagonal direction; pricking pain in the left meatus auditorius; pressure in the occiput with drawing pain in the occipital muscles on the left side towards the nape; pressure

in the larynx; slight pricking in the amygdalæ after empty swallowing; pain in the spine between the shoulders; weight and pressure in the brain; eructation. In an hour after the experiment, no symptoms remained.

In the afternoon I tried experiments with the external application. Fresh juice streaked on the hand had no effect, except the yellow stains very difficult to remove; nor rubbing in the tincture on the left hand. Upon this I rubbed five drops of the fresh-prepared tincture into each eye. This caused no sensation on the lids. The tincture that was put between the lids into the eye, caused burning in the eye, especially in the lachrymal gland, and a sense of heat in the eye. In one minute these sensations ceased, and in their stead commenced a feeling of freshness and coolness in the eye. In half an hour I washed the yellow-stained lids (so the medical fears about the caustic effects on the eyes are unfounded). The soap used for this purpose caused slight burning of the outer skin of the eyelids. In half an hour, pressure on the forehead and transient tearing over the right eye; pain in the three left upper back teeth on chewing, and pressure also of the gum on that side; pressure between the shoulder-blades in the spine.

9th.—Pain in the teeth as on the previous day; towards evening, continued pains in them without being touched. A leaf of *Chelidonium* bruised and laid on the suffering teeth removed the pains for half an hour, after which they became very violent till bed-time, and extended to the left ear; cold water in the mouth relieved them.

10th, a.m.—Pain in the said teeth on pressure, all day. On awaking pressive pain in the left upper eyelid; the conjunctiva of the lower eyelid is much reddened. Heaviness and drowsiness all day.

11th, a.m.—Awoke with extraordinary perspiration, and no cessation of pain in the teeth; tongue coated yellow.* (Previously, when suffering from a cold, or, more rarely, from toothache in consequence of a cold, I used to get rid of it when perspiration commenced. Therefore, in this case, I considered the perspiration as well as toothache as *Cheli-*

donium symptoms, which, from the quickly repeated action in various ways on the 8th and 9th, set in more continuously than I had intended. Besides, nothing had preceded to account for the pains in the teeth, which, moreover, had constantly set in during previous provings.) Towards evening the tooth pains grew more violent (the air had cooled and an icy northwester blowing); the gums very painful to the touch in the left upper jaw; frequent unusual erections; weariness all day; perspiration immediately on lying down. Awoke about midnight with violent pains in the left upper jaw and the corresponding jaw teeth, drawing to the left ear and eye. Because the pains hindered sleep, I got up and read till 2, when drowsiness came on and quiet sleep till about 7.

12th, 7 a.m.—Awoke with toothache (weather as yesterday evening; thermometer at zero; the wind brought some flakes of snow). Tongue thickly coated yellow, with red edges, on which the pressure of the teeth leaves visible marks; the left half of the face burns and is reddened, swollen, and tensive, as if from *Rosa*, also the left ear. The redness ceased in half an hour after rising. Drawing pain in the left upper jaw, the left nostril, the left eye, left ear, left temple, left half of the nape, left shoulder-blade, left ankle; cold feel in the feet, especially the left; collection of water in the mouth; the left upper gum and left half of the hard palate swollen and red; weariness and drowsiness; pain in the palate and gum on the left, aggravated by every movement of the mouth; pain in left side of the throat on swallowing; stiff neck, left side; much thirst; drawing in the thorax; no stool as usual soon after rising; small pustules with red border on the neck, shoulder, and head, *all on the left*; appetite unaltered; some sleep after dinner. Awoke with confusion and heat of the head; every movement of the mouth makes the pain in the teeth more violent; mouth always full of stringy mucus; the pain on swallowing is less remarkable, but violent on the left side of the palate from the pressure of the tongue during deglutition; tongue still thickly coated yellow; pulse all day about 100; urine

not altered in quality, passed frequently from drinking much water; no stool; tightness of the chest, as if compressed by a cuirass; pain in the left hollow of the knee; the outside of the neck on the left, and the left cheek swollen and painful on pressure; the left ear as if stopped; great languor and feebleness, so that a walk in the country had to be given up. The pain in the jaw and mouth only permits speaking in a low voice; the tongue cannot be fully extended, nor the mouth opened as wide as usual. Looked ill; shivering after drinking water; the eyelids fall when writing; shivering chill for some minutes on lying down in the evening.

13th, a.m.—General perspiration not so dense; tongue coated more white than yellow. On the left side of the hard palate, near the farthest molar, a whitish coloured tumour of the size of a bean, out of which, after puncture with a lancet, some thick, yellow, inodorous, and tasteless matter issued; pains in the teeth, jaws, and palate, milder than yesterday; swelling on the neck diminished; stool not till noon, very dark brown, consistence normal. At stool the anus as if swollen, with pain like a wound in it afterwards.

14th, a.m.—Drawing in the spermatic cords and testicles; swelling of neck and cheek gone; drawing pain in the upper jaw towards the left eye and ear; the teeth still a little painful on pressure, also the palate when touched with the tongue.

EXPERIMENT ON MY WIFE.

Aged 32; temperament, choleric, nervous; hair, dark brown; frame, weak muscles, tendency to leanness; digestion, can only eat a little at a time; dislikes water and fruit, can only drink water when very thirsty; indigestible food causes acidity of stomach and loss of appetite; wine and old beer agrees with her; skin dry, little inclined to perspire. Till puberty, scrofulous swelling of the nose and upper lip, afterwards, migraine and spasms of the stomach. Shortly before menstruation frequent swelling of the abdomen and

pain in the sacrum; had six living children; cough from taking cold; internal organs healthy; in perfect health at the time of proving; mind acute, with fine perception; highly sensitive to medicine, even much diluted.

Oct. 28th, 1861, 10 a.m.—Took 30 drops of the *Mother tincture*. In ten minutes unpleasant heat in the pit of the stomach; jerking of the fingers of the left hand; jerking in the eyelids; sensation of constriction in the muscles of the nape, as if the head were drawn back.

In twenty minutes weight in the back of the head; humming in the ears, which seem as if stopped; burning in the eyes; dryness and sense of constriction in the throat, forcing her to swallow; difficulty of swallowing; eructation; hic-cough; cramp in the fingers of the left hand; often obliged to pass water. In the nose a sensation as if cold air were streaming through to the throat on inspiration.

In two hours had to pass water six times in quick succession, in small quantity; tearing pains in the teeth of the lower jaw, *left side*, increased by chewing; obliged to take deep breath for five minutes together; difficulty of breathing; pain in the knee-joints. She cannot extend her left leg without violent pain in the knee; pain like a wound in the knee-joints, increased by pressure; feels as if the temples were compressed.

7 p.m.—Tightness of the chest; pain in the left knee; sensation as if the left hand were swollen, benumbed (without feeling) and paralysed, as if she could not bend it; amelioration by rubbing it; several times a dry short cough; burning and redness of the left cheek; feet as if paralysed; pricking like needles under the left heel; burning in the left leg; the weight and tension of the muscles of the nape and occiput have gradually ceased; the articular surfaces of the knee-joint painful on moving, as if injured.

About 11 p.m.—The knee pains cease, but violent pains in the occiput set in, with dull pressure and weight; on lying down, she cannot raise her head, but has to lift it with her hands; occiput painful on feeling it, as if it were broken loose from the rest of the cranium; sensation as if the head on

being raised fell forwards, whilst the occiput lay still, held fast by the nape; the same sensation on awakening frequently in the night; otherwise, as if benumbed.

29th, a.m.—Feeling like a wound on the under surface of the left knee-joint; in walking, she must put out her left leg at full length, and, after bending the knee, is obliged to extend it slowly, lest the movement should excite violent wound-like pain in the joint. Sudden cessation of the pains twenty-four hours after the dose.

31st.—Menstruation commenced two days too soon; increased, but without any suffering.

Nov. 5th, 1861, 9.30 a.m.—Took 90 drops. In ten minutes pain in the occiput more violent than in the first proving; pains in the eyes, as if the lids were forcibly pressed down; short and difficult breathing, with oppression and anguish in the chest; breath hot; mouth and lips dried. In half an hour twice obliged to pass water, with cramp-like pains in the urethra; bruised feel in the legs; stumbling gait; shivering; unusual sense of hunger; sudden pricking in the left eye, with a feeling as if it were torn out, five times in succession; feel in the left lower teeth as if they were all loose, shaky, and too long.

At noon.—Restlessness and agony of conscience as if she had committed a great crime and must run away, and yet could find no rest; trembling all over the body; glowing heat all over the head; both cheeks with a well-defined patch of dark red; thirst; pulse full, 90; nausea, as if fainting; can only get into bed tottering; violent pulsation in the arteries, with violent pains all over the head, from ear to ear, with dread of light; speaking becomes difficult; all the limbs as if bruised; the heat in the face lasts half an hour; feet icy cold; cold shuddering, as if swilled with cold water; during the ague fit, short quick breathing; legs as if paralysed and dead; violent pain in all the teeth in speaking, and in both jaws; frequent yawning; nausea on attempting to take broth for dinner; she can get nothing down; frequent dry short cough; provocation to cough in the larynx; frequent stitch and jumping pains in the left temple; looks ill

and suffering; pale sunken face; on closing the eyes, whereby the pain in the head is somewhat alleviated, singing and ringing in the ears; she believes she cannot think, and has lost her intellect. A fit of anguish, with nausea and retching about 3 p.m.; during the anguish bright glittering specks before the eyes; she cannot clearly distinguish any object; she gets up.

About 4 p.m.—The tearing pains in the head transversely crossing the crown become intolerable, forcing tears; from walking she is so faint as to be obliged to go to bed again; she raises herself in agony, and tears the clothes from her neck and chest; vomits some mucus, without relief from headache, and thinks she must die; faints for a long time; the extremities feel cold; pulse and beating of the heart imperceptible; rubbing the soles of the feet restores consciousness, but she declares she does not feel the rubbing; continuance of rubbing relieves the headache; she says it is as if all her intestines were torn out of the abdomen, producing loss of her senses; milk is more agreeable to her than ever it was before; attack of violent pain in the sternum at each inspiration; cold all over the body; in spite of warmed covering she cannot get warm in bed; pulse 50, the intervals not quite uniform.

About 7.30 p.m.—Is able to leave her bed; head less painful; from time to time tearing in the left eye and left temple; she can eat some bread and butter; feels very languid and drowsy, and cannot move at all; she wishes the room to be quite hot, the heat is a comfort to her; twitching in the arms and legs and head on moving her arm; pain like a bruise in the sacrum on moving.

About 8.30 p.m.—Pressure on the pit of the stomach; frequent waking at night; cannot think aright on any subject; pains in the occiput; incoherent dreams; awaking with a short cough.

6th.—In the morning weight in the head, and on moving, pain in the lumbar vertebræ as if they were crushed. No symptoms then till 5; inclination for acids; pulse 90.

About 5.—The pains in the lumbar vertebræ become more

violent, and draw forwards to the chest; trembling all over; anguish, restlessness, oppression of the chest; her clothes feel too tight on the chest; glowing heat in the face; burning in the cheeks, which are coloured with dark-red patches; dryness of the mouth and throat; thirst; cannot take a deep breath for pains in the front of the chest; at each inspiration pain inside the chest, with short dry cough, which increases the pains, and causes torture after short pauses; violent pain at every breath all round the lower angle of the shoulder-blades. She is obliged to sit upright, and durst not move, because it makes the pains in the chest intolerable; is obliged to breathe short and quick to enable her to endure the chest and back pains in any measure; heat and anguish till 7; the chest pains increase in violence till 9, after which they cease. She could take nothing at supper-time but water.

About 11.—A little more appetite again. All through the night awoke often from short cough, with pains in the back, and strong twitching in the occiput.

7th.—No symptoms till 2 p.m. About 2, pains in back and sacrum; four stools in half an hour, pappy, with some pains in the intestines.

From 3 to 4.—Violent pains around the navel; pains again in the chest on inspiration, aggravated by movement; spasmodic pains close over the pubes, with frequent urgency to pass water; pain across above the navel, as if the abdomen were constricted with a string, till 6.

8th.—Sound sleep all night; cannot rouse herself properly; inclination for vinegar and sour food; vinegar tastes less sour; pain in the shoulder all day; worse when moving.

9 p.m.—On getting her clothes ready for the wash, staggering from faintness, with feeling of anguish in the chest, trembling, and short cough; is obliged to go to bed, and soon falls asleep.

9th, 8 a.m.—Continual pain in the right shoulder, more violent than yesterday; fits of anguish in the evening, with a feeling as if perspiration were breaking out on the forehead; felt quite well in the open air.

10th, from 8 till 2.—Drawing pain in the occiput, with

anguish in the chest, by which the appetite is gone at dinner time, with tendency to weeping; pains in the left shoulder-blade and sacrum the whole day. At night, frequent awaking from toothache in the left upper jaw.

11th.—Since the proving, she has never been able to recollect in the morning what she has dreamt; often awoke in the night from toothache; hair comes off in quantities from the occiput by combing.

12th.—The lower lumbar vetabræ and the shoulder-blades painful under pressure; pustules on the right cheek like chickenpox; toothache in the night as last night.

17th.—Every night till to-day, toothache; daily loss of hair from the occiput; hair over the right ear matted for the breadth of four fingers; hair drier than usual; pustules on the bosom; pain in the sacrum and headache in the occiput, from morn till noon.

About 3.—Dull pain in both jaws on the left side, drawing up towards the eye close to the nose, and even to the temple; throbbing pain there, close to the nose—throbbing as when a gumboil is going to form (she once had a gumboil on this spot); the pain is increased by touching the left side of the face.

From 6 to 8 p.m.—The above-mentioned pain increases to great violence (chilly weather commences with the midday breeze); this pain is relieved by a magnetic pass with the hand; continued chills; often awaking in the night from these severe pains; sound sleep from 5 o'clock.

18th, about 2 p.m.—Pressive pain in the region of the liver, on the edge of the ribs; the very pressure of the clothes there causes severe pains; much eructation; coffee prevents it.

About 5.—The same pains in the teeth as yesterday; they feel too long; the painful spot on the cheek appears to her swollen and gathering, though no swelling is perceptible; pains in the knee-joints, the calves, and lower part of the leg, till 9; the calves are painful when grasped; she cannot advance her legs to walk without fatigue, and often knuckles at the knee.

19th.—She awoke with strong catarrh ; as she sometimes suffers in this way, it may easily be due to other influences, so that the subsequent symptoms have no longer any value. She has grown thinner during the proving.

The catarrh left her in a few days, and the symptoms that still arose for some days were feeble exhibitions of the previous ones.

December 3rd, 10 p.m.—My wife took two drops of the *Mother tincture* in half a glass of water.

In ten minutes, pricking pain in the region of the larynx ; pain in the cartilage of the larynx, with a sensation as if the neck were swollen externally in the region of the larynx, followed quickly by a stitch through the larynx, externally and internally in the throat ; a sensation as if the wind could not pass owing to swelling of the larynx ; dryness in the throat ; the throat seems constricted ; eructation. In five minutes more, the sudden pain in the throat better ; copious discharge of water by drops from the left nostril (less from the right), with burning of the outer edge ; in half an hour, pain in the region of the liver, quickly drawing downwards transversely above the navel through the intestines ; she feels as if on this place the abdomen were constricted by a cord ; in bed, much flatus.

4th.—Had slept well ; urine in the morning turbid directly after passing ; stool more lax than usual ; less appetite for breakfast.

About 9 a.m.—Two spoonfuls of a mixture of five drops of the *Mother tincture* in half a glass of water.

In five minutes pain in the left shoulder, drawing down to the deltoid. In half an hour pain in the lower part of the diaphragm on the right, reaching to the side ; in the palm of one hand, aggravated by each inspiration ; sudden call to pass urine twice in quick succession. In half an hour, the pains of the chest increasing ; pressed to pass water every quarter of an hour—five times in one and a half hour.

11 a.m.—Took a table-spoonful. In ten minutes pain in the right knee-joint, aggravated by movement.

At 2 p.m.—Two drops at once in water. In ten minutes

pains over the navel in the intestines, with constriction across; oppression in the chest; want of breath; pressure in front of the stomach; pain, like a crush, from the right shoulder-blade under the spine; pain in the last lumbar vertebra, as if it were broken; tensive pain in the head, as if from a band over the eyes; pressure and pain in the eyes, as if they were squeezed in, on the upper part of the eyeball, more in the left than the right; she keeps her eyes closed, because of the relief it affords them; sudden severe anguish with palpitation of the heart; the pulsation is not more frequent nor is it irregular, but so intensified that the clothes are lifted by the movement communicated to the thorax, and she hears the beating of her heart so plain that she fancies others must hear it; pain in the inguinal region which prevents her from walking, by 4 o'clock.

Several times stitches lasting some minutes, on the right side of the thorax, which compel short breathing, and are intolerable when deeper breathing was attempted; great cold in the face; cheeks pale and felt quite cold for two hours; pulse generally 70, now 50; stool once, bright yellow; great weakness; frequent yawning; languor and prostration all over the body; total loss of appetite. Slept from 7 till 9 o'clock sitting on a sofa; cessation of headache on awaking; pressure on the stomach; oppression of the chest; in the nape and shoulder-blades, a sensation as if the bones were torn out of their place; cold feeling all over without diminution of temperature; frequent eructation, whereby the stomach is somewhat relieved; taste somewhat bitterer; continued dry cough in two fits in quick succession; when coughing, pains in the chest and sacrum; pain in the larynx; pain in the right knee as if it were broken.

At night on awaking often confusion, and heaviness in the occiput; if she wishes to sit upright, the occiput seems to be fastened on the pillow.

5th.—After getting up muddled and beclouded; pain in the sacrum on moving.

About 5 p.m.—Confusion of the head and vertigo; nausea, as if she must vomit; palpitation of the heart, as yesterday,

with anguish for some minutes, but not so violent; total loss of appetite; eructation, relieving the nausea; frequent yawning; pain in the occiput with which a sensation commences as if the head were drawn backward.

Since the proving she has become strikingly thinner.

6th.—In the night, twice, so bitter an eructation that it made her shudder; the bitter taste continued.

At 10 a.m., *Chelidonium* 6, twenty globules at once. In half an hour after, pressure on the bladder three times in three quarters of an hour, with discharge each time; eructation; frequent yawning; pain in the last lumbar vertebra, alternately with pain in the shoulder-blades, aggravated by movement; loss of appetite; pains in the inguinal region, hindering walking. From 1.30 to 2.30 burning heat in the left cheek; a small circumscribed spot on the left cheek, which in a quarter of an hour attained the size of a crown-piece, circular, dark-red, and somewhat raised; eructation all day; great languor.

8 p.m.—Pains in the last lumbar vertebra; she cannot sit straight up, as if she had no strength in the sacrum; less pain in the sacrum on bending the upper part of the body forwards; stool twice, pappy.

7th.—In the night, on awaking, she can with difficulty raise her head from pain in the occiput; pains in the first cervical vertebra, aggravated by moving the head, and by pressure; she has eaten scarcely anything for some days. Boiled meat is very disagreeable to her. The pain in the neck continued till 2 p.m.

In the morning after rising, burning in the eyelids and pressive pain in the eyeballs, as if they were squeezed into the head; worse on the left side; redness and swelling of the lower eyelids, and also redness of the conjunctiva of the lower lid. In the forenoon she took nothing; at noon only two spoonfuls of soup; tongue clean; eructation all day.

2 p.m.—When the pains in the neck ceased, a red, hot, circular, somewhat prominent spot, as yesterday, on the left cheek, lasting two hours. In the evening, violent pressive pains in the left eye, in the middle of the ball, as if it were

so large that the upper eyelid could not be closed over it. alleviated by closing the eyes; the conjunctiva of the lower lid is reddened; frequent weeping; lamp-light aggravates the pains; failure of appetite.

8th.—No more symptoms; appetite better.

9th.—About 10, as she was standing in the pantry, busy with the preserve pots, she suddenly felt uneasiness in all her limbs, compelling her to make movements. She strove to stand still, but was obliged to step out, and to move her arms; she could not describe the sensation that she experienced; she had to walk up and down for a few minutes, and then was able to stand still again. If she were to make a comparison, she might be like one who suffered such restlessness as not to know what to do. She has not, with this, experienced any disquiet or anguish of mind. Afterwards, it was agreeable to her to be able to sit down.

She had a similar attack previously, Dec. 5th, p.m., whilst sewing, when she was quite well, but said nothing about it because she thought she could not describe the sensation with sufficient accuracy. She had to get up quickly and walk about, whereupon she soon got rid of the restlessness in her limbs.

10th, 11 a.m.—Took 30 globules of *Cheilosium* 6. In ten minutes oppression of the chest, with eructations, which relieve it; heat for an hour, mounting up from the chest to the throat as far as the larynx. In half an hour after the dose, a red spot on the right cheek; now and then the spot extends over the whole cheek.

On the upper part of the right cheek many red pimples, somewhat raised in the centre, feeling rough; on the left cheek, a circumscribed red spot of the size of one sixth of a thaler, for an hour and a half; repeated yawning; half an hour after the dose, passed urine twice in quick succession, after great urgency. About 1 p.m., anguish and strong pulsation of the heart for ten minutes, obliging her to sit down while it lasted; pains in the sacrum, aggravated by moving. Towards evening, pressure in the region of the larynx; sensation as if the throat there was swollen, so as to impede respi-

ration; great weariness, as if she could sleep as she sits; sudden violent pain in the knee, aggravated by standing. At 9 she went to bed, as is her custom; awoke frequently with pain in the throat, increased by swallowing; dryness in the throat; the same feel of swelling in the throat on the larynx, hindering respiration; pain in the left knee; mucous discharge all day from the vagina, colouring the linen yellow.

11th.—In the morning, burning pain in the left eye on awaking, which gradually ceased after getting up; good appetite. About 4, pain in the sacrum and the region of the kidneys, which is very sensitive to pressure; the pressure of the tapes of the body-clothes causes pain about the kidneys; urine, lemon yellow, turbid; urgent pain in the bladder, with spasmodic quivering pains in the inguinal region; after these pains ceased, oppression of the chest.

12th.—Morning; repeated urgency to urinate; spasmodic drawing in the inguinal region; turbid lemon-yellow urine. In the evening, clear urine; mucous discharge from the vagina.

10 p.m. took 60 globules of *Chelidonium* 6; in ten minutes spasmodic pain in the region of the loins on lying down; in bed, violent pain in the scrobiculus cordis, as if the stomach were constricted; awaking in the night with pressure on the occiput and shivering; violent pains in the upper cervical vertebra, aggravated by moving. From the vertebra the pain draws to the crown up to a spot of the size of a vetch, in which violent jerking and pricking is felt; occiput heavy, as if it could not be raised from the pillow; stupefaction; pain in the region of the kidneys; mucous discharge from the vagina all day.

13th.—From pain in the region of the kidneys she could not lie on her back, and was also obliged to change sides often, finding most relief from lying on the abdomen. In the morning on rising, violent pricking in the region of the kidneys, compelling her to cry aloud, and causing her to crouch down; in the room, anguish, trembling, vertigo, heat in the head; she must go into the open air, where she gets better; wretched pale face; the head sufferings still continue

as in the night; the jerking and pricking on the little spot on the crown worse; cannot touch it without exciting violent pain there; disquiet of mind, wishing to die; pricking in the lumbar region, increased by walking, especially in the left side; better towards noon. In the afternoon, periodic urgency and pressure on the rectum, as if she must go to stool, without any result; heat all over the face; cheeks red and burning. Towards evening great drowsiness; her eyes closing as she sits; if she is awakened, she falls fast asleep again; trembling in the wrists and fingers.

14th.—She had dreamt about a journey in long detail, and could remember the most minute circumstances on awaking; chill and shivering in the night on awaking, with heaviness and trembling in the knees. Forenoon, trembling in the knees; heaviness in the knees and legs, as if she could not step out; stool very hard and difficult, with pain in the rectum. About 4, heat in both cheeks for half an hour. At 6, shivering chill for a quarter of an hour, with shuddering chattering of the teeth as if icy-cold water were poured all over the body; then great heat, especially all over the head; heat in the cheeks; face red and swollen; thirst for half an hour; pulse 90; then oppression of the chest; difficulty of breathing; violent pricking pains in the region of the kidneys, increased by moving; smashing pains in the upper part of the legs, extending to the calves, aggravated by walking and by touch; heaviness in the legs, as if she had to drag a great weight at each step. Evening, cutting pain in the urethra on passing urine, still continuing afterwards; hands burning hot, swollen half way up the forearm; she cannot keep her shoes on, because they seem to be too tight, though they are tolerably wide; great tension in the lower part of the legs.

15th.—In the night frequent awaking from tensive pain in the thigh, two hands' breadth, midway between the hip and knee; stiffness in the knee-joint; paralytic drawing in the knee-, wrist-, and ankle-joints; pain when touched in the legs and forearm. In the morning the right arm as if paralysed, with sensation of numbness and cold;

the temperature actually lower than in the left arm, relieved by rubbing; good appetite at noon. From 2 to 6 p.m., violent pricking in the right side of the chest; she has to draw her breath slowly and continuously on account of the pain; can only speak softly; sometimes dare not touch herself, or speak, and so is able to hold out; has to pull off her shoes and loosen her garters; swelling of the legs; visible oedematous swellings all about the thighs as well as the calves; the hands and lower arms oedematous, still more swollen than the day before. She dreads becoming dropsical, because her legs again seem so thick and heavy. Feeling of tumour in the thighs, two hands' breadth midway between the hip and knee. In the evening, good appetite; half an hour before supper, shivering chill for some minutes.

16th.—Good sleep the night before, with gentle general perspiration. In the morning, no more swelling in the arms and legs; p.m. pricking jerking pains somewhat to the right, from the lower part of the sternum right through to the spine, aggravated by movement and inspiration; pressive pain in the head; in the highest cervical vertebræ pain on turning the head; increased pain in the chest from bending the trunk forwards; and in the spine from bending backwards; frequent evacuations, whereby the pains in the chest are relieved; indisposition to move; pale face. About 8 p.m., when sitting on the sofa, had to rise suddenly and walk about, whilst she still had pains in the head and chest, could not for the world sit still; she involuntarily grasps her wrists with her hands, squeezes her hands together, and during the fit cannot prevail upon herself to speak of her condition; after a few minutes, during which she walks about the room, she is able to sit down again. During this muscular restlessness she felt no pains in the chest and head; afterwards the pains set in again. At first she tried to remain sitting, but her feet would rise up in spite of her.

17th.—Slept well till 4; awoke with the pain in the right shoulder-blade; worse on inspiration or by mov-

ing the right arm ; the pains draw, after rising on the right side, round to the chest, which is oppressed in consequence. After dinner, cessation of pains till 2 p.m., then they were more violent till evening.

18th.—After going to bed last night she was seized with violent pain in the right shoulder-joint, whither the pains suddenly withdrew from the shoulder-blade ; if she tries to move her arm she cannot, because then it feels as if it were broken ; the right arm is then quite cold and stiff ; the pains draw from the shoulder to the wrist. In the course of the forenoon, the pains gradually cease. On rising, vertigo, nausea, and watering of the mouth. About 9 a.m., burning over the eyebrow towards the temple, and then over the forehead up to the crown, with pressure deep into the brain, getting worse towards evening. About 8 p.m. sudden cessation of the head pains, and sudden violent pain in the right side in the region of the seventh and eighth ribs, increased by inspiration and movement for two hours. With that, renewed pressure on the brain. At night, awoke with violent pains in the left lumbar region and no headache.

19th.—Towards morning, pressure on the scrobiculus cordis, with oppression of the chest, and difficulty of breathing ; the seventh and eighth ribs on both sides painful to the touch, and at every inspiration as if they were wounded, worse on the right, and lasted longer ; a cold sensation draws from the spine out to these ribs, and on in front to the sternum, more in the right than the left ; frequent yawning and eructation ; a tensive, spasmodic pain, drawing from above and outside, downwards and inwards on both sides, in the inguinal region ; lemon-yellow urine, turbid immediately after passing.

20th.—The urine of yesterday morning is still turbid, with a mucous grayish-yellow cloudy sediment ; the inner surface of the pot, as far as the urine reached, is covered with reddish-yellow crystals of uric acid. The urine of this morning is again turbid when newly passed, as yesterday ; towards noon it has again a greyish-yellow cloud at the bottom, and uric acid precipitated, as this morning ; the

urine passed shortly before dinner is less turbid, but that in the afternoon is clear; both the ribs are still painful to the touch in the morning and all day, worse p.m., when the cold feel and pressure on the scrobiculus cordis again set in, with difficulty of breathing. Towards evening a mournful sorrowful voice; she fears she has ruined her health by the proving.

21st.—Evening, after 11 p.m., periodic palpitation; drawing urgent pains in the inguinal region; pressure and oppression on the chest; exhaustion; emaciation; clothes that were tight before the proving are now slack; cannot use her thimble because it drops off.

22nd.—No symptoms; appetite better.

23rd.—Afternoon, little yellow burning pustules on the right ala nasi, and left under lip.

24th.—Little yellow scabs in the place of the pustules; burning sensation here and there on the face, as if there were similar pustules there; appetite good.

28th.—No symptoms up to this date; appetite good as before the proving; she no longer looks pale and invalided; from 8 to 12 pain in the left shoulder, as if it were broken or dislocated; cold feel in the upper arm.

29th.—Palpitation for half a minute on walking in the street, and in the evening directly after lying down (she has not before suffered from palpitation).

30th.—Towards evening a short attack of palpitation after sitting down, because she felt tired from unwonted movement, through domestic activity.

31st.—Last night awakened by pain in the region of the kidneys, but soon fell asleep again.

Jan. 1st.—(Thaw since morning, with rain and stiff south-wester.) At 9, sudden pain on the lower angle of the left shoulder-blade, aggravated by touch, pricking out from thence straight forwards through the chest; feels as if the shoulder-blade were dislocated; she cannot move at all; at each inspiration, pricking from the cardiac region through the left side of the chest; she only dares to take breath shortly and rapidly; no further symptoms.

Feb. 8th.—All through January no suffering till to-day. At 1 p.m., an hour after eating, took five drops of the *Mother tincture*; for half an hour a feeling of a cord about the forehead and temples, close over the brows, as if the head were compressed by it; vertigo and dizziness in the head; trembling in all the limbs; heat in the face, alternating with red cheeks, and shivering; water flows from each nostril; blackness before the eyes, with a sensation as if she was fainting; drowsiness and langour all over the body, obliging her to sit down; inclination to sleep, with great weariness; frequent yawning and continued eructation. An hour and a half later, pain over the navel, as if the abdomen were constricted by a string, for a quarter of an hour; then griping in the intestines, followed by six watery stools in an hour and a half; after each evacuation, spasmodic constriction of the anus.

4 p.m.—Every five minutes repeated jerking pains on the left zygoma, as if it were torn out; cramp in the calves, with heaviness in the legs, as if weights were hung upon them; pain in the right knee; utter loss of appetite till 4 p.m.; repeated urgency and discharge of urine; pain in the left shoulder and shoulder-blade, aggravated by moving the arm. In the evening, burning as if from nettles in the whole face except the forehead. At night, frequent griping, with much discharge of flatus.

(*To be continued.*)

DR. TRINKS ON A NEW EDITION OF THE
ORGANON.*

Now that the last edition of the *Organon* (the fifth, published under Hahnemann's own superintendence, by Schaul, of Dresden, in 1833) has been long out of print, and can only

* From the *Allg. Hom. Ztg.*, July 3rd, 1865.

be met with at old bookstalls, we are suddenly threatened to be punished with three new editions of this remarkable work. This is almost too much of a good thing!

First, Lutze comes forward with a new edition of the *Organon*, into which he has smuggled his great discovery previously announced to us, but the priority of which he now prudently and good-naturedly assigns to Dr. Aegidi of Freunwalde, vaunting it as an extraordinary improvement and addition of power to the homœopathic system. The majority of the rational homœopathic physicians of Germany have already pronounced their verdict respecting this criminal attack, so there can of course be no further question regarding this post-Homeric Iliad.

Hahnemann's grandson, Dr. Süß Hahnemann, of London, is also about to publish in Berlin an edition of the *Organon* revised by himself.

Finally, Hahnemann's widow announces a sixth edition of the *Organon*, written by Hahnemann himself. It must undoubtedly have been Hahnemann's wish that this sixth edition should be printed and published immediately, or at least after the sale of the fifth edition; otherwise he would not have devoted his remaining time and strength to its preparation. Since his decease some twenty-two years have elapsed, the last edition was out of print, and only now does his widow announce this sixth edition, apparently because she has learned that Hahnemann's grandson was about to publish an edition of the *Organon*.

But our science has undergone a great revolution in two decades of years; much has been done in that period; it has been much enriched and extended, and many and great lacunæ have been filled up; nor has criticism been less active; it has never ceased to fulfil its great task of separating the good corn from the useless chaff. It were black ingratitude to undervalue or not to acknowledge these great labours!

An *Organon* prepared by Hahnemann before his death suffices neither for our science nor our art in its present state; and it is impossible it can do so, at most it can only bear an historical value.

An Organon which shall represent the present stand-point of our science and art in its totality and assist their development, must include in it all the results of the extensive labours of recent times. Hence such a work—

1st. Should contain in a clear, generally comprehensible manner, and hold up to everlasting respect the fundamental principles and chief doctrines of the homœopathic healing art, as they were discovered by Hahnemann and affirmed and established by subsequent observation and experience, and as such will be corroborated in all future times.

2nd. From it must be excluded and rejected all views, opinions, or doctrines which critical labours have disowned and proved to be not founded in science and experience. To this category belongs, *e. g.* Hahnemann's psora theory, which was represented by him to be the chief source of most chronic diseases, and to which much too wide limits were assigned, and which must be limited to a herpetic dyscrasia. The foundation of a by no means small array of chronic diseases lies in a scrofulo-tuberculous, of others in a rheumatico-arthritic dyscrasia. Sycosis, as such, must be entirely abolished, as this belongs to both contagious gonorrhœa and to syphilis.

3rd. Finally, all the conquests and treasures of our science and art must be incorporated with it; these have supplied the former defects, and much extended the sphere of action of our art.

It is evident that the production of such an Organon, adequately meeting all the demands of the present day, must be a difficult problem, the solution of which is hardly within the compass of one man's power. A division of the labour would attain the object more quickly and satisfactorily.

ON DISEASE OF THE SPINE, CAUSING POSTERIOR ANGULAR PROJECTION, ABSCESS, AND PARALYSIS.

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

DESCRIPTION OF THE DISEASE.

Natural history of the Affection—Special points about the Deformity, Paralysis, and Abscess.

IN the course of the last century the attention of the profession was called by Mr. Pott to a form of Disease of the Spine, the principal feature of which, in his eyes, was the peculiar form of paralysis of the lower extremities which invariably, in greater or less degree, accompanied it. Since that time this affection has been noticed in works relating to the Diseases of the Joints or Spine, as in those of Sir B. Brodie, Bampfild, and others, and has been made the subject of a few monographs. It has hardly, however, especially in the present day, met with the attention which, from its frequency and its distressing character, it well merits.

The natural history of the disease is much as follows :— In a few cases, pain, especially on percussion, at a particular point of the spine, is the first symptom observed; but, far more frequently, there is no such complaint. The first thing generally noticed in the spine, is a slight projection of the spinous process of one of the vertebræ beyond the natural line. More or less rapidly this projection increases; the vertebræ immediately above and below the first noticed commonly go with it, till by degrees a considerable angular curvature is formed—largest when in the dorsal region, comparatively small when in the lumbar or cervical regions. Concurrently with this deforming process, and sometimes even preceding it, a gradual loss of power in the parts below the deformity is observed, usually resulting at length in complete paralysis. In many cases an abscess is sooner or

later found to exist in the groin, nates, loins, side, or neck, according to the situation of the curvature. All this time the general health is suffering; pain, radiating from the affected part round the chest or abdomen, or down the legs is often complained of;* and, unless relief is obtained, debility, emaciation, colliquative sweating and diarrhœa, and death, commonly close the scene. In a few fortunate instances, the disease takes a favorable turn; the increase of the deformity is checked, the paralysis slowly departs, the abscesses are evacuated, and the patient recovers, though with a permanent and never-decreasing (indeed, increasing) deformity, and with the natural functions, and consequently the general health, permanently impaired.

Such is the general description of this disease. A few special remarks may be made on its three principal symptoms—viz., Deformity, Paralysis, and Abscess.

1. *Deformity*.—The essential features of this are, that it is local, involving a distinctly limited part of the spine; and that its form is rarely rounded, but commonly abrupt and angular. There will generally be found, at the centre of the arch, one or more vertebræ so projecting as to destroy the perfect curve and give it an irregular form. The importance of these characters will be seen when we come to the diagnosis of the disease. If the deformity be in the dorsal region, the ribs lose their support behind, and the sternum is often thrust forward and the sides of the chest flattened, producing an anterior projection of the chest (commonly called chicken-breast), which may be nearly or quite as great as that existing behind.

2. *Paralysis*.—While the amount of deformity varies much in different cases, the degree to which the paralysis goes is by no means dependent thereupon. A large curvature may co-exist with but slight weakness of the lower limbs, while complete paralysis may occur while only one vertebra projects from the line of its fellows. The extent of the paralysis varies according to the part of the spine affected, and pos-

* Sometimes this pain is the earliest symptom of spinal mischief.

sibly, as we shall see, with the process of the destructive disease of the bones. Thus, if the primary projection take place in the lumbar region, paralysis of the lower extremities only will probably ensue. The sphincters may be affected, but this is not common. If the disease be in the dorsal region, and severe, the sphincters run a greater chance of sharing in the loss of power. Extensive disease in the neck has been occasionally known to paralyse the upper extremities also; but these are far less liable to be affected than the lower. Disease of the atlas or axis rarely occasions paralysis by itself; but in these cases an incautious movement of the head is at any time liable to occasion (and has more than once occasioned) sudden death, by pressure on the spinal cord above the origin of the phrenic nerves. Lastly, the character of the paralysis is of much interest, especially in its bearing on nervous physiology. The muscles of the weakened limbs are not in that lax and flabby state in which they are found in ordinary paraplegia, but are somewhat tense and rigid, and subject to cramps and spasms. This remark, however, which was first made by Mr. Pott, and has been confirmed by subsequent observers, does not apply to all cases. In some instances the muscles are entirely relaxed, and in these it will appear probable that the paralysis depends upon a cause or combination of causes different from those of the ordinary form. Sensibility is far less commonly lost in these cases than motion; but this is a remark true of all kinds of paralysis.

3. *Abscess.*—With regard to the abscess frequently met with in this affection, I need only notice the various parts of the body at which the matter points, according as the disease is situated in one or other region of the spine. Should the upper lumbar vertebræ be affected, the matter will find its way into the sheath of the quadratus lumborum or psoas magnus muscles, and will point accordingly either in the loins, constituting lumbar abscess, or in the groin, producing psoas abscess. If quite low down in the lumbar or sacral regions, it will sometimes point at the fold of the nates. In the latter case a careful diagnosis will be required, lest hip

disease should be the real source of the matter. These three forms of abscess often become of vast dimensions. Disease of the dorsal vertebræ will direct its purulent matter towards the lateral part of the ribs, and its downward gravitation will usually cause it to present at their lower margin; while, if the disease attack the cervical region, the pus will find its way through some of the planes of muscles here attached to the spine, and present at the margin of the platysma towards the front of the neck. These are the general rules, but exceptions are occasionally met with.

Mr. Pott remarks that abscess is most commonly present when caries exists with little or no curvature; and Sir B. Brodie considers it likely to appear earlier and more constantly when the bodies of the vertebræ are first affected, than when the disease primarily attacks the intervertebral fibro-cartilages.

Further investigations are highly desirable to discover the relative frequency and connections of these three symptoms.

MORBID ANATOMY OF THE DISEASE.

Condition of the Vertebræ—Of the Inter-Vertebral Fibro-cartilages—Of the Spinal Canal and Nerve Foramina—Of the Spinal Cord and its Membranes.

The following are the appearances observed on dissection of the bodies of those who have died during the progress of this disease :

1. There is always found more or less destruction of the bodies of the vertebræ, of their intervertebral cartilages, or of both, at the seat of projection. "The state of the intervertebral cartilages," writes Mr. Pott, "I find to be subject to great variety; they being sometimes totally destroyed, while the caries" (*i. e.*, of the vertebræ) "is small in degree; sometimes apparently but little injured, when the caries has done considerable mischief." And a similar remark is made by Sir B. Brodie.

2. The loss of substance is in ninety-nine cases out of a hundred confined to the spongy structure of the bodies of the vertebræ, the compact tissue of the arches and processes remaining entire.

3. In many cases tubercular matter is found deposited in the cancelli of the bodies of the vertebræ.

4. The calibre of the spinal canal, while sometimes slightly narrowed at the seat of projection, is never encroached upon by roughness or projections; its sides remain smooth and even. A similar remark applies to the foramina for the issuing nerves.

5. The membranes of the spinal cord are frequently affected with chronic inflammation opposite the seat of disease in the bones. In a few cases the cord itself has been found softened at the same spot.

CAUSES OF THE DISEASE.

Predisposing Causes—Exciting Causes.

Predisposing.—By far the most common predisposing cause of this disease is the scrofulous diathesis. It is rare that in children—those most commonly affected with it—we do not discover other marks of this taint, either in conformation, or in actual disease of joints, cervical glands, &c. When occurring for the first time in adults, however, such evidences of struma are often absent; and in these Sir B. Brodie has often been able to trace the rheumatic diathesis.

Exciting.—The scrofulous diathesis, so frequently the predisposing, is amply sufficient to act as the exciting cause also of the disease; especially when, from any circumstances, the general health in such subjects has been lowered. But the history of the case often speaks of a blow, or fall, or strain, as marking an epoch from which the symptoms, local and general, may be dated. And while such causes would be entirely inoperative to produce this disease in healthy persons, it is not

improbable that in subjects of struma they may act by determining the local manifestation of the constitutional taint.

NATURE OF THE DISEASE.

A Curious or Ulcerative Disease of the Spinal Column—Cause of the Deformity and Abscess—Probable Cause in most cases of the Paralysis—Summary.

Having now ascertained the natural history, the morbid anatomy, and the causes of this disease, we are in a position to lay down with tolerable accuracy its nature.

The evidence of post-mortem investigation points to the existence, in all cases, of a process of destruction, commencing either in the vertebræ themselves or their intervening fibro-cartilages. Such destructive disease in other joints, we call, in cartilage, ulceration; in cancellous bone, caries. These diseases in other joints are frequently accompanied with the formation of pus; and thus the abscess which so often accompanies this curvature of the spine is accounted for. The loss of substance in the bodies of the vertebræ caused by the carious process will allow the vertebræ above and below to fall in and come in contact, while the arches and spines remaining uninjured will project backwards, thus forming the more or less angular projection characteristic of the disease. Lastly, the paralysis may arise from two causes: from irritation of the spinal cord propagated from the neighbouring disease of the surrounding bones, or from direct pressure upon the cord or its issuing nerves produced by the deformity of the spine. That in the great majority of cases the former cause is operative rather the latter, seems probable, from the following considerations:—1. The paralysis, as we have seen, bears no relation whatever to the deformity. It may be slight when the curvature is extensive, and complete while it is small. It may come on before the deforming process has made any way, and will disappear with the subsidence of the diseased action, the deformity still remaining entire.

And none of the curvatures of the spine unconnected with disease have this tendency to produce paralysis. 2. The peculiar nature of the paralysis, the muscles of the weakened limbs being tense and rigid rather than lax and flabby, points in the same direction. For these states of the muscles are, as the late Dr. Todd has shown in the first volume of his 'Clinical Lectures,' eminently diagnostic between paralysis from irritation, and that from pressure. In cases of hemiplegia from cerebral hæmorrhage, if there be laceration of the brain or an inflammatory condition of the parts around the clot, the palsied limb will be rigid. In the absence of these conditions, it will be lax. 3. There is actual evidence afforded by autopsy of the absence, in most cases, of any such diminution in the calibre of the spinal canal as, considering how loosely the cord hangs therein, would cause injurious pressure; and, on the other hand, of the frequent existence of chronic inflammation of the adjacent surface of the membranes of the cord—a source of irritation to the cord itself amply sufficient to account for the phenomena.

The researches of Dr. Brown Séquard upon the relative functions of the several columns of the spinal cord appear to indicate another means of diagnosis in this matter. They prove that the fibres along which the orders of the will pass to the muscles are, in the lower part of the cord, distributed throughout its anterior white substance; that the sensitive conductors run mainly in the central gray matter; and that the posterior columns have no share in motor or sensitive phenomena. The effect of irritation of the anterior part of the cord will therefore be to diminish or destroy the power of voluntary motion, and less frequently that of sensation; while affections of the posterior columns will have no such effect, but (as farther researches prove*) will have similar destruc-

* Dr. Brown Séquard finds injury to the posterior columns invariably accompanied with loss of reflex power. He does not account for this, but it seems to me to arise in this way:—The researches of Schroeder Van der Kolk and Mr. Lockhart Clark have shown that while the middle portion of the posterior sensitive roots passes directly into the gray matter, many superior and inferior fibres run for some distance upwards and downwards in the posterior columns before they enter the vesicular substance. If, as I

tive results on the reflex function of the same parts. Now, since the bodies of the vertebræ alone are affected by the diseased process, irritation propagated from them will evidently affect the anterior portion of the cord, leaving the posterior columns unharmed. We should thus expect to find voluntary motion (and in severe cases sensibility also) impaired, but reflex power undiminished, in these cases. Farther investigations are required to pronounce with certainty whether such is usually the case, but my own strong impression is that it is so. One of the most remarkable of Dr. W. Budd's cases illustrative of reflex power in paraplegia* was a subject of this disease. On the other hand, I have seen a case in which the power of standing and walking (mainly due to reflex action) was entirely lost, and partially also that of the sphincters; and yet voluntary motion still existed, so that the whole leg could be raised from the hip to touch an object held some inches above it. The paralysis here was of the rigid kind, and could hardly, therefore, arise from pressure. Death ensued from tubercular meningitis (acute hydrocephalus).

But since post-mortem examination occasionally detects marked diminution of the calibre of the spinal canal, and since during life the paralysis is sometimes of the lax and flabby kind characteristic of paralysis from pressure, the probability is that these two phenomena are connected as cause and effect, and form exceptions to the general rule.

Angular curvature of the spine, then, with its accompanying paralysis and abscess, is the result of a destructive process in the spinal column, originating either in the bodies of the vertebræ or their intervening fibro-cartilages. The fact that the strumous diathesis is the most common predisposing cause, and childhood the most common age for the disease, would indicate that in the majority of cases the bodies of the vertebræ themselves were first affected. The frequent immunity from pain, even on pressure or percussion, which is

believe, these latter fibres are those for conveying reflex stimuli, it is easily conceivable how injury to the posterior columns would impair that function.

* 'Medico-Chirurgical Transactions,' vol. xxii.

noticed, points to the same conclusion. Caries of the spongy structure of the vertebræ will then be a chronic inflammatory process—sometimes caused, as in pulmonary consumption, by the deposition of tubercle therein, sometimes without such local irritation—soon going on to suppuration, ulceration, and disintegration of substance, which is carried away in the pus which is formed. Ulceration of the intervertebral fibrocartilages may be suspected in cases where the patient is of adult age, rather of the rheumatic than the strumous diathesis, and where much pain is experienced from the commencement of the history.

DIAGNOSIS AND PROGNOSIS OF THE DISEASE.

Diagnosis from Excurvation without Disease—From Rickety Curvature—Prognosis under Ordinary Treatment—Under Treatment recommended by the Author.

I. *Diagnosis.*—There are only two affections which require to be distinguished from angular curvature of the spine, when once the projection is established. The first of these is excurvation, or posterior curvature of the spine without disease. This deformity, though in its pathological character of the same nature as lateral curvature, agrees with the disease we are considering in the direction of its curve. But the diagnostic marks between them are—1. Excurvation is general, the whole spine forming one curve. Angular projection is local, confined to a particular region of the spine. 2. The curve of excurvation is rounded; that of projection from disease more or less angular and pointed. These two points will generally serve to distinguish the two forms of complaint.

The second affection which might be confounded with angular curvature from caries of the vertebræ, is the deformity of the spine which sometimes obtains in rickets. Dr. W. Jenner, in his admirable lectures on the latter disease, published in the *Medical Times and Gazette*, gives us the following means of diagnosis in such cases:—“If the child be

held by the upper part of its trunk, the weight of the lower limbs will generally remove the rickety curve; and it may certainly be straightened, if the nurse holds the child by the upper part of the trunk, and the physician raises the lower limbs with one hand, and at the same time places the other on the curved spine."—*Medical Times and Gazette*, March 17th, 1860.

Such a mode of diagnosis, however, must be resorted to with caution, and, should ulceration exist in the part, is not without danger.

II. *Prognosis*.—The natural history of this disease, when uninfluenced by treatment, is, as we have seen, to end in permanent deformity and weakness, or death. And so little power have the ordinary resources of medicine and surgery over its progress, that its prognosis, even when these are most assiduously tried, is confessedly bad. Whether homœopathic remedies will improve this outlook, I cannot say. It is probable that they will; but I cannot expect that they will supersede the necessity of mechanical support.

On the other hand, under the use of the means advocated in the following pages, the prognosis is good. The co-existence of tubercular disease in some vital organ, as the lungs or brain, or the bursting of an abscess into the peritoneum or bladder, are alone likely to vitiate our prediction as to a favorable result.

Upon the application of the support to which I allude as the chief feature of my treatment, comfort and a sense of security are immediately experienced. Instead of the fear of movement, the sunken cheek, the pallid, anxious, and distressing appearance which so commonly obtain, the patient soon acquires the feeling of safety and protection; the cheek assumes the hue of health; the look of distress disappears, and, instead of it, is quickly manifested a smile of satisfaction, confidence, and comfort, which delights the grateful parents, and gives joy to all who have watched and waited upon the sufferer. The disease is checked; the paralysed parts speedily regain their power; and the matter of abscesses, when formed, is sometimes absorbed, and

sometimes safely evacuated by art. That amount of deformity which depends upon simple giving way of the vertebræ above and below the seat of disease may be removed, while that which arises from loss of substance may be, with careful management, greatly diminished, though rarely entirely removed. In growing children, in particular, the operation of the support, when nicely managed, in reducing existing deformity, is very striking and highly satisfactory.

TREATMENT OF THE DISEASE.

Constitutional Treatment—Local Treatment—Indications—Inadequacy of Horizontal and Prone Postures, Crutch-supports, Leather Shields, etc., to meet them—Treatment adopted by the Author—Treatment of the Abscess—Issues and Setons.

I shall arrange my remarks on the treatment of this disease under two heads: I. *Constitutional*; II. *Local*.

I. The constitutional treatment of this disease will, in all cases, include such measures as are generally fitted to improve the health, and sustain the powers of the constitution. Regular exercise in the open air; nutritious diet, with moderate proportions of malt liquors and wine; avoidance of all depressing causes, mental and physical—are indications in every case.

Our special care, as Homœopathists, however, must be to administer such medicines as act specifically upon the affected part.

In searching for these, it is, of course, useless to expect to find that any drug has caused actual caries of the vertebræ and angular projection of the spine. Nor can we be guided in our selection by the pains and other sensations in the spine experienced by our provers; since in the disease under notice, there rarely exist any subjective symptoms with which those of pathogenesis may be compared. Our only resource, accordingly, is to choose such remedies as from their specific action upon the osseous tissue, their experienced benefit in

caries, or their modifying influence upon the scrofulous diathesis, bid fair to be useful in such a disease as the present. The only remedies which I know as answering this description, are *Calcarea*, *Silicea*, *Mercurius*, *Phosphorus* and *Phosphoric acid*, *Aurum*, *Acidum Fluoricum*, and *Assafœtida*.

Calcarea is well known as one of the most important agents in modifying the scrofulous diathesis; and both the lime-water of ancient allopathy, and the dynamised oyster-shell of modern Homœopathy are of repute in the treatment of caries. I have certainly seen marked improvement in the general health of these patients result from commencing the treatment with *Calcarea*.

Silicea has an unquestionable action upon the osseous tissue, and a very wonderful control over the suppurative process. Altogether, I believe it to do more for us in this disease than any other remedy. In a case where mechanical treatment was unattainable, I have seen the paralysis disappear under the use of *Silicea* 12 and 30, after *Cocculus* had failed.

I have no experience in the use of the other medicines named in the treatment of vertebral caries. They may occasionally help us. In cases where ulceration of the intervertebral cartilages is supposed to exist, I would recommend the persevering use of *Mercurius corrosivus*, in low dilutions; its action where other articular cartilages are involved being very satisfactory.

While these medicines are being administered, the hygienic influences of good air, sunlight, and pure water should be brought to bear upon the patient as much as possible; and the diet carefully proportioned to the powers of digestion. The advantage of sea-air is well known, and cannot be overestimated, in all diseases dependent upon a scrofulous state of the system. The best local treatment will be more successful when carried on under these influences than without them.

II. My remarks on the constitutional treatment of this disease are necessarily brief; for there is no recorded experience of its homœopathic treatment; and I myself use few

medicines in its management. The local treatment, however, requires a more extended consideration.

The spinal column is not one bone, but a congeries of some twenty-four bones, jointed together by their bodies and their arches. It is obvious, therefore, that diseases of the spinal column come under the head of diseases of joints, rather than those of bones. And, accordingly, we have seen that the two most common forms of spinal disease—those commencing in the cancelli of the vertebræ and in the fibro-cartilages respectively—have their exact analogues in two similar diseases of other joints. It will therefore follow that the treatment of vertebral disease must be conducted on principles similar to those which guide us in the treatment of affections of the joints.

Now the grand principles of modern surgery in the treatment of arthritic affections—which have already saved many an amputation, and will yet avert many an excision—are these: to separate as far as possible the opposing diseased surfaces, and to preserve them at perfect rest in their separated position. In the first we only imitate Nature, who, by the flexed position into which she brings the diseased joints of the extremities (in which posture their opposed surfaces are most separated or relieved from pressure), shows that such is her mode of relief and cure. We therefore flex and adduct a diseased hip, flex a diseased elbow or knee, &c. But we also endeavour to keep the parts thus separated at perfect rest by various arrangements of splints, bandages, and other mechanical appliances. We thus protect the parts from friction one upon another, and from external injury, and place them in the most favorable position for that check of the morbid process at which Nature is ever aiming, and in which we endeavour, by our constitutional treatment, to aid and support her.

It is obvious that these principles must be our guide if we would attain to any satisfactory results in the treatment of diseases of the spine. We must there, as elsewhere, endeavour to separate the diseased surfaces, and preserve them in a state of local rest and apart, while at the same time we are

improving the general health and checking the morbid process. The only difference here is, that as the usual mode of healing in these cases is by ankylosis of the diseased bones, by which the spinal cord is preserved from injury, we must not separate the opposing surfaces too widely, lest by so doing we should prevent this process from taking place.

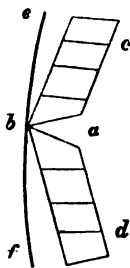
In considering the modes usually resorted to for obtaining relief and local rest of diseased surfaces of the vertebræ, we must bear in mind that whatever is found to be injurious to the general health tends to increase the local disease, and whatever increases the local disease tends indirectly to injure the health. Upon this principle let us consider the advantages of continual preservation of the recumbent posture, whether supine or—as Mr. Verral and Mr. Erichsen recommend—prone. Doubtless, the continual maintenance of this position, by diminishing the friction and pressure of the diseased surfaces, retards in some measure the progress of the disease; but still, in the great majority of cases, the diseased action continues, and the deformity increases sometimes very rapidly. And this is not wonderful. Would a surgeon, let me ask, tolerate so imperfect a mode of obtaining local rest in the treatment of any other joint in a state of disease? Does he not know well that the involuntary and irrepressible movements of the patient must cause some amount of friction between the diseased bones, and a corresponding retardation or prevention of the cure? And if so in the joints of the extremities, we may fairly infer the same with the highly flexible spinal column, which moves with every motion of the frame. Besides which, no adequate separation of the diseased surfaces is obtainable by this method. But a still greater objection to this mode of treatment is the injury to the general health which the confinement within doors and to the horizontal posture must produce. Even were it likely to cure the disease—which it is not—this alone would suffice to render it our last resort.

It is true that in the prone posture the diseased surfaces may be more relieved from pressure than in the horizontal. But this relief cannot be graduated; the surfaces may be

separated too far to allow of consolidation of the diseased bones: and though the evils which pressure and friction occasion may be better prevented by the prone than by the horizontal position, the health and strength suffer from confinement in the house as much from one as from the other.

We require, then, for the treatment of this disease of the spine, some apparatus to be worn by the patient whereby we can relieve the diseased surfaces from pressure, and prevent them from rubbing on each other; and, at the same time, give the patient the advantage of exercise with impunity in the open air, either active or passive, as the state of his disease or the condition of the parts may indicate; and not only so, but such instrumentality as will enable the surgeon, in connection with these advantages, to diminish, by judicious management, any existing deformity resulting from the disease, whether in the spine or chest, or both. Let us consider how these ends are to be attained.

The diseased spinal column may be roughly represented by a rod, jointed so as to allow of limited flexion and rotation between its joints, from which a wedge-shaped piece, corresponding to two of the jointed pieces, has been cut thus (*a*). Now it is obvious that in this position the opposed cut surfaces of the jointed pieces from which the wedge has been taken are liable to fall together, and to grate one upon another at every rotatory motion of the rod: while, on the other hand, if the still entire projecting part is pressed upon at *b*, and the parts above and below (*c*, *d*) drawn towards *e* and *f*, the cut surfaces will be separated, and, the pressure at all points being kept up, all lateral or other movement of the rod will be prevented. By keeping up the pressure as above indicated, all increase of the curve of the rod, which, supposing a weight to bear upon the upper end, would take place, will be hindered. And since the parts of the rod left entire (*b*) would bear the superincumbent weight, there would be no yielding of the rod towards the cut surfaces.



By setting up, therefore, as above indicated, some continuous and easily-regulated pressure upon the posterior aspect of the projecting vertebræ, and drawing backwards the parts above and below, we shall separate the diseased surfaces, fix them apart, and while thus allowing the disease to heal under the most favorable circumstances, shall prevent any increase of the projection from the mechanical influence of the superincumbent weight of the parts above, and gradually diminish, if we cannot altogether remove, such amount of deformity, whether in the diseased bones or in those above and below, as may already have taken place.

We ought also, by such an apparatus, to be able to command any part or any number of parts of the spine suffering from disease, and likewise to prevent deformity of the chest, or to remedy any which may already have taken place in consequence of the spinal projection.

Let us now see what are the means in common use, and observe how far they are calculated to answer these indications.

The "crutch-support," as it is called, is an apparatus commonly employed in these cases. It consists of a padded hoop of steel placed round the pelvis so as to rest mainly on the crests of the ilia, and fastened in front. From this on each side is extended a jointed lever, which is made long enough to reach to the armpits when the apparatus is applied. At the top of each of these levers is placed a padded piece of steel transversely, fitted to lie under the armpits in the manner of crutches. Sometimes a portion of soft material is fixed to the side-levers, and passed round the diseased part of the back from side to side. The objects proposed by this apparatus appear to be, to support the spine upon the principle of extension, which it is intended to keep up by means of the side-levers, which pass from the pelvis to the armpits; and, by pushing up the shoulders, to take off from the spine the superincumbent weight of the parts above. Also, when soft material connecting the levers together posteriorly is used, it is intended to give support to the diseased parts behind. Besides the distress caused to the patient from pres-

sure on the hips and armpits, and the deforming effect on the shoulders by thrusting them up towards the ears, this instrument is quite inefficient—first, because its action upon the spine, so far as it goes, is purely in the longitudinal direction or nearly so, for the soft material sometimes used, as stated, is of little or no benefit; and, secondly, because it has no means either for checking the deforming process in the chest or back, or for materially hindering the deadly progress of the disease. It does not answer any one of the indications that have been pointed out. The only benefit it can produce is the slight traction it exerts upon the spine between the hips and armpits, by which it may be that the pressure and friction of the diseased surfaces on one another are somewhat diminished.

The only other mode of treatment which to my knowledge is now in use for the answering of these indications, is the application to the back of a hollowed shield of wood, leather, or gutta percha, which is fixed in its place by bandages passed round the body, or by straps round the hips and shoulders. The rudeness and inadequacy of such a contrivance must be so evident, that I need spend little time in pointing out the various items of objection to it. It exerts little or no beneficial pressure upon the projecting part; there are no means for keeping the trunk at rest; traction, when made at all, is only exerted at the extreme ends of the spine; and the compression of the chest, when bandages are used, must be very injurious. Its use is found most irksome to the patient; and I have never seen or heard of a case in which its use has been productive of the least benefit.

The apparatus I am in the habit of using for the fulfilment of these indications, and the only one by which I believe they can be met, is that invented and used by my late father-in-law, Mr. Amesbury, for the treatment of this disease, of which the following is a general description. It consists essentially of two levers—one, composed of a single steel spring, made to lie along the sternum and middle line of the abdomen;—the other, consisting of two springs, adapted to the sides of the spinal column immediately over the trans-

verse processes. These springs are encased and connected by soft material, passing from one to the other round the sides of the chest and abdomen, and their bearings on the spine and chest regulated by a series of straps and buckles placed along the front or back of the apparatus, on each side of the springs. By tightening these straps above and below the seat of projection, traction is made in the transverse direction upon the corresponding parts of the spine, so as to draw them from behind forward. This traction, when the disease is high up, may be increased at the upper end of the spine by padded straps, passing from behind forwards from the back spring round the shoulders, and thence meeting behind in a buckle and strap. Special pads are fastened on the inner aspect of the back springs opposite the seat of projection, so that the action may be exerted specially there, and the parts of the spine above and below be freed from any special pressure.

By this instrument all our indications are met, and many collateral advantages likewise obtained. The steady pressure and traction necessary to relieve the diseased surfaces, and to keep them in a state of local rest, as well as to check the increase of the deformity, are set up; the shoulders, sternum, and abdomen being the fixed points from which the back levers take their bearing. On the other hand, making the spine the fixed point, a pressure is exercised by the front steel, and regulated with the utmost nicety, so as to prevent or remove the projection of the chest which so often obtains in these cases. In short, the levers may be regulated so as to produce pressure and counter-pressure behind or before, as the surgeon may require and the state of the parts may indicate. No injurious compression is made upon the ribs, and the sense of support afforded by the apparatus is always gratefully acknowledged. By dividing the back standards into two, and thus bringing the pressure to bear upon the thickly-cushioned transverse processes, we run less risk of ulceration than if we were to bear directly upon the thinly-covered and projecting spinous processes. When there is disease in the upper dorsal or cervical vertebræ, a head-piece

is added to the upper part of the support, to relieve the spine from the weight of the head, which can be regulated in its action as circumstances may require.

Not only does this instrument answer the theoretical indications, but its practical value is immense. The patient begins to improve from the day he puts it on; one by one, under careful management, the symptoms disappear; and health and strength ere long replace an exhausting and deadly disease.

The paralysis, being purely symptomatic, disappears as the carious process is checked. Its removal may perhaps be hastened by medicines, as *Silicea* and *Coccus*. When the diseased action has quite subsided, and the healing process by ankylosis may be considered to have taken place, much may be done in reducing the amount of any existing deformity by the continuous use of the support under careful regulation and management. The improvement which is obtained in the figure of the spine and chest under the influence of the support is sometimes very great. But it is necessarily slow, as alteration in the form of bones can only be commensurate with interstitial changes going on in the part, during the growth of the body and subsequently. These changes are most rapid in early childhood, and accordingly improvement in the figure is more speedy at that period than after adult age. The treatment in this stage will require much nicety of management on the part of the surgeon, who must watch the effects of the support in order to make such changes in its bearings as the altered condition of the parts may indicate from time to time. Without such careful watching and management, no reduction in the deformity of the spine and chest can be reasonably expected.

The treatment of the abscess, should any exist, alone remains for our consideration. If this be small, it may sometimes be quickly absorbed after the application of the support. But if (as is always the case with psoas or lumbar abscess) it is large, the matter must be let out by art. The mode I recommend and practise for doing this is a slight modification of that originally proposed by Abernethy. A

small puncture is made with a lancet—not in the most dependent part of the abscess—and the pus allowed to escape as long as it flows freely under steady but gentle pressure. When the stream begins to diminish, the puncture is closed up with a layer of lint covered with plaster, over which are laid two other layers of lint also secured with plaster. By this means the wound is sealed up at once, air is prevented from getting into the cavity of the abscess, the pus preserved healthy, and all danger of irritative fever—from inflammation of the pyogenic surface, decomposition of the pus, or excessive drain of matter—is avoided. In two or three weeks, or as soon as circumstances may demand, another puncture is made, and the matter allowed to flow as before, always closing up the wound as soon as the stream slackens. By this means, the largest abscesses may be safely evacuated of the great bulk of their contents, and what remains behind may at last be left to the forces of Nature, which rarely fail to absorb it. Should one of the punctures, as is sometimes the case, at this advanced period of the treatment ulcerate, and a drain be set up, the abscess will have so far contracted, that the risk of hectic, if the patient be well supported, is very slight. It is a great advantage in Mr. Amesbury's apparatus, that the abscess, when costal or lumbar, can be treated without interfering with the restorative influence exercised by it. I need hardly add, that *Silicea* is a medicine of great value in promoting the maturation of an abscess, or in checking excessive suppuration; and that *China* and *Iodine* are powerful anti-hectics.

It is needless in a homœopathic journal to say that I have no confidence whatever in the issues, and other counter-irritants and drains, which from the time of Pott have been supposed so highly beneficial in this disease. Mr. Amesbury, though allopathic to the backbone, had a great objection to drains of all kinds in spinal disease, and never resorted to them in his practice. In rejecting these agencies he was at one with two of the brightest luminaries of modern surgery. "In the early part of my professional life," Sir B. Brodie wrote, in the 5th edition of his work 'On Diseases

of Joints,' "I was led to follow the practice which was then generally adopted, of treating caries of the spine by means of setons and caustic issues, one on each side of the diseased vetebræ. A more enlarged experience has satisfied me that, in the very great majority of cases, this *painful and loathsome mode of treatment* is not only not useful, but actually injurious. For many years past I have ceased to torment my patients who were thus afflicted in this manner, and I am convinced that the change of treatment has been attended with the happiest results." To the same effect testifies Mr. Fergusson:—"It is a prevailing custom in caries to persist in various forms of counter-irritation; but, in my opinion, the advantage of the practice may be doubted. Issues and setons are exceedingly common, especially over the back; but here I must repeat my opinion, that they are of questionable utility: indeed, I believe that they often add greatly to the patient's distress." ('Practical Surgery,' 3rd edition, pp. 180, 182.)

I will conclude by recording four illustrative cases: the first two supplied to me by Mr. Amesbury, the third occurring in my own practice while an allopath, the fourth treated by me during the present year.

CASE I. Master S., æt. 10. In December, 1854, while residing in London, he had an attack of pain at the top of the spine, which was shortly afterwards accompanied with diminution of power in the right arm and lower extremities. His health at the time was not good; his bowels were disordered, and the power of retaining the evacuations was greatly diminished, so that the fæces passed at times without his being able to prevent it. His health as an infant was delicate, his parents healthy.

Sir B. Brodie saw the child at the time of the attack, and prescribed a blister at the back of the neck, which was repeated three or four times in the course of about six months. He was placed in bed, and confined for the most part to the horizontal posture for about four months. Tonics, consisting of sarsaparilla, cod-liver oil, steel wine, &c., were prescribed from time to time, with a generous diet. His appetite, how-

ever, which was very bad at the commencement, was not improved by these means.

In June, 1856, he was removed to St. Leonard's, between blankets, in a very weak and delicate condition, but the pain at the top of the spine had nearly or quite left him. It returned, however, in about three weeks, which led to his having another blister applied to the back of the neck, which was kept on twelve hours, and then had risen but little. It had the effect, however, of removing the pain from the top of the spine, which has not since returned.

He was at St. Leonard's five months, and under the influence of sea-air his health improved. He took no medicine during this time, but the horizontal posture was continued, except for about a week, when he was permitted to crawl a little on the floor for a few minutes daily.

After he had been at St. Leonard's six weeks, a slight projection was noticed of one of the vertebræ between the shoulders. Previous to this time the spine had maintained its natural figure. The deformity gradually increased, involving altogether the vertebræ from the fourth to the tenth dorsal, inclusive.

He was removed to Cliftonville, Brighton, in the autumn of the same year, where he saw an eminent practitioner, who agreed in the treatment prescribed by Sir B. Brodie—namely, the horizontal posture, tonics, and nourishing diet. This treatment was continued at Cliftonville till December, 1856, when his strength was so far recovered that he was allowed to crawl a little daily, and could walk a few steps at a time. This was continued for about a month, when his legs became paralysed, and he was again confined to the horizontal posture. At that time he had hooping-cough, and then the projection in the back increased rapidly. At the commencement of the complaint he could retain his urine, but at this time he had much difficulty in passing it. The deformity of the spine between the shoulders increased rapidly, and at the end of the month he was taken to London to see Mr. Skey, who recommended the treatment advised by Sir B. Brodie to be continued.

The heels now became drawn up so as to retain the fronts of the feet nearly in a straight line with the legs. Splints were applied; and under their influence the contraction of the muscles was diminished, and the natural position of the feet partly restored.

At the end of August, 1859, I saw Master S— for the first time. At this period the dorsal vertebræ from the fourth to the tenth were protruding, and produced a great amount of deformity. The child was confined to the horizontal posture, and was in a weak state of health. The muscles of the calf were contracted so as to form *talipes equinus*. The sphincter of the rectum was weak, and some difficulty of passing his water existed. His appetite was capricious and indifferent, his bowels irregular, with a tendency to constipation.

I prescribed gentle aperients to remove the constipation, and a stomachic mixture of soda and calumba to restore a healthy condition of the digestive organs. I also ordered my support for spinal disease, with the necessary apparatus for the head attached, and commenced the restoration of the natural movement of the feet.

By manipulations of the weaker muscles of the legs, and by pressure with the hand, I was enabled to remove the contraction and restore the feet to their proper movement in about six weeks. The support was applied, and he was permitted to leave his couch, and to move a little on his feet with assistance as he was able. His health recovered rapidly, and also the strength of his limbs. He was soon able to walk and get up and down stairs without assistance. His health is now good, and his muscular power so far recovered that he can walk, run, and play freely; though the movements of the limbs show that the restoration of the natural power of the muscles is not quite complete.

I am now treating him specially for the reduction of the deformity, which is already greatly diminished.*

* I have myself seen this boy more than once since Mr. Amesbury's death. His walking power is perfect, but the projection is still considerable.

CASE II.—Master H—, *æt.* 10, was brought to me in November, 1857, suffering from disease of the spine of long continuance. The projection of the spine between the shoulders was very great, from the destruction which the disease had made in the bodies of the dorsal vertebræ at that part; the chest also was much deformed in front, in consequence of the disease and deformity of the spine. He had an abscess of considerable size proceeding from the seat of disease, which presented itself at the edge of the ribs on the left side. The lower limbs were paralysed, so that he required to be carried wherever he wished to go, but not so as to render them entirely powerless. His countenance was very pale, and had a distressed appearance; and his health was very bad.

I prescribed for him small doses of the mixture above described twice a day. One of my spine supports was applied, so as to relieve the diseased surfaces from pressure, and to reduce the deformity of the chest. He experienced immediate relief and comfort from the operation of the support, and a feeling of confidence of being able to move without injuring himself or increasing his sufferings. His countenance soon assumed a healthy and cheerful appearance, his health improved rapidly, the strength of his limbs gradually returned, and in the course of a few weeks he was able to walk freely about the house and out of doors.

The support was made so as to allow of any increase of the abscess, and to treat it as might be necessary without its removal. But, instead of any increase in size, the matter became gradually absorbed, and at last all signs of the abscess disappeared.

He became strong on his legs, the deformity of the chest was greatly diminished, but both it and the deformity of the spine were too great when the child was brought to me to admit of their complete removal.

CASE III.—In the early part of May, 1858, I was asked to see a poor girl, *æt.* 9, at Cliftonville, Brighton. I found a poor emaciated thing lying on a bed, from which she

had not moved for seven months. The lower limbs were completely paralysed. In the lumbar region of the spine there was a marked projection; in the cervical region another, but smaller. At both these places there was pain on pressure; and similar distress was produced when pressure was made on a spot in the sacrum. The head could not be raised from the pillow; the face was pale, the pulse quick and feeble, the appetite very bad. No abscess was discoverable.

I ordered one of Mr. Amesbury's spine supports to be made for her. While this was being prepared she grew steadily worse; and I feel certain could not have lived many weeks longer. On May 25th the support was applied. The internal treatment consisted of ten drops of the *Syrupus Ferri Iodidi*, in a teaspoonful of cod-liver oil, thrice daily. She was ordered good diet, with wine, and to spend at least two hours daily in the open air. The neck was kept quiet and steady by pillows.

June 1st.—Feels and looks much better; colour on cheeks; is gaining flesh; pulse slower and fuller; appetite much improved. The support is felt to be a great comfort.

7th. Improving still in every particular; firm pressure can be borne at the lumbar and sacral, and moderate pressure at the cervical seats of disease, without pain.

July 6th.—Continues to improve; twitching felt in the legs, indicating returning power.

16th.—This day she walked, with her mother's assistance, twenty paces at once—a thing she had not done for ten months.

Sept. 3rd.—The Iodide of Iron having caused persistent occipital headache was left off. The lumbar projection is sensibly reduced.

The spinal disease was now cured. The paralysis continued to improve, but walking was long delayed through repeated attacks of subacute synovitis in the knees and ankles. These were always subdued at the time by cold lotions and subsequent strapping; but continued to recur until my acquaintance with homœopathy in 1860. I was

then able to modify the scrofulous taint by *Sulphur* and *Calcarea*; and after a short course of these the attacks ceased. She became perfectly well; and when I last saw her, the lumbar projection had completely disappeared, and the support was discontinued.

CASE IV.—On February 16th, 1865, my attendance was requested on Miss B—, æt. 16. She had suffered for some months from angular projection of the spine, in the lower dorsal region; for which rest had been prescribed by my friend Dr. Roth. I found her lying on one of his couches, from which she rarely moved except to go out in a Bath chair, or to exchange it for bed. The lower limbs were weak, but not paralysed; on the left leg appeared three scrofulous sores. The general health was below par, and the appearance delicate; puberty was delayed. She had been taking *Calcarea* and *Phosphorus* for some little time, under Dr. Roth's direction.

But the object to which my attention was especially directed, was a large swelling in the left iliac region. I was informed that this had first appeared as a small tumour, some months before; and had been pronounced by two of our colleagues to be a rupture. Its size had remained stationary until the last few days, when it had very rapidly increased. On placing my hand upon the part, I found the left iliac region covered by a tense, firm, and elastic swelling, neither affected by coughing nor repressible by the hand. It was neither painful nor tender.

I made an appointment to call again in the evening, when I should be more at leisure, then to make a thorough examination, and reduce the supposed hernia. I had not sat long by the patient, however, when doubts as to the correctness of my colleagues' opinion, hitherto taken for granted, began to affect my mind. I was soon satisfied that what I had to deal with was not a hernia, but an abscess, descending from the spine. In this opinion I was confirmed by Dr. Roth, whose judgment I at this time requested. I accordingly applied poultices, and gave *Silicea* three times a day, at

the same time ordering one of Mr. Amesbury's spine supports to be made for her.

Fluctuation soon became evident, and on March 4th I opened the abscess, letting out a large quantity of healthy pus. The wound was closed, and healed nicely. There was no hectic; and the appetite increased rather than the reverse. On March 23rd, finding the cicatrix threatened to give way under the pressure of the matter, I again punctured, setting free pus of less quantity and not so good quality as on the former occasion. Some hectic followed this, which was easily controlled by *China*.

In two or three weeks from this time, first one and then the other puncture ulcerated, and a drain of pus was set up. This, however, was by no means great; and the constitution did not suffer. *Silicea*, *Calcarea*, and *China* were given according to the indications present.

The support was applied on April 15th, and was found a great comfort. The couch was soon abandoned; and in June she was allowed to walk out. I saw her last on Sept. 7th. She was then in perfect health, able to walk very fairly; the punctures had nearly healed, and the drain of matter hardly stained the lint which covered them; the sores on the leg had cicatrized. She will wear the support for some time yet, in the hope of diminishing the curvature.

HAMAMELIS VIRGINICA.

By WM. H. BURT, M.D., OF LYONS, IOWA.

(From the *Western Homœopathic Observer*.)

My temperament is sanguine-nervous; weight, 148 lb.; am in perfect health; tongue clean; good appetite; bowels move once a day.

Sept. 16th, 1864, 9 a.m.—Took half an ounce of the 10th dilution, prepared in water. 10 a.m.—Great fulness of the forehead, with a pressing distress in the roots of the

tongue; distress in the umbilicus; dull, aching pain in the sacrum and hips, quite severe when walking. The fulness in the forehead and the pain in the hips were the first two symptoms. These symptoms lasted all day with the addition of a great dryness and burning feeling of the palms of the hands. The pain in the lumbar region was very severe all day.

17th.—Had a restless night; my whole body felt very dry and hot; sexual dream, with an emission, followed by great weariness and severe dull pain in the loins; fingers stiff, with sharp sticking pains in the first joint of the right index finger; soft stool. 7 a.m.—Took one ounce. 9 p.m.—Fulness of the forehead and sharp pains in the temples all day of a severe character, with a pressing sensation in the pharynx; back and legs ached severely all day; very gloomy and sad, probably caused by the nocturnal emission; ate some plums for supper—they soured on my stomach, and I had to vomit them up at midnight; consequently took no more notes of the symptoms.

19th.—Feeling well. 4 p.m.—Took fifty drops of the 3rd dilution. 9 p.m.—For the last four hours have had slight frontal headache, with a constant burning distress in the lower part of the epigastrium and umbilicus; desire for stool, but cannot accomplish it with the greatest effort; for one hour have had severe drawing pains in both testicles; rheumatic pains in the legs; hands hot and dry.

20th.—Slept well; had a sexual dream, but no emission; right wrist and fingers stiff; dull pains in the lumbar region. 6 p.m.—Took half an ounce, prepared in water. 9 p.m.—Slight headache, with severe distress in the pyloric portion of the stomach and umbilical region; dull aching pains in both testicles; dull pain in the lumbar region.

21st.—Slept well; dull headache; slight distress in the bowels; dull pain in the lumbar region; hands and fingers ache, and are quite stiff; stool natural consistence, but covered with mucus. 11 a.m.—Took half an ounce. 8 p.m.—Have all of the above symptoms, with a dull, pressive distress in the pharynx, and roughness of the fauces; dull pains

in the right hypochondrium; the flexor muscles of the right arm have constant, *very severe*, dull, drawing pains in them; dull pains in the feet and toes.

22nd.—Slept well; had a sexual dream, with an emission; soft stool at 6 a.m., covered with slimy mucus, with distress in the bowels; very severe backache; hands hot and dry. 10 a.m.—Took half an ounce. 9 p.m.—All day feeling as if something had lodged in the fauces, which produced a constant inclination to swallow; dryness of the fauces; slight pain in the bowels; *very severe backache*—without a doubt, it was caused by the emission; hands hot and dry; very gloomy; no disposition to move.

23rd.—Had a restless night; my throat was very dry all night, with a feeling as if something large had lodged there; compelled to swallow every few minutes, which produced dull pains in the tonsils; very painful when swallowing food; the fauces are very much congested, and the tonsils slightly swollen; natural stool; severe backache. 9 a.m.—Took half an ounce. 9 p.m.—Tongue has two blisters on the right side; they are very troublesome. My throat has been very painful to-day; sharp pains in the stomach; drawing pains in the groins, passing down to the testicles; drawing pains in hands, legs and feet. Took half an ounce.

24th.—Slept well; very languid; skin hot and dry; flat, rough taste; blisters on both sides of my tongue, which are very troublesome; severe congestion of the fauces and tonsils; deglutition is very painful; a number of times, through the day, had severe dull pains in the testicles, with distress in the bowels; hands hot; very gloomy.

25th.—Slept well; throat feeling better; natural stool, with distress in the umbilicus; all day had frequent dull pains in the testicles; frequent inclination to urinate; constant backache.

26th.—The tonsils and fauces are still congested, but do not pain me any; the tongue is well. Last night had a profuse cold perspiration all over the scrotum, but not of the body. Had a number of rheumatic symptoms, through the day, of the arms and legs.

October 8rd.—Feeling well.

March 6th.—I commenced a proving of the Fluid Extract. Continued it four days, when I was compelled to stop the proving, it producing such excruciating pains in the testicles. I commenced with ten drops a day, and increased to fifty drops. The symptoms were the same as in the first proving, but more strongly marked.

Characteristic Peculiarities.—The pains are worse when still; relieved by motion. The pains in the testicles are worse after midnight, until morning.

Sleep.—Great restlessness all night; whole body is dry and hot. Awoke at 3 a.m., with severe neuralgic pains in the testicles; could not sleep any more, the pain being so severe and constant; my throat was so sore that I could not sleep; sexual dreams, with emissions; in the morning feeling as if I had not slept.

Head.—Feeling of fulness of the head, with dull frontal headache; fulness of the forehead, with a pressing sensation in the roots of the tongue; sharp pains in the temples. The headache caused by the *Hamamelis* is of a very slight character; most of the time the head was not affected.

Mouth.—Flat, rough taste in the mouth; tongue coated white; blisters on the sides of the tongue.

Throat.—Roughness of the fauces; feeling as if something had lodged in the fauces that causes a constant inclination to swallow; deglutition is quite painful; dryness of the fauces; the tonsils and fauces are greatly congested.

Stomach.—Distress in the stomach; sharp pains in the stomach, with distress in the umbilical region; nausea from pain in the testicles.

Bowels.—Distress in the umbilicus (constant symptom); sharp pains in the umbilicus; burning in the epigastrium and umbilicus; rumbling in the bowels, with cutting pains; drawing pains in the abdominal muscles.

Stool.—Natural stools; natural stools covered with mucus; mushy stools; constipation for two days, then hard, dry, dark-coloured stools; great desire for stool, without being able to accomplish it.

Liver.—Retention of bile. The bile is of a vitiated character that is secreted, shown by the hard, dark-coloured, dry stools. The dry stools are also due to the suppression of the intestinal secretions. Dull pains in the right and left hypochondriac regions; sharp pains in the left hypochondrium, in the region of the spleen.

Urinary Organs.—Frequent inclination to urinate. The *Hamamelis* has no special effect upon the kidneys.

Organs of Generation of Men.—The great field of action of the *Hamamelis* is on the organs of generation of man and woman, on the venous system, and in a few cases of rheumatism. In genuine rheumatism, in my opinion, it would disappoint us; but if the generative organs were affected, and the patient was of a rheumatic diathesis, it would be a stronger indication for the *Hamamelis*. Sexual dreams, with emissions, followed by great lassitude, and a gloomy, desponding mood, with severe dull pains in the lumbar region, from small doses. Large doses of the tincture cause great prostration of the animal passions, with severe neuralgic pains in the testicles, of a dull, drawing character, which change suddenly to the bowels and stomach, producing nausea and great faintness. This symptom was so severe that I was compelled to stop the proving. I awoke at 3 a.m. with this great distress—could not sleep any more; for four hours I never suffered more acutely—no position would relieve me. The pain would be a few minutes in the testicles, and then in a few moments it would all appear in my stomach. About this time the weather changed from cold to warm, rainy weather. Drawing pains in the testicles, day and night, but more in the night, from the dilutions; drawing pains in the groins, passing down to the testicles; profuse cold sweat of the scrotum at night.

CLINICAL REMARKS.—I have never used it in diseases of the testicles, but in ovarian diseases I have given it with the most pleasing results. I will recite a few cases from my note-book.

CASE 1.—Mrs. G—, æt. 30; bilious-lymphatic temperament; nursing a babe. For the last two months has had paroxysms

of pain in her right groin, from six to twenty times a day. The pain commences in the region of the right ovary, and passes down the broad ligament to the uterus. She says it is just like the pains of labour, but commences in the wrong place. There is a swelling in the right groin, half as large as a hen's egg, and is very tender on pressure; a good deal of pain in the epigastrium and lumbar region; no appetite; tongue furred white; quite weak; keeps her bed most of the time; bowels costive; very pale, chlorotic look. Gave *Hamamelis* 1st, twenty drops in a tumbler of water—a dessert-spoonful every four hours. Called again in three days, and found my patient at work. Immediately after taking the medicine she commenced to improve, and has continued to do so ever since. She has pain two or three times a day now, but not near so severe as it was at first; can bear quite hard pressure over the tumour; pain in the stomach is all gone; good appetite. Continued the *Hamamelis* two weeks, when the tumour was all gone, and she was discharged cured.

CASE 2.—Miss N—, æt. 19; nervous hysterical temperament.

Aug. 20th.—For the last week has been compelled to keep her bed; has had severe paroxysms of pain night and day, but more in the afternoon and fore part of the night. The pain commences in the region of the left ovary, and passes down to the uterus; has pains every fifteen and twenty minutes. The pains are of a cutting, tearing character, and are so hard that she cries with them. I cannot discover any enlargement of the ovary; cannot bear to have her bowels touched; has not had her menses for six weeks; has a constant leucorrhœa; the mammary glands are very tender, and frequently have sharp pains in them; constant pain in the back of the head; no appetite; bowels costive; extremely nervous; does not sleep any at night; very pale. There is no doubt that she is an onanist. Gave *Caulophylline*, 2nd, every two hours.

21st.—Slept some, and is feeling a little better. Continued same remedy.

22nd.—Had a very bad night, and is feeling worse to-day. Gave *Belladonna* and *Nux Vomica*.

23rd.—Feeling somewhat better, but still suffering severely. Gave *Macrotine*, 2nd.

25th.—Sent for in great haste. The patient is very much worse; had a hard day yesterday; slept none last night; extremely nervous. Gave *Hamamelis*, twenty drops of the tincture in a tumbler of water—a dessert-spoonful every half hour, until relieved, and then every two hours. After the third dose she commenced to get easy, and slept about four hours through the night; feeling quite easy to-day, but the pains have not entirely ceased.

Continued the *Hamamelis* three days, when the patient was discharged a convalescent, every symptom having been removed but the leucorrhœa, which she did not care to be treated for. This is a very interesting and instructive case.

CASE 3.—Mrs. B—, æt. 37; bilious temperament; nursing a babe. For the last three months has been gradually losing her strength; looks very pale and anæmic. For a long time has had frequent paroxysms of pain in the region of the left ovary, passing down to the uterus. The pains (to use her own language) “are just like they were when I was confined.” Some days there is a large swelling in the right groin, which is very tender when pressed upon; then there are days when she can notice no enlargement. Has a very poor appetite; can just keep up; is very weak; fears she will be compelled to wean the babe, which is six months old; bowels are costive. Gave *Pulsatilla* one week. The first two days it gave great relief; after that did no good. The paroxysms of pain come on every two and three hours, and are worse in the evening. Gave *Hamamelis*. The pains gradually became less for three days, when they were all gone. I continued it for three days longer. She had no return of the pain, but rapidly gained her strength without any more medicine. This was a case of ovarian irritation, and it was a pleasing cure.

In passive uterine hæmorrhage I have given the *Hama-*

melis with good results, but in active uterine hæmorrhage I have given it a number of times, and never received any benefit from it.

Larynx.—Tickling in the larynx, with a constant inclination to cough; pressing sensation in the larynx; slight hacking cough. I have given the *Hamamelis* a great number of times in hæmoptysis, with the most satisfactory results. It is my main remedy in those cases.

Back.—Dull, dragging pains in the lumbar region; severe backache all day, after an emission; dull pains in the sacrum and hips.

Arms.—Severe drawing pains in the flexor muscles; dull pains in the elbow-joint (right); drawing pains in the wrists, hands, and fingers; stiffness in the hands and fingers; palms of the hands are hot and dry.

Legs.—Dull, drawing pains in the legs; weakness of the knees; dull, heavy, drawing pains in the feet and toes.

ON THE CAUSES OF THE MORTALITY OF CHILDREN IN MANUFACTURING TOWNS, AND ON THE MEANS OF DIMINISHING THEM.

By **MATHIAS ROTH, M.D.**

THE following paper is extracted and translated from a paper read by our colleague at the French Scientific Congress at Rouen.*

The causes of the mortality among children are nearly everywhere the same, and differ little in different countries. In manufacturing towns there must be added the local causes, depending on the character of the manufactures carried on, and on the nature of the occupation of the labourers and the children engaged in the several branches of the work. These causes taken altogether, may be arranged in groups, for the

* This was one of the subjects to be discussed according to the programme.

sake of ascertaining more easily the means for their diminution or prevention.

First Group.

In the first group are the hereditary causes, produced by the transmission of a feeble constitution, predisposing children, from the most tender age up to that of puberty, to all kinds of diseases, a great number of which have sooner or later a fatal issue. Parents affected with scrofula, tubercle, syphilis, madness, epilepsy, idiocy, cancer; the victims of intemperance; fathers too advanced in life, and mothers weakened by illness or by excessive work—the children of such form the great bulk of those who from the day of their birth have the taint of weakness implanted in their constitution.

All the contagious maladies, the epidemics which attack children and make many victims among them, impose on us the duty, as personal as it is philanthropic, to be lavish in our care of our indigent neighbours, who in general are first sacrificed to epidemics in the localities which form the centres whence the deadly miasm propagates itself.

Second Group.

This comprises the causes which have respect to the quality and quantity of atmospheric air of which children are often deprived.

So long as a family lives in a space too small to allow of its having a sufficient quantity of pure air, the quality of that air is necessarily vitiated.

The exhalations of several persons living in an insufficient space; the crowding too many children together in their beds, in asylums, in schools, in manufactories; all the deleterious gases generated by the decomposition of organic substances, by latrines, by ordure, by smoke, by evaporation, and the refuse of chemical productions of all kinds; those of the

laundries, of the person, of the skin, of the bed-linen ; that of the room, of the house, of the yard, of the street, and even of the neighbourhood, contribute to the deterioration of the air—one of the most frequent, and unhappily one of the most neglected, of the causes of the great mortality of children.

But even children who are surrounded with pure fresh air are prevented from having a sufficient supply, by the manner in which the body is compressed from earliest infancy, and in which little girls are dressed ; it is the effect of that almost universal mania which seeks for beauty of figure in our girls and women, in the artificial clothing of the dress- and corset-maker ; and which induces many mothers, ignorant in all that concerns health and hygiene, to immolate their daughters as soon as possible in honour of a prejudice, sanctioned, I regret to say, by too many medical men, who, without having the excuse of ignorance, permit a similar custom even in their own families. We must add to this group, the habit of covering the heads of young children, and of making them sleep with their mothers, or nurses, who, wishing to keep them warm during the night, sleep, and suffocate them by the weight of their bodies, of their garments, or their bed-clothes.

Third Group.

Among the causes of this group are those which have relation to the quality and quantity of food.

The loss of the mother's or nurse's milk ; the want of cow's, goat's, or ass's milk ; the corruption and adulteration of this most important article of diet, for which nothing can be substituted without endangering the health of infants ; the mixture during suckling of other kinds of food and drink—the ignorant parents seeing with pleasure in this, a proof that their little ones are thriving—are often the sources of their mortality.

Researches into the causes of sudden death among ch

dren have proved, that among fifty cases examined by coroners, the too large quantity of food taken has contributed as much as its bad quality to sudden death—generally preceded by convulsions.

According to observations made at the Children's Hospital at Manchester, of 100 infants nourished until the ninth month solely by their mothers, there were—

62·6 well developed,
23·4 moderately developed,
14 badly developed.

—
100

Among 50 children nourished artificially, the proportion of children *well* developed was 5
 „ moderately developed 13
 „ badly „ 32
 —
 50

Older children often suffer from the poverty of poor, as much as others from the ignorance of rich parents; while the first have to complain of the want of ordinary food, the last are the victims of abundance and gluttony.

The want of a sufficient quantity of pure water appertains to this group. I remind you of the proverb—“It is the pool of stagnant water before the peasant's cottage that poisons the castle.”

Fourth Group.

Among those causes of mortality which are the result of the deprivation of maternal care, of ignorance of hygienic laws among mothers, wet-nurses, nurses, and all those whose duty it is to take charge of children, and superintend their education, we may add to this wide-spread ignorance the negligence and indifference of the above-named persons during and after suckling, during the first teething period, when infants require constant attention and care; the consequences of the privation of this maternal care are most sad.

This group plays a very important, perhaps, the most important, part in manufacturing towns; because, if the workmen cannot earn sufficient to support their families, or if they give to their families only a portion of their wages, their wives are obliged to add to the family income by obtaining employment away from their homes.

Notwithstanding the infant home (*crèches*), this undesirable absence of mothers is always followed by a more or less large mortality of the children; this observation was confirmed by the diminution of that mortality during the great cotton crisis caused by the civil war in America, during which the manufacture of that article was nearly suspended in the counties of Yorkshire and Lancashire; mothers of families no longer finding employment in the factories were obliged to remain at home, receiving from public or private charity only the most necessary food, and of it a much less quantity than that to which they were accustomed, but remaining at home taking care of their children, and this period is remarkable for the diminution of mortality among children in these two districts.

In some marshy parts of England, they began, after artificial drainage, to cultivate the land; women who before the drainage had never worked in the open air were employed in field labour, and very soon the mortality of children was increased considerably; this was attributed to the loss of maternal care, which was not counterbalanced even by the increased wages of the family, and a purer air, less impregnated with poisonous evaporation.

During the absence of the mothers, the persons who replace them not being able to still the cries of the infants, who have no other means of expressing all they want and all they suffer, give them, constantly, mixtures of bread, sugared-water, and laudanum; the consequence is, that all medical men who have inquired into the mortality of children are agreed (a circumstance which very rarely happens among us), that the larger part of that mortality is the result of the loss of the mother's nursing, and of the use of narcotics.

Various preparations of opium are given to infants, even by their mothers, who, tired by a long day's work, do not like

to be kept awake the whole night by a crying child, and so suffer this bad practice and less troublesome mode of feeding. Even if some mothers are willing to sacrifice their own repose, love of their husbands and domestic tranquillity often induces them to use narcotic remedies, which they administer themselves, and of which they see only the immediate calming effect; these mothers do not suspect that this artificial calm is often the precursor of sudden death. Many accidents which cause the death of children never happen in the presence of a careful mother, who prevents them from falling into the water or fire, hurting themselves, and exposing themselves to all sorts of danger.

Dr. Farr says, "The fate of an infant whom its mother abandons, not in the street, but at home, whilst she is at work in the fields, or the factory, or when she neglects its cleanliness, is an early death."

Fifth Group.

Work of every kind too long continued is very exhausting for children. Of this kind is the work imposed upon them in mines, factories, &c., which is beyond their age and physical development; the greater part of these occupations are sedentary, in which certain parts of the body are put into action to the detriment of others; the bad positions in which children are obliged to work for ten or twelve hours daily in some factories, predisposes them to those deformities and diseases of the vital organs to which they are often subject until death terminates a life, short, indeed, but too long alas! for the sufferings to which they are exposed; if they have neglected all reasonable exercise of the body, and that which neutralizes the bad effect of excessive work in a restrained space, the fatal result is not long delayed. The above-mentioned causes, of which the majority can be prevented, or of which the effects can be lessened or neutralized, produce the excessive mortality among children, and if we admit that they are not born to die young, we must blame ourselves for the sad fact that we see out of 100 children 40 or 50 die before they are ten years old.

Concerning the means of removing the causes of mortality among children. If it is to the interest of every city to have the largest possible number of its inhabitants in good condition, it is also indispensable that the officers of the public health, whose duty it is to watch over all that concerns the health and cleanliness of their districts, should prevent the development of all these morbid causes; especially those which deteriorate the air in all places where a large number of persons congregate, such as factories, hospitals, asylums for children, churches, schools, &c.

This public officer ought to be invested with more extended power to show up as much as possible the causes which affect a great number of persons, and by the application of sanitary rules nip in the bud the propagation of epidemic diseases.

In families where these deleterious causes act upon only a small number of persons, individual surveillance devolves upon the mother of the family, who ought to be the officer of health in her household. But how can we hope that women will fulfil these duties while they are obliged to absent themselves, or while those who remain at home (I speak not only of work-people, but of women of a higher and better educated class) are entirely ignorant of the most simple hygienic laws, and of the rational treatment of their infants?

To diminish the consequences of this ignorance—the perennial source of sickness and death among children—I established some ten years ago, with the aid of some philanthropic ladies, a society named the “Ladies’ Sanitary Association,” with a view to propagate and popularise the laws of health.

[Here follows an account of the objects and mode of working of this admirable society, with which our readers are, or ought to be, familiar.]*

As to the group of hereditary causes, we can only diminish its evils by improving the health of the parents, especially the mothers; by giving the children plenty of pure air; by

* For further information apply to the Secretary of the Association, 14a, Princess Street, Cavendish Square, London, W.

rearing them as well as possible in respect of nourishment and care, and, when they are older, by developing well their physical powers by means of proper gymnastic exercises previous to allowing them to work in manufactories. The hours of children's work ought to be considerably lessened, and interrupted by various games and other recreation; and the quantity of their food ought to be proportioned to their growth, and to their amount of work.

To obtain the minimum of mortality among children, those mothers who are obliged to work ought to do so at home, at any rate for the greater part of the day. During their pregnancy they should take especial care of themselves. They should be taught to put in practice the laws of health in all that concerns their house and family. In cases where it is absolutely impossible that the mother should take care of the children, those who replace her, whether in the house or at the *crèche* (infant-home) during the day (which themselves need entire remodelling), ought to show themselves conscientious, and not evade the sacred duties imposed upon them, concealing the grossest negligence under hypocritical pretences.

It may be said, that it is Utopian to expect to save more than half the children who die under the age of ten. But my conviction, that more may be done, grows ever firmer. On the other hand, I am no less convinced that it is only by combating ignorance—that general enemy of all progress—that one can hope to arrive at this end, and save a still greater number of children from the maladies and deformities which afflict them.

The French Government have spent during the last two years about half a million of francs on several institutions where foals and colts are brought up and trained under scientific superintendence, with the object of developing all their faculties and powers. All the attendants, grooms, stablemen, &c., obtain certificates after having passed a scientific course. I ask for babies, infants, and young children only as much as has been done for young horses, and hope that those who share my views will exert themselves in establishing similar sanitary associations.

TWO CASES OF BRIGHT'S DISEASE.

By GEORGE MOORE, M.D.

CASE 1.—Acute Bright's disease; hæmaturia at first, attended with amaurosis, and followed by pleuro-pneumonia and great dropsy; patient pregnant; dropsy rapidly removed by *Apocynum*.

Mrs. H—, æt. 35, miner's wife, came under treatment on April 5th, 1865.

Family history.—Father died in early life of consumption; mother alive and well; two brothers have "cough and spitting" at the present time; her only sister I found to be badly marked in the neck with strumous cicatrices.

Personal history.—Until her marriage, a few months since, patient has been a domestic servant. Her health has been good, with the exception that for some years she has been troubled with pain after eating, sourness at the stomach, and occasional vomiting of dark-coloured bitter fluid. She has never had any serious illness, and there is no history of scarlatina, or of rheumatism, or of exposure to cold. She is in the eighth month of her first pregnancy. No morning sickness.

History of illness.—About a fortnight before the above date, the patient first noticed that the urine was scantier than usual, and that she had to get up several times at night to discharge it. She cannot say whether it was dark-coloured or not. She had no shivering, no pain in the back, and no pain or difficulty in relieving the bladder. A few days later her sight became dim, and strange bodies seemed to float before her eyes. In addition, swelling appeared in the feet and ankles, and has gradually extended to the thighs, hands, and face; the whites of her eyes, she says, "rose and swell." She has been under treatment (allopathic) without benefit. Her medical man has looked at the urine, but has never taken any of it away with him. Four days since (April 1st);

she was suddenly seized with sharp stabbing pain in the right side of the chest, behind and on a level with the nipple; the pain "shot" through the chest. Cough; quick breathing; and expectoration, at first white, and subsequently rust-coloured, speedily followed. Her doctor neither percussed nor auscultated her chest, but he applied leeches and sent some physic.

Present symptoms.—Patient, propped up in bed, is restless and uneasy, and out of breath when talking; face pale, puffed, and anxious; lower eyelids much swollen; conjunctivæ raised and watery; pupils widely dilated and fixed; patient cannot see my hand held before her eyes; says she sees large painted ships, &c. Has had no sleep for several nights. No headache, no delirium, no defect of hearing. Tongue covered with white fur; appetite fair; bowels relieved two days since; skin cool and dry. Pulse 120 and soft. Still complains of the "stitch," but the pain is not so severe as at first. Cough frequent; expectoration gummy and colourless; breathing quick and oppressed. The feet, legs, thighs, buttocks, backs of hands and arms up to elbow, are swollen, shiny, pale, and pit on pressure; the swelling is not very tense. On examining the abdomen, I found the enlargement of the gravid uterus; the foetal heart was heard beating at a point midway between the umbilicus and the anterior superior spinous process of ilium on right side; no tenderness; no appreciable fluctuation. The patient connects a distressing sensation of suffocation with fulness at the epigastrium where there is tympanitic sound on percussion. On examining the chest, I found four leech marks at the inferior angle of the right scapula; dull, flat sound on percussing over the lower two inches of right lung; no creaking; no murmur; bronchial voice distinct but not tremulous; and above this point, small crepitation. Area of heart's dulness natural, as well as the heart's rhythm and sounds. The urine passed during the last twenty-four hours is porter-coloured and thick, and measures twelve and a half ounces. Some of it was brought away for examination. The only medicine at hand, or that could be conveniently obtained,

was *Merc. sol.* 3rd trituration, of which four grains were placed in a teacupful of water, and a teaspoonful of the solution prescribed every two hours.

Examination of urine.—Sp. gr. 1010; acid reaction; a dark-brown, dense deposit occupies the lower fourth of the vessel, the supernatant fluid being turbid; copious precipitate with NO_2 and heat. The deposit was found to consist—(1) of abundance of blood-corpuscles; (2) of numerous blood-casts; (3) of a few casts entangling healthy renal epithelium; (4) of three or four casts containing both epithelial cells and blood-discs; (5) of scattered masses of exudation, stained orange-red by hæmatin; (6) of free and healthy renal epithelium. There were no crystals.

April 7th.—Feels generally easier and better; has slept several hours during the past night; cough not so frequent and expectoration less abundant. Pulse 110; respiration 45. To the naked eye the urine is unaltered. *Arsen.* 1, six drops in four ounces of water, and *Terebinthina* 1, six drops in the same quantity of water, prescribed in teaspoonful doses alternately every hour.

8th.—Pulse and respiration same as yesterday; lungs not so dull on percussion; some creaking and bronchial breathing at the base of the right lung; the œdema is perceptibly less everywhere, especially in the face. During the last twenty-four hours forty-three ounces of urine have been passed; a sample of the urine gives sp. gr. 1015; the deposit is less and not so dark; the fluid over the deposit is of the natural colour; the flaky albuminous precipitate from the reaction of nitric acid and heat settles in the lower third of the test-tube. The microscope reveals a change in the constituents of the deposit; the blood-corpuscles are much less numerous, and there are now no true blood-casts; there are coarsely granular casts, some of which contain epithelial cells of the kidney of a healthy character; several large oval epithelial cells isolated and joined together in groups; two or three flakes of amorphous, colourless fibrin, and a few scattered large granular (inflammatory) corpuscles. Continue medicines.

10th.—Pulse 100; breathing easier; cough occasional; expectoration ceased; still some creaking over base of right lung; sleeps better; vision unaltered; upper right eyelid red and much swollen; facial œdema almost gone. Passed 180 ounces of urine during last forty-eight hours; a sample of the entire urine voided during the last twenty-four hours has a specific gravity of 1010, and yields a less copious precipitate of albumen. The deposit contains a large number of rhomboidal and barrel-shaped crystals of uric acid; a few granular and epithelial casts of the same character as before; normal epithelial cells; still a few granule cells; and, what have been absent for several days, several blood-corpuscles. To take *Arsen.* 1, one drop every two hours, and one ounce of gin in the day.

12th.—Pulse 100; dulness of lung almost gone; creaking slight; murmur more distinct; sleeps more, with, perhaps, tendency to drowsiness; can now lie down and remain on back. The patient expresses herself as feeling generally better. The swelling in the feet and legs is rather on the increase, and there is a suspicion of fluctuation in the abdomen. No movement of the fœtus has been felt for two or three days. Patient has passed eighty ounces of urine yesterday and sixty to-day; the casts and cells are of the same character as last described, but are fewer in number; there are beautiful, amber-coloured, spicular crystals of uric acid of a very rare form; one crystal, with a central body from which project to the right and to the left two parallel steeple-shaped projections, extends nearly across the field of the microscope. Harley has seen such only "once or twice," and he alone, of all the authorities whom I have consulted, figures these rare crystals (*Medical Times and Gazette* of May 28th, 1864). Continue *Arsen.* and gin.

14th.—Pulse 100; respiration in every respect normal; starting during sleep, awaking in a fright; pupils still dilated and insensible to light; vision slightly improved, as patient can, though indistinctly, see the movements of children playing in a field twenty yards off; fluctuation in abdomen distinct; dropsy of legs and hips increased. On each

of the last two days forty-two ounces of urine have been passed. A sample of the deposit of to-day's urine consists of various kinds of casts—some containing fine, others coarse granular matter; several are almost, if not altogether, transparent (hyaline); four or five contain healthy epithelium embedded apparently in fine granular exudation; several of the purely granular casts are of large size, and one of them, if drawn out full length, would more than extend across the field. The other elements are epithelial and granule cells as before, the former kind preponderating; several semi-opaque, reddish masses (blood-clots?), and barrel-shaped crystals. Continue medicine; stop the gin.

17th.—The œdema is much increased everywhere; the legs and thighs are more tense, the abdomen larger, and the fluctuation distinctly marked; no sleep can be obtained except in the propped-up position. The fœtus is no doubt dead, as the patient complains of a heavy load at the lower part of the abdomen, aching in back and hips, general chilliness, &c., and I fail to hear the fœtal tic-tac. About sixty ounces of urine have been voided on each of the last two days; the casts are more finely granular than previously, and the transparent casts comparatively more numerous; there are several large masses of exudation, and some amorphous matter (phosphate of lime?) which is seen to be readily soluble in nitric acid; for the first time I observe a large number of cells, finely granular, which resemble, but are rather larger than, pus-cells, and like the latter show a trefoil nucleus when treated with dilute acetic acid. At this period my patient was not in a very satisfactory condition—the rapid increase of the anasarca, the probable existence of œdema pulmonum, the chilliness concurring with excretion of pus, and the dead fœtus, forming a somewhat unfavorable combination. I now prescribed two drops of the concentrated tincture of *Apocynum cannabinum* (Tilden's) mixed with half an ounce of gin in a wineglassful of water every three hours.

22nd.—The fœtus was born on the 19th; the surgeon who attended stated that it had been dead several days. *The*

dropsy is almost gone. The urine has been accurately measured, and no fewer than *seven hundred and seventy-nine ounces have been discharged in five days.* The deposit of to-day's urine contains a few casts, containing healthy epithelium, and one or two of the pus-like cells; multitudes of the latter are scattered over the field. To stop all medicine.

29th.—Pulse 80; appetite good; bowels regular; sitting up; vision unaltered, still the amaurotic stare; urine, sp. gr. 1014; acid reaction; scanty deposit after standing a few hours; two finely granular casts, each entangling two or three of the pus-like cells; a few of the latter cells isolated and grouped; four or five dumb-bell crystals; several epithelial cells from bladder. *Merc. cor.* 30, one pilule thrice a day.

May 6th.—General improvement; no dropsy whatever. On an average sixty ounces of urine have been discharged daily since last report; slight opalescence when the urine is treated with nitric acid and heat; no casts can be discovered after careful and repeated examinations; still a few of the pus-like cells; there is abundance of vaginal and bladder epithelium, and a few barrel-shaped and dumb-bell crystals. Continue medicine.

June 1st.—Patient called upon me to-day from the country. Vision is somewhat improved, but the pupils are still dilated; the bladder is somewhat irritable, as she makes water frequently and in small quantities; there is a leucorrhœal discharge; the urine yields a rather copious white deposit, a drop of which under the microscope is seen to consist of abundance of vaginal and bladder epithelial cells; the casts and pus-like cells can no longer be discovered.

August 1st.—Patient called again to-day. Vision is still imperfect and the pupils are as before; the urine is passed plentifully; it is opalescent under heat and nitric acid; the albumen being no doubt derived from the few bladder and the many vaginal epithelium cells, which, as shown by microscopic examination, are still voided; there are no casts and no renal cells. The patient has fully recovered her former strength and flesh, and, with the exception of the amaurosis and leucorrhœa, may now be pronounced quite well.

CASE II.—Chronic Bright's disease; fatty degeneration; œdema of face and legs; urine albuminous and containing fatty casts; decided improvement under mercury.

I. C—, æt. 38, came to the dispensary on July 18th, 1864.

Family history.—Patient's father died at 64, disease not known; his mother is paralytic; his brothers are in good health.

Previous history.—Patient has been occupied all his life in "firing" china and earthenware—an occupation which necessitates almost constant exposure to sudden and extreme variations of temperature. Many men similarly engaged are subject to slight or severe lead poisoning, but in the present case there is no saturnine stain on the gums, and no history of lead-colic, paralysis, &c. Patient states that his habits have been regular and temperate—that he takes one pint of beer a day, but no spirits—and that he has never had venereal disease. He states that eighteen years ago he was confined to bed for several weeks from rheumatic fever, and that his recovery was slow. Four years later (that is, fourteen years before the date of this history) he had swelling in his legs, and was obliged in consequence of this illness to leave off his work. He can give no further account whatever of this attack. Since that time he has considered himself in good health. About six months since, he began to complain of pain after eating, acid and flatulent risings, and other dyspeptic symptoms; but there was neither nausea nor vomiting. Of late he has experienced shortness of breath, and a feeling of being "fast" at his chest in going up slight ascents, but he has never had cough, expectoration, nor palpitation. His sight and hearing have always been good. Five or six weeks before present date, he began to feel aching pain in the loins, and shooting pains in the occiput; swelling of the face and eyes, and of the ankles, soon followed. He cannot say whether the urine at this time was scanty or not, but he observed that it was darker than usual, and that he had to get up three or four times at night to pass it; neither scalding nor pain during micturition was felt. The œdema in the legs and face has gradually increased.

Present Symptoms.—These were not formally noted down when the patient first presented himself; but it was ascertained that his urine was albuminous, and contained fatty casts; and for the eight following weeks he took *Canth.*, *Arsen.*, and *Apis*, without appreciable benefit.

Sept. 13th.—The following are the symptoms at this date:—Face pale, flabby, and puffed, especially at the lower eyelids; tongue clean, pallid, and marked by the teeth at the edges; appetite indifferent; bowels regular. Patient works as usual, and feels no loss of strength, or of flesh; pulse 82 and soft; cardiac dulness, and heart's sounds normal; breathing unusually short and oppressed, especially when going up short hills; the lungs, after auscultation and percussion, are found to be healthy; the œdema in the legs does not reach above the knees; the swelling pits on pressure. On an average of several days upwards of sixty ounces of urine have been evacuated daily; and that more frequently than usual, and two or three times in the night, but without any difficulty or scalding. A specimen of the lowest portion of the last day's urine has the following characters;—Sp. gr. 1017; reaction strongly acid; pale and cloudy before fall of deposit; the deposit is white, creamy-looking, and occupies the lower tenth of the vessel, the fluid above being clear and almost colourless; NO_3 and heat throw down a uniform white precipitate, which fills the lower half of the test-tube; on microscopic examination there are observed numerous fatty casts of different sizes, free fat-cells, renal epithelium studded with fat-granules, and numerous transparent, flat, six-sided crystals, which are observed to be soluble in ammonia (cystine).

Nov. 26th.—Since last report patient has been steadily taking one grain of *Merc. v.*, 1st cent. trit., night and morning, and two Turkish baths a week. He states that he perspires well in the bath, that his skin is moister than it used to be, and that he feels stronger and livelier. The swelling in the leg is much reduced, and the face less puffed and more ruddy. For several weeks he has measured the quantity of urine voided, which is, on an average, sixty-six and a half ounces daily. The deposit of a specimen is less in

quantity and in density; the casts are fewer in number, smaller, more hyaline, and less oily than were those last examined; there are also a few free oil-globules and two large compound granule-cells; no cystine, but columnar uric-acid crystals. The albuminous precipitate occupies one sixth of the tube. Sp. gr. of urine 1015.

April 18th, 1865.—The *Mercurius* has been persevered with since last date, and a bath taken occasionally, except during the month ended middle of March, when the patient did not attend the dispensary. The swelling is now so slight that it can be perceived only at night by the slight ridge at the point where his "bluchers" surround his legs. Patient says he is quite well, and presents himself merely because I wished to see him. Upwards of sixty ounces of urine are discharged every day. The deposit is very scanty; after a persevering search I succeeded in catching three or four very small and highly transparent casts, the detection of which would have been a work of some difficulty but for the few oil-cells which they contained. The precipitate of albumen is small. Sp. gr. of urine 1015. The patient promises to take the *Mercurius* for one month longer.

August 1st.—Patient calls again to-day at my request, and brings a sample of urine with him. "Nothing is the matter with me" he says. The urine is still albuminous, but even less so than when last examined; I can discover no casts.

REVIEWS.

Etudes de Thérapeutique et de Matière Médicale, par le Docteur Antoine Petroz: mises en ordre, annotées, et précédées d'une introduction sur sa vie et ses travaux, par le Docteur Cretin. Baillière.

PETROZ was amongst the foremost of the French homœopaths. He was, moreover, as anxious to extend the boundaries of his science as he was to diffuse among mankind the benefits of his art. Hence his numerous contributions to homœopathic literature. M. Cretin has done a public service in collecting these, and in editing them so satisfactorily. The book will deservedly take its place among the most valuable productions of our school.

The introduction, by M. Cretin, gives a full account of the life and works of our departed colleague. Then follow the works themselves, arranged in order. First we have the "Etudes Classiques," embracing Petroz' early writings on miscellaneous subjects: "On some of the Relations between Natural History and Medicine," articles contributed to the *Dictionnaire des Sciences Médicales* on the words *antipathie*, *art*, *catalepsie*, *fonticule*, *friction*, and *hemicranie*. We think that M. Cretin has done well to print these early productions, for they exhibit in the future convert to homœopathy a man of well-stored mind and original thought, who was unlikely to admit the truth of a novel doctrine without thorough testing. It is interesting, however, to notice in his few therapeutical remarks the tendency towards scepticism and do-nothingism. This state of mind, as regards old medicine, has nearly always preceded the reception of our system of positive truth.

From the "Etudes Classiques" we pass to the "Etudes

Homœopathiques," which are preceded by a short introduction from Petroz himself. We have then in some "Lettres à un Médecin de Province sur l'Homœopathie," our author's manifesto as a homœopath. It goes over much the same ground as other treatises of this character, but in a more original way. Next, under the heading of "Mélanges," M. Cretin gives us Petroz' "Opinion sur les questions soulevées par M. le Docteur Arnaud," upon the psora and dynamization theories; "Observations d'Hallucinations, et quelques exemples d'Hallucinations produites par des médicaments;" "Mémoire sur la Syçose," a very valuable paper on this ill-understood disease, with some good cases; "Essai sur l'Erysipèle;" and "Notes critiques sur le traitement de la Fièvre Typhoïde," especially with reference to the use of black sulphide of mercury, the "Ethiops mineral." A fourth division, entitled "Observations Pratiques," begins with another article on the same subject, followed by narratives of cases of metrorrhagia caused by tœnia, pneumonia, articular pains, cholera, neuroses, epileptiform attacks caused by lumbrici, lichen with catarrh of the bladder, syphilis, scrofula, and ulcers. A multitude of miscellaneous practical recommendations, given by Petroz at various times, are then classified as "Renseignements Pratiques." Another section is devoted to his teachings upon "Moyens accessoires et adjuvants;" and with this the therapeutic portion of the work terminates.

From the opinions expressed in various places by M. Petroz, and from his mode of practice as exhibited, we see in him the rare union of the most thorough "Hahnemannianism" with tolerance, freedom from bigotry, and good sense. Using, as a rule, the higher dilutions—"occasionally," as M. Cretin says, "the 6th, sometimes the 12th, but nearly always the 18th, 24th, and (especially) the 30th"—he nevertheless feels himself quite at liberty to recommend comparatively large doses of iron in chlorosis, and of mercury, iodide of potassium, and sarsaparilla, in syphilis. He kills the tœnia, which causes metrorrhagia, with sulphuric ether; and his remarks on adjuvants are thoroughly liberal. He is a good

narrator of cases, as the following, valuable also in themselves, will show :

“Disease of the Tongue.

“In 1829 a woman living in the Rue S. Nicolas, whose family was known to me, came to ask my advice about a disease of the tongue, for which she had been under the care of Dr. L’Herminier. The organ was profoundly altered by an ulcer, which appeared to me cancerous, and which occupied its right side ; the edges, especially posteriorly, were indurated, raised, and knotty ; speech was difficult, indistinct, and accompanied with much pain. The patient could only take liquid nourishment. Distrusting my own diagnosis, I sent her to Professor Marjolin. She brought me back the following judgment :—‘Cancerous ulcer ; no chance of cure but from operation ; and this impossible, for the base of the tongue is involved.’

“In the presence of so grave a disease I turned my thoughts to diminish her sufferings. I prescribed the $\frac{1}{100}$ th of a grain of hydrocyanate of potassa, to be repeated every fourth day. After fifteen days I again saw the patient. She suffered less ; the tongue appeared to me not so thick, the edges less hard, the speech easier. The medicine was continued in the same way. Fifteen days later the patient, whose countenance had lost its gray hue and drawn features, said to me with joy, ‘I begin to be able to eat a crumb of bread.’ The hydrocyanate was continued for a month longer, when the cure was complete. It is now eighteen years ago, and there has been no relapse.”

The cyanide of potassium worked wonders here ; it is a drug which deserves study.

“Typhoid Fever.

“In 1848 I submitted to the Homœopathic Society a memoir presented to the Academy of Sciences by Dr. Serres, on the use of black sulphuret of mercury in the

entero-mesenteric fever (typhoid). A new memoir has just been read before that society; it confirms the happy use of this medicine. In the account which I have given of the work of Dr. Serres I said that he considered the mineral Ethiops as a purgative, and that, for this reason, he thought he ought to associate it in its use with other purgatives; doubtless to render more powerful the property which he ascribes to it. On this occasion I have to communicate two observations of typhoid, in which the black sulphuret of mercury, in the 12th dilution, has been used with success. Since that time I have had to use it, and I have been able to determine with more precision its kind of usefulness.

“The preparation of the mineral Ethiops is invariable. On that account it can be placed side by side with other medicines of which we make use.

“In typhoid, more perhaps than any other disease, we find proofs that to choose the medicines well is not sufficient to combat it, but that we must watch the most convenient time to use them. I am going to try, as to the use of the Ethiops, to give instances.

“OBSERVATION I.—A young married lady, of a nervous constitution, lymphatic, tall, of a middling size, and whose menstruation was irregular, most often behind its time; complained often of pains in her bowels, followed by diarrhoea. She thought she was able to travel a few months to accompany her husband, who was on a tour of inspection; she led a different life from that which rest in the midst of luxury gives. She came back to Paris feeling a general fatigue, and having no appetite; her sleep was disturbed and difficult to obtain.

“On the 29th of December, at the end of the day, she felt shivering, alternating with fits of heat.

“30th.—Frontal headache, eyes injected; all the skin, particularly the face, was of a pink colour, produced by an eruption of small, almost imperceptible, pimples; tongue white, without coat; thirst; general heat; pulse small, frequent, 100. Ordered a potion with *Aconite* every two hours.

“31st.—Same symptoms, except the coloration of the skin;

the eyes marked underneath with a black circle. The patient bears with difficulty noise and light; skin dry, hot; pulse up to 110; urine in small quantity, dark colour; decubitus dorsal.

“Jan. 1st.—Headache not so intense; great paleness; the hearing is dull; the mouth is dry; the patient complains of moving the tongue with difficulty, it sticks to the palate; the tongue is dry, the centre a little red; frequent urging to pass water, although the urine is in small quantity; great weakness; reluctance for any movement; drowsiness or fatiguing dreams; pulse small, 120. *Rhus toxicodendron* in potion, one spoonful every two hours.

“2nd.—Same symptoms; the lips look shrunk, the tongue is dry, in all its extent; the skin is rough; some borborygmi can be heard in the abdomen, of which no part, however, is painful; the want to make water becomes less frequent, the urine in small quantity, of a dark colour; pulse 120; wakefulness.

“3rd.—Same symptoms; the features are altered; slight distension of the abdomen; pressure causes pain at the epigastrium and in the cæcal region.

“4th.—The night has been much disturbed; in the morning bilious diarrhœa after a colic, followed by a short syncope; the teeth covered by a crust; the tongue is held immovable, it is dry and black; pulse very weak, 130; *black sulphuret of mercury*, 12, one drop in 100 grammes of water, one teaspoonful every half hour; in the interval to continue for beverage pure water or *eau sucrée*; during the day three liquid motions; in the evening the tenderness of the abdomen is already less.

“5th.—The patient affirms that she has slept, which she had not allowed until now; the tongue is less dry; the speech becomes more easy; the thirst is almost gone; the skin is less rough; the pulse is 100, it is more developed. The potion of Ethiops is renewed.

“The following days nothing remarkable happens; the symptoms decrease; the patient enters upon the third stage of the disease, during which the nervous system of relation

returns to its ordinary activity, whilst that of nutrition rests itself after the fatigues of a difficult struggle, during which the emaciation had become considerable.

“During this period patients are neither thirsty nor hungry; sleep is hardly a necessity to them; it continues for a longer or shorter time, and we know that it is at its end when the patient feels the digestive organs awakening. I have said that the choice of time in the use of medicines is of great importance in the treatment of some diseases. We must never forget that we proceed only by subversive efforts. Our law imposes on us the duty of studying the progress of diseases, to understand when and how we must oppose ourselves to their mischief. Thus, in typhoid, the use of sulphuret of mercury would be unseasonable in the first period. In giving it we should deprive ourselves of the resources which we have at our disposal to prevent the complications, or to moderate the impetuous progress of the disease. Typhoid and the eruptive fevers have a regular progress; times to pass over which differ; and, consequently, they offer successive indications.

“OBSERVATION II.—A child, eight years old, of a delicate constitution, born of a mother affected with a squamous tetter, and whose mother and grandmother died consumptive, experienced for some time a heaviness in the head, a general fatigue, a depression of spirits; he had no appetite.

“On the 9th of February he was seized with an internal shivering, with hot skin, a pressive pain in the forehead, and nausea. The pulse was frequent and full. *Aconite* in potion, one spoonful every four hours; pure water, or water sweetened with sugar, for beverage.

“10th.—General internal heat, slight epistaxis in the morning; in the middle of the day flushing of the face; pulse more frequent, 120; at the end of the day restlessness, paleness, wakefulness.

“11th.—In the morning paleness; the tongue is red on the borders, the middle of it exhibits a light-yellowish coating; great thirst; epigastrium is painful under pressure; in the middle of the day febrile exacerbation, flushing of the face,

internal heat all over ; it lasts four hours ; the pulse is as it was on the preceding day.

" 12th.—The tongue is dry, the yellowish coating cracks, rendering the movements of the organ more difficult ; the lips are pale, tight, and dry ; eyes dull ; same febrile exacerbation as on the preceding days, during which the tenderness of the epigastrium is greater ; the urine is in small quantity, of a dark colour.

" 13th.—Same symptoms as the day before.

" 14th.—Greater paleness than on the preceding days ; the skin is dry, rough ; the tongue, which can only be partly seen, is shrunken, covered with a brown, dry crust ; the lips peel ; the patient swallows with difficulty ; the belly is distended, the lightest pressure causes pain, particularly in the cæcal and epigastric regions ; borborygmi ; increase of fever ; involuntary emission of urine ; consistent alvine evacuation ; pulse small, 140 ; blear eyes ; slight cough ; the intellect remains free. *Bryonia*, which has succeeded *Aconite*, is continued. In the night of the 14th to the 15th two soft motions. All the symptoms are the same.

" 15th.—Several liquid motions of a dark yellow ; the meteorismus is greater ; the pulse is as small and as frequent. *Black sulphuret of mercury*, 12, one drop in a hundred grammes of water ; one teaspoonful every half hour.

" 16th.—Three liquid motions ; the tongue is softer ; the meteorismus decreases with the tenderness of the abdomen ; the febrile exacerbation of the middle of the day ceases ; the pulse is more developed, 100 only ; sleep of two hours.

" 17th.—Moist tongue ; the skin is not so dry ; the meteorismus has completely disappeared ; the epigastrium, the region of the heart, are no longer tender under pressure ; only one liquid motion in the day ; the pulse is 100.

" 18th.—After a calm night, during which there were some hours of sleep, the tongue became larger, moister, and more easily put out. On examining the abdomen, in the hypogastric region, a sort of swelling was found, very tender under pressure. The young patient remembered to have felt his urine escaping involuntarily, and from an excess of modesty

had resisted, during twenty-four hours, the want of making water; the bladder was distended beyond measure. He was put on his feet to empty it more completely. From that moment relief was felt, and *Nux vomica* given to restore to the bladder its full contractility, put an end to the accidents which this complication might have brought. From that instant the patient arrived at that period of the disease where the organs are seen entering into a sort of slumber, which is not yet convalescence, during which time the thirst ceases, the appetite is absent, the pulse not frequent. The end of this state, which lasts more or less time, is announced by the want of eating. This child, naturally weak and delicate, had arrived to an extreme state of thinness; the digestive functions have regained with rapidity their natural exercise, while combating the general weakness with *Quinine*, 30; and on the twenty-first day he had regained a part of his natural strength."

We need a drug which shall exactly meet the intestinal lesion of typhoid fever. Mercury has always come nearest to it of all known remedies; and it may be that in black sulphide is the very medicine we want.

"*Metrorrhagia-Tenia.*

"In 1812 I was sent for to attend a lady who, since her first confinement, had not passed one day without losing a certain quantity of blood. This loss had lasted fourteen months. The patient, twenty years old, was of a mixed constitution; the pregnancy had passed its periods without any accident; the confinement had been easy. Dr. Tardieu, who had conducted it, mentioned several times during the illness that the uterus offered nothing extraordinary in its position, its size, or its density; and that there was nothing in the neighbouring parts which could explain the persistence of this metrorrhagia, which had resisted every means used to abate it.

"The patient, at the time I saw her, was in a state of great weakness; the skin was extremely white, almost transparent,

and without heat ; every movement was painful, and caused palpitation of the heart ; the anæmia was great.

“ On examining the chest and abdomen nothing was discovered which could explain this metrorrhagia. Being asked about her former health, the patient could not give any satisfactory answer, except that when she was thirteen or fourteen years old, at the first appearance of her monthly terms, she had passed portions of worms of different sizes ; that the menstruation had always been regular ; and that the only thing she had to complain of was feeling at times no appetite, and at others a craving hunger.

“ I concluded that the presence of a tapeworm was the cause of the disorder which had lasted so long. The sulphuric ether appeared to me the most proper medicine to contend with it. It was given in potion, and in injection into the intestines. On the second day of its use several portions of tænia were passed. After a day of rest the medication was renewed ; it had the same result. Soon the loss of blood was diminished, and stopped entirely.

“ The convalescence was long ; it required a great deal of care to repair the strength so profoundly sapped ; the monthly terms did not reappear until six months afterwards.

“Articular Pains.

“ OBSERVATION I.—A young woman, of a delicate complexion, her skin white, fine, almost transparent, inhabited a place situated low down, where the temperature in summer differed from that of out-doors at least ten degrees.

“ In 1833, during the hot season, every time that after moderate exercise she returned to her apartment she felt an impression which, at first agreeable, finished by being unpleasant. One day she complained of heaviness in the head, with a feeling of stupidity ; she had, at the end of the day, shaking in her limbs, some shooting pains in different parts, an extreme fatigue ; during the night wakefulness, or an agitated sleep, awaking with fright, dry heat of the skin, ebullitions of blood.

“The next day, besides the preceding symptoms, pulse hard, contracted, 110 pulsations per minute; slight swelling of the articulations of the wrist (carpus and metacarpus); sharp pain caused by the least movement; sensation of cold whilst resting; the articulations of the feet were in the same state.

“In the morning, at nine o'clock, *Dulcamara*, 24, iij; I allowed the patient, if her thirst required it, to drink pure water, water sweetened with sugar, or barley-water, at the temperature of the apartment. At twelve o'clock in the morning some painful drawings were felt in the legs. At two o'clock a general perspiration took place, without increase of heat, and lasted all the night, which was more calm.

“The third day the skin was in its normal state; the pulse was 88; touching and movement caused much less pain in the diseased articulations. The improvement made progress.

“On the fourth day the patient was near convalescence, when in the evening she felt violent shooting pains in the right forearm and wrist, in the right thigh and knee; there was wakefulness and agitation.

“The morning of the fifth day:—frequency, hardness of pulse; sharp pains in the articulations of the superior and inferior extremities on the right side. The analogy of these symptoms with the effects of *Dulcamara* was too evident not to lead one to recur to this medicine; it was given in the same dose. At the end of two hours the skin became moist; soon the fever was calmed; the pains decreased progressively, in such a manner as to render movement possible.

“On the seventh day all pains had ceased, and since that time the health has not been altered.

“OBSERVATION II.—A man, *æt.* 35, of a strong constitution, accustomed to fatigue, obliged by his profession to go down several times in the day into a very cold cellar, fell ill, and felt in the limbs violent pains, about which I have not had particulars positive enough to enable me to describe them. When I saw him, on the fourteenth day of his illness, he had been twice abundantly bled, and had taken several tepid baths. The face was of a dull red; eyes

injected; headache, with stupor; ideas vague, confused; hard hearing; frequent and deep breathing; pulse strong and frequent; skin injected. These symptoms were brought on, in great part, by the numerous blankets which loaded the patient. The articulations, particularly those of the knees, showed a little tumefaction. The patient, who had lain on his back several days, having been forbidden to change position, in order to avoid an increase of pain, was quite astonished to feel it less acutely on moving. The general symptoms decreased as soon as the patient was less covered, and when convinced that he could move without fear of increasing his sufferings he tried to find a more comfortable position.

“The sixteenth day of the illness:—headache with stupor; buzzing in the head; eyes not so much injected; mouth dry; breathing more free; abdomen not painful under pressure; painful stiffness of the nucha and throat; tensive pain in the shoulder-blades; shooting pain in the arms, most often in the right; violent and repeated shooting and cutting pains in the knees, particularly the right; shooting pains in the right thigh, which terminates on the sacrum as on a sore wound; sadness, dejection, tears; fear of dying.

“At twelve o'clock *Rhus toxicodendron*, 30, iij; for beverage, toasted water. Evening, at five o'clock:—skin hot, particularly the hands; anxiety; dull headache; pulse not so frequent, sometimes intermittent. At nine o'clock general perspiration without smell; not so sad; movements weaker.

“At night very thirsty, with the wish to drink some water; after midnight sleep of an hour and a half. In the morning the courage is reanimated; the pains were bearable, even at rest; broth twice in the day.

“The next day slight perspiration all over the body, except the head; urine more abundant; diminution of pains; fits of shooting-pains more weak and more rare; improvement progresses rapidly; however, on the twentieth day, the pains, although much less, existed still; they had taken a character of continual drawing, but were dissipated by movement; the patient was obliged to leave his bed.

“The twenty-first day:—*Rhus*, 30, ij; slight perspiration

in the day ; in the night the rest was prolonged ; the next day convalescence.

“ The patient has not felt any pains since that time.

“ *Cholera.*

“ OBSERVATION I.—Madame X—, æt. 45, was seized with cholera. The patient had been ill twenty hours when I was sent for. It had begun by a diarrhœa, which at first had been bilious, but which, becoming more frequent, had changed in character. When I saw the patient she had from three to five evacuations in an hour, of whitish matters, very liquid. The vomitings were also frequent. The evacuations were preceded and accompanied by violent colic ; the pulse was weak, soft, and not quick ; the voice was completely extinguished ; the inferior extremities were cruelly tormented by cramps ; the complexion was lead colour ; the features were very much altered ; the eyes hollow ; the heat of the skin almost the same as in its normal state, except the hands. I prescribed *Ipecacuanha*, ʒ, iij, every two hours ; it was then ten o'clock in the morning. At the end of the day the urging to vomit and the vomiting had entirely ceased ; the alvine evacuations had decreased one half ; no change was made in the treatment during the night. The next day the features were less discomposed ; the aphonia was not so great ; the evacuations were scarce ; the cramps had disappeared. *Ipecacuanha*, ʒ, iij, every eight hours.

“ The third day, broth ; convalescence.

“ The fourth day, a little solid food ; the strength returned ; cured.

“ OBSERVATION II. — Pierre —, æt. 32, of a delicate constitution without being weak, had been ill two days of a diarrhœa, having no other characters than those which are usually found in this affection when simple. I prescribed a rigid diet, a mucilaginous beverage, and, above all, I recommended the avoidance of everything which could aggravate the state of the patient. Useless recommendation ! for the following night the patient, feeling the want to go to

stool, had the imprudence to cross a long passage with naked feet, and nothing on but his shirt. Shortly after the evacuations became more frequent, more liquid, and as white as butter-milk.

“I saw the patient in the morning, six or seven hours after the change had taken place in his state. The voice was extinguished; the vomitings succeeded one another every ten minutes; the face was much altered; the eyes were sunken, the eyelids almost black; sharp pains in the bowels; the alvine evacuations were accompanied with acute pains; the anguish was extreme. A doctor having been sent for, had prescribed a potion, which appeared to me to be a mixture of peppermint-water, ether, and laudanum. One teaspoonful of this mixture had increased the troubles in a frightful manner; and the patient had refused to continue to take it. The pulse was small. I gave him *Ipecacuanha*, 6, every hour. Four hours after I saw the patient again; nothing was changed in the nature of the symptoms; these were even of a greater intensity, and there was a pain as of erosion in the epigastrium. I gave *Arsenicum*, 30, j. The effect of it was rapid; the progress of the troubles was so well arrested that, at the end of half an hour, the patient fell asleep, and slept for a whole hour. When he awoke he made one or two efforts to vomit; they were the last.

“In the evening, when I saw the patient again, one yellowish evacuation had taken place; the patient had made water; it was the first time for forty-eight hours; the next day he felt well; he took some broth twice in the day.

“The convalescence was quick; the choleraic alterations of the complexion and of the expression of the face disappeared with an astonishing rapidity; and all that remained of the illness was that, during five or six days, weakness was felt in the inferior extremities, and a little pain in the anterior muscles of the thighs.

“OBSERVATION III.—Madame D—, æt. 60, of an irritable dry temperament, was taken in the night with an anguish, which she described thus: ‘internal disorder, particularly in the abdomen, and which appeared to announce

approaching death, giddiness in the head, oppression, indescribable anxiety, terror.' In the morning she vomited a liquid like raw starch water, and in such a considerable quantity, that it was difficult to understand that the stomach could contain it. This vomiting appeared to relieve the patient. An hour after she vomited again, but not in so great a quantity; after this second vomiting the anguish became extreme. It was then that I saw the patient. The skin had almost its normal heat; the pulse was slow, small; the face little altered. The patient told me: 'I do not know what is the matter with me, but I think I am going to die; I feel my bowels cold as if they were plunged in ice, the last vomiting has been made without any effort, and what I have vomited was cold.'

"I gave her *Arsenicum*; a few hours after all sensations had ceased.

"The next day the patient could take broth. She soon recovered.

"In homœopathy, there has been proposed against cholera a plan of treatment, perhaps, too uniform; thus it was said that *Camphora* was first to be given, then *Ipecacuanha*, *Veratrum*, *Cuprum*.

"I do not doubt that these means might find their exact applications; however, I must confess, that in two cases where *Camphora* appeared to be indicated by the cold which the patients have felt, I have used it without success.

"In cases similar to that of my first observation, where cold was not the predominant symptom, *Ipecacuanha* is sufficient to stop the disorder of the digestive organs, and to disperse all the consequences of it.

"In the case of the second observation, the cold was not existing when I saw the patient; *Ipecacuanha* was insufficient, either because its action was not powerful enough to wrestle against the destructive efforts of the disease, or because it was too late.

"In the case of the third observation, I should not have trusted to the effects of *Ipecacuanha*, I wanted a medicine more rapid in action. What I have obtained from *Arseni-*

cum makes me consider this medicine as the specific for that horrible malady, and induces me to place it above all those which have been proposed.

"The happy use of *Arsenicum* on two occasions when invasion of cholera was imminent confirms me in this opinion; and I do not doubt, that in the sporadic cholera it might be applied with great benefit."

We commend these cases and observations to Dr. Lippe, of Philadelphia, who has lately been abusing his colleague, Dr. Hempel, because the latter had stated that *Arsenic* is the leading homœopathic remedy for cholera (*Amer. Hom. Review*, Oct., 1864).*

The second part of the work before us consists of the numerous *Pathogenesies* with which M. Petroz has enriched the *Materia Medica*, and of the "Repertory" which he has compiled. We have provings, more or less exhaustive, of *Acidum benzoicum*, *Aconitum lycoctonum*, *Actæa spicata*, *Æthusa cynapium*, *Allium sativum*, *Asterias rubens*, *Bovista lycoperdon*, *Gadus*, *Guaræa*, *Kadmium sulphuricum*, and *Murex purpurea*. Besides these, M. Cretin states that Petroz has left notes on the pathogenesis of four hundred medicines. These are embodied in his "Repertory," as additions to the usual list of medicines indicated by each symptom. This "Repertory" is probably about the best of its kind. It has references to seventy-seven medicines over and above those contained in Jahr's *Pharmacopœia*. It has been too short a time in our hands to enable us to test its merits as a practical guide.

We conclude by thanking M. Cretin for the valuable work he has given us, and for the *thorough* way in which he has

* This gentleman has already rendered his acumen very questionable, by ascribing an ordinary post-diphtheritic paralysis to the *Arsenicum*, which—in the 6th dilution—was given in the course of the treatment of the original malady (*Amer. Hom. Rev.*, Nov., 1864). And now (*Ibid.*, May, 1865) he has well-nigh put himself beyond the pale of literary courtesy by styling the pathogenesies of *Kali bichromicum*, *Aconite*, and *Arsenicum* contained in the *Hahnemann Materia Medica* "caricatures." One who can write thus is the last man we should listen to when he attempts to define "Who is a Homœopathician?"

done his editorial work. Carlyle himself would be delighted with it. Introductions, notes, indices, are fully supplied and well done. That it has been to him a labour of love is evident from his own prefatory words :

“ I have given at the beginning of the “ Introduction ” a biographical sketch of Antoine Petroz. His life has been simple: it should be related simply. I spent its last ten years at his side, in his sight, under (so to speak) his protection. I have been admitted to his hearth; associated with him in his writings, in his practice; loaded with evidences of his goodwill, his affection, his paternal solicitude. It has been impossible not to speak often of myself in speaking of him to whom I owe so much. I had rather be exposed to the reproach of indiscretion than to that of ingratitude.

“ More than four years have been consecrated by me to the elimination, the arrangement, the attentive study of the various writings of Antoine Petroz, of his manuscripts, his notes, and his correspondence, preserved during fifty years. I have had to make numerous and difficult researches into the source, the denomination, and the uses of the drugs he has studied, and which are not to be found in any of the works on the Homœopathic Materia Medica. This will suffice, I hope, to procure my pardon for fulfilling so tardily a sacred—I may say, filial—duty towards Antoine Petroz, and an engagement entered into with the public nearly five years ago.

“ Why should I not say it? To this double duty there is attached a sacrifice. I have hastened to accomplish the former, I shrink almost from the latter. I had a certain satisfaction in the necessary prolongations and adjournments of my work. During these five years, I have seemed to live again with Antoine Petroz, and in his intimacy, hearing his voice, listening to his teachings, receiving his precepts. Now that the hour has come when I must separate myself from the sheets written by his hand, the depositaries of his thoughts, the objects of my studies through so many vigils, I feel as though parting from him a *second* time, and for ever: *consummatum est.*”

The Treatment of Rheumatism, Epilepsy, Asthma, and Fever, being Clinical Lectures delivered at the London Homœopathic Hospital. By Dr. RUTHERFURD RUSSELL. London: Leath and Ross.

(Second Notice.)

THE book opens with a dedication to Dr. Quin, which occupies the place of a preface. As this is short and may not be in the hands of some of our readers, inasmuch as the bulk of the book consists of a reprint of papers already in their hands, we may quote it entire, as we have some remarks to make upon it.

“MY DEAR DR. QUIN,—Just one-and-twenty years ago the British Homœopathic Society was instituted. The meeting was held at your house, and the attendance could not have been numerous. Two years afterwards you delivered your first annual address to the small party of the disciples of Hahnemann by whom you were surrounded. In this address you proposed the following projects:—1. To secure a permanent place of meeting for the Society. 2. To collect a library. 3. To erect a hospital. 4. To issue hospital reports. 5. To publish monographs on the treatment of disease. Considering that the number of your colleagues could not possibly have exceeded eight or ten persons, I suspect that some of your objects must have appeared to them, if not entirely visionary, at all events very remote. Yet what do we now see?

“A hospital with sixty beds; means in hand for its enlargement; and a considerable fund accumulating for its endowment. In this hospital a spacious and commodious hall, for holding our meetings. In this hospital a library, containing all the most important works connected with Homœopathy, besides a large number of standard medical books. A quarterly periodical—the *Annals of the London Homœopathic Hospital, and Transactions of the British Homœopathic Society*.

“All that remains to be done in order to complete your projects, is the continued publication of such monographs as have been contributed by yourself and others to our periodical literature.

“If the contents of this volume in any degree realise your notion of what Clinical Lectures should be, I may hope they will aid in the completion of your great five-fold design. If not otherwise useful, they may at least help others to rear a literary edifice worthy of modern medicine.

“When you withdraw from your more active professional duties, attended by the confidence of colleagues, and followed by the respect of opponents, the success of your schemes for the advancement of the better system of medicine, which you were the first to introduce into England, and to the promotion of which your time and talents have been devoted, will be the best evidence that your life of steadfast purpose has not been spent in vain, and that the high social honours which crown its setting, while graced by wit, were won by merit, and are maintained by wisdom.”

Now, with the graceful and elegantly written testimony to the personal merits and services of our esteemed colleague, Dr. Quin, we most cordially concur; and we feel sure it expresses the universal feeling of our body in this country and, no doubt, in other countries. We agree also that Dr. Quin's intentions and provisions, as far as the first three in the list, have been realized by the foundation and present state of the London Homœopathic Hospital. But to the fourth we demur. It is tacitly assumed by Dr. Russell that the publication of the *Annals* a few years ago falls in with the design of Dr. Quin, and was approved of by him in respect of the time of their commencement. It may be so, and as it was done by the Society it must be accepted by us as the act of all the members; but we question very much if a man of his well-known sagacity would have begun the *Annals* so soon if left to himself in the matter. In all the other matters the Society is independent, and has itself alone to consider, and all it does for the advancement of Homœo-

pathy is so much clear gain to the general interests of our body. But in the question of founding a quarterly journal it is otherwise, as here it comes into contact with other candidates for favour already existing; and it depends upon considerations wholly out of the control of the Society whether that may not be an evil rather than a good to the general interests of Homœopathy in this country for some time yet. It is quite proper, and to be expected, that our chief if not only hospital should lose no time in publishing "reports," and also that the papers read and the discussions in the British Homœopathic Society should be properly reported. But it by no means follows that these are best done by means of a periodical exclusively devoted to these objects. Our body is as yet small and cannot support more than a limited number of periodicals; and as most may be expected to take the *Monthly Journal* and the *American Quarterly*, we cannot expect them to take and read and bind up two British Quarterly Journals. If, therefore, the number of those who only take one be equally divided between this Journal and the *Annals*, that cuts off a considerable number of readers. This Journal has also a circulation of wider extent and more varied, therefore papers published in the *Annals* must have a narrower sphere of influence and usefulness than if they appeared in this journal as was originally intended. This must have a prejudicial effect on the Society itself, by diminishing the stimulus to the production of elaborate works, and will tend to lower the papers read to the standard of mere crude notes to serve as a peg whereon to hang a discussion, which in its turn may degenerate into mere talk. This was not unfelt at the time, and though the publication of the *Annals* was carried by a majority, flushed with the triumph of the recent foundation and endowment of the hospital, and sanguine in their prospects of the rapid extension of the Society and Homœopathy in general, yet there was a respectable minority who opposed it, and so far successfully, that a rule was made allowing the author of any paper to publish it elsewhere than the *Annals*, under certain conditions. Practically, however, these con-

ditions have hindered all but a small number from availing themselves of that liberty. We fear, therefore, that the *Annals* will prove a clog round the neck of the Society, and hinder its development and usefulness, and we would recommend them to go back to the old plan of publishing in this journal, which would then give a sphere of readers equal to that of the two journals combined. It could easily be arranged to give sufficient space, and a certain degree of independence could be ensured by leaving the responsibility of the department containing the *Annals'* hospital news to their own secretary.

The effect of this would also be beneficial to this journal, as we have had too few original papers fitted for a quarterly journal the last two or three years. We do not require to disclaim personal motives, for we are quite ready to give up this journal if it no longer serves a useful purpose—the public not needing two quarterlies. But that would do no good, as the journal of a society could never possibly fill the place of an independent review; and if ours were given up another must take its place, and there would be the same difficulty of two quarterlies dividing the public, already too small. So we hope for its own sake the Society will consider the propriety of a species of amalgamation as before. Likewise we would recommend the Society again to consider the plan of making the annual assembly migratory, which would have the effect of enrolling most of our provincial brethren among its members. The want of occasional meetings with those who sympathise is strongly felt by provincial Homœopaths, who have several times attempted congresses like the Germans, but none have been held lately from the want of any central body to set the plan agoing. We think those two measures would have the most beneficial effect on the progress of Homœopathy.

Also with respect to this journal as a representative of Homœopathy, we think it is a pity that so few good original papers should appear as in the last two years; and those abroad who judge of the progress of Homœopathy in England solely through it must have been disappointed. Even

if we had had all the good papers of the *Annals* it would not have been much to boast of, as the total of all the elaborate articles fit for a quarterly journal that Britain could produce, when divided among both journals, cuts rather a sorry figure, and the *Annals* have had to belie their very name and translate verbatim from the German.

We pass now to the lectures themselves. They are twelve in number, five being on rheumatism, two on epilepsy, two on asthma, and two on fever. The number is made up by an intercalated lecture on "The Dose and the Alternation of Medicines." The whole are preceded, by way of introduction, by an essay "On our relations with the Old School" which has already appeared in the pages of this journal. Indeed, all the lectures, save the two on fever, have been published from time to time in the *Annals*. Under these circumstances, it would be superogatory to give an account of, or extracts from, their contents. We shall content ourselves, therefore, with running through the series with a critical eye, noting some of its many points of interest as we proceed.

The most curious thing in the introduction is the sketch of the manner in which a hospital physician might try homœopathy in his wards. It will hardly fail to provoke a good deal of comment from the purist school of homœopaths. For ourselves, we only desire to know the grounds on which Dr. Russell selects *Arsenic* to be given alternately with *Aconite* in the treatment of acute bronchitis. We know nothing in the recorded experience of our school which would lead us to regard *Arsenic* as the classic remedy for bronchitis; nor are the bronchial tubes found much irritated in cases of arsenical poisoning. We doubt much whether *Aconite* and *Arsenic* would be even as successful as the common treatment by small doses of *Tartar Emetic*. They would certainly be less truly homœopathic to the disease.

In the first lecture "On Acute Rheumatism" the question of the alkaline treatment is fully discussed. We hardly think Dr. Russell quite apprehends this mode of treatment when he calls it "eliminative." In the theory of its advocates it is rather antidotal; they consider that their potash neutralises

the acid *materies morbi* of rheumatism in the blood as truly as chalk or magnesia would neutralize oxalic acid, if sent after it soon enough, in the stomach. But we are pleased to find so high an authority as Dr. Russell "free to confess that he thinks the employment of such means" (the alkaline carbonates) "perfectly admissible." Homœopathy will have made a great step towards her conquest of the whole domain of medicine when she begins to estimate and allow the place of chemistry in therapeutics.

We do not quite understand Dr. Russell when he suggests that "Homœopathic medicines cure acute rheumatism by exciting an excessive generation of lactic or some analogous acid." It cannot be explained that he means that the power of certain medicines to excite an excessive generation of acid in the healthy body qualifies them to check such excessive generation when occurring in disease, as in rheumatic fever. This would be intelligible; and the sour perspirations induced by *Aconite* and *Bryonia* would combine with their other pathogenetic effects to render them the true analogues of the rheumatic poison. But no! for further on Dr. Russell writes (after showing that the lactic acid is probably formed from decay of the red corpuscles)—"The dose of *Aconite* and *Bryonia* we administer may act on the pneumogastric nerve, and influence the conditions of the formation of the blood-globules at the lungs—may preside, so to speak, over their nativity. The *modus operandi* of their efficacy in acute rheumatism may be that, by exciting in them an over-quick life, they produce a premature and partial disorganisation, which results in the development of lactic acid; and that, by this early and mild discharge, they exhaust the susceptibility of the blood-globules towards the natural exciting causes of the changes which lead to large and deleterious formation of this substance in the blood."

We say, we do not understand Dr. Russell; and we hardly think he quite realises his own conception. Does he mean that the infinitesimal doses we give in disease influence, not the parts already affected, but those which have hitherto enjoyed immunity? In the present instance, do our ten-

thousands and millionths of *Aconite* and *Bryonia* leave the diseased corpuscles already melting down into lactic acid, and set up a similar but milder process of their own in the healthy ones? To us the whole conception is as difficult as it is unnecessary. If rheumatism consist in an excessive generation of lactic acid, causing articular pains, let us by all means treat it by drugs which are capable of producing the acid as well as the pains. But we can hardly suppose that such drugs influence the generation of acid otherwise than as they influence the pains; and this is, not by intensifying, but by neutralising and subduing them.

This is not the only instance in which Dr. Russell seems inclined to ascribe the power of drugs given homœopathically and in infinitesimal doses, to an antipathic influence. In his second lecture, he reckons among the indications for *Tartar Emetic* in acute rheumatism, that "it has a powerful action on the condition of the blood, *resembling in this the effect of alkalies.*" The condition of blood induced by alkalies is the precise opposite of that which obtains in acute rheumatism; and these substances, if given as its remedies, act chemically, and must be given in chemical doses. Only when similarly given, therefore, can we expect *Tartar emetic* to produce similar results. But Dr. Russell puts this antipathic chemical indication for the remedy side by side with those of a specific, dynamic, and truly homœopathic character, without even himself seeming aware of their essential diversity. In like manner he speaks of *Naja* in the second lecture (p. 105), "It produces a similar state of the blood, in regard to its fluidity and the condition of the corpuscles, as is induced by slow poisoning by antimony, and by the administration of large doses of alkalies:" *i. e.*, the exact opposite of what obtains in acute rheumatism. Yet this is classed by Dr. Russell among the grounds for giving *Naja* in rheumatic carditis! This is the more remarkable, because in the sixth lecture Dr. Russell cites Dr. Kidd as using much the same language, and expresses his dissent therefrom. "If," he writes, "Mercury have the power of curing fibrous tumours in virtue of its action on the blood, then it is by diminishing

the fibrine in that fluid. Now, this action is not pathological, but physiological, and probably chemical; as such it is removed entirely out of the conditions to which propositions respecting the dose of homœopathic medicines are applicable. To cure in this way, we must use comparatively large quantities, in order that they may produce the physiological effect; *we have no right to expect any action at all in this method from the minute doses usually employed by homœopathic practitioners.* In fact, such cures are not homœopathic in any sense. Let us recognise, as a significant sign of the times, the rise of a form of specific therapeutics, entirely different from homœopathy, and likely to have a powerful influence upon medicine—beneficial as regards allopathy, to which it will naturally ally itself, and, in my opinion, detrimental to homœopathy, which it will deprive of that purity and certainty so remarkably in contrast with the vagueness and uncertainty of all other methods hitherto introduced.”

We suspect, moreover, that Dr. Russell would use somewhat similar language about *Mercury*, in whose power over plastic inflammation he seems to believe as fully as do the representatives of the last generation of allopathy. There is something very strange about all this; and we hope that Dr. Russell will take another opportunity of expounding the opinions hinted at in these passages.

The case which forms the substance of the third lecture, “On Rheumatism affecting the Brain,” is an interesting one. Only we incline to think that Dr. Russell has not hit upon its explanation so well in the title as in his comment “if it were possible to imagine a hybrid between typhus and rheumatic-fevers, this case might have been so designated.” Such a hybrid is not only possible, but we ourselves have seen it; and the assumption of its existence would clear up all the difficulties involved in the diagnosis of the present case. We should, moreover, have liked a little more explanation of the choice of *Pulsatilla* in the typhoid condition which supervened on Feb. 21st.

The cases of syphilitic rheumatism and rheumatic gout

narrated in the fourth lecture are capital. We cannot, however, agree with Dr. Russell in rejecting the claim of "rheumatic gout" to a separate place in nosology. Undoubtedly cases often occur in which true gout (*i. e.* excess of uric acid) and true rheumatism (*i. e.* excess of lactic acid) are present in one and the same individual. Such a sufferer appears to have been the patient now under consideration. But we are persuaded that large hospital or dispensary practice will present many cases which are neither rheumatism nor gout, nor a combination of the two; but, while owing near kindred to both, have characteristic features of their own. It is rather curious that *Pulsatilla*, which did so much for the case before us, has in our hands proved the leading remedy for "rheumatic gout" in general. Of the remaining case, one of "Rheumatic Ophthalmia," we can only echo Dr. Russell's own words, that "it is by no means a striking illustration of the curative power of our remedies."

Precisely the reverse may be said of the cases of "chronic rheumatism" contained in the fifth lecture. We wish that all our cases of this disease would get on so well.

Reserving the sixth lecture till the last, we come now to the seventh and eighth, which are upon epilepsy. The former contains a very good account of the modern pathology of the disease, as investigated by Brown-Séguard and Schröder Van der Kolk; the latter reviews the various forms of treatment in vogue for it in the old school, and the few medicines which bear a specific relation to its symptoms. Among these *Belladonna* is deservedly ranked highest. We notice a curious inconsistency in the remarks upon *Hydrocyanic acid*. Dr. Russell considers this drug a "pure sedative;" and asks "Have we sufficient evidence of its action when given much diluted? I mean as we are in the habit of prescribing our medicines. Will the millionth of a drop produce any effect? We know that a pure stimulant is annihilated by dilution, as in the instance of alcohol. May it not be the same with a pure sedative?" Now in the second lecture (p. 103), Dr. Russell tells us that the poison of serpents "seems to act as a *pure sedative*, and depresses

vitality." And one of these serpent poisons—*Naja*—is a very favorite medicine of Dr. Russell's, and is given by him usually in the 2nd dilution. In the remarks upon *Arsenicum*, Dr. Russell's curious assumption that infinitesimals may act antipathically and homœopathically at one and the same time, peeps out again. "It is further to be observed," he writes, "in regard to *Arsenicum*, that it produces intermittent fever, and Dr. Brown-Séguard has pointed out that the conditions of ague and epilepsy are reciprocally antagonistic. For these reasons, as well as on the ground of having seen it do good, I am disposed to press this medicine on your attention."

The two lectures on asthma we think the best of the whole series. In the first, a theory of the nature of this malady is put forth, which explains better, as we think, than any other, its remarkable phenomena. This theory considers an exalted state of the respiratory sensibility, rather than any mechanical obstruction by bronchial spasm, to be the essential cause of the paroxysmal dyspnœa. Dr. Russell points out that we have no evidence in the asthmatic paroxysm of carbonization of the blood, which could not but obtain were the entrance of air really hindered to the extent the dyspnœa would imply. At the same time we think Dr. Russell hardly justified in denying (if he does deny) that bronchial spasm exists. The *wheezing* of asthma is pathognomonic, and wheezing can only be produced by constriction of the bronchial calibre, or increase of the bronchial mucus. The latter is often absent; hence the wheezing must be referred to the former.

We think that confusion is introduced by styling every kind of dyspnœa "asthma." Hence we object to the term "chlorotic asthma" as applied by Dr. Russell to the dyspnœa which troubles anæmic girls, and which seems dependent on the state of the blood and heart. Again, we suspect that in many cases of so-called "bronchitic asthma" the dyspnœa is caused by emphysema rather than by any nervous disorder. This at least appears to be the cause of the dyspnœa which accompanies winter cough, and which so often remains un-

improved while the cough amends. We may mention in passing, that we have found *Nitric acid* in the 2nd dilution do more good than any other remedy in this malady, whose sufferers throng our hospitals and dispensaries every winter and spring.

The two concluding lectures are on "fever," mainly devoted to an account of the recent epidemic of typhus in London, as observed in the Homœopathic Hospital. They are full of interest in every way, and as they appear for the first time in the present volume, make it indispensable even to those who already possess the other lectures in the *Annals*.

Of the remaining lecture "On the Dose and the Alternation of Medicines" we have left ourselves little space to speak. The doctrines enunciated as regards the dose are as liberal as we could desire. Dr. Russell's own practice shows that he, while believing that homœopathic remedies act best in infinitesimal doses, prefers the lower dilutions (1-3) of the scale. His conclusion regarding alternation is that "when we adopt the system, it should be done under protest." This is not very satisfactory; but in truth this whole question needs farther investigation than the three pages allotted to it by Dr. Russell can be said to afford.

We have now run through these lectures; but before we take leave of them we must repeat that expression of our high appreciation of them with which we began. They are a credit to our school, and so much clear gain to our cause. They exhibit the classical homœopathic treatment of several leading forms of disease in a manner at once attractive and instructive. We know of no better book to put into the hands of inquirers from the allopathic ranks. And we recommend all our students and young practitioners to make themselves masters without delay of its suggestive thoughts and practical teachings.

Treue Bilder aus dem Leben der verewigten FRAU HOFRATH JOHANNE HENRIETTE LEOPOLDINE HAHNEMANN, geb. KÜCHLER, zur richtigen Anschauung gegen die beispiellose Geschichtsverdrehung in der 'Biographie universelle ancienne et moderne.' Berlin, Reichardt, 1865.

True Pictures from the Life of the late MRS. JOHANNA HENRIETTA LEOPOLDINE HAHNEMANN, née KÜCHLER, to serve to correct the unexampled perversion of History in the 'Biographie universelle ancienne et moderne.' Berlin, Reichardt, 1865.

THE author of the biography of Hahnemann in the French work alluded to in the title-page of this little book, while writing in a strain of high eulogy with regard to the illustrious founder of homœopathy, has fallen into what the family of the great departed consider to be most flagrant errors in respect to the temper and conduct of the first Madame Hahnemann. The desire to vindicate their venerated parent from the aspersions of the French biographer is the cause of the appearance of this little volume.

The first passage in the biography objected to is where the narrator, after describing the sacrifices made by Hahnemann in relinquishing a lucrative practice when he became convinced of the injurious character of the prevalent modes of treatment, goes on to say "the miseries of his altered state were increased tenfold by the bitter reproaches of his wife and daughters at his having sacrificed the realities of life for dreams and chimeras."

As a contrast to the unappreciating Xantippe of the first marriage, the French biographer describes the heroine of the second marriage as a lady "distinguished by the charms of her mind and the unusual extent of her acquirements. She went to Coethen to consult Hahnemann; she appreciated

and admired him, and this admiration resulted in a marriage which filled with happiness the old man's latter years."

The author of the "*True Pictures*" shows, from the testimony of several disinterested witnesses, of members of the family, and of the letters of Hahnemann himself, that the picture drawn by the biographer of the unhappiness of Hahnemann in his first marriage is a pure fiction; that, on the contrary, nothing could exceed the affectionate and confiding disposition of the first wife, who, without a reproach, though may be not without many regrets, sacrificed her own fortune and shared with her husband the adversity he voluntarily chose, in preference to continuing the practice of an art which he sincerely believed to be of positive injury to his fellow-creatures.

Just as Captain Dalgetty discovered the disguised Argyll by the eulogistic terms in which the latter talked of himself, so our author fancies the French biographer can be none other than the second Madame Hahnemann, or some one writing under her immediate inspiration, for no one else, he shrewdly imagines, would draw such a favorable picture of her.

We have no wish to speak ungallantly respecting any lady, but as it is of great importance and greater interest to every homœopathist to ascertain all the circumstances connected with the life of the founder of the new school of medicine, we consider that we are justified in inquiring minutely into the truth of the asseverations of the French biographer respecting the claims to our unqualified admiration of the second wife of the departed sage.

The facts positively known with respect to Hahnemann's second marriage and his career in Paris are these :

His first wife died on the 31st March, 1830. In 1835 Mlle. Mélanie d'Hervilly, an artist, of what eminence we are unable to ascertain, came to Coethen, and after a courtship, of what duration we are not informed, was married to Hahnemann, then in his eighty-first year. The date of the marriage contract being 14th January, 1835, would seem to show that the courtship was not tediously prolonged.

After the wedding Hahnemann executed a will (see our

last vol., p. 674), in which he declared, among other things, that at his advanced age his desire was to retire from medical practice altogether and obtain repose for his few remaining years by the affectionate care of his beloved wife. He mentions that he has divided his property among his children and grand-children, reserving to himself only 12,000 thalers (less than £2000). For this distribution of his property he alleges his children are indebted to the generosity and unselfishness of his new wife. And then follow the most violent denunciations and threats against any of his family by his first wife should they ever hereafter dispute the right of this amiable second wife to any of the property he may leave behind him after his death in Paris. As he had just solemnly renounced all intention to continue practice and earn any more money, it looked all fair and right that his new wife should be undisturbed in the possession of the little he might leave behind him out of the small sum he took away with him from Coethen; still, the denunciations and threats seem altogether disproportioned to the temptation to the possible offence they were directed against. However, events showed that the threats of heavy penalties were not a mere *brutum fulmen*, but were inspired by an eminently prudent and far-seeing genius.

Madame Mélanie carried off her aged swain. The French biographer had previously informed us that when Hahnemann first came to Coethen the populace were so infuriated at their town being desecrated by the presence of such a notorious quack, that they threatened him with violence, uttered catcalls beneath his windows, and broke his panes of glass with stones; according to the same veracious authority, the same populace, with characteristic fickleness, now wished to retain Hahnemann in their midst by force, so that he was obliged to escape from Coethen secretly and in the dead of night. It need hardly be said that both these stories are without foundation. Hahnemann never met with any insult from the peaceable Coetheners during his fifteen years' stay among them, and he left Coethen in open day, accompanied as far as Halle by the surviving members of his

family. The repose Hahnemann looked forward to enjoying in Paris in the society of his beloved wife, does not seem to have been granted him. Madame Hahnemann obtained from Guizot's government the requisite permission to practise, and the old man plunged into the full career of an enormous practice. In Coethen his patients consisted chiefly of strangers attracted to the place by his eminence, or who consulted him by letter, but in Paris, where, be it remembered, he desired to retire altogether from the labours of his profession, his rooms were crowded with patients all the morning; and whereas in Coethen he never visited any patient besides his excellent patron, Duke Ferdinand, now in Paris, his afternoons were spent in driving about visiting patients at their houses. By this arduous and incessant toil he is said to have amassed a fortune of 4,000,000 of francs, which by the terms of his will his family were excluded from laying any claim to under the severest penalties. The worldly wisdom that dictated the penal clauses of the will must be obvious to every one. It need hardly be said that the fortunate inheritor of all this wealth has taken good care that none of the first family should ever see a farthing of it.

It is well known that during his residence in Paris Hahnemann had but little intercourse with medical men. Their visits to him, if not absolutely denied, were studiously discouraged, and his medical converse was almost limited to non-medical *gobemouches*, who eagerly swallowed as gospel every thing he said, and encouraged him in the path of theorising, which was his weak point, as his later works show. In these we cannot fail to miss the influence of some healthy opposition, like that which in 1833 prevented him upsetting his own sound maxim to give but one medicine at a time, as narrated at p. 412 of this volume. Dilettante doctors, and clergymen and women with a craze for dabbling in physic, who seem to have been his chief associates, were not the sort of people to exercise the same wholesome control over his too erratic fancies, as had formerly been done by the Trinkses, Haubolds, and Müllers of his native country, and accordingly we find that the works of his old age show more

of a tendency to fanciful speculation and less of the Baconian appeal to facts and experiments than the productions of his prime of life. This circumstance will detract considerably from the value and interest attending the publication of any hitherto unpublished works written during the last ten years of his life.

During his last illness it is well known that no medical man of Paris or elsewhere was admitted to attend him, and we have the testimony of his grandson, Dr. Süß Hahnemann, that he and his mother, Hahnemann's favorite child, were refused admission to the bedside of their dying relative. That the great founder of homœopathy should have been buried at an early hour in the morning, unattended by any of his numerous disciples, who would have been eager to pay this last honour to their venerated master, only shocks us less than that now, twenty-two years after his death, his resting place should still be some nameless and undistinguished vault in the cemetery of Montmartre.

The numerous manuscripts left behind him by Hahnemann have been kept by his widow carefully concealed, notwithstanding repeated requests to her that all, or a selection of them, might be published. Perhaps we should never have heard from the possessor of them that there were any, had it not been that Dr. Süß Hahnemann, at the request of a German bookseller, advertised the publication of a new edition of the *Organon*, to meet the demand for that work, it being long since out of print. Lutze had already issued a falsified edition of the *Organon*, but this drew forth no sign from Madame Hahnemann. It was only when the great man's grandson threatened to publish a true and exact edition of the work that his widow was roused to assert, nearly a quarter of a century after her husband's death, that she was in possession of a new edition of the *Organon* written by Hahnemann himself, and that the time was now come, brought on by the grandson's impending publication, for it to see the light.

Now we quite agree with Dr. Trinks in thinking that an *Organon* rewritten by Hahnemann shortly before his death,

will fail to satisfy the requirements of our art or of science, and though its appearance may excite a good deal of curiosity among his disciples, the advance of the medical sciences and the progress of sound criticism have been so great during the last twenty years, that a work written so long ago must fail to correspond with the present state of homœopathy, and still less with that of physiology and pathology.

Moreover, before we can accept the promised new edition of the *Organon* by Madame Hahnemann as the genuine expression of Hahnemann's latest views, we should, in the event of its differing materially from the last edition published during his lifetime, be thoroughly assured that the alterations are his own. Madame Hahnemann says she has the manuscript of her promised new edition in Hahnemann's own handwriting. Is this manuscript written in French or German? or are there two manuscripts, one in each language, as we are informed on the best authority that Madame Hahnemann proposes to publish an edition in both languages simultaneously? We learn from the same excellent authority that a number of American homœopaths, among whom is Dr. Constantine Hering, have requested Madame Hahnemann to allow them to translate her forthcoming edition of the *Organon*. Now we would hope that these gentlemen will not give the sanction of their names to any edition of a work of Hahnemann of whose genuineness there can be the least doubt.

The only way that occurs to us of proving that the new *Organon* with its alterations is the genuine expression of Hahnemann's thoughts, is to refer the manuscript—which Madame Hahnemann asserts is in Hahnemann's own handwriting—to a committee of well-known and respected homœopathic physicians, who shall certify to their authenticity. If however, as Madame Hahnemann boasts of having acted as Hahnemann's secretary, the manuscript of the new edition of the *Organon* is wholly or chiefly in her handwriting, then her promised work will lose even the historical interest that it would otherwise have had for the student of homœopathy. Any way, genuine or falsified, the new edition of the

Organon can have no authority with the homœopathic practitioners of the present day, and at best can be regarded only as an antiquarian curiosity.

But Madame Hahnemann has in her possession other manuscripts by her late husband, the interest and importance of which to his disciples cannot be impaired by time, and which she has no right to retain locked up and inaccessible to them.

On his removal to Paris, in the full expectation that he was retiring from the active practice of his profession, he gave to his daughters the manuscript journals of the cases treated by him. When, however, he found that in Paris he had to carry on an immense practice, he begged his daughters to send him these manuscripts, promising that they should be returned to them after his decease. What could be more interesting to the homœopathist than to be able to peruse and study a selection of these histories of cases treated by Hahnemann? From the specimens given us in the second volume of the *R. A. M. L.*, we see the accurate and minute manner in which Hahnemann kept the records of the cases he treated, and we cannot help feeling indignant that the voluminous records of his practice during the best years of his life should be kept locked up by his widow, who possesses no manner of right to them. The publication of these, and not of any new edition of the *Organon*, is what would contribute most to the advantage of homœopathy and the assistance of its adherents in their practice.

The Cattle Plague, with Suggestions for its Treatment by Homœopathy. By JAMES MOORE, M.R.C.V.S. London, Simpkin, Marshall, and Co., 1856.

THIS is an excellent account of the "Rinderpest," or murrain that is at present devastating our cattle and causing such consternation among the beef-growers and beef-eaters of this country. As the medicinal treatment suggested by

the author is theoretical only, it must be left to practical experiment to determine its value; knowing, however, the success of homœopathy in the treatment of most cattle diseases, and the utter inefficacy of all the modes hitherto proposed for treating this disease, we may confidently expect that medicines chosen homœopathically, in accordance with the symptoms of the malady, will be successful in this as in other diseases of our valuable quadrupeds.

CLINICAL RECORD.

UNDER this heading we propose to revive a former feature of this journal which has fallen into undeserved disuse. It is hardly too much to ask each of our colleagues to furnish us, quarter by quarter, with at least one case from their daily practice. These, added to others gleaned from foreign journals, will in time furnish a most valuable body of clinical experience. Cases illustrating the treatment of less familiar forms of disease, and the action of new remedies, are specially desired.—Eds.

Sepia in Uterine Displacements.

While suffering from prolapsus some fifteen years ago, the distress being very severe on account of having walked some distance after it occurred, I put five pellets of *Sepia* 80 into half a tumbler-full of soft water, and took one teaspoonful lying on the back, with knees elevated, and the soles of the feet resting on the bed; in less than ten minutes I felt the uterus returning to its place, precisely as if a hand had been placed under it, and had gradually restored it to its normal place, except that the hand was not felt.

So remarkable was the sensation that I at once believed that mechanical means were unnecessary to restore the uterus to its place. The repetition of *Sepia* as above, every two hours, enabled me to rise the next day without pain; and, remaining

most of the time in a sitting or recumbent posture during twenty-four hours, I was able to resume my usual avocations. Afterwards, when suffering from partial prolapsus, the administration of *Sepia* in the same way and potency removed all suffering, and in a few months entirely restored my health, which had suffered for nearly two years from this cause. No return of the kind has since afflicted me.

Being satisfied from the sensations experienced that the *modus operandi* of the *Sepia* was by causing contractions in the abdominal muscles and in the ligaments that support the uterus, so as to bring not only the uterus but surrounding parts into their normal position and sustain them there, the effect must be more permanent than any mechanical support, and the probability much greater of a permanent cure. This result following in my own case confirmed my faith in the power of *Sepia* to actually cure prolapsus, where the symptoms correspond to its pathogenesis.

In reflecting upon the wonderful effect of *Sepia* on this affection, I reasoned that if *Sepia* could reduce prolapsus, it might also remove other misplacements, such as anteversion and even retroversion. I therefore resolved to try its effect in the first case that came under my care, and for the next ten years used it successfully in many cases of prolapsus and slight misplacements of the uterus, and do not remember to have failed in curing any case, although some other remedies were used in some of these cases.

In 1858 I was called to see an unmarried woman of thirty years who had been ill for three years, and had never got much relief from any medical advice she had received. Found her general health much impaired, with constant pain in the back and pelvic region, with extremely painful menstruation, her spirits depressed, and herself convinced that no one had understood her case, and feeling that there could be no cure for her. In my examination of the case I learned from her that, three years previously, while assisting her father to lift some heavy article, she had felt something give way, and had become sick immediately; had kept her bed for some time after; had got little help from any medicine, and had slowly recovered so as partially to resume her labours, but had never been well since, nor ceased to suffer in the back and lower part of the abdomen.

On making the necessary examination, I found the uterus

retroverted, the os uteri pressed high up against the os pubis, the fundus low down in the hollow of the sacrum. The slightest attempt to replace the organ gave such severe pain as to make me desist immediately; and, after two futile attempts, I decided to try *Sepia* 30, and see her again in a few days. I then found her feeling better, but she said that each repetition of the medicine gave pain from the inguinal region to the pubis, "a kind of drawing pain." I ordered a continuance of the *Sepia*, and saw her again about a week after my first examination. To my great joy I found the cervix uteri had descended an inch or more, and the fundus correspondingly ascended. I can hardly express the delight felt at this discovery, believing from that moment that the idea so long cherished would be fully realised, and that my patient would be really cured when the uterus had regained its normal position, and I did not doubt that the means which had so well begun the work would complete it.

I need only add that the first menstruation after the treatment commenced was accomplished with comparatively little suffering, and that as the cure progressed the suffering ceased. The cure went steadily on, and at the third examination the position was normal; and, although the patient was obliged to rise several times each night to wait on an aged grandmother, and did not relax from her usual duties about the house, she had no relapse. Some two years after I rode five miles to ascertain if she still remained well, and found that she had steadily gained in health, and had no return of the disease.—(Mercy B. Jackson, M.D. in *American Homœopathic Review*, Jan. 1865.)

Phytolacca Decandra in Chronic Sore Throat.

The patient, a man aged forty-five, had had chronic follicular pharyngitis (Qy ? Eds.) for several years. No remedies had done him much good.

Symptoms.—Physical: membrane lining fauces and pharynx as well as the velum pendulum and the uvula pale, puffy, and flabby. Uvula large, almost translucent. Rational: distressing sense of enlargement of the calibre of the pharynx and œsophagus from the choanæ to the epigastrium. This symptom much aggravated by exposure to damp winds. It then begins at the choanæ, and in twelve hours extends to the epigastrium. On reaching this

point it provokes a cough, paroxysmal, extremely distressing, and attended by very profuse and exhausting expectoration of thick starch-like mucus. The whole chest then feels like a big, empty cask, as if its calibre were enlarged tenfold. Great constitutional debility along with these attacks. The patient, who is intolerant of stimulants, can take whiskey to any extent, and with great temporary relief.

Phytolacca Decandra 6, a dose every other night for a month cured this condition.—(Dr. Allen, in *American Homœopathic Review*, April, 1865.)

Lachesis in Croup.

About three o'clock of the second night I had spent in watching over a severe case of membranous (Qy? Eds.) croup, in a child of two years, I took advantage of some seeming abatement of the symptoms to go home and get some sleep. Being summoned in haste three hours after, I found the little boy in his cradle, recently awakened from sleep, *apparently in a dying condition*. This was not a simple paroxysmal aggravation of the case; but, after forty-eight hours' struggle with the disease, the child seemed actually dying. I was just on the point of turning round to the parents and telling them so, and that I could do no more for him; but at the moment it occurred to me that they did not send for me for that purpose, but rather to try all in my power to save him. The desperate nature of the case, and perhaps some peculiarity of the symptoms, which I do not now recall, and especially the remarkable *aggravation after sleeping*, led me to give *Lachesis* 8. And when I left the house half-an-hour after, so great had been the immediate improvement, that I considered the patient out of danger. He took no other remedy and made a speedy recovery. This was the termination of one of the severest and most obstinate cases of croup I ever fought out, one which began also in the middle of the afternoon. And I have noticed that the attacks of croup which begin in the afternoon are always of a graver character than those which first appear later in the evening, while those which occur after midnight seem milder still.—(Dr. J. H. P. Frost, in *American Homœopathic Review*, May, 1865.)

Collinsonia Canadensis in Dysmenorrhœa and Constipation.

On the 19th of November, 1864, I was called to see a young woman who was suffering from dysmenorrhœa and menstrual convulsions. She had been subject to these attacks at each menstrual period for the last four years, and has been under allopathic as well as under homœopathic treatment without having received any permanent benefit. The mother of the patient said that the homœopathic medicines had helped her daughter the most, in controlling the violence of the spasms. The convulsions were generally preceded by severe pains in the region of the womb, amounting sometimes to twenty or more, in paroxysms of fifteen to twenty minutes' duration, and requiring two or three persons to prevent the patient from hurting herself.

On further inquiry, I was told that she was subject to extreme constipation, and that she would sometimes go a week or ten days without having a movement from the bowels; she had been treated by different physicians for prolapsus uteri, because some symptoms were indicative of that complaint. I will mention one: she was unable to walk, and had to be carried from the house to the carriage in the arms.

After I had summed up all the symptoms, I concluded to give this patient *Collinsonia* 3, one drop in twelve powders of sugar of milk, one powder every three hours until better, then one or two a day only.

The next day I found the patient a good deal improved; her mother told me that she had had two more convulsions in the evening, but that to-day she was uncommonly comfortable; because at other times she would usually remain in a stupor for twenty-four hours or more, and then come out of it with a severe headache. The same medicine was continued, one powder twice a day.

In two weeks the patient called on me, saying that she had not felt so well for years, that her bowels were regular, free of all pain, and she could walk a mile or two, a thing she has not done for a long time.

It is now about eight months since I prescribed the one drop of *Collinsonia*, the patient has remained perfectly free from the former menstrual disturbances, regular in her bowels, and able to

walk from three to four miles daily.—(Dr. Krebs, in *Chicago Medical Investigator*, July 1865.)

Caulophyllum in Persistent Lochia.

A lady who had had three months before a premature delivery, was still annoyed from a continuation of lochial discharges, or, as she called it, "hæmorrhage from the womb." She had to keep more or less the recumbent position, and could not attend to her ordinary duties.

Her doctor, of course a "regular" one, had made her swallow iron and all kinds of nauseous drugs, until the patient got tired of him and his medicines. She applied to me for help.

Remembering the statement made by Dr. Hale of the efficacy of the Squaw Root, I gave the patient one drop of *Caulophyllum* 3, in twelve powders of sugar of milk, and directed her to take two powders per day. In one week she informed me that the discharge had commenced to decrease on the next day, and that it had disappeared on the third. I saw the patient two months later, when she told me that the medicine had cured her entirely.—(Dr. Krebs, in *Chicago Medical Investigator*, July, 1865.)

Aesculus Hippocastanum in Anal Distress.

Michael F—, æt. 28, of bilious temperament, by occupation a fireman, came to the dispensary on April 5th, complaining of the following symptoms:—an intolerable burning, itching, stinging pain at the anus, with a feeling of fulness, which could only be quieted by rubbing or by pressure. These symptoms are only felt while walking.

He has been annoyed continually with them for three years. Was always healthy prior to that time, weighing about two hundred pounds, but is now pale, and wears a haggard expression of countenance. No hæmorrhoidal tumours obstruct the rectum, but the mucous membrane is slightly injected. Never had piles. His bowels, though inclined to be costive, move regularly once daily.

Prescribed *Nux Vomica* 3, four pellets to be taken every two hours.

8th.—Bowels less costive, but the other symptoms remain the same.

11th.—No better. Prescribed *Hamamelis Virg.*, to be taken in the same manner.

May 11th.—No improvement. Whilst taking the last remedy his bowels were quite soluble, and the other symptoms were somewhat relieved, but for the last three weeks he has felt worse than ever before.

During a proving which I once instituted with the *Æsculus hippocastanum*, these annoying symptoms were always present in a very marked degree, but only when walking. This led me to conclude that this drug was homœopathic to the case. I therefore prescribed *Æsculus h.* 3, to be taken the same as the other remedies were.

26th.—Feels like a new man. The symptoms trouble him only occasionally. *Æsculus*, as before.

June 13th.—Reports himself entirely relieved.—(Mr. Duncan, in *Chicago Medical Investigator*, July, 1865.)

Apis in Goitre.

1. A young lady, between sixteen and twenty-six years of age, had congestion of the thyroid gland. I gave *Iod.*, *Calc.-carb.*, and *Rhus*, which last remedy had some good influence, but did not effect a cure. I gave *Apis mel.* 15 and 30. The swelling, large as the egg of a goose, was in two weeks reduced to the normal size of the gland. During this period the patient suffered more or less from amenorrhœa.

2. Mrs. G—, æt. 35, suffered with profuse hæmorrhage of the uterus, every eight days. She was pale, could scarcely walk, with hepatization of the right lung; severe cough every morning and night, with yellow-grayish expectoration, and enlargement of the thyroid gland. The patient was of fair complexion, and quite tall. I gave *Puls.*, *Phosp.*, *Mill.*, *Ham.*, and *Lyc.*, with some benefit, but the bleeding from the womb returned worse than ever. I gave *Nat.-mur.* 30, four drops in a gill of water, used every quarter of an hour, one teaspoonful. This arrested, in the course of some hours, the hæmorrhage. Her menses have since been regular. I gave now *Calc.-carb.* 15, and *Natr.-mur.* 30,

in alternation, one dose (one drop) every morning. She was now growing rapidly better daily. Cold ablutions over all the body were used every morning, and a sitting-bath every afternoon. In two months she was discharged cured—no cough, no expectoration; gaining in flesh, with good appetite and strength. The swelling of the thyroid gland was diminished in size, but the enlargement not yet absorbed. I gave her *Apis mel.* 3, but could not see much difference after two or three weeks, wherefore I gave *Apis* 30 in No. 1 globules, four taken in the morning and four at night, when the tumour gradually disappeared.

3. Mrs. L.—, *æt.* 43; turn of life; irregular menses. Pain in the right and left ovary; dark complexion; with a vascular goitre, accompanied with great difficulty of breathing. *Apis* 15, six globules morning and night, which cured her perfectly of the tumour in fourteen days, and other symptoms disappeared by the use of *Sepia* 15.—(Dr. Poulson, in *Western Homœopathic Observer*, July 15th, 1865.)

Cuprum in Laryngeal Spasm.

I was called to see Miss A.—, *æt.* 20. I was informed that she had been complaining for a few days of sore throat, headache, &c., but had attended school regularly. On the evening of the 25th of February she had slight chills and fever, and about ten o'clock at night the family were awakened by hearing her as if strangling or struggling for breath. She had a hoarse, croupy cough, and complained of a sensation of stricture in the throat. *Kali Bich.* 3 was given her in alternation with *Bellad.* 12, and repeated at intervals of from thirty minutes to two hours, with an occasional dose of *Aconite* 6 for some fifteen hours, at which time I saw her and noted the following symptoms. Head thrown far back on the pillow; mouth wide open; cheeks dark red, almost purple; eyes partly closed; trachea hard as a bone and nearly even with the chin; breathing crowing and very difficult—could easily be heard on the outside of the house with the doors closed; hands and feet cramped and as rigid as death, but not cold; she was lying on her back, and every effort to swallow increased the spasms of the glottis.

Now here was a case that in my opinion required prompt treatment. What was to be done? It was impossible to exa-

mine the throat internally, and I had therefore to be satisfied with the external manifestations alone. I had no time to sit down and philosophize about pathology, or to look through my library for the opinions of Marshall Hall, Virchow, Gross, or others of the Allopathic faith. I wanted to relieve my patient, and that speedily, as her friends had already given her up to die. I could think of only one remedy, and that was *Cup.-met.* Had it ever failed to give relief where cramps in the extremities were present? I had never witnessed such failure in any instance. But how was it to be given? In "appreciable doses?" By no means, as a fatal aggravation might thereby be produced. I immediately prepared four or five drops of the 30th attenuation in four ounces of water, two teaspoonfuls to be given every fifteen minutes until improvement set in. Ordered cloths, wrung out of warm water, to be applied to the throat and extremities, with cold ones to the head, to be renewed every fifteen minutes. Saw her again in three hours, and found her quite comfortable; cramps entirely gone, with only soreness remaining; breathing nearly natural; says she feels very tired and sore; is afraid to sleep, for fear of the spasms returning; has taken some nourishment; complains principally of her head and throat when swallowing. Continued the *Cuprum* at intervals of from one and a half to two hours, for twelve hours longer, when *Apis* 30 removed the remaining symptoms. I was informed that within thirty minutes after taking the *Cuprum*, the patient said she felt better, and that by the expiration of one hour the cramps were entirely gone.—(Dr. Pearson, in *Western Homœopathic Observer*, July 15th, 1865.)

Boletus Laricis in Ague.

Intermittent Fever: type quotidiana duplex. In a large lymphatic woman; weight, about 180 lb.; æt. 39.

Nov. 4th.—For the last five weeks has had the ague. At first it was a simple quotidian. Took *Quinine*, which broke it for four days, when it returned; took *Quinine* in massive doses, which checked it for one week. It returned two weeks since, in the form of a double quotidian. The chill comes on every day, at 10 a.m. and 5 p.m.

The chill lasts from one to two hours, each time; hands and

feet get icy cold, chills run up and down the spine, with severe pains in the head, back, and limbs; followed by high fever for three hours and then profuse sweat. Tongue furred whitish-yellow, with large fissures in the tongue; flat, bitter taste; has had no appetite for five weeks; craves cold water all the time; bowels rather costive; has nausea during every chill, but no vomiting; very weak, can only sit up about one hour in the morning; great depression of spirits, cries during the whole examination; face very much jaundiced. Treatment: *Ars.* 2, every two hours, for three days. It produced constant nausea, and lessened the chills, but aggravated the fever. I then determined to try the *Boletus* 1, two grains every two hours. Took two doses when the chill came on, she then ceased to take the medicine until 5 p.m. Took three doses, and then fell asleep.

8th.—Says she is feeling a little better; continued treatment. 10 a.m., commenced to have a severe diarrhoea, an effect of the medicine; discontinued the powders until 5 p.m. The fever did not come on until 3 p.m.; had no chill; fever lasted three hours; perspired profusely all night; slept well for the first time in a number of weeks.

9th.—Feeling much better. Fever came on at 4 p.m., had no chill; fever lasted four hours; nausea all the evening; sweat all night.

10th.—Feeling quite well. Had no more fever, but had night sweats for a week after. Convalescence was very slow; notwithstanding she had no more fever it was three weeks before she felt perfectly well.—(Dr. Burt, in *Chicago Medical Investigator*, April, 1865. *One of a series of cases of Ague treated successfully with this remedy.*)

Ipecacuanha in Chronic Vomiting.

By Dr. RICHARD HUGHES.

Frederick G.—, æt. 54. August 1st, 1865.—He has vomited everything he has taken for three months past. The food causes pain during the short time it remains in the stomach; the tongue is coated brown and is cleft; the bowels are regular; the urine thick. *Ipecacuanha* 1, a drop three times a day.

Aug. 8th.—There has been no vomiting after the first two or

three days. The feeling of nausea persists, and there is some pain after food. Repeat.

15th.—Continues to improve. Repeat.

22nd.—Nothing now but slight nausea and a little foulness of tongue. *Pulsatilla* 3, a drop three times a day.

He came to the dispensary on Sept. 14th, to get some medicine for his wife, and reported himself as continuing quite well.

Clinical experience with the Cactus Grandiflorus.

On April 28th I was called to see Mrs. B—, and learned that she was attacked about fourteen months ago with a low grade of fever, and that camp diarrhœa was soon added thereto, from which she had not recovered; being at the time within the lines of our army in Arkansas, she was treated by an army surgeon for nearly thirteen months. Her condition, at the time I was called, was as follows:—Great emaciation; tongue purple, with a thick brown coating of sordes on the teeth; breath very offensive; frequent cough (she said she had had bronchitis for three years); sputa copious, yellow and jelly-like; voice moderately full at times, then decreasing, with a peculiar whistling sound, almost to a whisper; frequent vomiting; stools scanty, and resembling dirty water, averaging as often as every hour. No appetite—indeed, the stomach at once rejected anything she tried to take; a fluttering sensation, which she described as being in her stomach; pain in lower portion of abdomen, and a bearing-down sensation, at times quite severe; urine scanty, not very frequent, but burning and scalding; menses *always painful*; had slept none for four days and nights; and so weak as to need assistance to turn over in bed. ℞ *Podophyl.* 3, and *Leptan.* 3, dose every two hours, alternately.

April 30th.—Vomiting and purging somewhat less, otherwise the same. Continued *Podophyl.* and *Leptan.* as before.

May 2nd.—Vomited but three times during the last twenty-four hours; bowels moved ten times; tongue clearing off. Treatment the same.

5th.—Decidedly better every way. Continued *Podophyl.* and *Leptan.*

8th (rainy).—Patient not so well; stools more frequent; com-

plains a good deal of wandering pains and the fluttering in the stomach above spoken of; cough worse; tongue clean, dark red. R̄ *Ehus* 3, and *Bry.* 3, alternately, every two hours.

11th.—Had taken a bad cold, and was decidedly worse every way—in fact, not much different from my first visit. A critical examination developed nothing except the “fluttering in the stomach;” this proved to be the characteristic symptom. I asked her to put her finger where the fluttering was; she placed her finger on the *coeliac axis*, remarking, “the spot is about the size of a silver dollar, and a burning line extends from it to the lower part of the ribs on either side, and a hot flash shoots downward every little while.” I had received the *Cactus* that morning; hastily looking over the symptoms, I prepared some pills, and had them in my pocket when I made this call. The fluttering symptom seemed to answer to *Cactus* so well that, with many fears, I resolved to try it. *Cactus* 3, six pills every four hours. Being resolved to give it a fair trial, without prejudice, I told my patient I would not come back for a week, unless called for. Anxiously I waited, but no call came.

19th.—The week has passed. I made my call, and—*Cactus is triumphant*. If, Mr. Editor, I should see the balance of this article in print, by any other hand, I should receive it “*cum grano salis*,” and I hesitate to write it. My patient on May 11th, as on April 28th, had the best possible prospect of soon occupying her narrow home, and I could not flatter myself of anything better for her. On May 19th, when I called, the door was open, and I entered without ceremony. A woman was sweeping the room; I glanced at the bed for my patient—the bed was freshly made, and empty. Astonished and not a little uneasy, I turned to the woman, who stood evidently enjoying my now quite evident embarrassment, to inquire for my patient. She smiled and said, “Perhaps it is *me* you want?” She seated herself and said, the fluttering in her stomach began to leave with the first dose; she had coughed none since the second day; since the third day her stools had been natural; vomited none, tongue natural, appetite good, and enjoyed what she did eat; slept well, and felt quite strong, considering her long sickness. She laughingly said, that when she saw me coming, she could not resist the impulse to pick up a broom, which chanced to be standing there, and go through the motion of sweeping, to see what I would say. Left word for her husband to call in three days and report.

22nd.—Have just heard from Mrs. B—. Her menses came on yesterday, and, for the first time in her life, were entirely free from pain. She says she feels better than she has been before for the last five years. Discharged.—(*Western Hom. Obs.*, August 15th, 1865.)

[This cure by *Cactus* reminds us that a great deal has been written in America about a few omissions and accidental errors in the translation of Dr. Rubini's proving of *Cactus*, published by us in our last volume. The omissions are as follows: two notes utterly unimportant and designedly omitted by the translator; the first of these notes merely says that it is important to get the real *Cactus grandiflorus* and not any other *cactus*, and that the genuine article is to be had at a certain shop in Naples; the second note, after some sententious platitudes about the difficulty of fixing the dose of a remedy, proceeds to describe how Hahnemann prepared his attenuations, which every homœopathist knows already. The other omission is accidental. Symptom 137 has escaped the translator's eye in the hurry of translation, and when we place symptoms 136 and 137 together, anyone who has been forced to work against time at translating provings will see how the accident occurred. We show by the italics the words omitted:

136. "Bilious diarrhœa with four or five evacuations in the day, always preceded by pains (*the first eight days*).

137. "*Bilious diarrhœa with abdominal pains, eight evacuations in one day* (the third day)."

The few errors are printer's errors which escaped the proof-reader's observation in the hurry of editorial labour; but with the exception of one—symptom 154—where "urine *less* copious" has been printed for "*more* copious," they are of little or no importance to the practitioner.

These omissions and errors have induced Dr. Lippe to publish a new translation of the proving of *Cactus*, which, of course, he had every right to do, and to which we could not possibly object; on the contrary, we could not but feel obliged to Dr. Lippe for pointing out the defects of our translation and furnishing us with a more perfect one.

But when Dr. Lippe says "the notes left out stamp Dr. Rubini to be a true Hahnemannian; by omitting them he may be claimed by the 'other side;'" we feel at a loss to understand what Dr. Lippe means. How can notes of the character we have above

described stamp a man as a Hahnemannian? What is a Hahnemannian? Are not all homœopaths Hahnemannians? If not, will Dr. Lippe have the goodness to define what a true Hahnemannian is, and at the same time point out the particular words or passages in these two notes that indicate the Hahnemannian? As Dr. Lippe has already defined what a "Homœopathician" is, perhaps he will at the same time tell us wherein the Hahnemannian resembles or differs from the Homœopathician. We should like to know which of the two is the better practitioner, and more agreeable companion. And then we should like to know what is the "other side" that may claim and carry off Dr. Rubini if his notes are omitted. Does Dr. Lippe mean the allopathic school, or the abolitionists, or the "seceshs," or the "copperheads," or the "know-nothings," or the "Fenian brothers," or the "other side" of the Atlantic, or what?

Dr. Lippe plumes himself on the correctness of his translation, and its superiority over ours, which he is welcome to do; and in his zeal for the purity of our literature he exclaims, "The neglect of exposing and correcting errors, of reviewing deficient works, and of allowing falsehoods to go uncontradicted and uncorrected, has brought our literature into a deplorable state." At all events Dr. Lippe cannot complain of our neglect in these respects as far as he himself is concerned, for as soon as the first number of his "*Key to the Materia Medica; or, Comparative Pharmacodynamic*" appeared, we exposed its errors, reviewed its deficiencies, and so forth, to such effect that we believe no further number of this work has appeared to contribute to the deplorable state of our literature.—Eds.]

MISCELLANEOUS.

Lord's Gastritis Mucosa—Explanation.

We regret that in our notice of this work in our last number we inadvertently committed an error, in attributing to Mr. Lord the heroic treatment of gastro-enteritis, described in his little book. We have received from Mr. Lord himself a letter complaining of this mistake, and we hasten to apologize to him for it, and to make the only reparation in our power, by announcing that the portion of his work describing the symptoms and treatment of gastro-enteritis is a translation of a paper by M. Hurtrel d'Arboval, published in Percivall's 'Hippopathology,' and inserted by Mr. Lord in order to show the contrast between his own treatment and that of the French veterinary surgeon.

This we did not perceive during our cursory perusal of Mr. Lord's treatise in consequence of the author having omitted to indicate that the description of the malady in question was a quotation, in the usual way by inverted commas or a different type. Even now, when made aware that it is an extract from another work, it requires a considerable amount of care to discover how much is quotation and how much original matter in Mr. Lord's little work. In any future edition, we would strongly advise the author to indicate his extracted matter in the usual way, so as to prevent other much harassed editors committing the blunder we have now to regret.

Effects of the Bite of a Rattlesnake.

Chernowiz, in Rio de Janeiro, in a popular medical journal published there, communicates a fatal case of poisoning by the bite of a rattlesnake. The account is authenticated by a physician who remained near the bedside of the victim during almost the whole course of the poisoning.

A certain Mariano José Machado, a native of Rio Pardo, in the province of S. Pedro de Rio grande de Sul, having been tormented for many years with the leprosy (*mal de Lazaro*) after remaining four years in the Lazarus Hospital, in Rio de Janeiro, resolved to make a last effort to get rid of his frightful disease. In some parts of Brazil popular belief ascribes to the bite of venomous serpents the power to cure the leprosy. Machado having heard that there was a live rattlesnake at No. 61, Rua de Imperador, in the Capital, declared that he would get himself bitten by the reptile. It was in vain that his friends and several medical men endeavoured to persuade him against his mad resolve. Feeling his life a burden, he remained deaf to all warnings and entreaties. Accompanied by several persons, among whom were two physicians, he went to the house indicated, and here he had drawn up by a notary a formal act, wherein he declared that he took this step after mature deliberation, and at his own sole desire, and that it was, therefore, performed at his own peril, and that he alone was responsible for the consequences. This act was signed by himself and several witnesses.

Machado was a man aged fifty, of middle size, not very strong constitution. His whole body was covered with the characteristic tubercles of leprosy; his countenance deformed by the disease; on his extremities the tubercles were collected in clusters, whence the epidermis was easily detached. His weariness of life had attained the highest degree. As soon as he had fulfilled the above formalities, he, without hesitation, stuck his hand into the rattlesnake's cage. As if disgusted, the reptile drew timorously back. The patient caught hold of the serpent, but it only thrust out its tongue towards his hand, and it was only after he had teased and squeezed it that it bit him at the root of the little finger. Machado did not feel the wound, and those about him first directed his attention to it. On withdrawing his hand, a small swelling was perceived at the wound. The bite was inflicted about 11.50. Five minutes later a feeling of cold in the hand commenced, it rapidly swelled, and in a quarter of an hour had attained a frightful size. At 12.28 distortion of the face and convulsive twitchings; the swelling extended up the whole arm to the shoulder; at 1.20 excessive tenderness; trembling of the whole body; at 1.36 consciousness impaired; difficulty of moving the lips; drowsiness, and constriction of the throat. At 2.5 difficulty of swallowing and speaking; sense of extreme anxiety;

copious perspiration in the chest. At 2.38 great restlessness, weakness; considerable bleeding from the nose; pulse 98. At 3.4 constant epistaxis; general perspiration; violent pains in the arms; involuntary groaning. At 3.35 icteric hue over the whole body; spontaneous bleeding from a pustule under the arm; he can swallow without difficulty some wine and water, but soon great difficulty of swallowing and of breathing ensues; the pains in the upper extremities are almost intolerable; the yellow hue of the skin becomes darker, especially on the bitten arm. At 4.50, pulse 104; great heat of the whole body; ptyalism. At 5.30, very copious excretion of urine. At 7, insupportable sleepiness, and constant unconscious snoring. After a little the patient wakes up and complains of violent pains in the chest and constriction of the throat so that he can scarcely swallow anything; again copious flow of urine and epistaxis. At length, in this desperate state of things, when both the patient and the physicians beside him were quite convinced that the poisoning would have a fatal termination, with Machado's consent, an attempt was made to avert the catastrophe. About 10 p.m. he got three spoonfuls of an infusion of Huaco (*Mihani Guaco*), and an hour later four spoonfuls. About midnight he slept, but after half an hour he woke up with indescribable anxiety, cried out aloud, and wished to confess. The remainder of the night was passed in great anxiety. About 9 a.m. he displayed great prostration; bloody urine passed; convulsive movements of the lower jaw and the lower extremities set in. About 10 two blisters were applied to the legs, a clyster containing rum thrown up, and some ounces of lizard's oil given internally. About 11.30 (within twenty minutes of twenty-four hours) he expired. The corpse soon swelled up enormously, and was rapidly decomposed. In a few minutes it was covered with cadaveric suggillations.—(*Wien. Med. Wochensch.* 1865, No. 22, also in *Allz. Hom. Ztg.*, Bd. 70, No. 14.)

A New Remedy for Itch.

Dr. Abl, an Austrian physician, says that the remedies employed in the French, Russian, English and Belgian armies for itch, though they eradicate the disease yet are followed either by long-continued eczematous eruptions or by febrile exanthemata,

consisting of vesicles and pustules, owing to which the soldiers are for a long time unable to perform their military service. The remedy is cheap, but the cure is costly. Moreover sulphur does not deserve to take the chief rank as a "Remedium contra sarcoptes hominis," seeing that the acari live for days in the sulphur ointment. Substances that rapidly kill the itch-insect are *Oleum Rosmarini* and *Oleum Anisi*. The acari die in a quarter of an hour in aniseed oil, and in rosemary oil still more speedily.

The treatment is commenced by carefully washing the patient in a tepid soap bath (prepared with soft soap), especially in the region of the itching places, in order that the tracks of the acari may be more readily reached by the remedy to be applied, which is rubbed into the body or portions of the body where the acarus tracks are visible after they have been well dried. (The linen, articles of clothing, bedding, &c., are to be disinfected in the usual way.)

The remedy is composed of one ounce of *Ol. Rosmarini* and two ounces of *Ol. Olivarum*; or half an ounce of *Ol. Anisi*, half an ounce of *Ol. Rosmarini*, and two ounces of *Ol. Olivarum*. The bottle with the mixture is to be plunged for a quarter of an hour in tepid water, which causes a more perfect union of the ethereal with the fixed oil. The quantity required of this mixture for each operation is poured into a saucer and by means of a small brush is rubbed morning and afternoon into the visible tracks and then lightly wiped dry.

A single application suffices to kill the acari, as may be seen by the lens. But as the insect is oviparous, it is necessary after a few days to repeat the tepid soap-bath and the rubbing in of the oil; as by so doing the young brood is killed, and its further development checked. As the eggs of the itch insect take eight days to hatch it is advisable, in order to avoid relapses, during the first eight to fourteen days, to rub the tracks with the oil about every five or eight days.—(*Allg. Militär. Zeitung*, No. 17, 1864, quoted in *Allg. Hom. Zeitung*, Vol. 70, No. 14.)

Homœopathy in Spain.

[The following is a translation of the royal decree relative to the establishment of a homœopathic hospital and chairs for the teaching of homœopathy in Madrid.]

Royal Decree of the 5th January, 1865.

Public Instruction.

To his Excellency the Director General of Public Instruction.

MR. DIRECTOR,—At the request of Messrs. Joseph Nuñez, Marquis of Nuñez, President of the Hahnemannian Society at Madrid, and Anastasius Garcia Lopez, Secretary of the same Society, which was authorised by royal decree of the 23rd April, 1846, acting in their own name, and in that of the said society, in order to obtain the execution of the royal decree of 18th January and 14th May 1860, which in agreement with the Royal Council of Public Instruction authorise the provisional establishment of homœopathic chairs and hospitals, the results of which will afterwards admit of definite measures being adopted.

H. M. the Queen (God save her!) has deigned to command the necessary measures to be taken by the General Director of Public Instruction, with a view to the establishment of the homœopathic courses and hospitals, without any academical status, but merely with the character of scientific experiment.

The Government reserves to itself the right of a special inspection in the widest sense of the word, and in the mode that may appear best to itself, in order to forward the progress of the medical sciences and the health of the population, the object of its constant solicitude.

Her Majesty also desires that the cost incurred by the purchase of the food and furniture, the purchase and preservation of the medicines, and the sojourn in the said hospital by those patients who of their own accord come in to be treated, shall be defrayed by the ministry, as depending on the division of public charity and health.

The direction of this establishment is entrusted to Mr. Joseph Nuñez.

It is by royal command, Mr. Director, that I make the present communication to your Excellency, in order that after you have

become acquainted with it, you may be so good as to put it into execution.

I pray God, Mr. Director, to grant a long life to your Excellency.

The Minister—GALLIANO.

MADRID; *January 5th*, 1865.

Poisoning by Atropine.

On the evening of the 3rd of June, at 10 o'clock, I was called to the bedside of a patient, having been told that he had swallowed the contents of a draught phial, marked "Atropine, poison," and which, upon subsequent inquiry, must have contained about one grain of the sulphate of atropine in solution. He had been under my care for some time, suffering from chronic rheumatism, the long duration of which appeared to have affected his spirits considerably. The draught must have been taken at least an hour before the discovery was made; and on examination the following symptoms existed:—Pupils enormously dilated, so that the irides were hardly visible, eyes moving restlessly from side to side, very refractory when any attempt was made to examine them closely; refusing obstinately to swallow anything, or to answer questions in any way than by a grunt; pulse very quick, and at this time of good volume. He was immediately removed from bed, and with great difficulty a pint of warm water was pumped into the stomach, and almost immediately expelled, little altered in colour or general appearance. At this time his actions were those of a man profoundly intoxicated. Several energetic attempts were made to induce him to swallow strong coffee mixed with a small proportion of whiskey, which only partially succeeded.

An hour had passed, and his hands were now cold, with a very weak pulse, and continual dragging of the legs when assisted, or rather held up, in walking. During the next four hours he was kept nearly constantly on the move by relays of men, and a tolerably strong galvanic current was passed along the nape of the neck about four times in the hour, which latter operation roused and irritated him in a very great degree.

At 3 a.m. he took a small draught of whiskey and water spon-

taneously, began to quarrel incoherently with his supporters, to laugh in an idiotic manner, and when well roused by additional pushes would walk very well. The pulse improved greatly between 4 and 5 a.m., and at the latter hour he devoured ravenously a large slice of dry bread. At 6 o'clock he was undressed and sent to bed in the following condition:—Thoroughly wakeful; incoherent in observations; great helplessness, amounting to partial paralysis of arms and legs; complete unconsciousness of all preceding events; and no change as to pupils. He continued wakeful and partially delirious all day, but took fluid food well, passed very little urine, with slight action of the bowels. During the succeeding night he was morbidly sensitive to sounds and objects, *with symptoms akin to the early stage of meningitis*, but was perfectly rational next morning, with a pulse at 108; furred tongue, and dry hot skin. During the next four days catheterism was required several times, partial paralysis of the bladder being evidently the cause of retention, and a week elapsed before the pupils regained their normal condition.

This case affords an illustration, by way of contrast, of the difference between poisoning by opium and by belladonna:—1. the absence of that profound coma so constant as an effect of opium; 2. the excessive irritability and obstinacy of the patient, who was easily aroused, and commenced immediate resistance to all remedial arrangements; 3. the apparently idiotic and drunken state in which the patient remained for some time after; 4. the great want of power manifested for a still longer period.

I cannot but conclude, from observation of this case, that the ulterior results produced by an overdose of belladonna are far more exhausting than those by opium poisoning.—(Mr. H. Leach, in *Medical Times and Gazette*, July 8th, 1865.)

Iodide of Potassium.

To the Editor of the *Lancet*, June 17th, 1865.

SIR,—Can any of your numerous readers inform me whether the iodide of potassium, given in small doses, produces any immediate effect upon the pituitary membrane of a person suffering from catarrh? I have observed the result of a continued use of this salt and the state termed "iodism." But my attention was

directed a few days ago to a patient suffering from a severe cold, and greatly depressed, who had consulted a friend, a London physician. The iodide of potassium was prescribed, in combination with some diffusible stimulant (ammonia, I think), and after he had taken about two grains, he observed a profuse flow of mucus from the nostrils, so much so, that, to quote my patient's own words, "his nose was constantly running." I should add that further use of the salt was dispensed with, and the above unpleasant symptoms ceased.

I remain, Sir,

Your obedient servant,

C. F.

To the Editor of the *Lancet*, July 1st, 1865.

SIR,—I can confirm the observations of C. F. as to the action of iodide of potassium upon the pituitary membrane. I have two or three patients so susceptible of its action, that if more than two or three grains of the salt is prescribed daily (for chronic rheumatism), they immediately complain of the mucous secretion of the pituitary membrane being so profuse and constant that they use the word "streams" to describe the fashion of its flowing and its quantity. I would also remark that in these cases I have never seen the least excoriation of the skin produced by the constant use of the pocket handkerchief, or the character of the secretion, but the three patients agree in describing the secretion as clear, viscid, and extremely cool, but giving rise to intense itching just previous to its copious flowing, and which came on so suddenly as to necessitate the immediate attention of the patient. It is well to observe that in the above cases no other symptom of "iodism" presented itself.

I have prescribed half grain doses of iodide of potassium in combination with liquor of acetate of ammonia (P. L.), and the coryza attendant upon the catarrh has disappeared in a day or so, though the patient was at the same time restricted to the very smallest quantum of drinks, and kept on low rations.

I am, Sir,

Your obedient servant,

E. GAZLOR, L.R.C.P. Edin.

To the Editor of the *Lancet*, July 8th, 1865.

SIR,—C. F., your correspondent of June 17th, asks if any of your readers can inform him whether the iodide of potassium, given in small doses, produces any immediate effect upon the pituitary membrane of a person suffering from catarrh. The following case will show him that the iodide has an immediate effect, not only in catarrh, but in other irritable conditions of this membrane :

E. M.—, a delicate looking young man, consulted me on March 31st, 1864. He complained of a sense of “stuffing,” alternating with “running” at the nose ; and, on looking up both nostrils, the Schneiderian membrane was seen to be covered with scales, like those of eczema. He had been in this condition for upwards of a year. Ordered three grains of iodide of potassium to be taken in infusion of calumba three times a day. He came to me on the following day and stated that he was obliged to give over my medicine, as it made him feel so much worse. He had only taken two doses, and yet he appeared to be thoroughly under the influence of the drug ; his eyes were red and watery, and he had to keep his pocket handkerchief constantly to his nose, but the scales had disappeared from the interior of the latter. Ordered him to go on a day or two longer with the medicine, but only to take half a dose at a time. He did so, and when he gave over taking the medicine the scales did not return, and all irritation of the pituitary membrane ceased. It is not necessary to mention the means adopted afterwards to strengthen the constitution so as to make the cure a permanent one.

In this case it struck me that a tissue which was in a diseased state for such a long time must be suffering from defective nutrition ; that, therefore, the indication of treatment was to rouse up this membrane to increased action ; and the well-known effect of the iodide of potassium upon the Schneiderian membrane, led me to look upon this agent as the most likely to fulfil that indication. I was confirmed in this belief from noticing the effect of other remedial agents. Strychnine, for instance, is a stimulant to the spinal cord ; but when the cord is in a state of irritation, strychnine, in small doses, almost immediately increases that irritation, while it rouses up a sluggish cord to increased action. Cantharides produces irritation of the healthy urethra, causing

strangury. No one but a Homœopath would think of administering this drug in the inflammatory stage of gonorrhœa ; but it is a valuable agent in the cure of chronic gleet. In the case of E. N., therefore, I was prepared for the nature of the action of the iodide ; but was very much surprised at the violence of that action, and the rapidity with which the symptoms were produced. I can only account for it on the supposition that, although some parts of the membrane might be suffering from defective nutrition, other parts were already in a high state of irritation. If this, therefore, was the case, it is not more astonishing that the iodide of potassium should produce an immediate effect on the Schneiderian membrane than that small doses of strychnine should produce an almost immediate and marked effect in an inflammatory condition of the spinal cord.

I am, Sir,

Yours, &c.

JAMES ROSS, M.D.

To the Editor of the *Lancet*, August 19th, 1865.

SIR,—I do not remember seeing in the correspondence on this subject, an effect mentioned, that I have observed in two cases.

One was the case of a wife of a medical man, who suffered from rheumatic gout. On the second or third day of her taking the iodide, spots of purpura appeared on both legs, disappearing when the iodide was omitted, and appearing again when its administration was renewed. This effect was produced several times ; for her husband and I were both interested in discovering the cause, and which we had no difficulty in doing.

The second case was a young woman, who had also been the subject of rheumatism. In her the purpura-like spots appeared and reappeared on the chest, and no where else, on the iodide being given, omitted, and given again.

I am, Sir,

Your's obediently,

J. BRANDON CURGENVEN, M.B.C.S.

SIR,—Several letters having appeared lately in your valuable journal detailing the various effects which the iodide of potassium has produced, I venture to send you the following :

J. M.—, a stout, healthy-looking man, *æt.* 41, was admitted as a patient in the Notting-hill Dispensary, under my care, suffering from 'rheumatic pains. I ordered him two grains of iodide of potassium with infusion of quassia, three times a day. In the evening of the day he was first admitted, I received a message to see him immediately. Upon my arrival, I found him suffering from most profuse salivation, although he had only taken one dose of the mixture. I ordered him to discontinue his medicine, and the next day I found him completely recovered, but still complaining a little of tenderness of the mouth, &c.

I remain, Sir,

Yours, &c.,

JOSEPH SMITH, M.R.C.S.
Resident Medical Officer, Notting Hill Dispensary.

Pumpkin Seed for expulsion of Tape-Worm.

By S. D. JONES, M.D.

Last March a gentleman called on me for advice, in reference to the presence of a *tape-worm*, which had been troubling him for twenty years. He had tried almost all means recommended, and all physicians who had offered him encouragement. At various times had obtained portions of the worm, but never secured the head. Turpentine taken in large doses, followed by an active cathartic, had several times expelled portions of the worm, and at one time brought away five feet in one piece. The patient was forty-five years old, a weaver by trade. I recommended him to try the Pumpkin seed. He stated that he had used it, but without preparation by fasting before taking the remedy. I directed him to abstain from all food excepting canned peaches and crackers very sparingly for one week. Twenty-four hours before taking the remedy to abstain from food entirely.

The mode of preparing and taking the remedy was after his own notion. He obtained one and a half ounces of the hulled pits,

pulverized them very fine and took it all at one dose in the form of a dry powder. Five hours after taking the above remedy he took the following compound (which he prepared himself.) One and a half ounce castor oil, one ounce turpentine; one table-spoonful of salt and the yolk of one egg.

In one hour this produced a copious discharge from the bowels, and with it the worm *seven feet in length*. The head was plain and distinctly to be seen. The worm was dead when expelled. The man has ever since enjoyed most excellent health.—*Am. Hom. Observer, Jan. 1865.*

An Example of Allopathic Liberality.

Hirschel tells us in a recent Number of his *Zeitschrift* that the homœopathsists in Dresden were invited by their allopathic colleagues to assist in the formation of a local medical society. The followers of Hahnemann cordially accepted the invitation, and one of their number, Dr. Elb, was chosen to aid in the compilation of the rules of the proposed society. Further, during the assemblage this year of the German Singing Association, when a staff of medical men were appointed to supply the members with medical aid, the allopathists expressly desired the co-operation of one of their homœopathic brethren, and Dr. Hirschel was nominated to the post. When shall we see similar liberality among our allopathic brethren in this country?

OBITUARY.

Dr. Paolo Brentano of Milan.

It is but a short time since we congratulated our Italian colleagues on having among them such a promising defender of the faith in the learned and scientific homœopathist whose sudden death on the 30th of last June we have now to deplore. Short as is the time we have known Dr. P. Brentano, by his writings and correspondence we had learned to estimate very highly his talents and his earnestness. His monograph on *Cantharides*, and his volume on *Homœopathy in Italy*, intended to be the first, and

fated to be the last, of an annual series, gave him a high place among homœopathic authors. Cut off in the midst of an active and useful career he has left a name which will be long remembered with gratitude by the adherents of homœopathy generally, and especially by those of his own sunny fatherland; where, as a rule, homœopathic practitioners, though enjoying the confidence of a large number of patients, have contributed less than their share to the scientific development of homœopathy, and a learned and zealous partizan like Dr. Brentano could ill be spared. We learn from the *Criterio Medico* that the subject of this memoir succeeded in carrying off the prize offered by the Hahnemann Society of Madrid, by a paper entitled, *Essay on True and False Croup and Diphtheric Angina, their Differential Characters and Homœopathic Treatment*. The speedy publication of this his last work is promised and we shall look forward with interest to its perusal.

BOOKS RECEIVED.

Plain Directions for the Treatment of Cholera, &c. By WM. BAYES, M.D. (Hom.). London: Turner, 1865.

The Cattle Plague, with Suggestions for its Treatment by Homœopathy. By JAMES MOORE, M.B.C.V.S. London: Simpkin, Marshall and Co., 1856.

Treue Bilder aus dem Leben der verewigten FRAU HOFBATH JOHANNE HENRIETTE LEOPOLDINE HAHNEMANN, geb. KÜCHLER. Berlin: Reichardt, 1865.

The Monthly Homœopathic Review.

The Homœopathic Observer.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Medico.

Neue Zeitschrift für Hom. Klinik.

The North American Journal of Homœopathy.

The American Homœopathic Review.

The American Homœopathic Observer.

The Western Homœopathic Observer.

The Chicago Medical Investigator.

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